

A PHENOMENOLOGICAL CONTENT ANALYSIS OF SIBLINGS' LIVED EXPERIENCES  
RELATED TO HAVING A SIBLING WITH SUBSTANCE USE PROBLEMS

by

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## ABSTRACT

ROSE M. AUCOIN. A Phenomenological Research Study of Peoples' Lived Experiences Related to Having a Sibling with Substance Use Problems. (Under the direction of DR. TARYNE M. MINGO)

Research indicates that substance use of a family member can affect all members of the family (Church et al., 2018; Kelly et al., 2017; McDonagh et al., 2019). However, the major focus of research to date has been limited to the effects of substance use on the individual who presents with a substance use problem, their parents, their partners, and their children (Selbekk et al., 2018; Shumway et al., 2019). Leaving a gap in the literature related to sibling experiences with a siblings' substance use. By broadening our view of who needs support when a family presents with an offspring suffering from substance misuse, researchers would help to support the thousands of siblings who are trying to manage their own lives while faced with the demands of their sibling's addiction (Olafsdottir et al., 2020; Tsamparli & Frrokaj, 2016; Smith-Genthôs et al., 2017). The primary investigator used a phenomenological research design to explore the experiences of 15 participants who identify as having or having had a sibling with substance use problems. Semi-structured interviews and Interpretative Phenomenological Analysis were used to investigate the lived experiences of the participants related to having a sibling with substance use problems. The six themes identified were Safety, Chaos, Relationship Stress, Emotionality, Avoidance, and Movement. A review of implications and recommendations for clinicians and future research is included.

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On a more personal note, I thank my mother for instilling in me a love of learning and a commitment to service. I thank my husband, my partner and soulmate without whom I would not have been prepared to complete such a milestone. I thank my son, my daughter, my daughter-in-law, and my siblings for their regular phone calls encouraging me to keep going, for editing services, and for their confidence in me.

This acknowledgment would be incomplete without a sincere thank you to the sibling participants who agreed to share their life stories as co-creators of this research. Due to their courage, transparency, and social interest we have a better understanding of the experiences and needs of siblings.

## DEDICATION

I dedicate this research to my son and daughter who I admire greatly. To all siblings who have experienced another sibling's substance use. To the continued advancement of affordable, available, evidence-based programs supported by policy, funding, and procedures that ensure all families have access to timely, culturally responsive, support services in an equitable fashion.

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## Chapter One: Introduction

This study explored the experiences of individuals with siblings who have or have had substance use problems. Limited findings documented in the literature on this topic reflect a void in understanding of how sibling relationships are affected when a sibling misuses a substance. The participant stories gathered during this study were analyzed in an attempt to deepen our current understanding of the meaning they give to their experiences and the suggestions they have for mental health professionals working with siblings today.

There is an epidemic of drug use problems in today's society (Johnson et al., 2019). Research indicates that substance use of a family member can affect all members of the family (Church et al., 2018; Kelly et al., 2017; McDonagh et al., 2019). However, the focus of research has been on the effects of substance use on the individual who presents with a substance use problem, their parents, their partners, and their children (Kourgiantakis et al., 2021; Selbekk et al., 2018; Shumway et al., 2019). Current prevention and intervention programs tend to leave unaddressed the personal needs of other siblings in families where a sibling is struggling with substance use (Hank & Steinbach, 2018; Milevsky, 2019). This lack of attention in the literature addressing the needs of non-using siblings ignores the evidence that addiction is a chronic disease with potential to cause every family member physical, psychological, and emotional suffering (McCann et al., 2017; Russel et al., 2019). When sibling pain and suffering is left untreated, due to inadequate or unavailable support services, they feel powerless, hopeless, and undervalued (McCann & Lubman, 2018). Although they suffer major health stress from their siblings' substance misuse, many tend to suppress their emotions and neglect their own needs while experiencing heightened family dysfunction and decreasing quality of life (Vederhus et al., 2019).

In the latest Substance Abuse and Mental Health Services Administration (SAMHSA) report, an estimated 165.4 million persons aged 12 or older used a substance in the past month (SAMHSA, 2019). Given that most people in America under the age of eighteen have at least one sibling (King, et al., 2010) it is reasonable to think that there are millions of siblings who are affected by their siblings' substance use. Therefore, it is critical that researchers continue to explore the need to move from models of addiction that identify an individual as the person in need of treatment towards a model that incorporates services uniquely designed to meet the support needs of all family members (Kourgiantakis et al., 2021; McDonagh et al., 2019; Selbekk et al., 2018). By broadening our view of who needs support when a family presents with an offspring suffering from substance misuse, researchers would help to support the thousands of siblings who are trying to manage their own lives while faced with the demands of their sibling's addiction (Olafsdottir et al., 2020; Tsamparli & Frrokaj, 2016; Smith-Genthôs et al., 2017). One recommended way to study the needs of siblings is to increase the number of published studies that document the stories and experiences of people and families directly impacted by addiction (Johnson et al., 2019; Kolodny et al., 2015; Kourgiantakis, 2021). In response to this call to the profession, the primary investigator of this study explored the experiences of 15 siblings who identify as having or having had a sibling with substance use problems. Phenomenology was used to gain detailed descriptions of the participants' experiences and the meaning they assigned to these experiences. An Adlerian lens was chosen to guide this research because it is compatible with phenomenological research. Both Adlerian psychology and phenomenology are social in nature and emphasize the meaning making of individuals. The use of social approaches in research has been recommended as a means of discovering a broader range of effective addiction service options (Adams, 2016).

### **Adlerian Theoretical Lens**

The primary investigator chose an Individual Psychology theoretical lens for this study because it has a history of being used in the study of addiction (Feen-Calligan, 2007; Giordano et al., 2014; Monakes et al., 2011). Alfred Adler (1870-1937) developed Individual Psychology. He emphasized a holistic view of human personality development in understanding psychological problems (Ansbacher & Ansbacher, 1956). He recommended a review of a client's early environments, family relations, and subjective interpretations of their experiences as a way to study their development (Dreikurs-Ferguson, 1984). Adler saw humans as social beings who engaged in goal-oriented behavior aimed at facilitating their feelings of belonging and superiority (Dreikurs-Ferguson, 1984; Griffith & Maybell, 2020). According to Adler this drive for superiority was a human need to feel equal rather than less than others (Adler, 2010). If this drive is left unsatisfied, Adler believed that a person would develop a sense of inferiority and would have trouble adjusting to life (Adler, 2010).

Adler believed that all people face common tasks of life related to family, friends, work, and romantic relationships (Ansbacher & Ansbacher, 1956). He suggested that in their attempt to fulfill these life tasks they adopt personal beliefs and attitudes about themselves, others, and the world (Adler, 2010; Griffith & Maybell, 2020). The individual's subjective view of life is known as their *Life Style* (Adler, 2010), and is a pattern of thinking and behaving which is adopted early in life and is seen to dictate the person's internal and external behaviors and actions throughout their lives (Dreikurs-Ferguson, 1984; Griffith & Maybell, 2020). According to Adler's theory, a child will adopt adaptive or maladaptive lifestyles (Ansbacher & Ansbacher, 1956). He viewed mental health problems as evidence of maladaptive lifestyle choices fueled by the individual's faulty private logic (Ansbacher & Ansbacher, 1956). These misconceptions

result in unconscious life goals and behaviors leading to a sense of disconnection and feelings of inequality (Belangee, 2019).

Adler encouraged mental health professionals to assist clients in reflecting on their earlier social relationships in an attempt to identify the context of their Life Style choices (Adler, 2010). Once clients become aware of the unconscious beliefs that lead to their present behaviors, they can then be guided towards replacing misconceptions with more adaptive attitudes and beliefs (Belangee, 2019; Griffith & Maybell, 2020). By joining clients in reflecting on their parental and sibling relationships and their early memories, Adlerians are able to assist clients in making unconscious beliefs and attitudes conscious. Once conscious faulty logic can be replaced through education, counseling, and psychotherapy. Then client goals and beliefs can be redirected toward feelings of belonging and social interest (Dreikurs-Ferguson, 1984). According to Adler, increasing a person's sense of connection to others, their sense of community belonging, and their engagement in their social communities will enable them to use their creativity to successfully deal with the challenges of life and build resilience (Adler, 2010). This sense of belonging and cooperation with others in society is seen by Adler as a measure of good mental health and it is necessary to the evolution of the human race (Adler, 2010). In this study, the participants' stories of their everyday experiences with having a sibling with substance use problems were analyzed using an Adlerian Individual Psychological lens to deepen our understanding of how their Life Styles influence their social relations.

### **Statement of the Problem**

In the latest Substance Abuse and Mental Health Services Administration (SAMHSA) report, an estimated 165.4 million persons aged 12 or older used a substance in the past month (SAMHSA, 2019). Substance use problems are experienced by American families across



ethnicities. 142, 000 American Indians and Alaska Natives aged 18 and older had a Substance Use Disorder in 2019. 2.3 million African Americans aged 18 and older had a Substance Use Disorder. 745, 000 Asian and Native Hawaiians and Other Pacific Islanders aged 18 and older had a Substance Use Disorder. Of people who identified as Hispanic, Latino or Spanish Origin or Descent, 2.9 million aged eighteen and older had a Substance Use Disorder. (SAMSHA, 2019). The need for culturally responsive services and adaptations in substance use treatment and service delivery is obvious (Kourgiantakis et al. 2021; Atherton et al., 2015). Orford et al. (2013) suggest that addiction is an overlooked global contributor to more than one hundred million adult reports of physical and mental ill-health. Statistics such as those quoted in the SAMSHA report and by Orford et al. (2013) highlight that substance use is a serious public health issue that impacts millions of individuals, families, and communities (Whiteford et al., 2015).

Weisner et al. (2010) found that the spouses and children of family members in treatment have significantly higher rates of congestive heart failure, diabetes, asthma, back pain, injuries, and psychiatric diagnosis. Moreover, family members can incur substantial financial burdens related to the cost associated with their loved one's substance use (Navarro et al., 2011). Corrigan et al. (2006) suggest that adolescents and adults can experience shame and stigma around their family member's substance use and they sometimes blame themselves for their loved one's substance use issues. Study results such as those mentioned above make it clear that we have not found a solution to the pain and suffering endured by people who misuse substances. Nor have we identified a solution to the pain and suffering experienced by the families faced with the addiction of their loved ones. However, research does suggest that focusing on programs that provide family education on addiction may reduce overdose rates (Kelly et al., 2017) and will

help to support families dealing with addiction (McCann & Lubman, 2018; Faberman et al., 2018).

Given that family members and loved ones live with a high degree of unpredictability, chaos, and suffering related to their loved one's substance use behaviors, researchers continue to investigate the affects of addiction on families and how mental health professionals can help (McCann & Lubman, 2018; Faberman et al., 2018). However, siblings have been neglected in both research and the treatment of addiction (Buist et al., 2013; Faberman et al., 2018; Selbekk et al., 2018; Shumway et al., 2019). This gap in the literature on the effect of addiction on sibling relationships is unacceptable (Smith-Genthôs et al., 2017; King et al., 2010). A sibling's substance use problems can begin in childhood and continue for many years, exposing the non-using siblings to tremendous physical, emotional, and psychological pain resulting from family stress and interactions with their brother or sister with substance use problems (Smith-Genthôs et al., 2017; Faberman et al., 2018; Selbekk et al., 2018; Tsamparli & Frrokaj, 2016). Where younger siblings often grow up in daily contact with their siblings with both positive and negative emotional experiences (Feinberg et al., 2012), older siblings report finding themselves forced to take on a caretaking role with their sibling who presents with substance use issues (Lashewicz et al., 2012). Without access to well-informed support services, these non-using siblings are left to struggle with the stress and chaos from the results of their sibling's choices. This partial review of the literature provides evidence that addiction can negatively affect the sibling relationship across the lifespan. Given that Americans are living longer and that a positive sibling relationship in older adults decreases loneliness and increases well-being (Stocker et al., 2020), it is important that addiction research emphasize the prevention and

intervention of addiction services that address sibling relationships (Greif & Woolley, 2016; (Olafsdottir et al., 2020).

The primary investigator of this study engaged in a phenomenological inquiry of the participants' told stories of their everyday experiences with having a sibling with substance use problems. These stories were analyzed using an Adlerian Individual Psychology lens to deepen the current understanding of their experiences related to a sibling's substance use.

### **Purpose of the Study**

The purpose of this phenomenological study was to deepen our understanding of how having a sibling who has or has had substance use problems affects the non-using sibling's well-being. The aim of the phenomenological inquiry was multifaceted. First, it was to learn more about how participants experience having a sibling with alcohol or substance use issues. Second, it was to identify the meanings participants assign to their early experiences related to having a sibling with substance use problems. Third, it was to identify the behaviors used by participants in dealing with the stress associated with their sibling's substance use lifestyle. Fourth, it was to explore the effects of having a sibling with substance use problems on the participants' social relationships. Last, it was to explore the wisdom gained by participants related to the support needs of siblings dealing with their sibling's substance use problems. In keeping with a phenomenological research approach, the primary investigator's intent was to fully describe the individual and collective experiences of the phenomenon studied (Hays & Singh, 2012).

### **Nature of Study**

The study examined the experiences of siblings who identified as having or has had another sibling with substance use problems. The primary investigator used a qualitative interview approach to identify themes that emerged from the participants' lived experiences.

Given that the majority of studies documented in the literature on addiction are quantitative, qualitative research is encouraged to capture the voice of family members dealing with this disease (Kourgiantakis et al., 2021). Although the original intent was to conduct in-person interviews, only the first two interviews were in person. Following these interviews, mandatory state and institutional coronavirus safety protocols dictated a change to virtual interviewing. All changes to the original institutional review board application received prior approval before the remaining interviews took place by telephone. The study focused on the meanings of the participants' lived experiences related to their sibling's substance use and how these experiences affected their understanding of themselves, their relationships, and their life goals. An Adlerian theoretical lens guided the research project.

The methodology used in this study was an interpretative phenomenological analysis framework, often referred to as IPA (Smith et al., 2009). IPA allowed the primary investigator to look at the phenomenon from the participant's perspective (Moustakas, 1994). Interpretative phenomenological analysis involves collecting extensive descriptions of the participants' experiences and a parallel process of participants making meaning of their experiences while the researchers make meaning of the participants' interpretations (Osborn et al., 2017). Given that IPA is a flexible approach that permits interpretation of an individual's experiences, which are influenced by the individual's beliefs and expectations, the findings of the study may not apply to the general population (Smith et al., 2009). The goal of this phenomenological study was to gain a deeper understanding of the individual participants' experiences around the phenomenon of having a sibling with a substance use problem. Given that this form of research allowed for a small sample size, the primary investigator and participants were able to spend an extended

length of time together, which facilitated a more in-depth description of the identified phenomenon of study (Smith et al., 2009).

### **Research Questions**

The research questions that guided this study were informed by a pilot study to facilitate questions that encourage participants to provide full descriptions of both their unique and collective experiences with the phenomenon (Hays & Singh, 2012). The following research questions guide this study:

1. How does having a sibling who has or has had substance use problems affect an individual's daily experiences?
2. How does having a sibling who has or has had substance use problems affect an individual's relational experiences?
3. What advice do individuals who have or have had a sibling with substance use problems suggest for mental health professionals?

### **Significance of the Study**

Given that substance use within the family affects all family members (Kelly et al., 2017; Olafsdottir et al., 2020), it is paramount that researchers attend to the sibling relationship (Noonan et al., 2018; Smith-Genthôs et al., 2017; Tsamparli & Frrokaj, 2016). This study sought to fill the void in the literature about the lived experiences of siblings who have a brother or sister with a substance use problem. The findings in this study will be useful in helping counselors to increase their awareness of the experiences of clients who live with the effects of a sibling's substance misuse. The study results will guide treatment programs, counselor-education programs, and clinicians in tailoring training and interventions that provide the support needed by siblings of clients in treatment. The study results were empowering to the participants and

may also empower other siblings to feel that their personal needs for support are as urgent as all other family members who are experiencing a loved one's addiction.

### **Operational Definitions**

#### **Co-Sibling**

For this study, a co-sibling is any family member in a sibling role, not exclusive to biological siblings, who identifies as having or have had a sibling with substance use problems. The terms co-sibling will be used to refer to the participants in this study.

#### **Sibling with Substance Use Problems**

A sibling with substance use problems is a family member in a sibling role, not exclusive to biological siblings, that has a substance use problem as defined below.

#### **Substance Use Problem**

The definition of substance use problem in this study is a sibling who has numerous consequences and a history of alcohol or drug problems with or without symptoms of addiction (Brooks & McHenry, 2015). Substance use problems include participant's self-report of a sibling's alcohol or substance use problems and may or may not have included a report of the identified sibling having a formal diagnosis of any of the DSM-5 list of substance use disorders: The DSM-5 includes the following classes of substance-related and addictive disorders: Alcohol-Related Disorders, Caffeine-Related Disorders, Cannabis-Related Disorders, Hallucinogen-Related Disorders, Opioid Use Disorder, Sedative-, Hypnotic-, or Anxiolytic-Related Disorders, Tobacco-Related Disorders, and Non-Substance -Related Disorders.

### **Assumptions**

The primary researcher operated this study under the following assumptions. First, the participants will understand the research questions, will be willing to describe their experiences

with having a sibling with substance use problems, and that they will answer the research questions honestly. Second, since the participants share common experiences, it is assumed that there will be similarities in their descriptions of their experiences. Third, there is an assumption that the information shared by the participants will deepen the current understanding of the experiences and needs of siblings who have a sibling with substance use problems. Fourth, there is an assumption that the primary investigator will use research questions appropriate to investigate the research topic and will be able to identify and obtain participants who have first-hand experience with the recognized phenomenon. Last, the primary investigator recognized that her personal experiences of being a member of the study population, being a trained clinical addictions specialist, being a mother of three children, one of whom died a drug related death, and of coming from a working-class community where alcoholism was prominent, impacted the research process and interpretation of its findings. Therefore, methodological strategies were used throughout the research process to promote the trustworthiness of the research process.

### **Limitations**

This study has several limitations. First, all participants were Caucasian living in a city in a southern state of the United States. Siblings from other races and cultures may have different experiences with having a sibling with substance use problems, which were not captured in this study. Also, siblings who live in rural areas of the United states or in different states or parts of the world may have different experiences. Another limitation is that the gender composition of participants included only male or female which did not allow for gathering information on the lived experiences of anyone who did not fall on the binary of male-female gender identity. A related limitation is that there were only two male participants in the study. The experiences of the two male participants may not represent male co-sibling experiences as fully as the stories of

female co-sibling experiences represented by the 13 female participants. Another limitation of the study is that the age range of participants was limited to young and middle adulthood. It may be that older adult co-siblings may have additional experiences around their siblings' substance use. The lack of attention to the relationship between the participants and their other siblings and how these relationships may affect the participants' relationships with their identified sibling was not explored which is a limitation of this study. Last, the study took place during the worldwide coronavirus pandemic and this may have affected the stories shared by the participants.

### **Summary**

The existing research on the experience of co-siblings with a sibling who has or has had alcohol or substance use problems is currently limited (Smith-Genthôs et al., 2017). Past studies have focused mainly on the effects of a family member's alcohol or substance use on the parents, significant others, or children of people with alcohol or substance problems (Selbekk et al., 2018). Therefore, clinicians and researchers must investigate the phenomenon of having a sibling with issues related to alcohol or substance use (Johnson et al., 2019). The examination of the individual and combined experiences of individuals who experience this phenomenon is essential given the lack of research on this topic and the significant number of families dealing with addiction in America.

The proposed interpretive phenomenological qualitative study sought to deepen our current understanding of the experience of having a sibling with an alcohol or substance use problem. Through the use of an Adlerian framework, the primary researcher hoped to deepen the current understanding of what it is like for an individual to have a sibling with a substance use problem. The study results will further our current knowledge of the individual and typical characteristics of a sibling's experience with this phenomenon. The results of this study will help professionals



in addressing this issue and in serving co-siblings within families where another sibling presents with substance use problems. By expanding our current knowledge on the sibling experience where substance use problems are present, this study will help fill the knowledge gap on the topic

## **Chapter 2: Literature Review**

In the first chapter the reader was given an overview of the study as an introduction to the significance of studying co-sibling experiences in relation to a sibling's substance use problems. The following chapter reviews the existing literature related to the impact of having a sibling with a substance use problem on the co-sibling. A comprehensive literature search was conducted with the following databases: PsychINFO, Social Work Abstracts, Pubmed, and Eric. The following key search words were used: siblings, addiction, substance abuse, addicts, sibling relationships, family stress, family treatment, caregivers, grief, Adlerian psychology, Individual Psychology, social interest, phenomenology, and interpretive phenomenological analysis. Given that the current study is investigating the effects of having a sibling with substance use problems on the siblings who do not have a substance use problem the researchers determined that reviewing literature on prevalence of substance use problems in society, sibling relationships, the literature findings on the effect of a sibling's substance use on their siblings, the evolution of addiction treatment, and the theoretical framework adopted to guide data collection. The literature review is organized as follows: (a) review of statistics related to substance use; (b) summary of studies published on the effects of addiction on families; (c) review of studies on the sibling experience of another sibling's addiction; (d) effects of having a sibling with a chronic illness; (e) review of general sibling studies; and (f) brief history of addiction treatment; (g) family studies; (f) theoretical framework; (g) Conclusion.

### **Review of Statistics Related to Substance Use**

In the latest Substance Abuse and Mental Health Services Administration (SAMHSA) report, an estimated 165.4 million persons aged 12 or older used a substance in the past month. This report indicated that 139.7 million drank alcohol, 58.1 million used tobacco, and 35.8

million used an illicit drug in the past month. While 20.4 million people aged 12 or older had a been diagnosed with a Substance Use Disorder past year. Of these 14.5 million people had a past year alcohol use disorder, 8.3 million people had a past year illicit drug use disorder, and 2.4 million people had both an alcohol use disorder and an illicit drug use disorder in the past year. (SAMSHA, 2019). Statistics have shown that 115 Americans die every day from opioid overdoses (Centers for Disease Control and Prevention, 2017). This startling statistic reflects the loss of loved ones that many families in America experience at the hands of addiction. While these families suffered a significant loss of a loved one's life, other families continue to struggle daily with the effects of a family member's alcohol or drug use. The vast number of individuals with diagnosed substance use problems in our country reflects the urgent need for family support in dealing with the effects of their loved one's addictive lifestyle (Faberman et al., 2018; McCann & Lubman, 2018; Selbekk et al., 2018).

Having a family member who is struggling with substance use and related problems places a high burden on the family unit (McCann & Lubman, 2018; Richert et al., 2018; Shumway et al., 2019). The adverse effects that substance use disorders have on family members is not surprising given that addiction is often viewed as a chronic illness. Studies on the impact of other chronic diseases have resulted in similar adverse effects on family members (Dansby et al., 2018; Hallion et al., 2018; Kidd et al., 2018; Noonan et al., 2018; Tregidgo & Elander, 2019). Given the growing amount of evidence reflecting the damaging effects addiction has on family members, researchers continue to study how to best address the needs of those dealing with addiction (Johnson et al., 2019; McDonagh et al., 2019). Current literature has moved away from viewing addiction as a disease that affects only the individual that engages in substance use to focusing also on the effects of addiction on other members of the family unit (Faberman et al.,

2018; Gordon & de Jong, 2018; McCann & Lubman, 2018; McCrady et al., 2019; Selbekk et al., 2018). Studies have addressed the effects of addiction on parents, romantic partners, and children of individuals who struggle with substance use issues. More recent attention of researchers is being directed toward the needs of grandparents who are forced to raise their grandchildren as a result of parental addiction (Nuzum & Pierson, 2019; Templeton, 2012). However, a review of the literature highlights the absence of studies that address the effects of an individual's problems related to unhealthy substance use on his or her siblings. Given that sibling relationships endure across the lifespan and are often a significant source of social support, this gap in the literature is substantial (Waldinger et al., 2007). Close to ninety percent of western individuals have some type of sibling, making research on the effects that sibling addiction has on the sibling relationship necessary (Glowacki, 2017; Ma et al., 2015; Smith-Genthôs et al., 2017; Tsamparli & Frrokam, 2016).

### **Summary of Studies Published on the Effects of Addiction on Families**

Several research studies document the adverse effects of having a family member who is dealing with substance use problems (dos Reis & de Oliverira, 2017; Groenewald & Bhana, 2017; Olafsdottir et al., 2018; Selbekk et al., 2018). Adding to the stress related to their family member's substance use, families continue to suffer from stigma from others due to their loved one's mental illness (McDonagh et al., 2019; Standing et al., 2019). Other research has shown that family members who experience a loved one with alcohol use disorder in the family have increased financial burdens (dos Reis & de Oliverira, 2017; Navarro et al., 2011). The results of a study by Oakley (2013) indicate that family members dealing with a family member's substance use problems tend to sacrifice their individual growth and personal needs for family survival. Another study found that family members report losing their sense of self, experience

role confusion, and low levels of self-esteem (Marks et al., 2012). Shumway et al. (2019) found that when under the chronic stress of dealing with a family member's substance use-related problems, family members experience physical brain changes. The results of this study indicate that family members display prefrontal cortex brain dysfunction resulting from the stress, fear, family environment, and family relationship problems that develop. Affected family members also report having to cope with aggression and violence from the addicted family member (Haskell et al., 2016; McCann et al., 2017).

The problems family members face at the hands of their loved one's substance use do not stop when the substance use stops. Study results indicate that even when the family member who has been actively engaged in problematic substance use is in recovery, the effects of the traumatic experiences their past substance use had on their family reflects the need for continued support services for family members (Edwards et al., 2018). Researchers have found that families continue to need support services to help them work through bereavement due to the loss of the relationship they had with their loved ones before the problematic substance use began (Tsamparli & Frrokaj, 2016). Furthermore, many families need support navigating their experience of complicated grief resulting from the premature, untimely, traumatic drug-related deaths of their loved ones (Standing et al., 2019; Horton et al., 2018).

Given the multitude of family problems associated with having a family member engaged in unhealthy substance use, there continues to be a need to explore how individual family members are affected by a family member's addiction (McDonagh et al., 2019; Shumway et al., 2019; Standing et al., 2019). There is a gap in the current state of the literature on how families are affected by addiction that relates to the co-sibling experience of another sibling's substance use problems. Therefore, with the current epidemic level of substance use problems faced by

families, sibling studies must expand to include a focus on how siblings are affected by their brothers' and sisters' problematic substance use (Johnson et al., 2019; Smith-Genthôs et al., 2017).

### **Review of Studies on the Sibling Experience of Another Sibling's Addiction**

Siblings suffer a tremendous amount of physical, emotional, and psychological pain resulting from their interactions with their brothers or sisters with alcohol or drug use problems. Yet they remain unsupported by researchers studying addiction (Ma et al., 2015; Tsamparli & Frrokam, 2016; Voorpostel et al., 2012). Ma et al. (2015) conducted a meta-analysis and discovered that there were thirty-nine sibling studies done in a twenty-year span between 1990 and 2011 and that most of these studies investigated the sibling experience when a sibling has Attention Deficit Hyperactivity Disorder. Only two of the thirty-nine studies looked at sibling relationships when one sibling has a substance use disorder. In a study by Smith-Genthôs et al. (2017) 312 college students in a southwestern university reported that their families had more positive attitudes toward alcohol than participants who did not have a sibling with substance use problems. The participants of this study reported that they experienced a lack of support and fewer people who were supportive in their lives. Moreover, they lost social support once their siblings' substance use problems progressed. Female participants reported more negative emotions in response to their siblings' substance use than men. While most of the participants said that they were exposed to substance use at an early age and often in their homes. The authors of this study recommended future studies that focus on social support for co-siblings dealing with another sibling's substance use and future studies on identifying additional risk factors associated with having a sibling with substance use problems (Smith-Genthôs et al., 2017).

A third study that addressed siblings and addiction focused on how siblings addressed their concerns about their siblings' alcohol use. The results of Glowacki's (2017) study indicated that although the participants could clearly remember the exact moment that they labeled their siblings' drinking a problem, they often felt frustrated at their inability to address their concerns. These participants reported that they felt hopeless toward helping or controlling their siblings' problem drinking. Part of their feelings of hopelessness related to the long-term nature of the sibling relationship and their need to interact often on a daily basis with their siblings. The results of this study suggested that several characteristics of the sibling relationship, such as gender, age spacing, number of siblings, birth order, and the nature of the sibling relationship, all affected how the siblings' substance use affected the participants. Recommendations from this study highlight the importance of providing options for sibling involvement in addiction treatment programs and for the treatment programs to initiate communication with siblings around problematic drinking and safe drinking strategies (Glowacki, 2017).

Tsamparli & Frrokaj (2016) carried out a qualitative study on sibling relationships and substance misuse. Participants included thirty-six families, seventeen with a sibling that misused substances, and nineteen families that did not have a sibling that misused substances. The results of this study indicated that mothers and siblings of families with a sibling that misused substances reported far less family cohesion than mothers and siblings of families where there was not a sibling that misused substances. The study also found that non-using siblings reported anxiety and worry over the dangers drug use had on the health of their sibling; that they used denial of their siblings' substance use problem to decrease their stress; that they were angry with their parents for not setting boundaries in the family; and that they blamed their parents for allowing their siblings' problem to progress. These participants reported that they believed that

their family atmosphere was aggressive, tense, and hostile and that their sibling was vulnerable and misused substances to deal with the negative family atmosphere. The researchers of this study highlighted that the sibling participants reported that they mourned for the relationship they had with their sibling before his or her substance misuse began and that this was additional information to add to the current understanding of sibling experiences with a sibling's substance misuse (Tsamparli & Frrokaj, 2016). In a separate study of bereavement of the death of a loved one through substance use results indicated that family members suffer amplified grief resulting from the need to work closely with police, and other emergency personnel; legal procedures, stigma, and lack of support in mourning (Templeton et al., 2016).

Greif and Woolley (2016) completed a qualitative study that produced results emphasizing the strain adult siblings experienced when one or more of their siblings' abuse substances. These researchers remind us that research studies on enduring sibling relationships may help inform treatment approaches to substance use problems among siblings. An Australian study by Incerti et al. (2014) indicated that siblings perceived both family strengths and adverse effects of their siblings' substance use. The siblings who participated in this study reported that by spending time with their siblings, they and other family members learned to be more accepting, compassionate, and loving towards their sibling with the substance use problems and to view their siblings as separate from the addiction. Along with learning how to accept their siblings, the participants reported several adverse effects of their siblings' problems with substance use. These siblings said that they often felt role confusion from trying to protect their parents, their siblings, and themselves from the sibling's lifestyle choices. They also reported that they were exhausted from the burden of feeling the need to always be okay so that they could help their siblings and protect their parents. Moreover, they reported sadness, despair, and



frustration related to the loss of the relationship they had with their siblings before they developed substance use problems, and feelings of helplessness about the future. Many of the participants in this study reported that they suffered anxiety and depression related to the distrust, lies, and secrecy in their sibling relationships due to their siblings' substance use. While many of the participants reported feeling unsupported by their parents because of their parents' preoccupation with their sibling, these participants said that they simply stopped sharing their lives with their parents and tried to deal with their problems on their own. A suggestion to address how the participants of this study had to help heal their sibling and parental relationships was to encourage honest, open communication between family members. Recommendations for future research included the continued investigation into identifying support designed explicitly for siblings that aims to rebuild trust between siblings and rebuild family functioning (Incerti et al., 2014).

In a separate Australian study by Moffat and Redmond (2017) researchers studied the effects of having a family member with chronic illnesses on the health of children diagnosed with a chronic illness. Although this study did not identify the relationship between the family members identified and the participants, it is possible that one or more of the identified family members could have been a sibling. In this study the participant pool consisted of 5,377 children who were enrolled in school in grades 4, 6 or 8 in Australia. About a quarter of the students reported having a family member with a chronic health issue. Study results indicated that children with chronic illnesses experienced more negative health symptoms related to their family members illness compared to students without chronic illnesses. The greatest burden on the participants with chronic illnesses was incurred by participants whose family member had a drug or alcohol addiction. These participants reported feeling two or more of the following

symptoms on at least a weekly basis: feeling low, irritability or bad temper, feeling nervous, headache, stomach-ache, backache, sleeplessness, and dizziness.

### **Effects of Having a Sibling with a Chronic Illness**

Although there have been minimal studies published that focus primarily on the sibling experience of another sibling's substance use problems, there have been numerous studies of the experiences of siblings who have a sibling with another chronic illness (Esfahani et al., 2018; Hallion et al., 2018). The findings of these studies highlight the importance of intervention services to ensure that siblings of those with chronic illness develop strengths and coping skills (Hallion et al., 2018; Moffat & Redmond, 2017). Van Schoors et al. (2017) studied the effects of having a sibling with a cancer diagnosis on the other siblings. The results of this study indicate that siblings may experience unintentional neglect due to parental attention being shifted to the child diagnosed with cancer. Studies confirm that siblings in families where a sibling has cancer may experience maladjustment, anxiety, depression, and posttraumatic stress (Kaplan et al., 2013; Long & Marsland, 2011). Studies that addressed the needs of siblings who have a sibling with cancer have found that these siblings benefit from specific interventions focused on problem-solving sibling issues (Barrera et al., 2018).

A study by Tregidgo and Elander (2019) suggests that siblings who were growing up with a brother with severe haemophilia experienced resentment, anger, and frustration resulting from the effects of their brothers' ill health on their lives. The participants of this study reported that they engaged in attention-seeking behaviors because they felt neglected or ignored by their parents who were preoccupied with their brothers. The authors of the study recommend increased advocacy and support for siblings of children with haemophilia and they recommended further research into how healthy siblings are affected by their siblings' ill health. Studies that

investigated the siblings' experiences with another sibling who has autism found that the participants experienced challenges in their family relationships, complex emotional reactions, and that their experiences influenced their life trajectories (Dansby et al., 2018; Noonan et al., 2018). Siblings with a sibling with Autistic Spectrum Disorder experience symptoms of anxiety, depression, and aggressive behaviors that harm their quality of life (Esfahani et al., 2018). While other siblings felt victimized by their siblings with Attention Deficit Hyperactivity Disorder and that their family often overlooked their problems (Kendall, 1999).

### **Review of General Sibling Studies**

Sibling relationships are a long-lasting and enduring source of social support (Hank & Steinbach, 2018; Milevsky, 2019). However, studies on sibling relationships documented in the literature are minimal (Milevsky, 2019). Early studies on sibling relationships focused on structural characteristics such as number of siblings, the gender distribution, birth order, age gap between siblings, and sibling temperament to determine the social and psychological processes that influence both an individual's development across the lifespan and the quality of their sibling relationships.

A review of the literature shows that more recent studies of sibling relationship quality have focused on family system factors associated with sibling warmth and conflict (Relva et al., 2019; Schrodt & Phillips, 2016). Studies show that the quality of parental relationships, parent-child relationships, differential parental treatment, and parental management of sibling conflict all played a mediation role in sibling relationship quality (Brody, 1998; Buehler et al., 2007; Stroud et al., 2015). Marital conflict and a child's perceived parental marital satisfaction are strong predictors of sibling support and closeness (Milevsky, 2004). Religiosity and economic conditions of a family system are additional factors shown to affect the quality of sibling

relationships (Milevsky et al., 2005). This study will focus on how co-siblings are affected by the experience of a siblings' substance use problems.

### **Studies on Unhealthy Sibling Relationships**

Earlier studies identified sibling relationships where one or more of the siblings have a highly emotionally reactive temperament as having up to four times more sibling conflict than less responsive children (Brody et al., 1987; Mash & Johnston, 1983). Girls with high emotional intensity and low persistence have more sibling conflict (Brody et al., 1987). Preschool age male siblings with different temperaments were also shown to be more likely to have conflictual relationships (Munn & Dunn, 1989). Brody (1998) reviewed several studies that highlighted the harmful effects of marital unhappiness and conflict on sibling relationships. In his review of the literature on sibling relationships, Brody found that parental negative affect such as depression or hostility; destructive, intrusive or over-controlling parent-child relationships; perceived parental differential treatment of siblings; and parental neglect to manage sibling disputes were all associated with unhealthy sibling relationships. The sibling relationships of offspring who experience family environments that include the characteristics listed above tend to exhibit more aggressive and more coercive behaviors; more emotional dysregulation; higher rates of rivalry and anger; and the siblings are more likely to believe that their parents are less concerned about them and that they are less worthy of love. Tompsett et al. (2016) found that verbal aggression between mothers and children and the use of corporal punishment predicted sibling aggression. Relva et al. (2019) found that punitive forms of maternal and paternal discipline were positively associated with adolescents' psychological aggression and physical assault of siblings.

### **Studies on Healthy Sibling Relationships**

Healthy sibling relations contribute to the healthy adjustment of individuals throughout life (Stocker et al., 2020). Some research has shown that adolescent siblings with a positive relationship have healthier identity formation and seem to be buffered against risky sexual and drug behaviors (Buist et al., 2011). In adulthood and late adulthood, sibling closeness supports psychological wellbeing and successful aging (Milevsky & Heerwagen, 2013). Waldinger et al. (2007) indicate that the quality of sibling relationships is the best predictor of an individual's mental health in old age. Another study found that the lowest levels of negativity and conflict occur in sibling pairs, where each sibling's temperament was less emotionally reactive and more positive emotionally (Stoneman & Brody, 1993). Brody (1998) found that parents that had a positive affect and who provided attentive, responsive, and nurturing care to their children tend to promote positive sibling relationships. The sibling relationships of offspring who experience family environments that include these characteristics listed above tend to engage in higher levels of positive affectivity and prosocial behaviors in their relationships (Stocker et al., 1989). In one study, older children responded to parental conflict by increasing their caretaking and prosocial behaviors towards the younger children in the family (Cummings & Smith, 1993). The positive association between family communication and behavior problems of children has been confirmed by other researchers (Ibabe & Bentler, 2016). Whereas Samek and Rueter (2011) studied family communication styles and found that sibling closeness was highest in families that promoted both conversation and conformity.

### **Brief History of Addiction Treatment**

Before the 1970s, drug and alcohol treatment identified addiction as an individual problem, and the client as the focus of therapy (Fals-Stewart et al., 2009). Treatment programs that view the individual with substance use problems as the person in need of treatment typical

have treatment goals that include motivating clients to discontinue their substance use and guiding them in rebuilding their lives (Inaba & Cohen, 2014).

Around 1970, in response to a report by the National Institute on Alcohol and Alcoholism calling for couples and family therapy, studies began to look at developing couples and family therapy techniques (Fals-Stewart et al, 2005). By the end of the 1980s, family members were invited to take part in interventions designed to support their loved one's recovery. The goal of these new family programs was to prepare parents, partners, and adult children to support their loved one's recovery. However, financial restraints and changing health care have negatively affected growth in family programs (Fals-Stewart et al., 2001). Those providing addiction treatment still struggle to meet the personal support needs of family members (Selbekk & Sagvaag, 2016). This lack of support for family members is relevant given that addiction is a chronic life-threatening disease that has potential to negatively affect each family member and family unit functioning.

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is a common diagnostic tool used to determine the severity of an individual's substance use. The DSM-5 states that "The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems" (*Diagnostic and statistical manual of mental disorders: DSM-5, 2013, Substance-Related Disorders, (page 483)*). American Psychiatric Association. The DSM-5 includes the following classes of substance-related and addictive disorders: Alcohol-Related Disorders, Caffeine-Related Disorders, Cannabis-Related Disorders, Hallucinogen-Related Disorders, Opioid Use Disorder, Sedative-, Hypnotic-, or Anxiolytic-Related Disorders, Tobacco-Related Disorders, and Non-Substance -

Related Disorders. The Patient Placement Criteria published by the American Society of Addiction Medicine (ASAM Criteria) is often used by mental health professionals to determine what level of treatment to recommend for a client (Gregoire, 2000). The ASAM Patient Placement Criteria is a biopsychosocial model of addiction that considers the individuals biological and psychological health along with their social support network in determining what treatment modality would be most effective (Wallace, 1989). Using the ASAM Patient Placement Criteria, Clinicians consider the following domains in determining a client's addiction severity and type of treatment needed: acute intoxication and or withdrawal potential, biomedical conditions and complications, emotional and behavioral conditions and complications, treatment acceptance or resistance, relapse potential, and recovery environment. The ASAM Patient Placement Criteria outlines four levels of care for addiction treatment: outpatient, intensive outpatient and partial hospitalization, medically monitored inpatient treatment, and medically managed inpatient treatment (Turner et al., 1999).

There are a multitude of treatment approaches used in treating clients with substance use disorders (Kourgiantakis et al. 2021). The most common forms of treatment are a combination of behavioral treatment and medication assistance. Behavioral approaches are used to assist clients in stopping or limiting substance use by teaching them life skills and coping mechanisms. Medication assistance is used to help clients cope with withdrawal symptomology. Behavioral approaches such as Cognitive Behavior Therapy (CBT), Motivational Interviewing Techniques (MIT), Stages of Change, Trauma Informed Care, and 12-Step Self-Help Programs have been shown to be successful with addicted clients (Lassiter & Culbreth, 2017; Inaba & Cohen, 2014). Recovery Capital, (O'Sullivan et al., 2019) which addresses social supports and personal strengths of an individual that promote recovery, and harm reduction, which attempts to limit the

harm of substance use offering such services as needle exchange sites, drug consumption rooms, and medication assistance (Ashford et al., 2018) are additional forms of treatment for individual with substance use problems. Recently supplemental forms of care such as yoga and mindfulness have been included in some treatment program protocols (Sancho et al., 2018; Wimberly et al., 2018). Therapy formats in most addiction programs include individual therapy, group therapy, family therapy, and peer recovery coaching (Lassiter & Culbreth, 2017). While using technology to deliver treatment has shown to improve treatment outcomes (Kim et al., 2016).

With the vast array of treatment options, it is important to understand best practices as they relate to treatment. The National Institute on Drug Abuse published the third edition of principles of drug addiction treatment (2012) which summarizes the current evidence-based findings that facilitate the most effective characteristics of treatment programs. The principles of treatment identified by the National Institute on Drug Abuse (2012) are as follows:

- 1) Addiction is a complex but treatable disease that affects brain function and behavior. Drugs of abuse alter the brain's structure and function, resulting in changes that persist long after drug use has ceased. This may explain why drug abusers are at risk for relapse even after long periods of abstinence and despite the potentially devastating consequences.
- 2) No single treatment is appropriate for everyone. Treatment varies depending on the type of drug and the characteristics of the patients. Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.



- 3) Treatment needs to be readily available. Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible. As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.
- 4) Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.
- 5) Remaining in treatment for an adequate period of time is critical. The appropriate duration for an individual depends on the type and degree of the patient's problems and needs. Research indicates that most addicted individuals need at least 3 months in [treatment] .... As with other chronic illnesses, relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.
- 6) Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment. Behavioral therapies vary in their focus and may involve addressing a patient's motivation to change, providing incentives for abstinence, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating

better interpersonal relationships. Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.

- 7) Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- 8) An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs. A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation, and/or social and legal services. For many patients, a continuing care approach provides the best results, with the treatment intensity varying according to a person's changing needs.
- 9) Many drug-addicted individuals also have other mental disorders. Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.
- 10) Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
- 11) Treatment does not need to be voluntary to be effective. Sanctions or enticements from family, employment settings, and/or the entry, retention rates, and the ultimate success of drug treatment interventions.
- 12) Drug use during treatment must be monitored continuously, as lapses during treatment do occur. Knowing their drug use is being monitored can be a powerful incentive for

patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.

- 13) Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary. (Principles of drug addiction treatment: a research-based guide, Third Edition, by National Institute on Drug Abuse, 2012, p.2-5).

### **Family Programs**

Family programs most often take one of two formats: parent education or family skill development. Parent education programs are shorter in duration lasting a few hours and focusing on teaching parents about addiction, the effects of substance misuse on the family, and recovery. Whereas, family skill development programs extend over weeks and focus on life skills for both parents and children. Typical topics covered in a family skills program included educating parents and children on the effects of addiction in the family, child development and positive parenting skills; guiding them in expressing their emotions related to the family members substance use, and general social skill development. Family skills programs often have multi-family groupings that meet for an extended length of time over several weeks. Celebrating Families (CF) is an evidence-based family program (Sparks & Tisck, 2018; Cohen & Tisch, 2021). It consists of 12 weekly family sessions, 3 hours in length. Each week the family program begins with families coming together for a meal and introduction to the program. After the meal the families break into parent only and children only sessions to address personal and social skill development. Weekly family sessions end with families coming together once again to engage in

a closing activity where positive family interactions are facilitated (Sparks & Tisch, 2018; Brakenhorr, 2015). In a study by Cohen and Tisch (2021) the Celebrating Families program was adapted to an online mode in response to the Covid- 19 pandemic with positive results although the positive results of the online format were lower than the in-person format. The in-person and online classes resulted in improvements in parenting skills, family relationships, and parent self-efficacy.

Research suggests that manualized family therapy such as CF are more effective than non-manualized treatment (Rigter, Henderson, Pelc, Tossman, Phan, Hendriks, Schaub & Rose, 2013); and, that therapy family skills training programs are more effective than parent education programs (Stomshak et al., 2005). Usher, McShane and Dwyer (2010) found that family disease models, family prevention models, and hybrid family programs effectiveness was facilitated when the programs included the following components: opportunities for positive parent-child interactions, supportive peer-to-peer relationships, education on addiction, engagement of hard-to- reach families by being responsive to socio-economic needs, and matching services to client lived experiences. Moreover, research indicates that culturally competent treatment practices that provide services in families' first language, that understands the cultural practices and perspectives of families, that are non-judgmental, and that tailor treatment to individual client and family needs are best-practice treatment (Gainsbury,2017). Best practice programs enhance client engagement, retention, and clinical outcomes for substance use treatment (Gainsbury,2017).

It is exciting to witness addiction treatment expanding to include family members in treatment. However, the unique needs of these family members related to their loved one's substance use remain neglected (Selbekk et al., 2018). Researchers are encouraging continued

attention to family programs aimed at including a focus on addressing the personal needs of affected family members (Faberman et al., 2018; Gordon & de Jong, 2018; McCann & Lubman, 2018; McCrady et al., 2019; Selbekk et al., 2018). The examination of all family members' needs, and in the case of this study, the self-identified needs of siblings of addicts, is a vital step toward developing a treatment model uniquely designed to support the wellbeing of co-siblings with a sibling with substance use problems (Ma et al., 2015; Tsampanli & Frrokam, 2016; Voorpostel et al., 2012).

### **Siblings and Substance Abuse Treatment**

Although there is a gap in the literature on siblings and addiction, the authors were able to locate studies that addressed siblings in treatment. Caspi et al. (2018) developed a prevention and intervention matrix that could be used by clinicians in considering sibling relationships and when treatment goals should encourage an increase or decrease in sibling relational closeness. Using the matrix, clinicians would consider the role of gender composition and age-spacing of siblings and which sibling is being treated for substance use to guide the treatment strategies they use in both family and individual sessions. For example, the matrix suggests that if age-spacing is close and the oldest sibling has a substance use problem, it is suggested to decrease sibling closeness. However, if the oldest does not have a substance use problem but the youngest does, clinicians are encouraged to increase sibling closeness. In a study by Bamberg et al. (2008), the BEST program, which was developed to support parents with an adolescent child with substance use problems was adapted to include siblings in the last four weeks of the eight-week program. During week five siblings were invited to share how their siblings' substance use behavior was affecting them and their family. During week six, the families were supported in processing their negative feelings related to substance use in the

family and they were helped to plan and reintroduce family rituals and routines in the home so that family communication would improve. In week seven, the family was guided in rebuilding ties by focusing on the present and how each family member could be supported emotionally by the other family members. During the last week the families discussed the positive changes they have experienced from participation in the program and planned how to continue their progress. Results of this study indicated that the sibling participants reported that they experienced the following improvements: reduction in activity disruptions because of their siblings' substance use, reduction in stress symptoms related to their siblings' substance use behaviors, and improvements in family satisfaction. In a third study sibling peer support groups were used to help support young people 13 to 18 years of age who had a sibling with a substance use problem (Gregg & Toumbourou, 2003). In this study, the participants were given peer-leadership training and the groups included an adult leader. Goals of the program were to provide support and information that reduced the harm the non-using sibling were experiencing related to their siblings' substance use behaviors. The curriculum covered included: stress management, support, views on drugs, the cycle of change, effects of drugs on conflict resolution and communication skills. Results of this study indicated that the sibling participants reported feeling better informed, more supported, and a decrease in their sense of isolation. Parents reported that the sibling participants improved in their communication skills and appeared to have greater understanding and tolerance of their sibling with the substance use problem.

### **Theoretical Framework**

Alfred Adler developed the theory of individual psychology (Adler, 2010). He viewed family influences, including sibling influences, as significant determinants of an individual's

personality development. He believed that as people grow, they assign meaning to their everyday experiences that lead to them developing patterns of behaviors that enable them to deal with their problems and reach their goals. Adler referred to these individual patterns of action as the person's Life Style (Adler, 2010). Adler believed that a child's misinterpretations of daily experiences could lead to feelings of inferiority that affect their sense of self, their relationships, and their future occupations (Adler, 2010). Therefore, he encouraged therapists to study client recollections of early life experiences to learn more about the contextual nature of their mental health problems (Ansbacher & Ansbacher, 1956; Adler, 2010; McHale et al., 2012; Whitman et al., 2011). The primary investigator of this study used an Adlerian theoretical lens to investigate the everyday lived experiences of participants related to having a sibling with substance use problems, the meaning they assign to their experiences, and how their interpretations of their experiences influence their personality development, social relationships, and adjustment to life.

### **Conclusion**

The purpose of this study was to deepen our understanding of how having a sibling who has or has had substance use problems affects the non-using sibling's wellbeing. This chapter provided a review of the literature relevant to the topic of study. It began with providing statistics on substance use in America and followed with a summary of studies published on the effects of addict on families, studies on the sibling experience with another siblings' addiction, studies on the effect of having a sibling with a chronic illness, a review of general sibling studies, a brief history of addiction treatment, a review of a selection of family programs, a review of a selection of sibling treatment programs, and identification of the theoretical framework of the study. The following chapter will outline the study's methodology.

### **Chapter 3: Methodology**

In the previous chapter, the results of a literature review highlighted an apparent lack of attention to the needs of individuals who experience stress resulting from a sibling's substance use problems (Glowacki, 2017; McCann & Lubman, 2018; Shumway et al., 2019; Smith-Genthôs et al., 2017). In response to this identified lack of knowledge, the primary investigator aimed to fully describe the individual and collective experiences of the phenomenon studied (Moustakas, 1994). This study fills a void in the literature by using a phenomenological design guided by an Adlerian theoretical framework to explore the topic of investigation. The chapter introduces the methodology used by the primary investigator. Details of the subjectivity statement, research questions, research design, data collection and analysis, and ethical considerations are reviewed. The chapter concludes with a summary of the methodology.

#### **Subjectivity Statement**

It is important to me as a researcher that I document my connection to the topic of investigation in this study. I have a long history of involvement with the topic of siblings affected by their siblings' substance misuse. This history weaves through all major domains of my life: the personal, professional, and academic domains. My personal experience with this topic includes having two brothers who suffered from alcohol problems and a son who died at the age of 28 due to substance misuse. Experiencing being the sibling of someone with alcohol problems continues to affect me in positive and negative ways throughout my life. My experiences as a mother watching my children's lives being affected by their sibling's addictive lifestyle has intensified my desire to better understand and support myself, my children, and other siblings in similar circumstances.



My professional career as a mental health counselor with a specialization in addictions has made me aware of the lack of appropriate support services available to siblings who struggle with understanding and living with another sibling's addiction. Many times, during my career I have listened to siblings sharing stories of being tired and defeated from being unable to access community resources to help them understand and deal with their loved one's misuse of alcohol and other substances. My academic background as a doctoral student with a research agenda that includes addiction, social justice, and counselor education reform also informs my current perspective on the phenomenon of this study. I am a passionate advocate for outcome-based treatment options for all family members who are dealing with substance use of a family member. I believe that co-siblings who experience another sibling's substance use problems both struggle with and are transformed by this experience. I think that these siblings need support in living their lives and maintaining their wellbeing, not only while they are in close contact with their sibling with substance use problems but also throughout their lives, to address the enduring effects of their earlier relational experiences. Therefore, I expect to find evidence of both positive and negative sibling experiences related to having a sibling with substance use problems.

I believe that my experiences with the study participants, my personal experiences related to being a member of the study population, my employment in the addiction field, my academic training, and my upbringing in a working-class community where alcoholism was prominent will impact the research process and my interpretation of its findings. Therefore, I intentionally used methodological strategies throughout the research process to promote the trustworthiness of the research process.

### **Research Questions**

The research questions that will guide this study are:

1. How does having a sibling who has or has had substance use problems affect an individual's daily experiences?
2. How does having a sibling who has or has had substance use problems affect an individual's relational experiences?
3. What advice do individuals who have or have had a sibling with substance use problems suggest for mental health professionals?

### **Research Framework**

There are several reasons why the primary investigator used the individual theory of Alfred Adler as the research framework for the study. One reason is that this theory places great importance on the sibling relationship as a factor in human development (Dreikurs-Ferguson, 1984). Another reason is that Adler believed that people function best when they are in supportive relationships with others in their community (Adler, 2010). While a third reason is that Adler's individual theory of psychology highlights the importance of both the objective and subjective experiences of people in influencing their life adjustment (Adler, 2010). This emphasis on peoples' understanding of their lived experiences is the most important element of the phenomenological methodology used by the primary researcher to organize data collection and analysis. The primary investigator attended both the International Committee of Adlerian Summer Schools and Institutes (ICASSI) virtual conference and the North American Society of Adlerian Psychology Virtual Conference to guide her research.

The interview protocol questions designed around Adlerian concepts guided the study participants to review their experiences and empowered them to reflect on how their significant relationships informed their personal wellbeing. Filtering her research through an Adlerian lens allowed the primary investigator to develop a fuller understanding of how the lives of the

participants in the study were affected by their reality of having a sibling with substance use problems. The interview questions were informed by a pilot study completed by the primary investigator in planning this study's data collection methods. The results of the study will enhance addiction treatment by guiding treatment programs, counselor-education programs, and clinicians in tailoring training and interventions that provide for the unique support needed for siblings of clients in therapy.

### **Interpretative Phenomenological Analysis**

Interpretative Phenomenological Analysis (Smith et al., 2009) was selected by the primary researcher as the analytic framework for this study because it is appropriate for giving voice to unserved populations (Moustakas, 1994). IPA was chosen because it outlines a way of organizing the research throughout the research process (Creswell & Poth, 2018). The three elements of IPA include: 1) the subjective accounts of participants personal experiences, 2) a type of parallel hermeneutic process which involves the researcher making meaning from the participants interpretations of their experiences (Osborn et al., 2017), and, 3) how participants make sense of their experiences (Finlay, 2011).

Phenomenological methodology is both a post-positivist and constructivist approach to carrying out research (Vagle, 2018). In phenomenological research the researcher and participants co-create knowledge by working together to describe the essence of a specific experience (Moustakas, 1994). Research questions are used with this design to encourage participants to reflect and share their conscious memories of a specific experience (Moustakas, 1994). Throughout the research process the primary investigator was intentional in taking measures to improve the trustworthiness of the findings of the study. Gubba (1981) outlines five dimensions of trustworthiness in qualitative research. The five dimensions include: authenticity,

credibility, conformability, dependability, and transferability. Creswell (2013) recommends that researchers use at least two procedures to support the rigor of conclusions. Several methods were used in this study to address the trustworthiness of the study. The use of phenomenological methodology, member checking, triangulation of data, frequent debriefing sessions with the primary investigator's dissertation chair, and peer de-briefing were used to promote confidence in the research. Member checking allowed participants an opportunity to review their transcribed interviews to ensure that the message they wanted to convey was captured in the transcription. Participants were reminded that they could remove or alter their statements recorded in their transcribed interviews.

Triangulation of the data was used to compare data from transcriptions of multiple participants with the primary investigator's field notes and reflective journal entries. This use of triangulation of the data facilitated objectivity in the analysis of the participants' experiences by allowing the researcher to reflect on her growing openness to allow the voice of the participants to be stronger than her own in her interpretations. The primary investigator also engaged in regular debriefing sessions with her dissertation chair and her two peer debriefers to encourage self-reflection to limit her own biased understanding of the topic of inquiry so that the findings of the study represented the true meaning of what the participants described as their experiences. Given that the study's main focus was on the lived experiences of the participants related to the phenomenon of having a sibling with substance use problems, these methodological choices were valid. Ultimately, the personal experiences of each participant were connected to the lived experiences of other participants and thematic commonalities were identified and explored throughout the research process.

## **Participants**

A major requirement of phenomenological inquiry is that the participants of a study have direct experience with the identified phenomenon (Moustakas, 1994). The participants of this study included 15 individuals who met the following inclusion criteria: (a) self-identified as having or have had a sibling who has substance use problems, (b) were at least 18 years old, and (c) were English speaking. All participants self-reported that they meet the inclusion criteria for the study at recruitment. There were 13 female and 2 male participants. All of the participants lived in a southeastern state of the US. The age range of participants was between 22 years and 55 years of age, with a mean age of 36 years. Recruitment opportunities were limited as a result of the coronavirus pandemic and this may have affected the lack of gender and racial diversity amongst the participant pool. All participants were Caucasian/White. The primary investigator attempted to minimize this coronavirus affect by interviewing all individuals who responded to the recruitment emails.

### **Data Collection Procedures**

Participants were recruited through a purposive sampling process (Moustakas, 1994; Smith et al., 2009) to identify a homogeneous group of adult siblings who identify as having grown up with a sibling who has or has had substance use problems. In phenomenological research, purposive sampling is used as an intentional approach in identifying participants who have experienced a specific phenomenon and who can provide descriptions of this phenomenon (Moustakas, 1994). Due to the coronavirus pandemic, the primary investigator had to gain institutional review board approval for several changes in the originally planned data collection procedures. Rather than attending in-person family meetings at local treatment centers, the primary investigator sent an IRB approved email recruitment letter to a local treatment center director and asked that the recruitment letter be forwarded to anyone that may meet the

participant criteria. A second recruitment strategy used is known as the snowball recruitment method. The primary investigator emailed her personal contacts and asked them to consider being part of the study and to also forward the email recruitment letter to anyone on their personal and professional contact lists that they feel may be interested in participating. Refer to Appendix A for a copy of the IRB approved recruitment letter. Another change in data collection procedures that was necessary due to social distancing mandates as a result of the coronavirus pandemic was that the primary investigator was only able to complete two interviews in person and the remaining thirteen interviews were done virtually, either on the university's virtual platform or by phone. The primary investigator sought and received IRB approval to recruit and interview study participants virtually before doing so.

### **Instrumentation**

Following Institutional Review Board approval from the University of North Carolina at Charlotte, the following measures outlined below were used in the data collection for this study.

#### ***Semi-Structured Interviews***

A semi-structured interview protocol designed by the primary investigator was used to explore the research questions guiding the study. Refer to Appendix C, for a copy of the Interview Protocol. Interviews are suggested in the literature for facilitating the in-depth description of participants' lived experiences with a phenomenon (Moustakas, 1994; Smith et al., 2009). In keeping with tenets of phenomenology, lengthy interviews were used to collect participant stories (Creswell & Poth, 2018). Interviews were initially conducted by the primary investigator face-to-face with the first two participants interviewed. Due to the social distancing requirements of both the state of North Carolina and the primary investigator's institution, IRB approval to continue interviews virtually was sought and received. One interview was conducted

on the university virtual platform and the remaining interviews were conducted by phone, the preference of all participants. Interviews ranged from 2 to 3 hours per interview. The audio-recordings of interviews were kept in a locked file cabinet behind a locked door to protect client confidentiality, and these recordings were deleted at the conclusion of the study. Each interview was transcribed verbatim by the primary investigator, and a pseudonym was used to identify participants. Twelve out of the fifteen participants were emailed de-identified copies of their individual interview transcripts to help ensure that the accuracy of their experiences of having a sibling with a substance use problem was captured. Three participants declined the invitation to review their transcripts.

While remaining aware of the informal, dynamic nature of phenomenological inquiry, the primary investigator carefully designed a preliminary set of semi-structured interview questions aimed at rapport building, eliciting participant experiences with the phenomenon being studied, and concluding with the meaning making of their experiences. The semi-structured interview questions were guided by an Adlerian framework and asked questions about social influences on the participants' developing personalities (Clarke & Butler 2012) and their perceptions of their experiences on their psychological health.

Each interview began with a series of rapport-building questions to help set the participant at ease. An example of a rapport building questions in the interview protocol include: Would you tell me a little bit about yourself and why you decided to take part in this study? Growing up, who were the members of your family? What is the birth order of you and your sibling(s)? How would you describe your childhood home environment? Describe for me your relationship with your parents growing up? How would you describe your relationship with your identified sibling before his or her substance use problems began? How would you describe

your relationships with friends, teachers, your extended family members, and employers at this time? The questions inquiring into the participants' experience with a sibling who has or has had alcohol and/or other substance use problems were intended to address the research questions guiding this study. Some examples of these types of questions included: What is your earliest memory of a specific time when you were affected by your sibling's substance use? Has your physical, mental, spiritual, or financial lifestyle been affected by your experience of having a sibling with substance use problems? Other clarifying questions were asked when necessary, to gain a deeper description of the participants' experiences. To signal the ending of the interview, the primary investigator invited the participants to share any last thoughts they have on their experience and feelings related to having a sibling with alcohol and/or substance use issues. Examples of these concluding questions include: Is there any additional information you would like to add? What has this interview been like for you? The primary investigator referred to the literature, the results of a pilot study, and her dissertation chair and methodologist for guidance in creating the interview protocol. Refer to Appendix C for the complete Interview Protocol.

### ***Demographic Questionnaire***

Following their interview each participant completed a demographic questionnaire that was created by the primary investigator. Refer to Appendix B for the complete Demographic Questionnaire. Participants answered questions regarding their age, gender, level of education, number of siblings, age of siblings, gender of siblings, marital status, number of children, careers, etc. After completing the interview and the demographic questionnaire each participant received a \$25.00 Target gift certificate in recognition of their contribution to the research.

### ***Researcher as Instrument***



In qualitative research designs, the researcher is considered an instrument of the research (Guba, 1981). Since the primary purpose of qualitative research is to understand the participants' experiences, it is important that researchers are intentional in using strategies that enhanced the trustworthiness of the study findings (Peredaryenko & Krauss, 2013). Keeping this in mind the primary investigator used several of the techniques identified by Stewart (2010) to grow in her skill at researching. She began by bracketing her biases and assumptions in a personal subjectivity statement. Bracketing or attempting to set aside one's assumptions and biases is integral to qualitative research because it facilitates the researcher's openness to differing viewpoints presented in the data collected (Moustakas, 1994). Second, the primary investigator used prolonged engagement with the participants to facilitate opportunities to develop as a researcher. For example, emails and lengthy interviews were used to build rapport and trusting relationships between her and the study participants. During these get-to-know-you conversations at the beginning of each interview, the primary investigator answered questions the participants had about the study to ensure their understanding of the purpose of the study. As the interviews progressed, the primary investigator engaged in active listening and avoided interrupting the participants as they shared their experiences.

The third tactic that the primary investigator used to enhance her research skills was to maintain and refer continuously to field notes, reflective journaling, regularly scheduled meetings with her dissertation chair, and conversations with peer debriefers to encourage reflection on previous findings and interpretations to help identify where her personal biases and assumptions may be influencing interpretation of the data. Other strategies used by the primary investigator to support the trustworthiness of her research was to read the literature of disciplines outside of the mental health profession and engaging in conversations with colleagues who held

opinions different than her own to enhance and challenge her understanding of both qualitative research and sibling experiences with the phenomenon of having a sibling with substance use problems.

### **Data Analysis**

Interpretive phenomenological analysis (IPA) procedures were used to analyze the data (Smith et al., 2009). It is based on the Heideggerian view of phenomenology. IPA provides guidance on gathering a detailed description of people's conscious understanding of experiences related to a specific phenomenon (Smith et al., 2009). Researchers using IPA bracket their understanding, bias, and assumptions on the experience they are studying before they explore other people's experiences of the phenomenon within the social context of their day-to-day lives (Creswell & Poth, 2018; Moustakas, 1994). IPA involves the researcher in an iterative process that begins with the researcher exploring rich descriptions of a phenomenon. Once researchers collect these participant descriptions, they then engage in a progressive review of the data culminating with a detailed report documenting interpretive themes that represent the commonalities and exceptions in the characteristics of the phenomenon under study (Smith et al., 2009; Vagle, 2018). IPA shares social constructivist elements similar to the Adlerian theoretical lens used to guide the study (McCann & Lubman, 2018). This approach is well suited to understanding social phenomena that lack adequate investigation (Smith et al., 2009).

Throughout the research process, the primary investigator was intentional in thinking about her prior experiences, beliefs, and bias around the phenomenon under study so that she was more open to the experiences of the participants (Saldana, 2016). She began by bracketing her personal and professional experience with the topic in a written subjectivity statement. At all stages of the research process, she journaled or wrote memos and audio recorded her thoughts on

what she was analyzing. The primary investigator also engaged in debriefing sessions with her dissertation chair and peer debriefers to support continued bracketing of her bias and assumptions.

Before beginning each interview, the primary investigator meditated for five minutes to clear her head and focus on the task at hand. Following meditation, she paid attention to each participant's verbal and nonverbal communication during interviews and then recorded her thoughts about the interview process immediately after the interview. As soon as possible after each interview the primary investigator listened to the audio recording of the interview and journaled her reactions to the participant's story. Once each interview was transcribed, the primary investigator then read over the transcription once without making notations and recorded her reactions in her reflective journal. Next, transcriptions were emailed to the corresponding participants for member checking (Moustakas, 1994). Fourteen participants reviewed the initial transcripts of their interview and confirmed that the transcript reflected the meaning they intended. All participants gave approval for the primary investigator to continue with the analysis of their transcripts. Once this permission was provided the primary investigator began the process of reading and rereading each transcript noting thoughts or general understanding she derived from the readings in her research journal.

During the analysis process, the primary investigator compared data points collected from the transcriptions with her field notes and reflective journal entries to facilitate objectivity in analyzing the participants' experiences. This strategy of comparing different forms of data is termed triangulation of the data in qualitative research (Moustakas, 1994). Reflective journaling was completed each time the primary investigator read over the transcripts, during coding sessions, and throughout the day or night when the primary investigator had spontaneous

thoughts related to the participants' stories. The primary investigator engaged in reflective journaling either in writing in her journal, as voice recordings, or in written memos on whiteboards strategically located in her private office.

Two fellow-doctoral students were used as peer-debriefers by the primary investigator to complete external checks on the data analysis. Both peer-debriefers are third year doctoral students enrolled in the Counselor Education and Supervision program in the same university as the primary investigator. One peer debriefer was employed as an addictions counselor and the other was employed as a mental health counselor. One peer debriefer identified as white and the other identified as African-America. Each peer-debriefer was emailed a letter outlining what was being asked of them. Each email sent to the peer-debriefers included an attachment of three different transcripts. Once they completed their own set of codes for each of the interviews sent to them, they met with the primary investigator on their institutional virtual platform to compare their coding with the primary investigator's initial coding. After the peer-debriefers and the primary investigator came to an agreement on coding, the primary investigator continued coding the remaining transcripts.

At this point the primary investigator began creating a codebook where all coding was organized and recorded. Refer to Table 2 to review the completed codebook. This process involved recording raw words of each transcription into codes and then the code words were analyzed and sorted into more specific categories that reduced the data into more discrete meaning units. The iterative process of moving back and forth between data points allowed the primary investigator to gain a greater understanding of the data. Many times, throughout the data analysis process, the primary investigator found that she had to step away from the data for several days. This cooling off period allowed the primary investigator a break from consciously

focusing on the data to give her mind some untethered time to mull over what was being revealed. After taking a break from sitting with the data, the primary researcher then combined similar word categories in each transcription into themes. This process was done by first color coding similar words in the written transcripts and then cutting and arranging these words under possible theme headings on large sheets of paper. These identified themes represented the primary investigator's interpretation of common characteristics of the studied phenomenon shared across participant stories. Equal weight was given to all data points during this data analysis. As word categories, codes, and themes presented themselves to the primary investigator, she continued to reduce the data into smaller chunks by eliminating repetitive wording. She organized the data in an excel spreadsheet and shared it with her peer-debriefers for review and comment. She also shared the identified themes with the study participants for member checking. Prior permission to use supporting quotes that reflected themes in the study manuscript was received from participants before including these quotes in the final manuscript. The primary investigator created a visual display of the identified themes and subthemes to supplement the study manuscript.

The *S.C.R.E.A.M* Model is used to represent the six common characteristics the participants' shared in their recalled stories of their experiences of the phenomenon of having a sibling with substance use problems. The six themes include: (1) *Safety*; (2) *Chaos*; (3) *Relationship Stress*; (4) *Emotionality*; (5) *Avoidance*; and (6) *Movement*. The first theme, *Safety*, includes one category: Physical Health Safety Concerns. The second theme, *Chaos*, includes two categories: Home Environment, and Daily Routine. The third theme, *Relationship Stress*, includes two categories: Familial, and Social. The fourth theme, *Emotionality*, includes two categories: In the Moment, and Rumination. The fifth theme, *Avoidance*, includes two

categories: The Problem, and Other People. The sixth theme, *Movement*, includes three categories: Meaning Making Review, Mourning, and Enhanced Social Interest and Engagement. The final step in the data analysis process was a written summary of the entire study created by the primary researcher and submitted to her dissertation chair for review.

### **Ethical Considerations**

To ensure the safety of all participants involved in the study, Institute Review Board (IRB) approval was obtained prior to beginning the research and when a need occurred for methodological changes to accommodate the coronavirus safety protocols. The primary investigator explained the risks involved for the participants as well as inform the participants of the gift-card compensation. Before beginning the interviews, the primary investigator and the participants reviewed the informed consent that outlined the purpose of the study as well as details regarding confidentiality, participant rights, and contact information for committee members and the IRB committee of the university. Participants were informed that they can discontinue participation in the study at any time. Participants provided verbal confirmation that they understand the informed consent and that they agreed to allow the interviews to be audio-recorded prior to beginning each interview. Time was allotted at the beginning of each interview to provide participants an opportunity to ask questions regarding the study and to build rapport between the primary researcher and each participant. Each participant chose a pseudonym, no real names of the participants were included in the transcripts nor the write up of the study results. Participant identifying information was kept secure and separate from their transcripts. All data and participant information were kept in accordance with the university's IRB requirements.

The primary investigator informed each participant at the beginning of the interview that the subject matter of the study may be emotionally charged. Participants were assured that if they want to stop the interview or did not want to answer particular questions, they could stop at any time. Moreover, the primary investigator asked participants at the beginning of each interview to verify that they had access to people who could provide Personal support if they felt the need for emotional support following the interview. During the interview, the primary investigator and each participant reviewed personal and local support sources that participants could access should they need additional support. Each interview ended with the participants being encouraged to reach out to the primary investigator for support through telephone or email anytime to process their responses to interviews or to garner assistance in locating supportive services.

There were several potential benefits to the participants for taking part in this research study. Most importantly, they had opportunity to share their experiences and have their voices heard. They received monetary reimbursement in the form of a gift card for their participation. Participants were made aware of local support services available in their community for family members of individuals with alcohol or substance use problems. Other potential benefits include that the results of the study provide much-needed information about the experiences of siblings that will guide future researchers and clinicians in better understanding and serving this subsystem of families dealing with addiction. Moreover, potential future publications of the study may be useful to readers.

### **Conclusion**

Chapter three documents a detailed description of the methodology used in this study. Given that research on the topic of individuals with a sibling with substance use problems is

missing from the literature, the phenomenological inquiry used in this study is a first step to understanding and preparing to assist siblings dealing with their siblings' substance use. The study sought to fill a gap in the literature about the lived experiences of individuals who self-report having or having had a sibling with substance use problems. The primary investigator used interpretative phenomenological analysis (IPA) procedures to guide data collection and analysis. To enhance the trustworthiness of the study, the primary investigator bracketed her experiences, used independent peer debriefing and member checking, maintained a reflective journal and research memos, and created a systematic codebook to document the analysis process (Moustakas, 1994). Refer to Table 2 for a copy of the Codebook. A narrative of the identified themes interpreted from the data was introduced and will be discussed further in the next chapter and the final document ending with suggested implications for future research (Pietkiewicz & Smith, 2014).



## Chapter 4: Findings

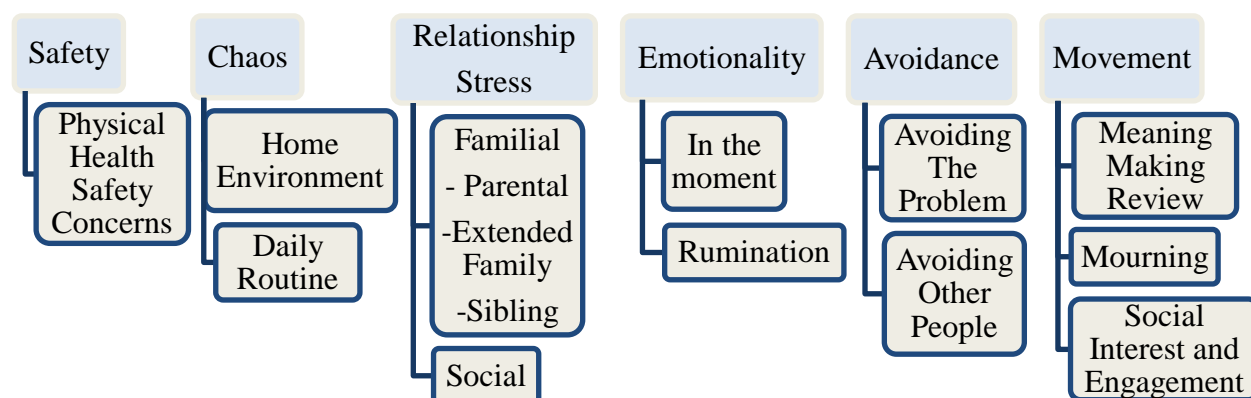
Chapter four presents the analysis of data collected for this study using an Interpretative Phenomenological Analysis approach. This approach used to guide the primary investigator in understanding and describing the lived experiences of the study participants with the phenomenon of having a sibling with substance use problems. In this chapter, the primary investigator outlines her interpretation of both the individual experiences of each participant and the common characteristics shared across participants. Core tenets of Adlerian Individual Psychology related to family constellation, lifestyle, reeducation, and social interest (Dreikurs-Ferguson, 1984) served as the theoretical framework of data analysis. These tenets were used to structure interview questions. Therefore, it is believed that participant responses and identified themes reflect the Adlerian Individual Psychological tenets. The chapter begins with an introduction to Figure 1, which consists of the six themes and corresponding sub themes. This is followed by a conceptual introduction into the lives of each participant, a discussion of the identified themes, and a conclusion which prepares for the discussion of findings in the next chapter.

Data revealed that the first theme, *Safety*, associated with concerns about physical safety, was revealed by all but one participant, ( $n= 14$ ). The theme *Chaos*, associated with experiencing chaos in the home environment or daily routines, was expressed by all participants ( $n= 15$ ). The third theme, *Relationship Stress*, which focused on the effects of the studied phenomenon on the participants' familial and social relationships, was common in all participant stories ( $n= 15$ ). The fourth theme, *Emotionality*, reflected both the participants' emotional reactions in the moment and later as a result of rumination, was emphasized by all participants ( $n = 15$ ). The fifth theme, *Avoidance*, reflected the tendency for participants to develop the behavior pattern of

avoiding the problems they faced in relation to their siblings' substance use. Two thirds of the total number of participants reported avoidance as a coping mechanism, ( $n=10$ ). The sixth and final theme, *Movement*, reflected universality amongst all of the participants in their experiences of new learning opportunities over time that lead to their readiness for a reassessment of their understanding of their experiences, to grieving their losses, and to developing a social interest in helping others who are experiencing the phenomenon of having a sibling with substance use problems ( $n = 15$ ).

**Table 1**

*Common Themes Across Participant Interviews*



*Note.* The six common themes identified across participant interviews include: Safety, Chaos, Relationships, Emotionality, Avoidance, and Movement. The S.C.R.E.A.M. Model is a useful memory tool to summarize these themes.

### The Research Participants

In this section, the primary investigator presents a brief description of the fifteen study participants from data gathered during their interviews and from their completed demographic questionnaires. Each narrative description acts as a short introduction into the life of a specific participant. The descriptions provide a glimpse into the participants' family constellation, sibling

order, and current stage of development. The descriptions provide an indication of how each participant perceives their siblings' substance use progression up to the present. These short introductions end with an in vivo quote of why the participant volunteered to take part in the study.

*Jan*

Jan's brother, who is five years younger than her, has substance use problems that she became more aware of in his senior year of high school. Being the oldest child, Jan shared that she felt like a parent to her brother when he was young. However, they developed a closer sibling friendship when he was in high school. Jan described her brother as a very easygoing, happy child and herself as a bookworm and loner. She believes her brother became addicted to medication prescribed to him following surgery due to a sporting injury he incurred in high school. At the time of the interview Jan reported that her brother was still experiencing substance use problems. However, post-interview she reported that her brother is not presently using. Jan was soft spoken but very forthcoming throughout the interview. She began by expressing her support of the topic of the study and continued to speak passionately about her story as it relates to having a brother with substance use problems.

I decided to volunteer to be part of this study because it is such a common experience for the general population. I believe that it would help to understand the relationships and the processes to better help all of the people affected. I think that the parents and significant others are kind of studied most often, but not so much the siblings, obviously. So, I'm interested and I'm one of them, I am so happy to help.

*Kay*

Kay is a twenty-two-year-old Caucasian female who is currently in graduate school. She grew up in a home with her mom, dad, and three older brothers. Her oldest brother is seven years older. Her second oldest brother is three years older and is her identified sibling with substance use problems. Kay's third brother is her twin brother older by five minutes. Kay became aware of her brother's alcohol problems when he was nineteen and she was about sixteen and they were both living at home. She believes that he is doing other drugs as well. Within the past year he has enrolled in an outpatient treatment program that has helped him learn coping skills, but Kay believes that he is still struggling. During the interview Kay willingly answered all questions and appeared to be very invested in sharing her story. She began by sharing her reasons for participating:

I have been looking for some sources and help to deal with it, how to help him and also how to help myself so I thought it was a really cool study because I think it is interesting that the focus is on the impact on the family because his abuse problems have really been impacting him and his relationship with us. Really it is something that is important to me and if I could help just one person with my story than that would be cool.

#### *Adia*

Adia is a twenty-four-year-old Caucasian female who is currently in graduate school. She grew up in a home with both her parents and her only sibling, her sister. She became aware of her sister's marijuana and alcohol problems when she was seventeen or eighteen and her sister was fourteen or fifteen. Her sister still struggles with substance use problems. She has completed treatment twice and during her second treatment both Adia and her mother took part in the family program. During the interview Adia thoughtfully described her experiences and her desire to be part of the study:

When I read the recruitment email it really lined up information with my personal experience in my family... it's just been devastating... It's just really touched me, and I don't know what to do with the pain often and I figured this was... a good outlet for me in a good way to, like, use my experience for something that could help people.

### *Paris*

Paris is a forty-nine-year-old Caucasian female who is currently in graduate school. She grew up in a home with both parents and two older brothers. Her oldest brother is four years older than her and is her identified sibling with substance use problems. Her other brother is fourteen months older than her. She became aware of her brother's alcohol and substance use when she was eleven and he was fifteen or sixteen. Her brother sought treatment in the Navy. It has been twenty-five years since he last used substances. During the interview Paris was very attentive to each question and she described her experiences in detail. Paris's reasons for taking part in the study include:

I believe that research is important, absolutely. And the topic interests me, because addiction runs in my family and that's one of the reasons why I ended up in the addictions field.

### *Nelson*

Nelson is a twenty-six-year-old Caucasian male who is currently in graduate school studying to become a counselor. He grew up in a home with his mom, dad, and only sibling, his older brother who was older than him by six years. He became aware of his brother's alcohol and substance use when he was eleven and his brother was fifteen or sixteen. His brother has tried medication assisted treatment and the family has tried family therapy. Nelson's brother is still

struggling with substance use problems. During the interview Nelson was intentional in his life review and compassionate about his perseverance in trying to help his brother and his family:

I felt a connection to this study and a sense of trying to help. The topic is something that really resonates with me. So, I think it is important to give that voice and shine that light on siblings' experiences too because although it affects them differently, it one hundred percent affects them.

### *Elizabeth*

Elizabeth is a forty-year-old Caucasian female who is currently in graduate school. She grew up in a home with her mom, dad, and only sibling, her older brother who was three years older, until her parent's divorce when she was four. Elizabeth became aware of her brother's smoking when he was twelve and later, he told her about his experimentation with other drugs when he was a teenager. Her brother engaged in social drinking until his grandmother's death and then he began drinking heavily. He continued his heavy drinking for about fifteen years until he died this year at the age of forty-three. He did not have treatment for his substance use other than when he was in detox while in jail. During the interview Elizabeth expressed her appreciation for the opportunity to share her story:

I get requests from time to time about studies and usually they are just not relevant but when I saw this one it was totally relevant... my brother who was an alcoholic passed away this October... and it was hard. A lot of times I felt alone... and I just felt like I needed to be part of it.

### *Therese*

Therese is a forty-two-year-old Caucasian female who is employed as a social worker. For most of her childhood she grew up with just her mother and only sibling, her older brother

by three years. She became aware of her brother's drinking and marijuana use when she was thirteen and he was fifteen. Her brother did not have treatment for his substance use. Therese believes that her brother has not used in the last five years and she is proud of him. During the interview Therese was eager to share her story and express her love for her brother:

I decided to take part in this research because I love my brother.

*Patrick*

Patrick is a forty-three-year-old Caucasian male who is employed as a maintenance person. Growing up, his family consisted of his mother, father, himself, and his older brother who was five years older. Patrick's parents divorced when he was four years old. He knew his brother was drinking alcohol at a very young age. He didn't find out about the other drugs his brother was using until eighth grade. When Patrick was in his late twenties his brother went to in-patient treatment for twenty-one days, began a twelve-step program and has remained abstinent to this day. During the interview Patrick began by sharing his desire to be helpful to other siblings.

I really wanted to be in this study because I hope that my story may inspire somebody else to get help or to be helpful to other siblings dealing with this.

*Callie*

Callie is a fifty-four-year-old Caucasian female who is employed as a house-sitter and lawn maintenance employee. Growing up her family consisted of her mother, father, older brother, and sister until her parents divorced when she was four. Callie's identified sibling is her sister who is four years older. Her brother is two years older. Callie found out about her sister's drinking when she was nine and her sister was fourteen. When she was in tenth grade, she was home alone with her sister and that was the first time she witnessed her snorting cocaine. Her

sister went to a thirty-day in-patient program for her addiction, but she never stopped using and continues to use today. During the interview Callie was determined to share her experiences and wisdom in the service of other siblings:

I just want to let people know what they will be facing and that sometimes there is hope that things will be better.

*Alice*

Alice is a fifty-four-year-old Caucasian female who is employed as an office manager. Growing up her family consisted of her mother, father, two older brothers, two older sisters, herself, and a younger brother. Each of her older siblings were a year apart, she came along three years later and was the baby for seven years before her youngest brother was born. Alice thinks her younger brother started having alcohol problems when she was around nine or ten years old. Her family found out for sure when she was between eleven and thirteen, so he would have been between fifteen and seventeen. Her brother went to rehab a few times but still actively uses. Alice went to Alateen as a teenager and her and her parents tried Al-Anon. Her family mostly relied on their church for support. During the interview Alice was very emotional, focused on getting her story out as clearly as possible, and expressive about the importance of the topic to her:

Because it is an important topic, because I am a sibling, and because growing up no one asked me how I was affected, I want to support research to help people understand because that will help others who are going through this today.

*Sandy*

Sandy is a twenty-six-year-old Caucasian female who is currently studying to be a counselor. Growing up her family consisted of her mother, father, three brothers, and herself.



Her oldest brother is six years older than her, and he is her identified sibling with substance use problems. Her second oldest brother is three years older, and her youngest brother is eight years younger than her. Sandy shared that her brother has had substance use problems for as long as she can remember. He started off with drinking and doing marijuana but continued to use multiple types of drugs. He received treatment a few times but is currently homeless and still actively using drugs. During the interview Sandy voiced her concern for her brother and the affect his substance use problems have had on her and her family. She began her story by voicing her approval of the study topic:

I am impressed that you want to get the siblings' experiences. We are affected by our siblings' addiction and we, the other siblings, need support too.

*Rachel*

Rachel is a forty-four-year-old Caucasian female who is employed as a trauma coach. Growing up her family consisted of her mother, stepfather, herself, and a brother who was eight years younger than Rachel. Rachel first became aware of her brother's substance use problems when he was fifteen and she was twenty-three. Although her brother didn't say what drugs he was doing at that time, he did progress to using cocaine and other drugs. He received treatment a few times but is currently still using drugs and living at home with his father. Rachel engaged in individual counseling and reading to help her cope with her stress related to having a brother with substance use problems. During the interview Rachel painted a vivid picture of both the chronicity of addiction and the related stress experienced within the family. She shared:

Watching my brother go through addiction for the last twenty years and seeing how it affects everyone in the family, I feel that if we can just help one person, if we can find a way to reach and connect to one sibling, it will be all worth it.

*Jackie*

Jackie is a fifty-five-year-old Caucasian female who is employed as a mental health counselor. Growing up her family consisted of her mother, father, herself, and five siblings. Jackie is the second oldest. She has a sister one year older than her, a brother one year younger, a sister three years younger, a brother five years younger, and a sister eight years younger. Jackie's oldest sister, youngest sister, and youngest brother each have substance use problems. Her oldest sister abuses Xanax and the two youngest abuse alcohol. Jackie first became aware of her siblings' use in their teens and mid-twenties. None of her siblings have had treatment to address their substance use. Jackie went to Al-Anon for a couple of years, engaged in individual therapy, and turned to her church for support. During the interview Jackie was eager to discuss the support needs of siblings:

I just want to help because I know how lonely and overwhelming it can be on the other siblings.

*Ann*

Ann is a twenty-nine-year-old Caucasian female who is employed as a quality assurance systems analyst. Growing up her family consisted of her mother, father, older sister, and herself. Ann's sister is four and a half years older. Ann first became aware of her sister's misuse of alcohol in their teens and mid-twenties. Ann was away at college at the time. Her sister completed in-patient treatment last year and has one year of recovery. Ann and her parents took part in the family program of her sister's treatment. During the interview Ann was very deliberate in retelling her story and began by voicing why she was able to partake as a participant:

I decided to participate because I am a sibling and I believe it is important to research this topic. However, if my sister was not doing as well as she is right now... if she was still struggling... I would be a little less inclined to open up in a study.

### *April*

April is a twenty-six-year-old Caucasian female who is studying to become a counselor. Growing up her family consisted of her mother, father, herself, and two older brothers. Her older brother is the sibling she identified as having substance use problems related to alcohol and marijuana. April is the youngest, her oldest brother is thirteen years older than her, and her next oldest brother is ten years older than her. Her oldest brother started using when April was four or five years old. During the interview April stressed the loneliness she felt growing up and how she thought she was the only sibling dealing with this and was happy to help encourage support services for siblings:

I felt like I was the only one facing this growing up and that was lonely. I understand today just how important it is to support new research to help siblings dealing with their siblings' addiction so they can understand they are not alone.

### **Themes**

After many readings, extensive data analysis, member checking, and peer debriefing, the fifteen interviews revealed a total of six major themes which were grounded in a comment made by one of the study participants. While describing her experience with the phenomenon of having a sibling with substance use problems, the participant exclaimed "I just wanted to scream 'get it together'!" Throughout the analysis process, the primary investigator found herself recalling both the wording and presence of this participant when she shouted "scream." This memory connected with the primary investigator's understanding of the stories of all the

participants. Thus, the acronym *SCREAM* is used to represent the six common characteristics the participants' shared in their recalled stories of their experiences of the phenomenon of having a sibling with substance use problems. The six themes include: (1) *Safety*; (2) *Chaos*; (3) *Relationship Stress*; (4) *Emotionality*; (5) *Avoidance*; and (6) *Movement*. The first theme, *Safety*, includes one category: Physical Health Safety Concerns. The second theme, *Chaos*, includes two categories: Home Environment, and Daily Routine. The third theme, *Relationship Stress*, includes two categories: Familial, and Social. The fourth theme, *Emotionality*, includes two categories: In the Moment, and Rumination. The fifth theme, *Avoidance*, includes two categories: The Problem, and Other People. The sixth theme, *Movement*, includes three categories: Meaning Making Review, Mourning, and Enhanced Social Interest and Engagement. The first three themes correspond with the Adlerian tenets of family and social relationships (Adler, 1956); and they address the first two research questions that guided the study. The fourth and fifth themes highlight the participants initial subjective views on life corresponding with the Adlerian concept of Lifestyle (Adler, 1956). The final theme reflects new learning and growth of participants in relation to their understanding of addiction and their adapted beliefs and attitudes toward life corresponding with the Adlerian focus on reinterpreting early lifestyle decisions as a way to improve mental health (Adler, 1998). This final theme also relates to the third research question of the study and the Adlerian concept of encouragement. The following questions served to focus the study: 1) How does having a sibling who have or has had substance use problems affect an individual's daily experiences? 2) How does having a sibling who has or has had substance use problems affect an individual's relational experiences?, 3) What advice do siblings who have or has had a sibling with substance use problems have for mental health professionals?

In this chapter, Table 1, consists of the six themes and thirteen categories that tell a story of the participants' experiences with having a sibling with substance use problems. The ways in which each participant experienced and overcame challenges and grew as individuals from their experiences was shared courageously by all. In their telling, the participants together painted an image of enduring hope for their own and their siblings' wellbeing.

## **Safety**

The theme *Safety* summarizes some of the effects the identified siblings' substance use had on the physical health and safety of the participants. The nine participants living at home with their siblings when they were actively engaged in substance use behaviors shared stories of their homes becoming unsafe. Participants living away from home when their siblings' substance use became a problem described witnessing their parents' homes becoming hostile and unsafe for other family members.

### ***Physical Health Safety Concerns***

Kay discussed how the stress led to her developing headaches. Jan shared in the following statement how she saw the stress related to her brother's substance use affecting both herself and her father physically, "I developed lupus and flares come and go so that's one way it possibly affected me physically. My dad ended up with shingles because of all the stress."

Patrick described the hives that he would develop in patches on his back because of the anxiety he experienced whenever things got really bad with his brother's drinking.

Elizabeth expressed the exhaustion she experienced dealing with her brother:

There were times when I would be on the phone with him where my body is shaking, my eyes twitching and when I got off the phone I was just exhausted emotionally and physically exhausted... There were times when I would use eating for control. So, I

wouldn't eat because I can control that. I would think I don't have any control over anything else going on right now, but I can control this.

Rachel's physical health was compromised in a similar way:

Physically I didn't have enough in me to have the same conversations over and over again. In the moment it affected me with increased heart rate, my stomach hurt, I had a headache. I just got in flight mode and I wanted to run, and I had nowhere to go... I had to keep things going and it made my chest hurt.

Nelson talked about the risks his brother placed him in as a child when he would smoke marijuana before picking Nelson up at school and then continue to drive him home. Nelson also described possible physical harm he may have suffered related to being introduced by his brother to smoking marijuana when he was only in eighth grade. He described the physical dangers he experienced as follows:

When I was a kid and both my parents were working, he would be responsible for picking me up at school. He would be late to pick me up a lot. And sometimes I remember him getting in the car and it was like reek of weed and his eyes would be really red. When I was in eighth grade, I started smoking marijuana and the first time was with him. And I used to have a lot of back problems and back pain that could definitely be related. I also had sleep issues.

Alice spoke of her perception of being put in physical danger by her brother because of his substance induced behaviors as follows:

This one morning somebody called from his work and said come pick him up because he's here at work and he's a mess... So, my mom and I... we went to pick him up. We put him in the car and every time we would start slowing down at a light he would try to

jump out and I was terrified. I thought he was going to get out of the car while it was moving and get run over.

Paris shared a similar perspective in the following comments on a time her brother and his friends took her riding around in a car:

We're still riding around... I remember him, like, when he would be high and wanting to go and see how fast his car could go. And it's like, okay when it's going over one hundred miles per hour on these country roads ...

Therese's statement echoed those of several participants about the dangers of being in a car with their sibling while the sibling is driving while under the influence of alcohol or other substances.

Therese said:

We would go to parties and he would introduce me to alcohol and marijuana... he would steal my mother's car and we would go driving while he was drunk or high. Okay, I am only thirteen at home with my brother and his friends who are drinking, drugging, and smoking marijuana.... He would get physical, so we had more fights then. Our relationship consisted of keeping my distance or conflict, being hit.

April's shared similar concerns for her physical safety faced with her brother's substance use lifestyle:

It made me feel like I didn't even want him in the house. It made me feel unsafe.

Sometimes in the middle of the night he would show up to our house with two guys that were obviously strung out on hard stuff and they would have weapons and there would be so much drama when he came home. He would be either high or manic and he would be looking for a fight. I was raised to fear him. I had seen him be violent and aggressive and yell and get into fights with my brother and my dad so many times. So, in

my senior year I was just not getting to come home because of a fear of safety was a real detriment.

Callie's statement reflected the same pattern of being placed in unsafe situations while her sister was responsible for her care. Callie said:

I remember a time she was told she had to watch me, and I was only twelve. I had to go bar hopping with her and her friends, they'd be drinking and driving, and I was terrified. They were drinking a lot and at one bar she got picked up and I was left alone. I was petrified. I had men approaching me and I'm just a kid. I didn't want to be there.

Callie also gave a detailed description of experiencing life threatening physical consequences related to the stress she experienced worrying about her sister.

I remember being a kid and when she was having a party and it was so stressful that my sugar was dropping because I am a diabetic and I could have died. Just this past Friday I'm listening to my sister and she was driving and drinking and for some reason it really bothered me I was thinking and worrying so much it got so bad to a point where my blood sugar dropped to twenty-five. I wound up with [the emergency medical number being called and paramedics] hooking me up to two different IVs from paramedics.

Ann sounded emotionally shaken while describing an experience she had trying to help her sister while her sister was walking in the freeway while intoxicated. Ann's description of her fear was as follows:

She starts walking fully across the street. This is across a six-lane highway. And she's walking back and forth across it in front of cars right in front of my face. I'm thinking she's suicidal. I keep following her, so she comes back at me and she ends up punching me in the head that time and 911 is telling me I need to back off. Uhm. They don't want



to put my life in danger if she's going to come attack. Well when she hit me, I was shocked. Like, my sister just punched me in the back of the head. And I'm cowering away from her and she still punched me in the back of the head. So, I was--I mean, I was scared.

Adia shared similar sentiments to other participants related to safety when she stated:

There was a period of time while I was in college, a handful of times where I smoked weed with her. So, like she would supply that before that time she would smoke but I wouldn't join her. There also was a period of time when I was trying to connect with her at any cost and that meant that I put myself in an unsafe situation a few times. One time when I didn't realize the extent of her problem, I went to visit her at a hotel and when I went into the room my sister was definitely super high and I was there with her and her boyfriend and his friends. After I left and let it sink in, I was like anything could have happened. The people she was with could have had guns, they could have attacked me... who knows what drugs they were on, who knows what drugs they would have tried to get me to do. Like that really scared me. There was alcohol, cocaine, marijuana, molly, Xanax, and other drugs.

Sandy's perspective on the physical danger she experienced resulting from the stress caused by her brother's substance use problems was an exception in that she described how her parent reacted to the stress harmfully towards her. Sandy explained:

If my parents were already upset with him and I did something wrong, I would get a really bad spanking punishment from my dad. So physically they were already on edge and I would be disciplined harder.

Other participants shared stories of their experiences living away from home when their siblings' substance use began causing strain on their families. Each of these participants discussed their concerns for family members at home who were struggling to cope with their siblings' use. Nick shared that the current social distancing protocols around COVID-19 have led to physical violence between his father and brother. Although Nelson lives away at university he shared:

... I worry about my father and brother because when things are bad, and they are forced to be together at home with nowhere else to go to let the pressure out it can get out of hand.

Jackie's concern about her mom's home environment intensified once she moved out of state. After leaving home she was very concerned for her mother's safety because two of her siblings were still home and still having substance use problems.

My pain was in the fact that I was hundreds of miles away and I hear about things that are happening that I just don't have any control over it. They were using my mother, taking her money and this eventually led to my mom having some medical concerns. They would bring all kinds of crazy people into her house. It is hard with me being in another state you know. I think the biggest thing for me is I was so frustrated and angry over how it was affecting my mother and I felt helpless that I couldn't do anything to protect her. I was always worried about my mother and the emotional stress was really tough.

Callie's concerns about her mother's safety became so great that last July she moved her mother out of her home and in with her and her husband. Callie explained the incident that brought about the need to remove her mom from her home:

My sister was selling drugs out of the house where her and my mom lived and one of our old neighbors telephoned me to let me know what was going on at home. I was so worried about my mother's safety that I had to leave work and drive home to across a few states to make sure mom was safe. I was afraid for mom because she was forgetful and at the age where she had some dementia. Something had to be done.

## **Chaos**

*Chaos* is the second theme identified by the primary investigator. This theme includes the following two categories: Home Environment, and Daily Routine. All participants shared stories of the chaos both at home and in their daily routines related to their experiences with their sibling around substance use problems.

### ***Home Environment***

This category was composed of participant statements that related to the unpredictability and chaos that described the home atmosphere of the participants once their siblings' substance use problems progressed. The examples below are representative of the meaning reflected in the majority of participant interviews related to the effect their sibling's substance use lifestyle had on the overall tone within their homes. Therese described the sense of chaos she experienced being home with her brother in the absence of adult protection:

We would go to school, then go home and then start to drink. We would have his friends over and he would let me stay. It was depressing... people would be talking about suicide and I was listening to this. People having sex and no parents around, I was thirteen and he was fourteen. There was no one to protect me.

Callie confirmed a similar perspective on the dangers her sister's lifestyle caused at home:

A lot of times I was alone at home with my sister who would have her beer cans everywhere, drinking and partying. I really thought, I don't want to be part of this, and you know my mom, or another adult was never around my home when I was home alone with my sister... In tenth grade I watched her using cocaine at home when we were home alone... Another time when my mother was home, I remember her asking my sister if she was drinking and then doubling up her fist and just slugging my sister in the face. I was scared watching my mother do that to her kid. Just her mouthing off and my mother exploding. My blood sugar would drop, and I would go into an insulin reaction every day as a teenager there was so much chaos in the house.

Patrick gave a vivid example of the risks he experienced at home being accidentally exposed to the hypodermic needles his brother used for his heroin addiction:

I remember being in eighth grade and I was sneaking around in my brother's bedroom closet and a needle fell out of his closet and then I would find needles in his clothes around the house and I just had a hard time processing all of this... he would isolate in his room and pee gallons in buckets, so he didn't have to come out of his room... I would come home, and he would be laid out on the floor passed out.

April told of the chaos she experienced at home in this way:

There was so much drama at home surrounding his drug use. I've always felt like I have to walk on eggshells around him. It was so much drama when he came in because he would either be high, or he would be manic, or he would be looking for a fight. At other times he would show up acting fine and asking to borrow my car and stuff so he could go get it washed or see someone and oh yeah, he can borrow it but it would come back days later smelling like weed.

Alice spoke of her reality at home due to the violent behavior of her brother when he was intoxicated as follows:

I was probably around nine or ten when my brother's substance use problems caused him to behave violently. I just remember all the doorknobs in the house were smashed in by him. He smashed them in, and I thought why is he acting this way?

Paris gave an example of how her brother's problems with substance use got so out of hand at home that the police had to intervene.

When I was living with him it was very chaotic. You never knew one moment to the next what his mood would be or how he would be acting... So, it was usually me and him home alone because mom worked nights. He'd been using and stuff, so he was getting high and drunk and bringing some of his friends to the house. I'm here alone with him and his friends which makes it difficult. I remember him having a party at the house and it got too loud and too noisy, so the neighbors called the police. I'm trying to be at home, doing my schoolwork and the police show up and then trying to call mom...

Sandy's statements echoed several of the other participants in sharing concerns about the chaos her brother's substance use lifestyle caused in her home:

My parents were always focused or concerned about him. He was coming home wearing gang colors, doing marijuana, and then he started doing all kinds of drugs. My father and mother were always worried about him... he would bring friends around that I was not comfortable with...Chaos is the only word I can think of to describe my home environment, chaos and drama about what he did or was doing.

Nelson echoed the concern mentioned by other participants about family conflict in the home resulting from his sibling's substance use:

There was this intense family conflict between him [My brother] and my dad that put my mom in this mediator role and it just continually progressed even up to this day. I mean they used to have these huge fights, or my dad would again recently has become more and more verbally aggressive... I would try to prevent them from having these fights. It was hard to do stuff like dinners or whatever when he would either just be like high from pot or actually it would go as far as like kind of nodding out at the dinner table. There would be times when he was actually standing up and pretty much folded over in half as if he was doing like a toe touch stretch... and when he's losing consciousness in and out twenty times an hour or thirty times an hour... And that was super hard to see.

### *Daily Routine*

This category brought together participant in vivo comments on how the participants' daily routines were interrupted by matters related to their sibling's substance use. The examples below are representative of the meaning reflected by many of the stories told by participants about the effect their siblings' substance use had on their daily routines.

Elizabeth spoke of her daily routines being disrupted in the following ways:

It seemed anytime I found out he was in jail I was at work. And it is like you get bad news and you can't think about anything else but that. On those days when I get those calls and I had the option I would do low risk things at work. The last time he was put in jail I got the call at work and I had to sit in meetings the whole day and I just remember it being so hard. And also, when they are in jail they don't get to call whenever they want to so I might know the only time he can call me is on a Tuesday and that is when I am at work. He was calling me and hanging up, calling me and hanging up, the night before my dissertation defense and I had to deal with it.

Nelson shared a similar story when he said:

Maybe more than I wish, I get these calls all the time, sometimes it'll just blow up my phone during the day. Even when I have something important going on, my brother will be calling asking me to talk to dad or saying dad did this, you gotta talk to him. It's crazy. The bad side of it is there's a lot of pressure. He expects me to drop what I'm doing to uh come to his rescue. It's exhausting... he'll call... and then I'm not feeling always as focused on my work...

Kay also spoke of the negative affect her brother's substance use problems had on her performance at school and on her family's routine activities:

It impacted my schooling in affecting my ability to focus. When he crashed the car for the second time I was in the middle of midterms and I knew I didn't do well in those midterms because I was so worried about if he was okay because he had gone to the hospital... definitely just the worry about my brother and the worry about my mom having to deal with my brother. Now he has become less communicable, so he doesn't talk to us as much... on family vacations with him the last two years, he was very difficult to deal with. Every time we pick a restaurant to go to he would fight... Every time we pick an event to do he fight us on it... when I say ruined our vacations our parents decided to never invite him on a family vacation again just because of how volatile and combative he was.

Rachel gave an example of how her daily routine was interrupted by her brother's behaviors related to substance use while leaving church:

I remember leaving the church because I had talked to mom and dad about it again... As I was leaving, he was coming in the opposite direction... and he started yelling... 'I am

not on nothing you need to stop talking'... I left and I was heartbroken to see the wild look in his eyes.

Paris described how her freedom to walk around her house was limited by her brother and his friends being there after school:

Him and his friends... where they would engage in sexual behaviors in the house when I was there by myself and they were using... they're on the couch and I'm just trying to get a glass of milk or whatever it was and then I need to go back upstairs cause it's like ooh I shouldn't be seeing this. ... I got to isolate [in my home] because I don't want to see that.

Alice painted a picture of the regularity of having her sleep disrupted due to her brother's crisis:

Then when I was thirteen, we started getting the late- night phone calls. I would answer and he would be in the hospital or a mess at work and we would have to pick him up.

Jan summarized her overall daily experiences associated with her brother's substance use lifestyle as follows:

Having a sibling who has substance use problems affects my daily experience by being hyper aware of issues happening around me, being sensitive to hearing about overdose and others who are struggling with substance use problems, and also having a high amount of anxiety surrounding substance use issues. I find myself feeling very anxious when I haven't spoken to my brother in a while, more than a few days, and when I see him posting odd things on social media, which typically signals to me that he has been using.

### **Relationship Stress**

*Relationship Stress*, the third theme includes two categories: Familial, and Social Relationships. The category Familial is divided into three subcategories: Parental Relationships,



Extended Family Relationships, and Social Relationships. This theme reflects how participants' interpersonal relationships with parents, extended family members, and social relationships within the community were influenced by their having a sibling with substance use problems.

### ***Familial***

Familial relationships are divided into three subcategories: Parental Relationships, Extended Family Relationships, and Social Relationships.

**Parental.** All fifteen participants spoke extensively about how having a sibling with substance use problems influenced their relationships with their parents. 10 participants reported a negative effect on their parental relationships and 5 reported that they were able to maintain positive relationships with one or more of their parents.

April shared about her relationship with her mother in this way:

It made our relationship so strained. I felt distanced from my mom because I saw her enabling my brother... Like mom, how could you let him in? Like you have me. I'm not doing any of it to you.

Ann was in college when her sister's substance use problems became serious. In the following statement she shares how disappointed she was in her parents for keeping her sister's condition secret from her.

My parents kept it a secret from me at first. I was pissed off. I kind of felt like my mom was still treating me as a kid. Maybe I feel like they didn't trust my adulthood.

Callie shared that:

There was always this drama because of my sister and my mother always took her side. That caused stress between me and my mother. I always remember going to my mother for help and she didn't believe me that my sister had a problem. I was angry. I hold so

much anger and resentment towards my mother for not seeing me, for not protecting me.

That hurts more than what I had to go through with my sister.

Rachel shared about how her parents not cohesive:

My mom and dad were never on the same team to try and help combat it. I wasn't close enough to my mom for her to help me deal with it and my dad would just talk and I would be stuck in the pattern of listening to him talk. That's exhausting because I would hear one thing from mom and another from dad and I was just why can't they be on the same page and combat it together.

Therese described the distance she felt in her relationship with her mother while her brother was using:

She was on the outside. She really wasn't there because she didn't know how to deal with it at the time. I wonder if she would have been home more, maybe we would have had more of an opportunity to be or I would have had more opportunity to be a different person.

Nelson gave an example of how his relationship with his father was harmed by him feeling that he had to mediate conflict that arose between his father and brother:

I feel this role to be his advocate and to kind of defend him and to try to mediate between my brother and my dad. I mean they used to have these huge fights, or my dad would become verbally aggressive. I would try to prevent them from having these fights and I was not successful, and it was not good for me, but I felt pressured to do it anyway. It kind of feels like I don't have a family.

Jan explained how her relationship with her parents was affected by saying:

I wish my parents would have talked to me about it and they didn't, they tried to hide it from me. I felt hurt and disrespected that they didn't, or I felt like they didn't respect me enough to inform me. I think I held even more resentment after he started facing legal charges and they were bailing him out when I was in college and I would ask them for help, and they wouldn't. But they were bailing him out of jail because they always told me they didn't have money, but they suddenly came up with it to bail him out of jail and pay legal fees. I am angry at them and jealous.

Adia talked about the stress on her relationship with her parents because they refused to accept the seriousness of her sister's situation:

I was very, very frustrated with my parents for the way that they enabled her and how they were very passive in addressing her issues. I jumped into the pseudo-parent role where I was like trying to mentor them. Like you need to take this seriously. I would try to drill into their heads, and I would get very angry at them for not following through. It makes me really mad right now because I just really wanted my parents to be as concerned but they were in denial. And they would frame everything in as positive a light as possible and they would minimize. And my dad would give me the support by saying oh you're such a good sister... okay stop saying that to me because you're not doing anything that needs to be done for her.... Our relationship was definitely hyper-focused on my sister... I really don't think my parents ever really got to know me and I think that kept me disengaged.

Jackie also talked about her disappointment over her parents enabling her siblings to continue their substance use behaviors. She said:

It definitely created a lot more distance between us. I went through the stage of being frustrated with my mom because she was enabling definitely. When I first found out what they were all doing I was just frustrated that she was allowing it, you know; and I was angry at my dad because basically he left her with all of that. I blame him for not being engaged.

Paris gives an example of how her relationship with her mother was negatively impacted by her mother's refusal to accept her brother's problem with alcohol. While describing this Paris said:

I think for me and my relationship with my mom, there's some annoyance on the fact she still doesn't accept that he is an alcoholic. Why is that important? I think he is her favorite, but we are almost fifty, does it really matter? Is that competition or annoyance because she can't see him the way he really is. It hurts that she remembers things so differently than I do. I don't remember it like that, mom. It was really shitty, and you know it doesn't do any good to try and convince her otherwise.

While the majority of participants reported a breakdown in their relationship with their parents, five shared that their siblings' substance use did not negatively affect their parental relationships.

Alice shared:

As far as my brother's substance use, I think my parents and I kept a healthy relationship all along about this problem. My mom and dad helped me understand what was going on with him, they couldn't deny what was happening. Um, we were always able to openly talk about it.

While April said:

I appreciated my dad for seeing how negatively it was affecting me and putting his foot down and saying that I deserved to be able to come home to a safe home.

Elizabeth described the support she experienced from her father during the struggle with her brother's drinking in this way:

My dad has always been my clutch, the one I could call and vent with and he was on that journey with me the whole time and for him, he gets it.

Whereas Sandy shared:

It's a lot of conversations around the drama with my mom and that's frustrating. Also, I am disgusted with my dad for how he treated my brother.

Kay also expressed how facing her brother's substance use problems brought her and her parents closer together.

I would definitely say that my mom has helped me understand it, my brother shares more with her, so whenever I asked about him, she shares some insight. I think it has brought my mom and I a lot closer. I think it helped my dad really open up a lot more because when my brother would have had too much to drink and would start a fight, I would turn and talk to my dad. Yes, it has brought me a lot closer to my parents. I took on the roles of emotional regulator and modeler of healthy family communication for both my parents and my siblings.

**Extended Family.** In their retelling of experiences with the phenomenon of having a sibling with substance use, several of the participants talked about the impact on their extended family member relationships. Some found that their relationships with extended family members were stressed and others reported a supportive bond developed between them and their extended family members.

Jan spoke about the support she appreciated from her grandparents. She said:

I spent a lot of time with my grandparents. My paternal grandmother and her husband who is like grandfather to me, he was my favorite person. I spent a lot of time with them and that was the happiest times that I can remember.

Alice talked about the feeling of safety and comradery that she experienced at her grandparents' house in this way:

My grandparents' house. You know that was the best thing ever. That was a safe place to be. The cousins would be there, and we would just have a great time being kids.

Elizabeth gave an example of her gratitude to her extended family members for helping by saying:

I would say I had lots of emotional support from both sides of my family. Especially my Aunt and Uncle were very supportive. When I reached out to my mom's side of the family to say I couldn't keep supporting my brother but at the same time he is reaching out for help to pay for his medication and my grandmother, and my uncle would send me the money and then let me disburse it to my brother however I wanted.

Patrick talked about how his Aunt and Uncle protected him as a child when he was dealing with his brother's substance use. Patrick said the following:

I am closest with my Aunt than anyone in the family. She even was like my confidant, I talked to her about things always while growing up and she always told me that it wasn't my fault and that she would help him if he needed help at home. My Aunt and my Uncle were the only ones who really protected me.

Callie shared similar sentiments and spoke about her appreciation for her extended family members' support:

My dad, my aunt, and my grandmother always told me that I could call at any time during the day or night if I needed help. As a child that really helped me to feel that I could get help and that I would be safe if I called them when I was afraid.

Rachel echoed the importance of her extended family support by sharing the support her current husband provides:

With my current husband we talk, and he listens, he understands because his brother is an alcoholic as well. Him understanding and him having experience with it helps because I don't feel ashamed talking about it with him.

Ann shared a similar perspective about her wife's support while she was being affected by her sister's substance use problems:

She definitely helped keep me from going crazy. Really just having her there to talk and to know that if something happens, she would be the one that I call and talk things through and if I wanted to cry I could. I could know that she might not be able to have an idea what I'm feeling but throughout that whole process she was able to put herself in my position.

Some participants shared that some of their extended family members, behaved in a way that increased their stress. Therese felt that members of her extended family thought they were helping but in her perception they were not. This is how she explained it:

Our family would just talk about it. We were all just full of anxiety about what was happening to him so we would sit there and talk about it. We would be saying look at all the trouble he's getting we wish he would turn his life around. All the talking was just feeding into the whole dysfunction. So, I wouldn't say anyone in my extended family provided support, they thought they were helping but they weren't.

Jan shared that her relationship with her husband at the time was stressed because they each had different opinions on how she should address her brother's situation. Jan explained below how this affected their relationship:

He told me that I shouldn't be concerned about it. That there's nothing I can do to just let it be. He thought I should cut him off and let it go, very judgmental. I thought that was cold and that he was my brother. It's very important to me. That cutting him off was not something I can do, and this caused conflict between us.

Rachel shared how she didn't feel supported by her first husband in this way:

My first husband just wanted to avoid it and not talk about it.

Sandy spoke of her reality around extended family members trying to provide support when she said:

My family, my aunts and uncles and grandparents actually both sets, they always focused on the drama and talked negatively.

**Sibling.** During the interviews all fifteen participants talked extensively about the effect their siblings' substance use problems had on their relationships. Most reported that their siblings' substance use led to strained sibling relationships and at some point, disengagement from contact with their sibling.

Alice discussed her fear of danger in getting close to her brother in the following quote:

As far as our relationship goes, I would say one part of me feels that I need to keep him at arms-length because he's going to hurt me if I don't... We [my family and I] have come to an agreement that he's not going to be around long and we're gonna deal with it, and we accept that. I think that is the biggest loss in our relationship because here I'm talking



about a person who is still with us, but I've already accepted the fact that he's probably not staying here. Um, so I'm grieving. It's almost like, a death right there.

Sandy talked about the distance that grew between her and her brother in this way:

I used to be close to him. We spent time together, talked, and got along well. But now he is so distant. He doesn't talk to me or if he does, he asks for money and doesn't pay it back and I feel guilty because I don't know how it was used. I feel like he wants drugs over our family and it's hard because I love him and I want to be there for him, but he's a different human than the one I grew up with.

Paris spoke about her not having an opportunity to have a relationship with her brother because of his substance use. Paris expressed her thoughts in this way:

He would yell but that's the thing, he's not a yeller unless he is drinking. Honestly that yelling made me act very cautious around him. I was more hypervigilant about when he would come home and what would it be like. I would make sure there was food for him to eat so that there wasn't any conflict. Really, I felt like he didn't care about me and what I missed the most was us not having a brother-sister relationship. I think because of his substance abuse and because he sexually abused me, I didn't get that relationship.

Elizabeth shared similar view on how her sibling's substance use deprived them of a friendship when she said:

I think our greatest loss would be the friendship we did have when he was healthier. Like when he first graduated from college, he was really happy, and he was coming to visit, and we would go out and have fun and hang out and have fun together and that has been the biggest loss. Now I never knew what mood I was going to get or how he was going to behave when I talked to him on the phone... I didn't know if he was going to be

threatening to kill himself. He would be calling me two or three times in the morning to cuss me out and I was just not answering his calls a lot of the time because I knew most of the time, he would probably be drunk. During that time, I quit talking to him for probably a year... I just quit talking to him and then what got me talking to him was he went to jail. When he was in jail that was when I talked to him the most because I knew he would be sober.

Patrick's relationship with his brother took a similar downward course once his brother's substance use evolved. Patrick said:

Before his drug problems we were really close. We liked the same kind of music and we like to hang out and listen to music and talk. But once his drug use started, he was like another whole different person. He was like a stranger to me or someone else not him. He would isolate, not answer my texts and not want to pray so that started giving me anxiety because it really changed our relationship. I didn't know what would happen to him. I worried about him. Really, I was scared of him. There was a time when we didn't hang out when his drugging got bad. We were both in chaos. Him with his drugs and me with everything going because of his drugs. I'd say his drug use robbed us of our relationship and I resent that a lot.

Callie, Adia, and Jackie shared that the distance between them and their siblings became so great that they lost any opportunity to have a relationship.

Callie said the following:

So, her drug use took a toll on us, we couldn't be sisters. I mean she turned into a complete stranger. So, my biggest loss is not having a sister because of her drinking and drugging. There were certain important times in my life that I never included her in that

she wasn't in the wedding party. I didn't have a choice I would have if we had more of a sisterly relationship. Um I mean even to this day, we're not that close...And in the back of my mind, I do judge my sister because of all the other problems we've had with her drinking and drug abuse. It was a lot, her drinking and the drugs that pulled us apart and the older we got the worse it got.

Adia said:

Our biggest loss as siblings was the loss of the possibility for a relationship. That is not on the table when there is active addiction... I guess like she exists in the world, but she is not in my circle. Like she is not someone that I can get any of the benefits of having a relationship with someone. Like there is no connection. The absence of that connection and the fear that it will go away forever if she dies is the biggest loss.

Jackie's comments included:

I think for a big chunk of my life, I didn't really have a relationship with my siblings to be honest. I really didn't... when I would go home, I wouldn't even see them. That's so sad to go home to visit and nobody be there but my mom... they were drinking, and they had no desire to see me. Their substance use problems creates distance, frustration, and sadness watching my siblings continue with their use despite negative consequences, homelessness, and damaged relationships.

Rachel repeated a similar story about the negative effect of her brother's substance use on their sibling relationship in the quote below:

Our relationship has never been what it was as a child because of the addiction. Because of how he gets when he is drunk. Especially now when he has children and when he wrecks my son's car, I am done. I am angry, mad, anxious, frustrated, and sad because I

wanted to have a close family even with our dysfunction, but I realize it is not possible and I began to grieve the loss of the family I wanted, I am done with my brother. I quit making excuses and I couldn't tolerate that kind of behavior.

April shared that she could no longer trust her brother once he started having substance use problems:

I just kind of saw him as someone I couldn't predict, and I think that affected our relationship to where we could never get that close. Once the drug stuff started happening, he became extremely manipulative. I would say my biggest loss was a loss of a trusting relationship with my brother. I mean I want it to be important, but I feel scared when I think of trying to improve it because it's only me who's trying to improve it.

Jan's statements mirrored April's loss of trust in her sibling due to the unpredictable nature of her sibling's substance use. Jan said:

The main consequence of his drug use was that I lost trust in him. Seeing him use, quit, use, quit, makes me feel very helpless and hopeless. Um, yeah, a lot of stress and feeling even more detached and worried that the next relapse will be the last and I'll receive a call that he's gone.

Whereas Nelson and Therese told stories of their siblings' substance use somehow initially brought them close, but this closeness was lost as their siblings' problems continued.

Nelson said:

I think, well at one point, using substances together I think was bonding and actually got us closer. Um, which is sad to say. But now that his substance use has gotten bad things have changed. I used to look up to him for guidance, Now I think he maybe will look up to me more in terms of like, how would you respond? The bad side is there is a lot of

pressure... sometimes I feel like he expects me to drop what I'm doing to come to his rescue. It can be exhausting at times. So, our relationship has shifted. I feel frustration and concern have been common themes since I was younger. The fresh frustration is, I mean, on the one hand it's like we have such limited time together and our time is meaningless when he is like this. I get frustrated by how he acts when he is under the influence because he's either talking a thousand miles a minute, kind of singing, dancing, clapping his hands, snapping, like very energetic and then he comes to a crash and he's slurring his words and not able to speak and going out midsentence. Um, so there's frustration, I can't have a connection with him.

While Therese explained:

It was his drinking that brought us together to hang out. I hung out with him because I wanted to be connected. I thought I'm hanging out with him, he loves me. Then he uses his whole life, I send him money and he doesn't pay it back, he never returns my call, and he doesn't want to see me, and it's ongoing, never ending pain. We parted ways for a lot of years.

### ***Social Relationships***

During the interviews, participants spoke of their siblings' substance use creating distance between them and their friends. Twelve out of the fifteen study participants spoke during their interviews about the importance of specific people in their lives who gave them a safe place to go to get away from the chaos, provide them with a listening ear that allowed them to process what they were going through, or created safety agreements with them that they knew they could use if they were exposed to physical danger associated with their sibling's substance use.

Therese discussed losing her friends as a result of her brother's substance use and the changes at home.

Okay so now I am hanging out with sixteen-year-olds and I am only thirteen and my brother and his friends are drinking, drugging, and smoking marijuana. My friends my age stopped being my friends they didn't want to be around me, my brother, and his friends. I did keep one childhood friend who was a support, but she ended up moving.

Therese also talked during her interview about support she received from a single teacher and about the judgment she experienced from other school personnel.

Well, I had one teacher that I really liked. She took the time to not think I was a loser. I think the rest of the school personnel though that because I dressed like a stoner and hung out in the smoking ring with my brother and his friends that I didn't care about school. But I kept good grades and I did care about school. So, she actually seemed like she was the one person who didn't judge me.

Jan provided the following examples of people in her life that supported her when she needed support dealing with her sibling's substance use:

I had a best friend, and she was like my person. Anytime there was anything that I needed to share, good, bad, or indifferent, I just need to talk. It was always her that I fully trusted, felt accepted and she understood. I felt like she was the only person in my life who knew the genuine me.

Jackie also shared about people outside of her family that continue to help her cope.

I don't know what I would do without my best friend. Oh, my gosh in so many ways she helps. I trust her and if I should need her, she would be there. Her and my sister-in-law they are wonderful.

Sandy talked about her supportive friends who helped her find some peace at different times of her life as her brother's substance use progressed.

My friends, my friends and their families always supported me through it. I got a lot of breaks and respite at their home and I got to spend a lot of time with my friends and have calm days. Like I spent so many weekends with my friends growing up. And in college with my college roommates, it just gave me a break in life and calm, steadiness and friendships that lasted and people that I could rely on and where I could be my real self.

Adia shared about her boyfriend and his parents in her statement:

My first boyfriend's parents were empathetic so that was nice. And I felt that that boyfriend shared in my concerns.

Callie shared her gratitude for the people who made it possible for her to feel safe regardless of what was going on related to her sister's life:

I had my own group of friends and I had one girlfriend and her mom was like a real mom to me. So that was my safe haven where I didn't have to be around it, which nine out of ten times I chose not be home. I knew I had a safe place where I felt safe, where I knew I was going to be okay and looked after and not have to fend for myself or deal with what was going on at home.

Nelson also found support in his community. He, spoke of informal and formal community relationships as follows:

The support I received from my counselor or psychiatrist was huge for me. Also, my neighbor who is still my friend and school friends all supported me in coping with my brother's substance use.

Alice found support in the community through Alateen and she described both the peer and adult support offered in her Alateen meetings in this way:

The biggest thing I got out of Alateen was that other people went through this too. There were probably fifteen kids in our group, and we got pretty close. There was strength in numbers. It was good to know that there were other families that had kids in their family that were like my brother. Our group leader who was an adult and she was the best because we could call on her anytime and she was supportive.

Patrick was the second participant who talked about the support he received at Alateen meetings and at school when he was younger. Patrick added that once he outgrew Alateen, his positive experiences encouraged him to become a member of Al-Anon, the self-help group for adults. He also described his feelings of being singled out by police officers because of his brother's substance use. Patrick said:

I'm glad that as a kid I had Alateen where people let me talk about it and that I thank God for the experimental program at school where I could get away from home. As an adult I definitely found Al-Anon because I knew I was part of a family disease. The personal growth I got with that spiritual program where I got to let go of layers with my sponsor helped me free me.

But I got a different treatment from the local police. You know they definitely looked at us a little differently than other people because of his run ins with the law. Like grip my arm a little tighter when they were disciplining a group of us kids.

April shared that the support she received from her boyfriend was what she remembers being most helpful in the following ways:



Throughout it all my boyfriend who I'm still with today has been my biggest support. He was the person whose house I stayed at when I felt like it wasn't right for me to be at home. And then when my brother had his motorcycle wreck and was in hospital, he went with me at midnight and stayed with me at the hospital. I also had a few friends that were supportive and one who would come hang out with me at our house for support when my brother showed up. That helped distract me and I felt less alone.

### **Emotionality**

Theme four, *Emotionality*, is a compilation of participant comments that focus on both observable and cognitive emotional reactions they each experienced due to the stress associated with their siblings' substance use problems. This theme is made up of two categories: In the Moment, and Rumination. During their interview, all fifteen participants repeated many times the roller coaster of emotions they suffered dealing with their siblings' substance use. The most common emotion cited by all participants was fear. Other commonly expressed emotions were worry, sadness, grief, frustration, regret, anxiousness, depression, terror, jealousy, and shock. Below are several examples of the emotions shared by the study participants as they described their experiences with the phenomenon of having a sibling with substance use problems.

#### ***In the Moment***

Sandy shared her emotional experience related to having a brother with substance use problems as follows:

My brother's substance use problems definitely affected my mental health. I was always anxious because of the drama and conflict in our home. I worried a lot about what would happen to him.

Ann reflected on the added stress of her sister's substance use problem on her already stressful transition into her first job after graduation:

Oh, I suffered a lot of anxiety... with the stress of my first teaching job and then this piled on top of that. It was just very, like--everything was very overwhelming. But I couldn't stop it. She's gonna keep doing what she's gonna do. So, I didn't have any control over it. So, it was all very, uh, draining.

Rachel contributed her thoughts on how the stress affected her ability to be present for her children:

At one point I recognized the gravity of addiction and its effect on my family members and I became so depressed and anxious I sent my kids to a church camp and I took the week to myself. I was crying all the time, I was exhausted, I was depressed, I was anxious... I got stuck in the emotion.

Therese discussed her emotional state becoming so severely affected as a result of living with her brother's daily substance use behaviors that she tried to end her life:

I was depressed. I remember thinking I want to kill myself. I did try to kill myself once. I did cut I still have the scars. I was a cutter.

Adia talked in the following way about the physiological impact her emotional stress caused while dealing with her brother's crises:

The physiological impact was related to the impact of intense anxiety. Like, just so infuriated at the situation or so frustrated or so scared my whole body gets worked up in that. Times when I would take longer to fall asleep just 'cause I was thinking about it.

Kay joined several of the participants in voicing the emotional weight of her brother's substance use while adding that the stress worsened the symptoms of her pre-existing mental health condition:

It definitely affected my mental health. I have been diagnosed with depression so when he crashed our car... just the worry about my brother and the worry about my mom having to deal with my brother impacted my ability to focus on anything else and my depression symptoms were magnified.

Nelson also discussed how the related stress negatively affected his pre-existing depression and anxiety:

It contributed to my depression and anxiety pretty significantly. I had to take sleep medications, anxiety medications, and depression medications for years so that's some ways it affected my physical and mental health.

Alice described the terror she felt when she and her family rushed to the hospital to be with her brother because he was in an accident as a result of being high and walking into traffic. Alice described her fear in this way:

He was in the hospital and he was unrecognizable... the doctor took off his clothes and gave his clothes to my mother in a black plastic bag. And I just remember vividly it was not just bloody saturated clothes, but there was actually like a pool of blood in the bottom of the bag... I was very afraid that we might lose him. Just seeing him in an unrecognizable state... covered in blood... What a horrible feeling, all the horrible things that you can feel when something like that is happening.

Jackie added her thoughts on how she is still emotionally affected by her siblings' substance use although she no longer lives at home:

Even though I didn't live with my siblings when they started abusing substances, I still have almost daily an array of emotions including fear of the worst-case scenarios of death for half of my siblings.... Frustration and sadness watching my siblings continue with their use despite negative consequences like homelessness and damaged relationships... It's created a new thought stream of worry due to their emotional and physical health with the coronavirus situation.

Elizabeth shared along the same lines in her comments about the emotional affect her brother's substance use had on her:

It was emotional torture... the disrespect he showed... I just didn't understand it and I just got so angry and disappointed in him, just beyond belief... I was so angry that I would let him get me so angry that that would make me angry. All I wanted in the world was a way to shut it off.

### ***Rumination***

This category refers to the focused attention and time spent thinking about and worrying about issues related to their siblings' substance use. All fifteen participants shared during their interviews the distress they experienced due to the amount of time they spent thinking about their siblings' conditions and associated risks. The most common topics of the reported rumination involved the physical safety of their siblings, loved ones, and the general public. The following in vivo accounts of the comments made by several of the study participants.

Therese discussed how she and her family members would spend endless amounts of time just talking about her brother's situation but nothing positive came out of their rumination:

We were all just full of anxiety about what was happening to him so we would sit there and just talk about it. We would be repeating look at all the trouble he is getting we wish

he would turn his life around. All the talking was just feeding our anxiety and feeding into the whole dysfunction... they thought they were helping but looking back they weren't.

April shared how her constant thinking about her parents' decisions related to her brother's substance use affected her mental health:

I was definitely thinking about and judging my parents' decisions all the time. Just that worry and fear that they need to do something and stop enabling him didn't feel good. I felt the burden of just not agreeing with things that my family were doing and rehashing everything in my mind. It was a constant weight.

Ann spoke of her constant thinking and worrying about her sister and how this led to emotional and physical problems:

So, it was all very, uh, draining. Uhm. And straining. Having to stay awake until, you know, whatever time, uh, having to--not wanting to stay awake, but being forced to because I have no idea what's going on, I can't stop my mind from thinking about different scenarios, like, and the worrying and I know it affected my sleep. So, there was a lot of, like health things that I know it did affect.

Jackie discussed her constant worrying about her mother's safety because of her siblings' substance use:

I was always worried about my mom. They would bring all kinds of crazy people into her house, just treating her terribly. And I think, you know, about the physical abuse of my mom... they were in jail several times.

Therese talked about her constant worrying in this way:

Now I know he is in jail so now I am constantly worried about is he okay is he going to get hurt. But when he is not in jail it is a different thinking, is he going to kill somebody when he is driving drunk or is he going to kill himself.

Patrick spoke about his obsessive thinking about what might happen to his brother and how this caused him a lot of heartache:

It did give me a lot of anxiety and heartache after a while always thinking about what he is doing, where he is now, and worrying that the worst could happen, and I wouldn't even know. I didn't know what would happen to him and I just couldn't stop thinking about him and where he might be when he wasn't home. I was afraid he might not come home, that he might die out there. Fear I guess, fear about everything.

Paris shared similar sentiments as many of the other participants when describing her hypervigilant thinking about her brother and what he might do:

I was hypervigilant about what would happen when he would come home and what he would be like and wanting to have things okay at the house. Trying very much to make sure... things were clean or taken care of so that he didn't have to worry about stuff. I was making sure there was food for him to eat and things, I even would plan to save stuff for him. So that there wouldn't be any conflict... I still feel like I have to make sure everything's perfect.

Callie shared along the same line about her constant worrying about her sister in the following comments:

It's constant worrying about her. Worrying is she going to kill someone or is she going die. In the back of my mind, I am judging my sister because of all the other problems we've had with her drinking and drug abuse that sometimes I just want to scream and say

get it together. It's terrifying 'cause you never know when you're going to get that phone call that your sister was in a bad car accident, she wound up dying and killed somebody else. You just don't know so you're thinking it could be tonight... And you know I thought I can't, I can't let this do this, I can't let it keep affecting me this way... So, I dwell on it... I worry, I'm stressing, and there's the resentment because I have to deal with all her drama.

Adia spoke of her preoccupation with her sister's wellbeing in this way:

Going through what I did go through definitely affected me by leading to a preoccupation with her wellbeing that drained me over time... it's definitely affected me emotionally because I live with the real fear that she could die, that I could lose her and that is so terrifying to me. I don't know how to put it into words, living with that constant fear that I could lose her forever.

Rachel mimicked so many of the others in her description of her constant worrying about her brother:

I remember always being worried about my brother, always being protective over my brother...I would advocate for him trying to get him help.

Patrick resounded similar sentiments as follows:

The bad side of it is there's a lot of pressure... it's exhausting at times... it definitely occupies my mind... my focus is different and it's very salient in my mind.

### **Avoidance**

The fifth theme, *Avoidance*, represents the various forms of avoidance that the participants used to cope with the effect of their siblings' substance use on their lives. Most participants began by asking adults for help in dealing with the stress. However, as the help

provided was not sufficient to solve the problem, they each settled into a pattern of avoidance behavior to relieve their stress. The avoidance strategies used were a combination of cognitive and behavioral actions that provided some relief to the participant. This theme is made up of two categories: Avoiding the Problem and Avoiding Other People.

### *Avoiding the Problem*

Rachel spoke of her initial attempt to address the problem that led to years of avoiding the topic until it got much worse:

I told them [my parents] that it was a cry for help, and I was begging them to ... work on it, fix it, go get help. We never talked about it again until he got worse... four years later he... came high on cocaine and really heavy stuff... I talked to mom and dad about it again... I don't know what to do. Feeling that hopelessness, anger, frustration. Just hopelessness, that is a big word.

Adia shared a similar sentiment as Rachel in her comments about turning first to parents for help in addressing the problem and eventually ignoring it until a new crisis occurred:

My first course of action was just like hey I'll get my parents to see how to handle this and then it'll all get better. So that one like I tried it for a long time and it really didn't work... so I disengaged from them... reorientating my focus... so I would like compartmentalize it... It's just like, that's a thing but it's really not relevant right now until it surfaces... Then I have to deal with it all over again.

Several other participants shared similar stories:

Jan shared:

Just a lot of stress and feeling even more detached and worried. I always escaped by working harder at school... I like to distract myself with other things... I try to distract



myself some way. It was done with books and studying and not thinking about it... I very much isolated and that didn't work.

Kay explained:

I think often I would just push it out of my mind and try not to think about it and that worked a lot when he [my brother] was at college because he was in a different city or I would just attribute it to who he is, he is just oh my God he is just a druggie.

Sandy stated:

I used to pretend it didn't happen. I used to put it in a little box and pretend like I was totally fine, and everything was perfect... and my family doesn't impact me.

Jackie commented:

I used to try and not think about it... I was denying thinking about it and not really interested about it all and just acting like it wasn't there... It was definitely uncomfortable for me to get close to other people and let them know who I am... [I felt that] I wasn't important, just go along with others, who cares what I have to say.

Several participants shared that they avoided problems by staying in their rooms. Ann said:

I stayed away from him at home as long as I could. I know that works. When I was at home, I tried to fly under the radar, the big thing is don't ever, don't ever call attention to yourself in something like that because wow you might be in the wrong place at the wrong time. So, if I went and hid in my room, nobody's going to notice me. So, if there was drama, I definitely made myself scarce...And you know the less you see the better...

I think I pretty much hid away from it all.

Callie shared:

I would tell my mom about my sister's behavior, but she wouldn't believe me. So most of the time I went upstairs to my room, locked myself in my room, played my music, put my headphones on and thought I was escaping it all. I didn't address conflict with my sister I stayed away... I would just try not to be around my house... I would go to my friend's house or hide in my room. So, I learned to deal with things in a different way than most people. I just shut everything down.

Paris also isolated in her room:

Trying to tell mom about [his getting high and drunk and bringing some of his friends to the house] and her thing was well at least he's doing it here at the house... So, uhm, I spent a lot of time in my room, sequestered. I didn't know what to do or how to act so I would try to hide I didn't want to be noticed... I think it was another way I got to isolate... I read a ton, always do crafts, anything to keep my mind off of it or keep myself occupied... trying to make myself invisible... I know I coped with a lot of it by eating. ... even now when I get in those stressful situations eating sounds awesome... When we had problems, we didn't talk about it. Everything was swept under the rug... I learned I cannot count on people.

### ***Avoiding Other People***

Nelson shared that after repeatedly trying to address his brother's substance use issues, he at one point avoided solving the problem by joining his brother in smoking marijuana. Nelson explained the indirect effect of his brother's lifestyle in providing the means and continual encouragement to him to begin smoking marijuana:

I followed him in his footsteps a little bit and I think I looked for friends who did similarly. In eighth grade I think it started... I really did look up to him a lot and... it

became hard to repeatedly say no to someone you look up to... at that point I still had friends who didn't [smoke marijuana] but I think as time progressed I kinda replaced them.

Adia spoke about her feelings of being disconnected from others because of her experience with having a sister with substance use problems:

I imagine feeling disconnected from others because they don't carry that burden. Like, just feeling like oh this is something awful in my life that people can't relate to and that led to me struggling with making real connections.

Kay shared a similar story of her reality that she placed limits on the people she would interact with because of the impact of her brother's substance use lifestyle:

Definitely in high school it definitely impacted who I hung out with. I don't like being around anyone who does drugs, and I don't have any friends who do. I chose my friends around anyone who doesn't do any kind of substances just because... it has so impacted me. Even social drinking that's something I don't do...

Callie described how she also was hesitant to join in with her peers in high school:

It was hard, but it seems that in high school I shut down and was on my own so people couldn't judge me because of my sister. And now I have a very hard surface to get to know me because I'm always worried about people judging me now as I get older from knowing my sister.

Paris's statements echoed those of the other participants:

I think it made me very cautious of people... And it's like, if I don't know what he [my brother] would be like one minute to the next... then I have to be that way with other

people too. So being very cautious. Not wanting to be seen so you don't notice me and if you don't notice me, we can't have a bad interaction.

Jackie discussed the effect her experiences had on limiting her social interactions as follows:

And I think it played out in my actions [with other people] sometimes where I wouldn't join in a conversation, or I would overthink it to the point where all those negative thoughts about myself kind of stopped me... but he [my brother] was never interested in communicating... I felt like I wasn't important... I didn't feel close enough to anyone to express my feelings.

### **Movement**

The sixth and final theme identified by the primary researcher is the theme entitled, *Movement*. For the purpose of this study, movement refers to the Adlerian concept of experiencing psychological movement away from feeling inferior towards feeling a sense of belonging and a desire to contribute to society (Dreikurs-Ferguson, 1984). This theme includes the following three categories: Meaning Making Review, Mourning, and Social Interest. An analysis of the data revealed that each participant shared a story of personal journey of experiencing the phenomenon of having a sibling with substance use problems. Each journey encompassed the following: self-reflection, new learning opportunities, personal growth, and readjusted lifestyles. With new understanding, the participants replaced, less effective attitudes, beliefs, and behaviors with new lifestyle choices that allowed them to live a life of their choosing and encouraged them to engage in society for the benefit of all.

### ***Meaning Making Review***

Each participant shared in detail the new learning experiences they had that led to a reevaluation of their beliefs and attitudes plus adoption of new behaviors that helped them to begin to live their personal best lives.

Therese described how self-reflection and counseling led to a new understanding and behaviors on her part:

I went to counseling and I learned a lot about myself. I learned that I have given up a lot of myself to be part of other people in my life so that I could be in a relationship with them, and I never let me be me and I still have a problem being me... You know there were no boundaries in our house growing up. I never got to say well wait... When I look back now, I guess I learned that I only knew what I knew or saw growing up before I met my husband. But then he came along, and he didn't drink so I stopped. When I stopped, I realized that I liked being sober and getting sleep...

I have also over functioned for my son and made choices to stay home, not work so I could homeschool him. I am sure that these choices are a direct result of me being left alone and not heard as a child. So, I have... come to realize that I need to try and not hold my son back, yeah, let him make choices. So, I would say that my worldview has changed probably going from looking at people saying what a stupid choice they made because I realized I had the choice to make better decisions. I [now] believe everyone has the ability to make choices, including me, and I have more compassion and less judgement of people.

Rachel also shared the following on how she learned and practiced new behaviors with her husband:

I have done individual counseling, lots of reading... counseling helped me unpack my own stories and it helped me process my life... It helped me be compassionate and not excuse my brother's behaviors. I learned to be understanding... I have more compassion for people and families with addiction. In my first marriage due to what I saw in my home you didn't talk, you just stuffed and then exploded and then you didn't resolve anything. Or you hid the arguments from the kids, so we never learned how to in a healthy way disagree... [my current] husband and I... we have learned how to talk, how to listen and to not automatically be defensive. We learned this from lots of readings and lots of experience.

Elizabeth discussed how her views of alcoholics changed as a result of her experiences with her brother's substance use:

My view of alcohol was changed the whole time and even drug addicts. I think definitely there was a point where I was very judgmental because I didn't understand it... I have learned a lot. I try to remember that nobody wakes up wanting to be an alcoholic and that everybody has a story.

April shared that her experiences with her brother taught her the following:

After my brother started the hard stuff, because I was younger, I was just a kid and it was scary. So, I think my reaction was to shut him out. But I learned not to shut him out while letting him know I don't agree with what he is doing.

I used to think that I had a lot of control but that's changed somewhat by experiencing things with my brother. When I try to understand why he was doing what he was doing and why he wasn't doing what I thought was right, I learned that I need to be open

mindful to what he sees as his personal goals and to set boundaries with him that allow me to feel safe.

Ann talked about her having the courage to attend the sibling meetings at her sister's treatment center and how that changed her views on why her sister was doing what she did. Ann expressed her learning experience as follows:

I didn't understand why she did what she did, and I used to think she just didn't care about me, that I didn't matter. When I went to the meetings at her treatment center, I heard everyone's different stories and how their siblings' choices were affecting their lives and it was very eye-opening. You know I didn't feel completely alone and that my sister's case was any different than somebody that was hooked on some other substance. I learned it's a disease and that there are people I can talk to that will understand how it makes me feel. I got a better understanding of why she was drinking and that she wasn't doing it to hurt me. I didn't feel as helpless, and I started to stop enabling her. Like I've set boundaries like when she showed up at my house driving drunk last time, I took her into rehab right away. And another thing is that I used to try to help in whatever way I can because I needed to be acknowledged but I can feel that acknowledgement myself. I had to go to counseling to process my feelings around my parents not telling me about my sister's problems. That helped me to learn more about the effect addiction has on families and how my emotional reactions were affecting me by causing me to feel like my parent's didn't think I was capable of handling it.

Like Ann, Adia shared a similar story of having different experiences that helped her to let go of trying to control the situation. She explained her learning opportunities this way:

At first, I put a lot of effort into control. My first course of action was just like, hey I'll get my parents to see how to handle this and then it'll get better. So that one I tried for a long time and it really didn't work. So, I read a lot about codependency, Al-Anon, and... family trainings helped me see how I could fall into a toxic roll in the family, and it helps me disengage. I learned like the coping skill of working on accepting this as it is... it's painful and I'm not alone and, like even if I can't help her with her addiction, it doesn't mean I don't love her I definitely learned I need to recognize what's in my control and what's not... It was a really hard lesson, loving someone without being able to take their pain away. And I gained a good understanding of her... addiction and that helped me not to stigmatize or pathologize her and other addicts. I struggled with compassion for my sister before I developed the understanding of addiction.

Jan shared a similar perspective in her comments about learning how to understand her feelings of guilt and need for control:

When I started going to therapy when I was nineteen... it helped me explore my emotions and the sense of guilt and my feelings of control that I can only control myself. That was the most powerful thing that I took away from therapy... because I had a tremendous amount of guilt for not helping him [my brother] but I learned I have a lot more limitations than I believed that I had five years ago.

Jackie shared how she learned to do things differently with her siblings in the following comments:

It was a long process learning how to cope with my siblings' substance use. There in the beginning I was just trying to help them but that led to some anger because they weren't looking for help and didn't want help... The biggest thing has been learning how to let go



of certain things. You know, at least understanding that there's some things that even I can't change and also just getting support, you, I wouldn't be able to think of any of this or be able to self-reflect or have any kind of awareness without having the support [therapy] myself. There's just no way.

Sandy shared her growth in understanding both how her experiences affected her growing up and how she gained a new understanding of her past:

I wanted to be as clean as possible because a lot of the times [my brother] was grimy or dirty... and I wanted to be as put together as possible so that it doesn't look like my life is falling apart. Therapy has helped me realize the actual impacts and like who I am today and how that's really shaped by my history instead of like, just wondering like why am I so anxious all the time or why am I so needing to be perfect and care about what others think of me. It's helped me really dive into the history behind it so that I can move on and find what I need to do in the future to create boundaries or care for myself or create a safe life so I can live a normal life. I used to care a lot about what other people think of me but now I am trying to not think what people think of me, I try to think of what people need verses what they think of me.

Patrick gave a similar perspective in his retelling of how he learned to see things differently as he accessed various support services:

I used to resent my brother for the things he did and for not being around that much. But I never really got help because I was too busy trying to avoid that help or denying I needed it when I was a kid because I didn't want anyone to know about how crazy my family was. I just found my own way in the world then. But when I started going to Alateen and that's where I learned more about the disease of addiction and I had people in the group

who were willing to let me talk, and I learned things from the other kids in the group. And I definitely found Al-Anon. The growth I got from that program and my sponsor helped me to free myself from a lot of the trust issues I had and forced me to look at myself and my dysfunctions. I learned that I can't really blame him [my brother] for a lot of things... now I understand that it was a crisis for mom too. I don't make up stories to impress people anymore and I have healthier relationships with my wife, my daughter, my mother and my brother. I guess I learned that people people change. A lesson I got was to not give up on people, you know my brother and I are close now and he has twenty-five years of recovery.

Alice gave a similar positive review of how attending Alateen meetings helped her learn something different than she had learned at home. She explained it this way:

I went to Alateen when I was a kid and it was a good program. The biggest thing I got out of it was that I wasn't the only one going through this. There were a lot of us in this one group and we all got pretty close. There was strength in numbers. It was good to know that there were other families that had kids in their family that were like this. And we had a leader who was an adult, and she was the best 'cause we could call on her anytime and she was very supportive. Outside of Alateen I used to just turn people off, keep a distance, be cautious. But with my friends today I found that they are not judgmental, and they are approachable. I can talk to my friends about anything and that's huge. And it's now, now it's just people are fantastic. I got really good friends.

Paris's comments reflect her new understanding of her brother's addiction, how it affected her as a child, and how she can act differently today:

Well when I was growing up, I just thought it was because my brother was being a jerk... but in my counseling program I gained an understanding that so many factors contribute to addiction... he got it and I didn't. I used to just try to ignore it and I wouldn't deal with conflict with my brother. I look back at it now and think, if I had all the knowledge of stuff that I have now... how would I have treated it differently and tried to understand him more or I think I would have been more sympathetic to what he was going through knowing how he struggled.

My wife and I did counseling, for a year. Today in my relationships I am learning to address conflict. I think it depends I go between let's just ignore it, which is exactly how I dealt with my brother and then waiting a couple of weeks or then it's like nope we better tackle this and just get it figured out. With my wife, it's always a thing of nope, we're gonna figure this out right away. Talk it out.

Kay joined Paris is describing how her studies helped her understand more about mental illness and addiction and that this changed how she understood and responded to her brother. Kay explained her growth experience as follows:

Growing up I had a lot of anger and sadness because I wanted to help him, but I didn't know how to help... So, I think I often pushed it out of my mind and tried not to think about it. But then when I was a psychology major... it was so interesting because I got to read and learn a lot about some of the mental health problems my brother has been diagnosed with and substance abuse was one of the main topics in class. Just having access to that education was really helpful. Now I try and contact him... I ask him how he is doing... Sometimes I will send him little goodie bags like food... I learned that people are definitely not mind readers so like my brother with the alcohol problems, he

lives far away so we aren't able to talk to him a lot, so he often believes we don't really love him or that we don't really support him. So being reminded of it by me sending him goodies and messages that I hope he is doing alright, at the end of the day is a good thing and it is always helpful.

Callie shared the following:

Over the years I learned some things that helped me. I learned from my doctors that I can't beat myself up thinking what can I do because it will kill me. And later in life we [my husband and I] had some guys from the rehab place work for us and you know, they would want to talk about their past experiences, so I just learned to listen, try to help, but not judge. So, now I learned to try and not let my sister's crises affect my health and to let her live her life the way she wants to live it. Now I try not to judge her but sometimes I do.

Along the same pattern of seven other participants, Nelson identified the experience of going to a therapist as a major way he learned to better deal with the issues he had related to his brothers' substance use. Nelson shared the following:

I would say that growing up I didn't have good boundaries, or I had minimal boundaries dealing with it in my family. I think that in part actually contributed to some depression and anxiety... I went to counseling for years and issues related to it was the main theme of what I worked on and that has helped me a ton... For one self-awareness, I didn't think I realized a lot of what I was taking on or the way it was affecting me. I think the biggest thing it helped me with is boundaries. But also processing the impact of their [my family] relationship and dynamic was really helpful. I used to think I was the glue for the family. But now I have pretty solid boundaries and self-care routines.

## *Mourning*

Mourning was a common feeling that the participants shared as they grew in their understanding of how their lives were being affected by the experience of having a sibling with substance use. For most, their grief focused on loss related to sibling relationships, regret related to siblings' continued substance use, sadness over lost perception of their family unit, and personal loss of childhood experiences.

Elizabeth shared her personal experience of loss in this way:

[My greatest loss was] I no longer had that one person, my big brother, who was growing up with me... I no longer could call him and have a normal conversation about life in general. I always wondered if I could have done something different if that would have changed anything for him. I still wonder if I could have done something different or if I could have helped him. I was just trying my best to not enable him. The biggest thing is could I have done something different.

April explained:

The first word that comes to mind when I think of it is sad. I am sad because there's just so many exciting things that are happening in both our lives and I just feel like we're not even able to fully celebrate them because of how unstable his mental health is because of his substance use. My biggest loss is the loss of a trusting relationship with my brother.

Sandy and Paris echoed Elizabeth and April in their statements about their greatest loss related to their siblings' substance use. Sandy said:

I would say my greatest loss is the loss of him as a human, like him as my brother would be the greatest loss.

Alice and Kay also identified their loss of a sibling relationship as their greatest loss. Alice described her loss in this way:

It's not so much losing my brother but that my family had already come to an agreement that he's not going to be around long, and we accepted it. I think that's the biggest loss because here you're talking about a person who is still with us, but I've already accepted the fact that he's probably not staying here. So, you're grieving. It's almost like a death right there.

Kay said:

I think our greatest loss would be the friendship we did have when he was healthier. Like when he first graduated from college... he was coming to visit, and we would go out and have fun and hang out and have fun together and go places together and that has been the biggest loss in the past two years. It's got to the point where he doesn't initiate anything and even if we do take him anywhere, he doesn't talk to us. It is that loss of a close family member and I don't know if I could have helped, but I regret not being there for him, especially as we grew older.

Rachel echoed Kay in her comments on what she saw as her greatest loss related to her brother's substance use:

I would say my greatest loss is my family [unit], what I hoped for being able to have family vacations and family meals with him a part of the family... Knowing that we can't do that with him... is a loss.

Like Rachel and Kay, Nelson shared a sense of loss around his family unit:

Sadness, especially recently, because it kind of feels like I don't have a family... I miss not having an equal relationship between my dad and him... Now I have to make a choice, it's either him or with my dad and it can't be with us.

Adia's response to what she saw as her greatest loss was:

The possibility of having a siblings' relationship is not even on the table when my sister is in active addiction... the absence of that connection and the fear that it will go away if she dies is the biggest loss... and it's not just because she is my sister but because I just value who she is as a human being and I miss that version of her being available. And I just think that maybe... if I had a better relationship with her... she would have felt valued.

Jan echoed Adia in her response:

So, the greatest loss is [when he is using] he is not himself. I miss his sense of humor it is not there anymore.

Paris commented:

I think having a relationship with him was lost. Having a brother-sister relationship. Because of the sexual abuse and because of his substance use I didn't get that.

Patrick also talked about his sadness over the loss of a relationship with his brother and his feelings that maybe he could have done something more to help his brother:

Well, my greatest loss is we lost our relationship... growing up I never got to have him as a positive role model, big brother... you know maybe I should have done something, maybe I should have told my brother that the things I see him doing he shouldn't be doing. That might have helped him see he needed help and I needed him.

Callie's comments again shared her sense of loss and regret:

My biggest loss is not having a sister because of her drinking and drugs. I mean she turned into a stranger. Before this, even though we were years apart growing up I still knew I had a sister and I thought family was important. My biggest regret is that I should have been a more loving sister, but I let resentment get in the way... I think if I had learned to deal with it, I could have had a relationship with her. Maybe if I was a better sister, things would have been better.

Jackie's expressed several complexities around her sense of loss related to her siblings' substance use:

[I felt] not only loss from losing [my sibling relationships] with them but [if they didn't have substance use problems] they would have gotten to know my kids. That would be huge to me... everything would be different, you know going to see my mom's side of the family and everyone [all of us siblings] being there, not just me.

### ***Social Interest***

Participants expressed their interest in supporting other siblings by offering suggestions based on what they have learned from their own experiences on how they see mental health professionals being successful in addressing the needs of clients who have siblings with substance use problems. Many shared how they themselves are attempting to engage with others as a way of supporting those still struggling with their siblings' substance use lifestyles.

Elizabeth shared how her social support system has grown today:

I think it would help if mental health professionals understood that there is a huge emotional component, but it is so hard to explain because you go from having a sibling relationship to something that looks nothing like a sibling relationship... also [mental



health professionals] could help me know how to handle it... how to manage that relationship especially when the roles changed.

April said:

Having to deal with and understand how his issues with substance use has affected me and my family has led to me entering the counseling field. I don't want to be an addictions counselor, but I do want to help others who are suffering. I decided to be part of this study because I understand just how important new research is to help all sorts of individuals.

I would tell mental health professionals to treat siblings carefully and to be open-minded to their goals. And if the counselors and school counselors could help them have contact with other people their age who are dealing with siblings' substance use. That would be helpful because I know I felt totally alone. I felt like I was the only person in my entire school that had a sibling that was arrested for drug dealing. I just felt really isolated and that no one could connect.

Jackie shared:

I definitely try to do my best to help others gain an understanding of addiction and advocate for those who are really struggling. I just have this need to do what I can even if it's just listening and hearing what they're going through. [I think it would be helpful] if mental health professionals could do more for my siblings... giving them a chance... not giving up on them. My siblings grew up in the same house as me, but they are judged a lot of the time and if people could just understand they are people too and they deserve a chance. Uhm, obviously I wish I would have had somebody that I felt close enough to to express my feelings... Maybe somebody who would've noticed what was going on and

asked me the right questions that would have helped me to open up. That would have helped a lot.

Ann shared her understanding of the needs of siblings based on her experiences:

I think that mental health professionals could teach siblings, so they learn about the disease and involve them in activities that help them experience what it is like for their siblings to be craving a drug. They could help them to handle the changes that happen if their sibling recovers because that there some new changes. I don't hear from my sister or parents everyday now and that makes me worry that something happened, or we aren't as close. And even if the sibling is sober, there are still issues that need to be addressed in the family. A desirable option would be to be able to get help in the same program that my sister was in because that person's gonna also have ties to my sister. Because if I go somewhere else and talk to them because I'm having issues, that person is going to know nothing about my sister other than what I tell them. Uhm if family members can get help in the same place the counselors are going to be able to have more background than just what I tell them I said.

Sandy shared the following suggestions for mental health professionals:

I encourage mental health professionals to recognize that it's not easy for siblings to talk about it publicly because of how negative addiction is viewed in society. And I wish there was more help, that I had like a group to go talk to or a way to talk about it without feeling like I am asking for attention or a way to learn how to help my brother instead of wishing that some hospital system somewhere might be the time that it works for him. I think they should not focus on the problem but focus instead on the bigger picture... when mental health professionals get to him, they focus on him alone instead of the

bigger picture of his family and his past and his impact on the world and even his friend group... it is a lot bigger picture than who he is today at the hospital. Mental health professionals could be someone that was not swayed by my family and ... could see all the drama and could say you need stability we are your family nurturance team. I don't care what it looks like, but let's find a way to be stable. Help us with boundaries because I think it's easy to get chaotic and then the chaos lead into this cycle of drama.

Patrick had the following suggestions for mental health professionals:

I think group therapy really helped me a lot. Being there when I was dealing with my brother's crises and being able to talk it out was a big help. Getting siblings together in a room is helpful because a lot of us stuffs our feelings, our situations makes us not address things from fear of conflict. We just don't say what we truly feel. It would have helped me too if my school counselor could have seen me and saw through my imaginary stories because I was a compulsive liar as a child so when I was in his office we didn't really focus on my own stuff. So, dig deep into sibling stories and make sure you're getting what is really going on not just the kid hiding stuff because he is scared. If I was a mental health professional, I would definitely tell siblings to go to Al-Anon for sure. I would definitely say that if they take care of themselves during the process, things are gonna work out a lot better. And I would tell them that it is okay for them to not be around their siblings when they are drinking and getting high, they could join things at school or go to an Alateen or Alanon meeting or call someone a hotline or meditate or pray, they don't have to stay there and be so afraid.

Paris encouraged mental health professionals to:

Understand that it is not just the person that's using... if I had some good counseling growing up, I think that it probably would have been beneficial. Having someone listen because I didn't feel like I had a voice or that what I thought was going on mattered... to have some place to go to and find a group of people who could help and understand, that would be awesome. I didn't get that.

Callie gave the following recommendation for mental health professionals:

From professionals I would like to learn about the disease so I could understand addiction. Professionals could also help siblings get the help they need to understand and deal with everything that goes on when there is addiction in the family. Professionals could listen to siblings and acknowledge what they are going through and give them somewhere where they can feel safe for a while. I think professionals shouldn't be judgmental and they shouldn't tell siblings what they have to do to help their sibling. It would be better if they tell siblings that they don't have to be around it or that they shouldn't feel that they have to do more or try to help their sister or brother. Give them a sense that it is okay to just rather not be around it, let them know it is okay to just go off and do their own thing.

Alice's ideas for mental health professionals include:

Talk about it. Talk about it. Let siblings know that other people have this going on and they get through. Be open and realistic and help siblings deal with the scary things that are on their mind.

Kay spoke of her passion to help others and identified the following ways that mental health professionals can support other siblings:

I decided to become a counselor because I am really passionate about helping other people... helping them understand that... there are other people out there struggling from the same thing and that there are rehabs where their siblings could go and there are counseling groups for them and their families.

I think mental health professionals can help siblings understand how their sibling came to develop it, how the abuse develops and why, because for the longest time I just thought it was a choice and he could just let it go. I also think that they could help by talking to siblings and taking them through their coping skills and teaching them good ones so they don't turn to the same ones as their sibling with the substance use problems. And again it would have been helpful for me for someone to help me understand how it was affecting me because in hindsight I can understand that when he did certain things it impacted me in my personal life but at the time I didn't feel like the two were connected. Another thing is I wish I had had someone to talk to outside of my family, that was the hardest thing.

Adia had several suggestions for mental health professions:

I would tell them that family weekends in treatment programs are so important. And the one that I went to had siblings running it so that connected with me. Oh man having support for siblings is needed so there is a way for them to be engaged with the actual treatment program for their siblings. Even if it's just phone call check-ins or emailing things to siblings like resources like an article to read. The siblings don't have to be receiving services at the treatment center but even just connection in other ways is so helpful. I think mental health professionals could help even by not doing anything but connecting with the sibling emotionally and helping them feel less alone. I invested so

much energy in trying to make the problem go away that I didn't get someone there to carry the burden with me. It would have been good to just be heard that most important.

April's ideas for helping other siblings dealing with this issue are:

Professionals could help the siblings understand that really, they can't control what anyone else does, including their siblings' substance use and that what their sibling does is not a reflection of them. I also think it is important to encourage parents to talk to the other kids about it... my parents tried to hide it from me for a long time. I felt hurt and disrespected... they didn't respect me enough to inform me and my brother.

Rachel joined so many others in her suggestions for mental health professionals:

The first thing is that mental health professionals could just acknowledge [siblings] because no one ever talks about siblings. Recognizing and reaching out and saying we realize you walk a dark path as well let's talk about it and let's help you through that... Mental health professionals got to realize that siblings can't do it on their own. For the sibling that tries to ignore it and goes away [realize] they need someone to help them deal with their lose, they're missing the family unit or that sibling relationship. Being able to reach them, support them, see life through their lens. For the sibling who tries to stay and help, they need someone to help them to know how to help and how to process their own stuff. I would have loved to have someone say to me "how are you handling it... that would have been so valuable."

Nelson had four suggestions for mental health professionals:

I would encourage mental health professionals to assess siblings for their own use issues, to process the role that the family conflict has on siblings, and maybe to process how that's changed someone's potential identify or the role that they feel like they need to

have within their family. I would also have liked to have had some career counseling given that issues associated with my brother's use and its effect on the family left me with a lack of direction in high school. I keep going back to maybe something to help me find my own direction.

### **Conclusion**

The purpose of this study was to deepen our understanding of how having a sibling who has or has had substance use problems affects the non-using sibling. To answer this question, three research questions guided the study: (1) How does having a sibling who has or has had substance use problems affect an individual's daily experiences? (2) How does having a sibling who has or has had substance use problems affect an individual's relational experiences? and (3) What advice do individuals who have or have had a sibling with substance use problems suggest for mental health professionals? Semi-structured phenomenological interviews conducted with fifteen participants revealed six themes associated with the participants' experiences of having a sibling with substance use problems: (1) *Safety*, (2) *Chaos*, (3) *Relationship Stress*, (4) *Emotionality*, (5) *Avoidance*, and (6) *Movement*. Data revealed that the first theme, *Safety*, associated with concerns about physical safety, was revealed by all but one participant, ( $n = 14$ ). The theme *Chaos*, associated with experiencing chaos in the home environment or daily routines, was expressed by all participants ( $n = 15$ ). The third theme, *Relationship Stress*, which focused on the effects of the studied phenomenon on the participants' familial and social relationships, was common in all participant stories ( $n = 15$ ). The fourth theme, *Emotionality*, reflected both the participants' emotional reactions in the moment and later as a result of rumination, was emphasized by all participants ( $n = 15$ ). The fifth theme, *Avoidance*, reflected the tendency for participants to develop the behavior pattern of avoiding the problems they faced in relation to

their siblings' substance use. Two thirds of the total number of participants reported avoidance as a coping mechanism, ( $n=10$ ). The sixth and final theme, *Movement*, reflected universality amongst all of the participants in their experiences of new learning opportunities over time that lead to their readiness for a reassessment of their understanding of their experiences, to grieving their losses, and to developing a social interest in helping others who are experiencing the phenomenon of having a sibling with substance use problems. Taken together these themes reflect the commonalities across the individual experiences of each of the participants related to the phenomenon of study. The following chapter will discuss the implications of the study.



## Chapter 5: Discussion

There is an epidemic of drug use problems in today's society that affects all members of families dealing with substance use disorders (McDonagh et al., 2019; Johnson et al., 2019). However, research on peoples' experiences with having a sibling with substance use problems has been limited (Olafsdottir et al., 2020; Smith-Genthôs et al., 2017; Tsamparl & Frrokaj, 2016). The purpose of this qualitative study was to deepen our understanding of how having a sibling who has or has had substance use problems affects the non-using sibling. This chapter includes a discussion of the findings, implications of findings, limitations of the study, and recommendations for future research.

The theory that framed the experiences of the participants in this study is Alder's Individual Psychology. Individual psychology highlights the importance of family relationships, home environment, and other social relationships to an individual's development and mental health (Adler, 1998). The *S.C.R.E.A.M* Model was created by the primary investigator to represent the six common characteristics the participants' shared in their recalled stories of their experiences of the phenomenon of having a sibling with substance use problems. The six themes include: (1) *Safety*, (2) *Chaos*, (3) *Relationship Stress*, (4) *Emotionality*, (5) *Avoidance*, and (6) *Movement*. The first theme, *Safety*, includes one category: Physical Health Safety Concerns. The second theme, *Chaos*, includes two categories: Home Environment and Daily Routine. The third theme, *Relationship Stress*, includes two categories: Familial and Social. The fourth theme, *Emotionality*, includes two categories: In the Moment and Rumination. The fifth theme, *Avoidance*, includes two categories: The Problem and Other People. The sixth theme, *Movement*, includes three categories: Meaning Making Review, Mourning, and Enhanced Social Interest and Engagement. All of these themes and subthemes answer the following research questions and are

consistent with Individual Psychology theoretical tenets: 1) How does having a sibling who has or has had substance use problems affect an individual's daily experiences? 2) How does having a sibling who has or has had substance use problems affect an individual's relational experiences? 3) What suggestions do individuals who have or have had a sibling with substance use have for mental health professionals?

## **A Discussion of the Findings**

### **Theme 1: Safety**

The theme *Safety* was expressed by fourteen of the fifteen participants. Several participants shared experiences growing up at home and feeling unsafe because of the circumstances that arose related to their siblings' use. As young children, many were left at home in the care of their identified sibling on a regular basis, which led to great anxiety. Several participants told stories of being home with their siblings or with their sibling and their siblings' friends who were drinking, smoking, or snorting substances. While recalling memories of being in the care of their sibling, participants reported a variety of dangerous situations including, but not limited to, the following: being offered substances, being approached for sex, being sexually abused, being physically abused, and witnessing verbal and physical aggression. One sibling shared that she remembers being so upset that she suffered a diabetic emergency when she was home alone with her sister who was drinking and using. She added that her sister ignored her need for help until it could not be ignored any longer and emergency medical help had to be called. This story exemplifies the added risk of co-siblings with a pre-existing health diagnosis being left in the care of a sibling who exhibits substance use problems.

Other participants added their stories of experiencing increased symptomology of preexisting conditions due to stress caused by their siblings' substance use. While telling these

stories participants used words and phrases such as “terrified,” “petrified,” “powerless,” and “being in survival mode.” The primary investigator believed that the participants wanted to ensure that she understood the danger they perceived and the powerlessness they felt to protect themselves once their siblings’ substance use became a problem. This discovery of potential physical danger for family members living with a loved one with addiction confirms previous research findings documented in the literature. McCann et al. (2017) completed a study on family members coping with substance use and found that 70% of the participants experienced aggression and or violence associated with their loved one’s problematic substance use. Button and Gealt (2010) found that growing up with a sibling who has shown at risk behavior such as drug abuse contributes to hostile interactions among siblings such as verbal conflict and violent behavior.

Those who were left in the care of their sibling with substance use problems while parents worked through the night seemed to be at increased risk due to the extended amount of time spent alone with their sibling in the absence of adult protection. Participants told stories of being in danger without competent supervision and without parental knowledge. One reason parents may not realize the danger they are leaving their children in is explained by the results of a study that indicates family members have a difficult time understanding their loved one’s substance use when it becomes problematic (Sakiyama et al., 2014). The primary investigator believes that another reason this happens is that most teenagers who have substance use problems usually do not use around their parents and avoid being around their parents when they are observably high, making the reality of their problem easy to forget for parents until a crisis occurs.

Automobile risk is separate area of safety concern shared by six of the participants. As children these participants were left in the care of an older sibling who, while intoxicated, smoking marijuana, or snorting cocaine, took them along while driving to purchase substances, while driving to bars, or while driving recklessly for entertainment. One participant shared that his older brother on several occasions would pick him up and drive him home from elementary school while high on marijuana. A second participant expressed her terror of being a child in the backseat of her mother's car while her mother was driving on the freeway and her intoxicated brother kept trying to jump out of the car. This finding supports similar findings documented in the literature. Berends et al. (2014) found that one of the risks faced by family members is being at risk of physical injury as a result of the family member driving while under the influence of alcohol.

Along with facing childhood dangers of being left in the care of their siblings with substance use problems, participants shared stories about other times they felt unsafe as children due to circumstances surrounding their siblings' substance use. One participant talked about feeling unsafe because sometimes her sibling with substance use problems would bring home friends who carried weapons. During these times this participant felt so unsafe that she would leave and stay the night at her friend's house to ensure her safety. Such safety issues in the home, including unwanted visitors, have been previously documented in the literature (Orford et al., 2010). Another participant shared that sometimes after her parents had a confrontation with her brother with substance use problems, her parents would spank her much harder than usual for childhood misbehavior. The list of potential dangers that the participants were exposed to because of their siblings' substance use lifestyles increased as they grew older.

When the participants grew old enough to be responsible for themselves a new set of dangers presented for some of them. Sometimes they placed themselves in danger trying to connect with or rescue their siblings. For example, one participant followed her sister on foot into freeway traffic putting herself in danger trying to protect her sister who was intoxicated. While trying to protect her sister, the participant reported that she was in danger of moving traffic and that she ended up being physically assaulted by her sister. Another participant reported going alone to meet her sister at a hotel room where her sister and her friends were using substances and several different illegal substances were available. Both participants in these examples explained that at the time, all they could think of was protecting or connecting with their siblings. They added that it was after they were out of the dangerous circumstances, they realized just how risky their involvement was to their personal safety. Tsuji et al. (2020) helps to explain the reasons why family members find it difficult to consider the potential dangers of their actions before engaging in risky behavior when a loved one has substance use problems. These researchers found that potential changes in the brains of family members dealing with a loved one's substance misuse contribute to reduced executive functioning, informed decision making, and cognition about outcomes associated with emotional and behavioral responses (Tsuji et al., 2020). Zielinski et al. (2019) had similar results showing that the substance use of a family member negatively affects the brain function of family members. While these earlier studies have found that family members have been known to sacrifice personal needs and engage in unhealthy behaviors to protect their family members who have substance use problems (Oakley, 2013; Young & Timko, 2015). To the primary investigator's knowledge this study is the first study to identify specific risks co-siblings take related to their siblings' substance use that place them in immediate life-threatening situations.

Another discovery revealed in the data analysis is that circumstances associated with a sibling's substance use can lead to increased harm to the medical health of co-siblings. Participants reported experiencing the following symptoms and attribute these to stress related to their siblings' substance use: stress-induced headaches, increased heart rate, stomach pain, lupus, hives, patches of numbness on the body due to anxiety, physical exhaustion, sleep disturbances, and back pain. The most common stressful events that preceded these symptoms were confrontation with their siblings around their substance use problems; dealing with crises caused by their siblings' substance use; or worry about the safety of their siblings, family members, and the general public. The findings add weight to the findings of a previous study that found family members who seek telemedical help to deal with a family member who uses drugs present with poorer quality of life in physical domains compared to the drug users themselves or the general population (Bortolon et al., 2016).

A unique health risk to co-siblings identified was that co-siblings are at risk of engaging in substance use because of the easy availability of substances and the willingness of their siblings to provide the substances for their use. In the current study, some participants chose to join their siblings in substance use to create a personal sense of belonging. At other times, the participants joined their siblings in substance use because they were curious about the effects of using a substance and their siblings were willing to provide the alcohol or marijuana for their experimentation. This again strengthens the findings of previous research. Siblings have been found to predict adolescent drinking typology (Yurasek et al., 2019). The alcohol use of an older sibling was associated with more favorable expectations about alcohol among younger siblings, which in turn related to greater alcohol use (Whiteman et al., 2011). D'Amico et al, (2020) found

that sibling cannabis use was shown to predict to a greater likelihood of cannabis use for participants (D'Amico et al., 2020).

## **Theme 2: Chaos**

*Chaos* is the second theme identified by the primary investigator. This theme includes the following two categories: Home Environment and Daily Routine.

### ***Home Environment***

All participants shared stories of chaos both at home and in their daily routines related to their sibling substance use. One participant explained the family environment in the following way: "Chaos is the only word I can think of to describe my home environment, chaos and drama about what he [her sibling with substance use problems] did or was doing." Most described circumstances where their identified siblings' behaviors and moods were so unpredictable and incomprehensible that the co-siblings felt anxious. A few referred to this anxiety as feeling like they were walking on eggshells at home. Descriptions of bedrooms being littered with items such as jugs of urine, drug paraphernalia, empty alcohol bottles, or leftover food were shared. Stories were told of participants arriving home to find their sibling passed out on the floor or sofa. One participant described aversion to the lack of personal hygiene her sibling exhibited. For many, their siblings' mood swings and unpredictable behaviors led to aggressive arguing in the home. For a few, these arguments led to physical fighting between family members. For many, this chaos was complicated when their siblings brought their friends home to drink, smoke, or snort substances. Several participants shared that during those times they never knew what would happen as their sibling and friends became high or intoxicated so they tried their best to physically stay away from them in the house. The experiences of the participants in this study had weight to Tsamparli and Frrokaj (2016) findings that families with a loved one with

addiction experienced an aggressive family atmosphere characterized by tension, conflict, and hostility.

### ***Daily Routine***

The chaos caused by their siblings' substance abuse interrupted several of the participants' daily routines. Reports of not being able to have a coherent conversation with their siblings, not being able to enjoy sitting down to meals as a family, or not being able to vacation or enjoy community activities as a family because of their siblings' unpredictable and disruptive behaviors were repeated. Participants talked about the emotional pain they suffered because of not being able to invite their sibling to their wedding, not being able to include their sibling in the lives of their children, and not being able to share their life dreams with their sibling. A common disappointment for numerous participants was not having the opportunity to simply engage in day-to-day life as siblings because of the chaos that surrounded their siblings' substance use. Participants attributed these lost opportunities to the unpredictable and chronic nature of the problems caused by their siblings' substance use. This finding that identified family chaos and interrupted family routines due to a loved ones' substance use problems is consistent with the findings of a previous study in which researchers emphasized that having a sibling with substance abuse problems is as much about the chaos that happens to the family as it is about the lack of meaningful relating that does not happen (Howard et al. 2010).

### **Theme 3: Relationship Stress**

*Relationship Stress*, the third identified theme includes two categories: Familial and Social Relationships. The category Familial Relationships is divided into three subcategories: Parental Relationships, Extended Family Relationships, and Sibling Relationships. The second category, Social Relationships addresses relationships outside of the family.



### *Familial Relationships*

**Parental.** When discussing how their parental relationships were affected, 10 participants perceived a negative influence on their relations with their parents. While 5 participants shared that dealing with their sibling substance use strengthened their parental bonds. One participant shared that her bond with her parents was in some ways damaged and in others strengthened as together they faced her sibling's substance use problems. Many of the participants felt strong negative emotions towards their parents' handling of their siblings' substance use. The most common feelings participants identified to describe how they felt towards their parents were, "anger," "resentment," and "frustration." Several participants reported that their anger led to the need to disengage or distance themselves from their parents because of the following: how they perceived their parents' handling of their siblings' substance use problems; how they perceived that their parental relationship changed once their siblings' problems worsened; and how they perceived personal demands placed on them because of their siblings substance use problems.

Many of the participants attributed the fracturing of their parental relationships to the following causes: they perceived that their parents denied the seriousness of their siblings' substance misuse; they perceived that their parents enabled their sibling to continue using; or they perceived that their parents simply didn't know how to handle the situation and didn't ask for outside help. For some this was doubly frustrating because their parents would not believe them when they told them about their siblings' substance misuse. A few of the participants shared that they believe that their siblings' substance use would not have progressed as far as it did if their parents had acted faster in getting help. They shared the wish that their parents didn't spend as much time talking about the problem without taking any action to fix it. This finding that co-siblings hold their parents partially responsible for the situation their siblings are in adds

additional support to the findings of Tsamparli and Frrokaj (2016). Another parental behavior that upset participants was when their parents' frustration turned into aggressive, disrespectful communication between their parents and the siblings with substance use problems. Witnessing parental hostile communication with their siblings frightened the co-siblings because it challenged their view of parents as protectors of their children. These findings are in keeping with earlier research where family members reported that they benefited from family members who instead expressed positive sentiments about the loved one with substance use problems (Orford et al., 2010).

A second area of contention was that the participants perceived that their parents spent all their attention and resources on their siblings. For many, this was confusing since they felt that they were not causing problems for the family and yet their parents were rewarding the siblings who were causing such problems. These participants reported that they felt ignored, unimportant, unseen, and unprotected by their parents. Because their relationship with their parents were hyper-focused on their siblings, they felt that their parents weren't interested in them and weren't available to hear about their lives, and thus that the participants had to take care of themselves. Participants felt like they missed out on the normal childhood experiences of quality time with their parents because of their parents' preoccupation with their siblings. These findings add support to the findings of earlier studies recognizing that co-siblings feel neglected and angry because of differential parenting when parents are preoccupied with a sibling's substance use (McCann et al., 2017; Tsamparli & Frrokaj, 2016).

When talking about their parental relationship, several participants reported that their parents didn't respect or trust their ability to cope with the news of their siblings' substance use problems. This delay in family communication resulted in several of the study participants being

shocked by initially hearing of their siblings' substance problems following one of their siblings' substance crises. Participants shared that when their parents decided to tell them, they (the participants) interpreted their parents' delay in alerting them to the family problem as evidence that their parents didn't believe that they could cope with this news even though they were young adults. This perceived lack of parental confidence led some participants of this study to seek professional counseling because they couldn't comprehend why their parents didn't view them as capable. This finding confirms the findings of another study that found that parents sometimes have the tendency to wait until the sibling with substance use problems has a drug-related crisis to share news of the siblings' substance misuse with co-siblings (Howard et al., 2010).

Participants talked about the extra demands placed on them that negatively affected their relationship with their parents. Some participants felt that their parents put unreasonable demands on them to parent their siblings, to report back what they see their siblings doing, and to not seek attention from their parents because their siblings needed it more. Other participants reported that they felt an extra burden to act as a buffer between their sibling and parents during arguments. Participants repeated that they often felt exhausted from their attempts to parent their siblings and their parents as a way to decrease the chaos in their homes. Co-siblings being forced to be in the middle of problems between their parents and their sibling with substance use problems was a finding previously identified in the literature (Howard et al., 2010). Participants talked about feeling burdened from taking on the role of teaching their parents in the hopes that their parents would accept the seriousness of the situation. Olafsdottir et al. (2020) had similar findings indicating that family members held different viewpoints of a loved one's substance use problems based on their different roles. In another study, family member disagreement on how to

handle a loved one's substance use problems was found to be a major barrier to receiving effective support (Orford et al., 2010).

Although the majority of participants reported that their relationships with their parents were weakened by the drama around their siblings' substance use, five participants shared that their parental relationship was strengthened. All five of these participants attributed the open, supportive communication between them and their parents around issues related to their siblings' substance use as the contributing factor to their strengthened relationship. They talked about their gratitude to their parents for accepting that there was a problem. They also appreciated their parents' willingness to see and address how the siblings' substance use was affecting them (the participants). These participants acknowledged that their parents made space to listen to their concerns and helped them understand what was going on so that they felt protected. To the primary investigator's knowledge, the finding that the parental relationships between the co-siblings and parents are strengthened from their having to deal with a siblings' substance use issues had not be documented in the literature.

**Extended Family.** In their retelling of experiences with the phenomenon of having a sibling with substance use, several of the participants talked about the impact on their extended family member relationships. Some found that their relationships with extended family members were stressed and others reported that a supportive bond developed between them and their extended family members. During their childhood these participants talked about how important it was to their feelings of safety and protection that their grandparents, aunts, and uncles made a point of letting them know that they could be called anytime of the day or night if they felt they needed help and they would come. They also appreciated being able to have a break from their chaotic homes when they visited grandparents, aunts, and uncles. Some explained these

experiences as a time where they could just be kids and be around adults who provided a warm and nurturing experience. They fondly remembered the emotional support they received from their extended family and they added that they especially appreciated being told that what was going on in their immediate family was not their fault.

As they matured, the support provided by extended family included providing a listening ear to help these participants talk out what was going on and what they could do to make their lives more comfortable. One participant added that she appreciated the financial support her uncle and grandmother provided when she needed money to help pay for her brother's needs. She said that their trust in her to disburse the money as she saw fit gave her confidence that she could handle the situation. This finding of the importance of support from extended family members to the wellbeing of siblings has, to the primary investigator's knowledge, not yet been documented in the literature. For those who perceived their extended family member relationships as negative, the biggest contributors to the fracturing of their relationships were the perception of judgmental attitudes, negative talk, and the extended family members' refusal to acknowledge that there was a problem. These findings were similar to those found in an earlier study where participants indicated that issues associated with substance use disorder in the family remained taboo and that they felt judged by other family members (McDonagh et al., 2019)

**Sibling.** All 15 siblings talked extensively about the damage their siblings' substance use had on their relationship. Most felt that they had a warm relationship with their sibling before the substance use. A minority of participants reported that their sibling relationship improved when their sibling first started using substances. However, once the substance use became a problem this quickly changed. The most commonly identified burden to the participants was that because

of the substance use, they could no longer trust their siblings. Experiencing a lack of trust as a result of a family member's substance use has been previously documented in the literature (Olafsdottir, et al., 2020). Many participants reported that their siblings became strangers to them, which was consistent with findings in the literature (Tsamparli & Frrokaj, 2016). The substance misuse led to their siblings lying, stealing, intimidating, manipulating, and behaving aggressively. Participants talked about being especially afraid of their siblings because of the mood swings and behavior changes that occurred when the siblings were high, intoxicated, or trying to get more drugs. Many described extreme unpredictability in their siblings that caused them to be anxious or hypervigilant when their sibling was around. Two participants reported being physically assaulted by their siblings. This finding that participants experienced physical violence related to their sibling's substance use behaviors is opposite to the finding reported by Olafsdottir et al. (2020) who studied sixteen family members who had a loved one with a Substance Use Disorder and found that all but four sibling participants experienced physical violence.

With the negative changes in their siblings' behaviors, participants in this study who were younger than their identified sibling expressed that they felt they no longer had their older siblings as positive role models in their lives. This finding was supported by previous studies (Howard et al., 2010). Participants also described the heavy demands on their time and energy that was required to deal with or try to help their sibling. These changes in their sibling relationship caused some to experience a reversal of roles or added a new role of caretaker to their already busy lives. The finding of sibling role disruption supports the findings of Tsamparli and Frrokaj (2016). Participants in this study also reported experiencing financial burden resulting from their need to assist their siblings. Olafsdottir et al (2020) also found that siblings

suffered financial burdens related to a siblings' substance use. Participants felt powerless and hopeless trying to help and not knowing how to help their sibling. Most expressed physical, mental, and emotional exhaustion from their attempts to get their sibling to stop using. Each of the participants emphasized that their siblings' substance use caused distance between them and their siblings and a lack of connection that resulted in them feeling like they no longer had a sibling relationship. Many described times in their lives where they had to completely cut ties with their sibling for their own personal wellbeing because their siblings' substance use spiraled out of control. These findings were similar to the findings in an earlier study where the participants concurred that the behavior of family members with Substance Use Disorders had major negative impact on their lives resulting in communication breakdown and social distancing (Olafsdottir et al., 2020).

### ***Social Relationships***

The effect that having a sibling with substance use problems had on the participants' social relationships were mixed. Three participants experienced a distancing between themselves and their friends related to their siblings' lifestyle. Two of these participants perceived that their friends no longer wanted to be around them because of their siblings' substance use. While one participant admitted to distancing himself from his friends once he joined his brother in smoking marijuana. Participants also reported experiencing discrimination from authority figures such as school and police personnel because of their siblings' substance use history. This finding that having a sibling with substance use problems has an adverse effect on social interactions of family members confirms earlier research findings (McCann et al., 2017).

Among the remainder of participants, six reported that they received support, encouragement, and safety from their friends and their friends' parents. The opportunity to spend

time in their friends' homes away from the chaos at their own homes was identified as one of the most appreciated kindnesses they received from their friends. These participants remember going to their friends' homes to escape the chaos in their homes and sometimes that was the only thing that allowed them to cope. This finding that nearly half of the co-siblings received support from friends in dealing with a siblings' substance use problems appears to be unique to this study. Along with receiving social support from friends, participants also reported limited social support from school programs, self-help groups, and mental health professionals. Previous studies have documented family members' limited access to support through informal and formal services (McCann et al., 2017).

#### **Theme 4: Emotionality**

Theme four, *Emotionality*, is a compilation of participant comments that focus on both observable and cognitive emotional reactions they each experienced due to the stress associated with their siblings' substance use problems. This theme is made up of two categories: In the Moment and Rumination. During their interviews, all fifteen participants spoke of the emotional turmoil that was characteristic of their experiences dealing with their siblings' substance use. The most common emotion cited by all participants was fear. Other commonly expressed emotions included worry, sadness, grief, frustration, regret, anxiousness, depression, terror, jealousy, and shock.

##### ***In the Moment***

Participants reported an array of negative emotions that they experienced when dealing directly with their siblings' substance use behaviors. Most common was the emotion of fear. During conflict surrounding their siblings' substance use, participants reported being afraid for their personal safety and the safety of other family members. The arguing, fighting, and



unpredictable behavior of their siblings result in the participants' heightened sense of vulnerability. Although the literature is divided on the effects of a loved one's substance abuse on the family, the findings of this study strengthen those of studies that have confirmed the emotional burden families endure (Benishek et al., 2011; Howard et al., 2010). In a separate study, results indicated that emotional duress of family members differed based on family roles; and that siblings were the only participants that reported a lack of negative effect on their mental health (Olafsdottir et al., 2020).

Along with the stress of dealing directly with their siblings' behavior and personality changes resulting from substance use, participants talked about the stress they endured resulting from crises caused by their siblings' substance use. One participant described the almost nightmarish experiences of witnessing emergency care for her sibling who was in hospital because of an accident she attributed to his being intoxicated. She explained that her brother was in critical condition. When the family arrived at the hospital, the hospital staff gave her mother his clothes that were in a pool of blood in a plastic bag. This participant said that the memory of what she saw in the hospital still haunts her. Being a child at the time, this participant could not comprehend what was happening and reported feeling a storm of negative emotions that led to her feeling numb.

As the stress accumulated, some participants reported an increase in negative symptomology of their preexisting health conditions. Being victim to the unpredictable and volatile outbursts of their siblings contributed to participants developing new mental health conditions such as lupus, anxiety, and depression. Russell et al. (2019) had similar findings indicating that family members internalizing symptoms are impacted by adolescent substance use within the family. For a few participants in the current study, their resulting emotional

imbalance led to desperate behaviors such as self-harm and attempted suicide in their search for relief. Over time their sense of powerlessness over not knowing how to help their families was so pervasive, participants adopted behaviors aimed at controlling both their environment and the people in it. Vederhus et al. (2019) found similar interpersonal control amongst family members affected by substance use.

Participants still in school reported that the stress negatively affected their attention span and had an indirect negative effect on their school performance. Employed participants shared stories of the stress and anxiety they felt during their siblings' substance induced crises which led to self-sacrifice and work-related stress. Previous studies have identified self-sacrifice as a behavior that family members engage in to help cope with a family members substance use (Vederhus et al., 2019). The finding that stress related to a relative's substance use can negatively affect education and work performance of family members supports earlier findings of a metaanalysis in the literature (Orford et al., 2010). However, this is the first study that included all sibling participants and therefore, the results deepen our understanding of how sibling academic and work life are affected by their sibling's substance use.

### ***Rumination***

All participants reported that they ruminated about their siblings' substance use and that it seemed like they could not stop themselves from thinking and worrying about the dangers their siblings were exposed to because of their substance use behaviors. A good night's sleep was made impossible at times because participants were preoccupied with visions of different scenarios of what might be happening or what already happened to their sibling. These imaginary scenarios usually involved intense fear that their sibling would die a drug related death. Many participants reported an overwhelming fear that they would get a phone call at any

time telling them that their sibling had overdosed and died; had been in a motor vehicle accident; or accidentally killed someone else. Participants added that they worried about the damaging effects of the substance use on their siblings' physical health and were afraid that this would lead to early death. Other fears reported by participants were fears focusing on harm to family members and the public resulting from their siblings being in a substance induced state. These findings are consistent with research findings that siblings experience the same level of anxiety and restlessness as their parents when it comes to worries about their siblings' substance use (McHale et al., 2012).

Several participants shared that they felt a heightened degree of anxiety around the safety of their siblings because of the current coronavirus pandemic. Anxiety related to the coronavirus pandemic took three basic forms. (1) Participants were afraid that their siblings who were homeless would have a harder time practicing social isolation or personal hygiene. (2) Participants worried that when their siblings with substance use problems lost jobs or a place to live, they would return to their parents' home and the change in living arrangements would lead to more intense family conflict. (3) Participants felt anxiety because they realized when their siblings were forced to return to live with family members or to shelter in place, their siblings were unable to rely on usual coping strategies that supported their earlier recovery. This finding that siblings experience additional stress worrying about their siblings with substance use problems does not appear to be documented in the literature. However, given the spike in cases of substance misuse, relapses, and addiction-related deaths attributed to the coronavirus outbreak the sibling concerns are understandable (Mallet, 2020).

Participants worried about their parents' health and marital relationships because of the stress their parents suffered while trying to cope with the extra stress from their siblings' drug

use behaviors and the associated financial burdens. Participants also felt guilty or angry at themselves for judging their parents and siblings. Given the chronicity of their siblings' substance use problems, participants reported physical and emotional exhaustion from years of unsuccessful planning and orchestrating attempts to fix their siblings' problem. Many rehearsed in their heads what they could say to their siblings or to their parents to get them to seek help for their siblings. This finding that family members affected by substance use try to fix other peoples' problems adds support to previous research findings (Vederhus et al., 2019). A final emotional effect identified in the current study is that witnessing family dysfunction caused by their siblings' substance use left participants sad or mourning over lost sibling relationships and family cohesion. This sibling sense of loss and mourning contributes to the previous findings of Tsamparli and Frrokaji (2016).

### **Theme 5: Avoidance**

The fifth theme, *Avoidance*, represents the various forms of avoidance that the participants used to cope with the effect of their siblings' substance use on their lives. Most participants began by asking adults for help in dealing with the stress. However, as the help provided was not sufficient to solve the problem, they each settled into a pattern of avoidance behavior to relieve their stress. The avoidance strategies used were a combination of cognitive and behavioral actions that provided some relief to the participant. This theme is made up of two categories: Avoiding the Problem and Avoiding Other People. After several attempts to somehow fix the problem 10 out of the 15 participants began a pattern of using avoidance to relieve the stress symptoms that they experienced related to their siblings' substance use.

#### ***Avoiding the Problem***

Beginning in childhood, participants took it upon themselves to be responsible for their personal safety around their siblings with substance use problems. The most common avoidance techniques used by school age children was to isolate in their rooms, distract themselves with schoolwork, hobbies, music, or imagination. This finding that siblings use physical or emotional withdrawal as a way of avoiding family members with substance use problems adds strength to earlier findings in the literature. In a previous study, researchers found that family members cope with circumstances around their family members' substance use by hiding in a bedroom, or getting involved in other activities (Orford et al., 2010). The most common word used by participants to describe why they used these avoidance techniques was to "escape" the danger they perceived. If escape wasn't an option, participants appeared to give in to their siblings' requests as much as possible to keep the peace. This finding that siblings sometimes chose to put up with their siblings' substance use problems adds support to the findings of an earlier study (Orford, et al., 2010).

Older children had spent months and even years unsuccessfully trying to enlist adults to help them with the stress they dealt with being around their siblings with substance use problems. At some point these older children began realizing that the adults in their lives weren't going to protect them so they had to protect themselves. Defeated, they stopped expecting things to change. Not feeling capable to fix these problems, they began using other internal and external avoidance behaviors. Some pretended that the problem didn't exist. Others forced themselves to not think about the problems until a family crisis occurred. Many increased their attention on schoolwork or hobbies. One participant shared that his efforts to use his imagination to escape the chaos in his home led to him developing delusional thinking and sometimes not being able to distinguish his imagination from reality. As participants grew old enough to be away from home

alone, they avoided the problems at home by spending more time at their friends' houses or at school.

### ***Avoiding Other People***

A common focus of participants during their interviews was that they felt they needed to be careful around other people because of issues surrounding their siblings' substance use. They avoided being around their siblings because of their fear of their siblings' behaviors, moods, and friends. They attempted to stay away from family members at home because of the chaos, arguing, and fighting that erupted. They avoided others in their communities because they felt that they had to keep their siblings' substance use a secret. Participants shared that they learned to be uncomfortable around people because they felt they could not trust others, they could not be sure who would or would not hurt them, and they could not be sure that others wouldn't judge them negatively because their siblings have substance use issues. The tendency for family members to isolate because of their siblings' substance abuse supports the findings of previous research studies (Button & Gealt, 2010; MacCann & Lubman, 2018; Olafsdottir et al., 2018).

### **Theme 6: Movement**

The sixth and final theme identified by the primary researcher is the theme entitled *Movement*. For the purpose of this study, movement refers to the Adlerian concept of experiencing psychological movement away from feeling inferior, towards a sense of belonging and a desire to contribute to society (Dreikurs-Ferguson, 1984). This theme includes the following three categories: Meaning Making Review, Mourning, and Social Interest. An analysis of the data revealed that each participant shared a story of personal journey encompassed the following experiences: self-reflection, new learning opportunities, personal growth, and readjusted lifestyles. With new understanding, the participants replaced less effective attitudes,

beliefs, and behaviors with new lifestyle choices that allow them to live a life of their choosing and engage in society for the benefit of all. The social interest and engagement evidenced by the fifteen participants in this study provide clear evidence that co-siblings can both survive and grow in the aftermath of experiencing sibling substance use.

### ***Meaning Making Review***

All 15 participants told stories of experiences they had that changed their way of seeing themselves and others, and therefore changed their behaviors. Four participants discovered new ways of understanding the disease of addiction. One participant gained some clarity through guidance from her medical doctor. Three participants felt that taking part in the family component of their siblings' treatment programs supported their new understanding. Others shared that their healthier relationships with their marriage partners and current friends showed them a new way of being in the world. Eight participants attributed their new understanding to engaging in professional therapy with a counselor. Participants reported that counselors helped them to understand how their experiences related to their siblings' substance use affected them; counseling helped them to learn how to set healthy boundaries; and counseling helped them to develop a stronger sense of self. Involvement in Al-Anon and Alateen helped participants gain comfort from learning that their families were not the only ones dealing with the disease of addiction; Al-Anon and Alateen gave participants a place to go where people would listen and understand what they were going through; and Al-Anon and Alateen taught participants about the disease of addiction. Participants who took part in the family component of treatment programs shared that their involvement provided some with experiential activities that heightened their understanding of what their siblings were going through and how everyone in the family was struggling.

The participants reported that people from outside their family introduced them to healthier family and interpersonal communication styles. From their childhood friends and their families, to college roommates and first young adult relationships, participants were on a journey of new experiences. Several of the participants reported that as young adults, they initially related to others in the manner that they were used to growing up. This involved trying to control others, bottling up their personal thoughts and feelings, and avoiding conflict in order to get along. However, they eventually became dissatisfied with the results of their old ways. As their new friends and partners introduced them to healthier social activities and conflict resolution styles, they hesitantly adopted these changed behaviors. As their friends and partners supported them and helped them see their positive qualities, participants began to trust themselves and the people around them. Participants shared that as they gained new experiences and learning they also developed a better understanding of addiction, compassion for their siblings with substance use, healthier interpersonal boundaries with family and others, and trust in themselves and others. With this new learning, participants perceived that their beliefs about themselves and others changed. They experienced a change from thinking that they had to control everything to thinking that they could release some control; from thinking that their siblings and parents didn't value them to thinking that everyone was struggling with the dysfunction caused by addiction; from thinking that they couldn't trust people to thinking that they could trust others; and from thinking that they had to give up parts of themselves to be safe to thinking that they can set boundaries with others to maintain personal safety.

### ***Mourning***

While listening to the participants sharing the meaning they assigned to their experiences with having a sibling with substance use problems, the primary investigator was moved by the



many references they made to their feelings of loss and mourning. Being both a sibling and a mother to siblings who experienced the studied phenomenon, the primary investigator empathizes with the participants' emotional pain. Participants spoke passionately about their lost opportunities as children to experience normal childhood activities because of their siblings' behaviors and their parents' preoccupation with dealing with associated crises. Others grieved the shattering of their views of what family life and relationships were supposed to be like. This loss of a fictional image of family negatively affected the worldview of participants. No longer did they view their families and homes as people and places that provided a safe, comfortable oasis from the demands of life. When asked to identify their greatest loss related to their experiences with having a sibling with substance use problems most participants identified the loss of a normal sibling relationship. This finding that co-siblings mourn the loss of their relationship earlier more positive sibling relationship due to the changes in their sibling because of substance abuse strengthens the findings of an earlier study (Tsamparli & Frrokaj, 2016). While some participants fondly described the warm and supportive sibling relationships they enjoyed before their siblings' substance misuse, others were deeply saddened because their siblings' problems began so early that they never experienced what they perceived as a normal sibling bond. All participants had hope for some improvement in their relationship with their siblings and even if this was not possible, they hoped for improvement in their siblings' life circumstances.

### ***Social Interest***

During their interviews, participants talked about the many ways they contribute to the wellbeing of other siblings in similar situations. Some trained and work as mental health professionals, research scholars, employers, or sponsors and mentors to people in the community

who struggle with family addiction. By volunteering to be part of the current study, participants have added a new way they have chosen to support others. Their suggestions of ways mental health professionals could address the needs of clients with siblings with substance use problems will guide future support for siblings living this reality. These responses answered the third research question which was: *What advice do individuals who have or have had a sibling with substance use problems suggest for mental health professionals?* An iterative analysis of the data identified numerous suggestions given by participants to address the lack of support available to siblings. These suggestions were trifold: (1) suggestions to support co-siblings by focusing on their personal needs; (2) suggestions to support co-siblings by making improvement to their siblings' support needs; and (3) suggestions to support co-siblings by enhancing current services to family therapy protocols. Most importantly, participants encouraged mental health professionals to recognize that clients with a sibling with substance use problems carry a heavy emotional burden. Mental health professionals are encouraged to prepare to address the needs of these siblings. Participants believe that good mental health services for co-siblings begin and end with mental health professionals who provide a listening ear in a safe, non-judgmental, supportive atmosphere. They encourage counselors to listen to co-siblings and to broach the topic of possible sibling substance use at different times throughout their work with families. For many co-siblings, they have kept their siblings' substance use a secret and it is difficult for them to speak about it openly. It is important to give these siblings many opportunities to trust that the mental health professionals appreciate that they are struggling and are interested in helping them, not just their sibling with the substance use problems.

Mental health professionals are encouraged to teach siblings about the disease of addiction. While teaching them about how addiction affects their sibling and families,

participants believe that special attention needs to be given to how a sibling's substance use affects co-siblings. Participants need help processing the daily effects that their sibling's substance use had on their wellbeing. Many co-siblings need support in processing how such experiences as witnessing their sibling's medical or legal emergencies haunt them emotionally. An interesting suggestion from two participants was that co-siblings may benefit from career counseling because they spend so much of their time handling stress or focusing on others that they did not have encouragement to think about their personal strengths or interests.

Along with teaching co-siblings the nature of family addiction, participants believe that they need to be educated on how their family experiences affect their choices and social relationships today and later in life. Participants encourage mental health professionals to guide co-siblings in becoming aware of the beliefs and behaviors that they may have adopted in childhood that helped them maintain their safety. By encouraging co-siblings to revisit these beliefs and behaviors they may identify some that they still use today that are not so useful in their adult relationships. Participants reported that it was emotionally freeing for them to learn through counseling that their experiences related to their sibling's substance use partially contributed to the beliefs and behaviors they still adopt today that are keeping them from living their best lives. Participants shared that this knowledge allowed them to stop viewing themselves as helpless and start behaving in ways that facilitated healthy social relationships. Another form of sibling support identified by participants was for mental health professionals to help co-siblings adjust to the new, often positive but potentially stressful changes around their sibling in early recovery. Participants reported that when their sibling was in early recovery the sudden lessening of family crisis led to decreased family communication which sparked worries that something bad may be happening to their sibling without them knowing. Others shared that

when their sibling was experiencing substance use problems, they were not important to their sibling and when their sibling got into recovery, they were still not included in their siblings' lives.

Along with teaching co-siblings about addiction and helping them process how they were affected by their siblings' substance use problems; they would appreciate mental health professionals teaching them new coping skills to help them cope with their siblings' substance use. Participants identified learning how to build and maintain healthy boundaries, conflict resolution skills, assertiveness training, and emotional regulation techniques as the training most needed by siblings experiencing a sibling's substance use problems.

Another avenue of support that participants identified for co-siblings is family therapy. Participants encouraged mental health professionals to widen their services to include family members as a unit and individually. Participants saw benefit in counselors providing sibling support services both when their siblings were actively misusing substances and after their siblings were in recovery. Many participants highlighted that their suffering related to their siblings' substance use takes time and distance to heal. Moreover, they believe that family problems contribute to their siblings' substance use and that these problems needed to be addressed in order to support holistic family wellness. Most importantly they recognized the need for facilitating age-appropriate family communication related to the siblings' substance use and how it affects the family so that co-siblings are helped to understand what is going on and are included and given the opportunity to have input as a respected family member. Participants asked that mental health professionals be intentional in teaching parents the importance of what they say and how they say it when it comes to conversations with and around co-siblings. Participants emphasized the unnecessary fear and pain they experienced because parents did not

make time to help them understand their siblings' substance use behaviors and when they overheard their parents speaking harshly to their sibling. Continuing with this line of discussion, participants added that they want mental health professionals to also speak respectfully about their sibling, to encourage a positive attitude toward their siblings' improved life, and to connect all family members to community support systems wherever possible.

### **Implications of the Findings**

A number of clinical implications came forth from this study. First, there is a lack of awareness of the needs of individuals who has or has had a sibling with substance use problems. Lacking awareness that all siblings suffer when a sibling has a substance use problem contributes to the following: lack of professional preparation, lack of public awareness, and lack of promotion and provision of services created to support co-siblings. The following are the major implications from this study that support the rising needs of individuals who have or have had a sibling with substance use problems.

### **Talking with Individual Clients**

Assessing clients to determine if their clinical problems may be related to the experience of past or present sibling substance use needs to be done routinely. Mental health professional need to ask all clients about their siblings' substance use history. This line of questioning needs to be done at different points in the progression of client therapy to allow hesitant siblings the space to develop a trusting relationship with their clinician. Building a therapeutic relationship may encourage co-siblings to share information about another siblings' substance use that went unmentioned earlier in the clinical relationship. Broaching the topic of sibling substance use multiple times allows the clinician multiple opportunities to provide psychoeducation, assess clients for problems related to possible siblings' substance use, and guide relevant clients in self-

assessing the effectiveness of their coping strategies. The S.C.R.E.A.M Model is a useful tool for both assessing and teaching clients to recognize and address common experiences related to having a sibling with substance use problems. “S” stands for Safety, “C” for Chaos, “R” for Relationship Stress, “E” for Emotionality, “A” for Avoidance, and “M” for Movement. Refer to Table 1, in chapter 4 for clarification on each of these themes.

### **Talking with Co-siblings**

Clinicians who treat clients who have a sibling with substance use issues need to assess the unique needs of these clients related to their sibling’s substance use problems. To do this, clinicians must offer co-siblings opportunities to process their experience and help in connecting to community support. The S.C.R.E.A.M. Model is a useful tool to guide clinicians in assessing clinical needs of co-siblings. Another use of this tool would be to use it as a teaching tool to encourage co-siblings to monitor how they are coping in relation to their siblings’ substance use. Clinicians must assess for safety and safety planning first. Once client safety is addressed, all remaining themes in the acronym can be reviewed in the most effective way for each client. If co-siblings want to stay in contact with their sibling with substance use problems, clinicians are encouraged to help them identify when and how they can safely maintain this bond. However, if this cannot be done safely, co-siblings benefit from being told that they did not cause their siblings’ substance use and that it is okay for them to not engage with this sibling. It may be easier for clinicians working in addiction treatment programs to arrange for safe shared sibling activities that can be monitored but still provide a chance for the siblings to enjoy quality time together. Given that co-siblings experience increased emotional and relationship stress dealing with their siblings’ substance problems psychoeducation on addiction, conflict resolutions,

assertiveness training, and emotional regulation are topics appropriate in providing co-sibling support.

Clinicians are encouraged to increase their awareness of the needs of co-siblings around how their past experiences and behavior patterns may be contributing to the problems in their life that bring them into therapy. Teaching co-siblings that some of their childhood *Life Style* (Adler, 2010) decisions although helpful in their earlier lives are not as useful today may facilitate the adoption of more effective attitudes, beliefs and behaviors. By making different *Life Style* (Adler, 2010) choices as adults, participants will be better able to develop healthy adult social relationships based on equality that lead to a resolution of their identified clinical problem.

Clinicians are also encouraged to learn about the specific grief counseling needs of co-siblings around their loss of sibling relationships, opportunity for normal childhood experiences, and their belief in a fictional normal family image that their family did not live up to. Last, clinicians need to be skilled at when and how to acknowledge the great strengths and creativity of co-siblings in their proven ability to cope with the difficult experience of having a sibling with substance use problems.

### **Talking with Parents**

Mental health professionals who provide family counseling need to routinely include assessment for substance use of siblings in families whether or not they are seeking counseling for addiction related issues. Working with families, clinicians are encouraged to emphasize the importance of the wellbeing of all siblings. Psychoeducation for parents covering a variety of topics is recommended. Most importantly, safety concerns and safety planning for co-siblings that take into account their vulnerability in relation to their age, independence, presence or absence of chronic mental and physical health conditions, and availability of supportive adults

needs to take place when families are dealing with substance use. For example, emphasis on the risks to minor children left in the care of siblings with substance use problems, the risks of exposure and use of substances for older co-siblings, and the increased automobile risk for all co-siblings. Reminding parents how difficult it is to remain aware of the potential dangers of their child's substance use is recommended. This difficulty stems from their long-standing image of their child that doesn't include substance induced behaviors and the fact that most children with substance use problems try to hide these from their parents. Refer to Chapter 4 for an expanded list of safety concerns.

Healthy family communication is another important topic to cover in parent training. All siblings need to be included in age- appropriate discussions of the siblings' substance use problems and its effects on the family. Including co-siblings in family communication around their siblings' substance use issues will help them feel they are still a part of the family, and that no matter how young or old, whether they are living home or away, they remain an integral part of the family unit. A practice of open communication will help co-siblings understand how parents are addressing the problems the family is facing. It is important that parents acknowledge the seriousness of the siblings' substance use, listen to co-sibling concerns and acknowledge their feelings around their siblings' substance use. Doing so provide a sense of security for co-siblings dealing with the stress of having a sibling with substance use problems.

Parents need to be encouraged to engage in regular communication with co-siblings discussing their daily happenings, interests, and concerns in an attempt to facilitate their feelings of being valued and equally important to their parents as their sibling with substance use problems. Parents can facilitate consistent engagement with all family members by creating and maintaining positive family routines and celebrations that help with family cohesion. Parents



need to be made aware of the importance of maintaining some form of daily routines and routine activities in the home to provide a sense of security and normalcy for all siblings. Examples include eating a meal a day together as a family whether or not the sibling with substance use is available, reading to young children before they go to bed, playing catch in the yard for some part of the weekend, watching age-appropriate programs on television together. Although it can be challenging for parents to maintain a regular routine for the children, doing so is invaluable to the mental health of co-siblings knowing they can count on spending time and attention each day with their parents. These daily scheduled times of togetherness allows daily opportunity to ask how co-siblings are being affected by their sibling's substance use and may safeguard against potentially dangerous co-sibling experiences.

Parent education that guides parents in considering other social supports for their children would be a potential way to provide respite for both the parents and the co-siblings. For example, teaching parents about the potential for trusted family members to provide support to the co-siblings. Trusted family members can support co-siblings if they maintain regular communication. This can be done by checking in with the co-siblings to ask about their day and supporting their interests, helping co-siblings with concerns they may have, creating and maintaining safety plans with co-siblings for emergency situations that they may find themselves in related to their siblings' substance use behaviors, and providing safe spaces away from home where co-siblings can experience nurturing and a break from the chaos in their homes.

A second avenue of social support that parents can be made aware of is the importance of supporting their children who do not have substance use problem in maintaining their friendships. Given the stress at home, the co-siblings may need help from their parents in creating safe spaces and opportunities where they can continue to socialize with their peers.

Counselors can also educate parents on the professional and informal community support services that are available to family members dealing with addiction. This involves providing parents with information including contact information and encouragement to explore professional and informal community support services such as counseling, Al-Anon, Alateen, and other 12-step programs for themselves and co-siblings.

### **Facilitating Collaboration with Community Institutions**

Clinicians are encouraged to advocate for increased community awareness of the unaddressed needs of individuals who experience having or having had a sibling with substance use problems. Clinicians need to educate administrators of counselor training programs on the importance of adding a sibling focus into addiction content and clinical training for counseling students to prepare them to serve co-siblings who have a sibling with substance use problems.

Clinicians need to encourage and engage in research to help broaden their understanding of the needs of this population and how to serve them effectively. Clinicians need to actively engage in the community of their clients to gain a richer knowledge of their clients' cultural norms around mental health seeking and support services. By engaging in their clients' communities, clinicians will begin to develop a familiarity with community members and leaders and will have opportunities to contact siblings seeking support. Last, clinicians are encouraged to create opportunities to raise awareness of the needs of siblings within medical facilities, schools, hospitals, doctor's offices, places of worship, and other community institutions.

### **Limitations of the Study**

This study has several limitations. One limitation had to do with the fact that Individual Psychology which was the theoretical lens used in guiding the interpretation of the data was normed on a white middle class population, therefore it would not be appropriate for interpreting

data gathered from participants of other ethnicities. Given that few studies have considered the cultural context of minority families, this is a major limitation. A second limitation of the study was that all participants were Caucasian living in a city in a southern state of the United States. Siblings from other races and cultures may have different experiences with having a sibling with substance use problems which were not captured in this study. Also, siblings who live in rural areas of the United States or in different states or parts of the world may have different experiences. Another limitation is that the gender composition of participants included only male or female which did not allow for gathering information on the lived experiences of anyone who did not fall on the binary of male-female gender identity. A related limitation is that there were only two male participants in the study. The experiences of the two male participants may not represent male co-sibling experiences as fully as the stories of female co-sibling experiences represented by the 13 female participants. Another limitation of the study is that the age range of participants was limited to young and middle adulthood. It may be that older adult co-siblings may have additional experiences around their siblings' substance use. The lack of attention to the relationship between the participants and their other siblings and how these relationships may affect the participants' relationships with their identified sibling was not explored which is a limitation of this study. Last, the study took place during the worldwide coronavirus pandemic and this may have affected the stories shared by the participants.

### **Recommendations for Future Research**

Given the limited knowledge base we have on the needs of individuals who have siblings with substance use problems, several recommendations are made to guide future research: One, researchers across areas such as family relationships, relationship trauma, abuse and substance abuse in families, and family medicine should collaborate to further our understanding of this

forgotten population. Two, researchers are encouraged to study the effects of different characteristics of sibling substance abuse on co-siblings to help clarify the contributing factors to co-sibling stress. For example, how does the substance misuse by a sibling or the length of time and severity of their substance misuse impact the wellness of their co-siblings? Three, future research exploring the effects of sibling size and groupings on the effects of a siblings' substance misuse on co-siblings may highlight unknown characteristics of sibling relationships that influence co-sibling coping. It may be that individuals with a single sibling may be affected differently than siblings with multiple siblings when it comes to their siblings' substance use problems. Four, researching the experiences of siblings in families where the sibling with substance use problems has died may identify unique elements of this experience that will help counselors serve these co-siblings better. Five, the primary investigator recommends future studies that investigate the co-sibling experiences of individuals who are from different race and ethnic groups, socioeconomic brackets, age, cohorts, sexual orientations, genders, and religions, related to their experience with having a sibling with substance use problems. Six, research that explores current parent perceptions of the support needs of co-siblings who have a sibling with substance use problems would help to facilitate parental understanding of co-sibling support needs. Seven, research into evidence-based interventions that support co-siblings who experience a sibling's substance use problems will support the development and use of evidence-based treatments and will guide program development and evaluation, important quality assurance measures. A final recommendation is for new research that investigates the cost effectiveness of addressing the needs of individuals with siblings who have a substance use problem.

### **Conclusion**

This study addresses the current gap in the literature on the needs of siblings as identified by siblings. The researcher displayed the study results as core themes arranged in model entitled the S.C.R.E.A.M. Model. This model can be used to assess clients, to teach student counselors, to evaluate treatment effectiveness, and to advocate for sibling services. “S” stands for Safety, “C” for Chaos, “R” for Relationship Stress, “E” for Emotionality, “A” for Avoidance, and “M” for Movement. The study intentionally highlights the resilience and wisdom of siblings. The study empowered participants to share their ideas for improving support services created to meet the needs of siblings who have or have had a sibling with substance use substance problems. Mental health professionals are encouraged to advocate for the needs of this underserved population by raising community awareness of sibling needs and by providing siblings with compassionate, nonjudgmental support.

The findings of this study are useful in helping counselors increase their awareness of the experiences of co-siblings who live with the effects of a sibling's substance use and related problems. The study results have potential to guide treatment programs, counselor-education programs, and clinicians in tailoring training and interventions that provide the support needed by clients in treatment. This study adds to the literature by offering a voice to siblings, a group of people who thus far are almost silent and nearly invisible in the research on the effects of addiction on family members. Thanks to the strength and social interest of its participants, the researchers of the study hope that the information in this manuscript will excite the community of mental health professionals to unite in support of the creation and availability of good quality, affordable, universal support programs for co-siblings who experience stress related to a siblings' substance use problems.

## REFERENCES

- Adams, P., & Adams, P. (2016). Switching to a social approach to addiction: Implications for theory and practice. *International Journal of Mental Health and Addiction, 14* (1), 86–94. <https://doi.org/10.1007/s11469-015-9588-4>
- Adler, A. (2010). *What life should mean to you*. Martino Publishing, CT.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Ansbacher, H. L., & Ansbacher, R. R. (1956). *The individual psychology of Alfred Adler*. Harper and Row, New York.
- Ashford, R. D., Curtis, B., & Brown, A. M. (2018). Peer-delivered harm reduction and recovery support services: initial evaluation from a hybrid recovery community drop-in center and syringe exchange program. *Harm reduction journal, 15*(1), 52–52. <https://doi.org/10.1186/s12954-018-0258->
- Bamberg, J. H., Toumbourou, J. W., & Marks, R. (2008). Including the siblings of youth substance abusers in a parent-focused intervention: a pilot test of the best plus program. *Journal of psychoactive drugs, 40*(3), 281–291. <https://doi.org/10.1080/02791072.2008.10400643>
- Barrera, M., Neville, A., Purdon, L., & Hancock, K. (2018). “It’s just for us!” Perceived benefits of participation in a group intervention for siblings of children with cancer. *Journal of pediatric psychology, 43*(9), 995-1003. <https://doi.org/10.1093/jpepsy/jsy026>
- Belangee, S. (2019). Adlerian psychology in the era of evidence-based practice: A reflection from a clinician in private practice. *The Journal of Individual Psychology, 75*(3), 205–209. <https://doi.org/10.1353/jip.2019.0026>
- Benishek, L., Kirby, K., & Dugosh, K. (2011). Prevalence and frequency of problems of

- concerned family members with a substance-using loved one. *The American Journal of Drug and Alcohol Abuse*, 37(2), 82–88. <https://doi.org/10.3109/00952990.2010.540276>
- Berends, L., Ferris, J., & Laslett, A. (2014). On the nature of harms reported by those identifying a problematic drinker in the family, an exploratory study. *Journal of Family Violence*, 29(2), 197–204. <https://doi.org/10.1007/s10896-013-9570-5>
- Bortolon, C., Signor, L., Moreira, T., Figueiró, L., Benchaya, M., Machado, C., Ferigolo, M., & Barros, H. (2016). Family functioning and health issues associated with codependency in families of drug users. *Ciência & Saude Coletiva*, 21(1), 101–107. <https://doi.org/10.1590/1413-81232015211.20662014>
- Brakenhoff, B., & Slesnick, N. (2015). ‘The whole family suffered, so the whole family needs to recover’: Thematic analysis of substance-abusing mothers’ family therapy sessions. *Journal of social service research*, 41(2), 216–232. <https://doi.org/10.1080/01488376.2014.980962>
- Brody, G. H. (1998). Sibling relationship quality: Its causes and consequences. *Annual review of psychology*, 49(1), 1–24. <https://doi.org/10.1146/annurev.psych.49.1.1>
- Brody, G. H., Stoneman, Z., & Burke, M. (1987). Child temperaments, maternal differential behavior, and sibling relationships. *Developmental psychology*, 23(3), 354–362. <https://doi.org/10.1037/0012-1649.23.3.354>
- Brooks, F., & McHenry, B. (2015). *A contemporary approach to substance use disorders and addiction counseling*. John Wiley & Sons.VA
- Buehler, C., Lange, G., & Franck, K. L. (2007). Adolescents' cognitive and emotional responses to marital hostility. *Child development*, 78(3), 775–789. <https://doi.org/10.1111/j.1467-8624.2007.01032.x>

- Buist, K. L., Deković, M., & Gerris, J. R. (2011). Dyadic family relationships and adolescent internalizing and externalizing problem behavior: Effects of positive and negative affect. *Family Science*, 2, 34–42. doi:10.1080/19424620.2011.601895.
- Buist, K. L., Deković, M., & Prinzie, P. (2013). Sibling relationship quality and psychopathology of children and adolescents: A meta-analysis. *Clinical Psychology Review*, 33(1), 97–106. <https://doi.org/10.1016/j.cpr.2012.10.007>
- Button, D., Button, D., Gealt, R., & Gealt, R. (2010). High risk behaviors among victims of sibling violence. *Journal of Family Violence*, 25(2), 131–140. <https://doi.org/10.1007/s10896-009-9276-x>
- Caspi, J., Lardier, D. T., & Barrios, V. R. (2018). The double bind of siblings in adolescent substance abuse treatment. *Journal of Child and Family Studies*, 27(7), 2232–2244. <https://doi.org/10.1007/s10826-018-1068-6>
- Centers for Diseases Control and Prevention. (2017, August 30). Understanding the epidemic. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>
- Church, S., Bhatia, U., Velleman, R., Velleman, G., Orford, J., Rane, A., & Nadkarni, A. (2018). Coping strategies and support structures of addiction affected families: A qualitative study from Goa, India. *Families, Systems, & Health*, 36(2), 216–224. <https://doi.org/10.1037/fsh0000339>
- Clark, A. J., & Butler, C. M. (2012). Degree of Activity: Relationship to Early Recollections and Safeguarding Tendencies. *Journal of Individual Psychology*, 68(2).
- Cohen, E., & Tisch, R. (2020). The Online Adaptation and Outcomes of a Family-Based Intervention Addressing Substance Use Disorders. *Research on Social Work Practice*, 31(3), 244-253. Doi: 10.1177/1049731520975860.



- Connelly, M., Glynn, E. F., Hoffman, M. A., & Bickel, J. (2019). Rates and predictors of using opioids in the emergency department to treat migraine in adolescents and young adults. *Pediatr. Emerg. Care, 10*. e doi: 10.1097/PEC. 0000000000001851 [Epub ahead of print].
- Corrigan, P. W., Watson, A. C., & Miller, F. E. (2006). Blame, shame, and contamination: the impact of mental illness and drug dependence stigma on family members. *Journal of family psychology, 20*(2), 239–246. <https://doi.org/10.1037/0893-3200.20.2.239>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publication: California.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publication: California.
- Cummings, E. M., & Smith, D. (1993). The impact of anger between adults on siblings' emotions and social behavior. *Child Psychology & Psychiatry & Allied Disciplines, 34*(8), 1425–1433. <https://doi.org/10.1111/j.1469-7610.1993.tb02100.x>
- D'Amico, R. (2020). Early and late adolescent factors that predict co-use of cannabis with alcohol and tobacco in young adulthood. *Prevention Science, 21*(4), 530–544. <https://doi.org/10.1007/s11121-020-01086-7>
- Dansby, R. A., Turns, B., Whiting, J. B., & Crane, J. (2018). A phenomenological content analysis of online support seeking by siblings of people with autism. *Journal of Family Psychotherapy, 29*(3), 181-200. doi: 10.1080/08975353.2017.1395256
- dos Reis, L. M., & de Oliveira, M. L. F. (2017). Social vulnerability in families living with long-term addictive behavior. *Acta Paulista de Enfermagem, 30*(4), 412–419. <https://doi.org/10.1590/1982-0194201700061>

- Dreikurs-Ferguson, E. (1984). *Adlerian theory: An introduction*. Adler School of Professional Psychology. Chicago, IL.
- Edwards, M., Best, D., Irving, J., & Andersson, C. (2018). Life in recovery: a families' perspective. *Alcoholism Treatment Quarterly*, 36 (4), 437-458.
- Esfahani, F. N., Shooshtari, M. H., Sosfadi, R. S., Saeed, F., Jalai, F., Farsham, A., & Bidaki, R. (2018). Internalizing and externalizing problems, empathy quotient, and systemizing quotient in 4 to 11 years-old siblings of children with autistic spectrum disorder compared to control group. *Iranian journal of psychiatry*, 13(3), 191.
- Faberman, J., Provost, S. E., Weiss, R. D., & Greenfield, S. F. (2018). Focus group study to examine content of family meetings in short-term substance use disorder treatment. *Journal of Social Work Practice in the Addictions*, 18(3), 231–248.  
<https://doi.org/10.1080/1533256X.2018.1488720>
- Fals-Stewart, W., O'Farrell, T. J., & Birchler, G. R. (2001). Behavioral couples therapy for male methadone maintenance patients: Effects on drug-using behavior and relationship adjustment. *Behavior Therapy*, 32(2), 391–411. [https://doi.org/10.1016/S0005-7894\(01\)80010-1](https://doi.org/10.1016/S0005-7894(01)80010-1)
- Fals-Stewart, W., Klostermann, K., Yates, B. T., O'farrell, T. J., & Birchler, G. R. (2005). Brief relationship therapy for alcoholism: A randomized clinical trial examining clinical efficacy and cost-effectiveness. *Psychology of addictive behaviors*, 19(4), 363–371.  
<https://doi.org/10.1037/0893-164X.19.4.363>
- Fals-Stewart, W., Lam, W., & Kelley, M. L. (2009). Learning sobriety together: Behavioural couples therapy for alcoholism and drug abuse. *Journal of Family Therapy*, 31(2), 115-125. doi:10.1111/j.1467-6427.2009.00458.x

- Fals-Stewart, W., O'Farrell, T. J., Birchler, G. R., Córdova, J., & Kelley, M. L. (2005). Behavioral couples therapy for alcoholism and drug abuse: Where we've been, where we are, and where we're going. *Journal of Cognitive Psychotherapy, 19*(3), 229–246. <https://doi.org/10.1891/jcop.2005.19.3.229>
- Feen-Calligan, H. (2007). The Use of Art Therapy in Detoxification from Addiction. *Canadian Art Therapy Association Journal, 20* (1), 16–28. <https://doi.org/10.1080/08322473.2007.11432289>
- Feinberg, M. E., Solmeyer, A. R., & McHale, S. M. (2012). The third rail of family systems: Sibling relationships, mental and behavioral health, and preventive intervention in childhood and adolescence. *Clinical child and family psychology review, 15*(1), 43–57. <https://doi.org/10.1007/s10567-011-0104-5>
- Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world*. John Wiley & Sons.
- Giordano, C. (2014). Predicting Substance Abuse Relapse: The Role of Social Interest and Social Bonding. *Journal of Addictions & Offender Counseling, 35*(2), 114–127. <https://doi.org/10.1002/j.2161-1874.2014.00030.x>
- Glowacki, E. M. (2017). Examining sibling communication about problematic drinking: An application of inconsistent nurturing as control theory. *Journal of Family Communication, 17*(1), 65–87. <https://doi.org/10.1080/15267431.2016.1251919>
- Gordon, D. G., & de Jong, G. (2018). Gaps in the ice: Methamphetamine in australia; its history, treatment, and ramifications for users and their families. *International journal of mental health nursing, 27*(6), 1861–1868. Doi: 10.1111/inm.12480
- Gregoire, T. K. (2000). Factors associated with level of care assignment in substance abuse

- treatment. *Journal of Substance Abuse Treatment*, 18(3), 241–248.  
[https://doi.org/10.1016/S0740-5472\(99\)00053-7](https://doi.org/10.1016/S0740-5472(99)00053-7)
- Greif, G. L., & Woolley, M. E. (2016). Considering adult siblings in substance abuse treatment. *Social work*, 61(4), 366–368. <https://doi.org/10.1093/sw/sww046>
- Griffith, J., & Maybell, S. A. (2020). Adler's original contributions to psychology. *The Journal of Individual Psychology*, 76(1), 21–30. <https://doi.org/10.1353/jip.2020.0012>
- Groenewald, C., & Bhana, A. (2017). Mothers' experiences of coping with adolescent substance abuse: A phenomenological inquiry. *Contemporary nurse*, 53(4), 421–435.  
<https://doi.org/10.1080/10376178.2017.1361854>
- Guba, E. (1981). “ERIC/ECTJ Annual Review Paper: Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational communication and technology*, 29(2), 75–91.
- Hallion, M., Taylor, A., & Roberts, R. (2018). Complete mental health in adult siblings of those with a chronic illness or disability. *Disability and rehabilitation*, 40(3), 296-301. doi: 10.1080/09638288.2016.1251500
- Hank, K., & Steinbach, A. (2018). Intergenerational solidarity and intragenerational relations between adult siblings. *Social science research*, 76, 55-64. doi: 10.1016/j.ssresearch.2018.08.003
- Haskell, R., Graham, K., Bernards, S., Flynn, A., & Wells, S. (2016). Service user and family member perspectives on services for mental health, substance use/addiction, and violence: a qualitative study of their goals, experiences and recommendations. *International journal of mental health systems*, 10(1), 9–9.  
<https://doi.org/10.1186/s13033-016-0040-3>
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*.

Guilford Press: New York

- Horton, E. G., Luna, N., & Malloy, T. (2018). Premature, untimely, and traumatic death of family members, and mental health disorders among inpatient substance users. *Illness, Crisis & Loss, 26*(2), 79–97. <https://doi.org/10.1177/1054137316638078>
- Howard, H. (2010). Addiction, the Sibling, and the Self. *Journal of Loss & Trauma, 15* (5), 465–479. <https://doi.org/10.1080/15325024.2010.508359>
- Ibabe, I., & Bentler, P. M. (2016). The contribution of family relationships to child-to-parent violence. *Journal of Family Violence, 31*(2), 259–269. doi: 10.1007/s10896-015-9764-0
- Inaba, D. S., & Cohen, W. E. (2014). *Uppers, Downers, and All Arounders*. Medford, Oregon: CNS Productions.
- Incerti, L., Henderson-Wilson, C., & Dunn, M. (2014). Challenges in the family: problematic substance use and sibling relationships. *Family Matters, (96)*, 29–38.
- Johnson, K. F., Worth, A., & Brookover, D. (2019). Families facing the opioid crisis: Content and frame analysis of YouTube videos. *The family journal, 27*(2), 209–220. <https://doi.org/10.1177/1066480719832507>
- Kaplan, L. M., Kaal, K. J., Bradley, L., & Alderfer, M. A. (2013). Cancer-related traumatic stress reactions in siblings of children with cancer. *Families, Systems, & Health, 31*(2), 205–217. <https://doi.org/10.1037/a0032550>
- Kelly, J. F., Fallah-Sohy, N., Cristello, J., & Bergman, B. (2017). Coping with the enduring unpredictability of opioid addiction: An investigation of a novel family-focused peer-support organization. *Journal of Substance Abuse Treatment, 77*, 193–200. <https://doi.org/10.1016/j.jsat.2017.02.010>
- Kendall, J. (1999). Sibling accounts of attention deficit hyperactivity disorder (ADHD). *Family*

- Process*, 38(1), 117-136. doi: 10.1111/j.1545-5300.1999.00117
- Kidd, S. A., Kerman, N., Ernest, D., Maples, N., Arthur, C., de Souza, S., ... & Velligan, D. (2018). A pilot study of a family cognitive adaptation training guide for individuals with schizophrenia. *Psychiatric rehabilitation journal*, 41(2), 109-117. doi: 10.1037/prj000204
- Kim, S. J., Marsch, L. A., Acosta, M. C., Guarino, H., & Aponte-Melendez, Y. (2016). Can persons with a history of multiple addiction treatment episodes benefit from technology delivered behavior therapy? A moderating role of treatment history at baseline. *Addictive behaviors*, 54, 18–23. <https://doi.org/10.1016/j.addbeh.2015.11.009>
- King, M., Ruggles, S., Alexander, J. T., Flood, S., Genadek, K., Schroeder, M.B., ... Vick, R. (2010). *Integrated Public Use Microdata Series, Current Population Survey : Version 3.0 Minneapolis, MN : University of Minnesota.*
- Kolodny, A., Courtwright, D. T., Hwang, C. S., Kreiner, P., Eadie, J. L., Clark, T. W., & Alexander, G. C. (2015). The prescription opioid and heroin crisis: a public health approach to an epidemic of addiction. *Annual review of public health*, 36(1), 559–574. <https://doi.org/10.1146/annurev-publhealth-031914-122957>
- Kourgiantakis, T., Ashcroft, R., Mohamud, F., Fearing, G., & Sanders, J. (2021). Family-Focused Practices in Addictions: A Scoping Review. *Journal of Social Work Practice in the Addictions*, 21(1), 18–53. <https://doi.org/10.1080/1533256X.2020.1870287>
- Lashewicz, B., Lo, A., Mooney, L., & Khan, H. (2012). Drawing the line: A case study of ambivalence in sibling support for adults with complex needs. *Issues in mental health nursing*, 33(11), 727-734. doi:10.3109/01612840.2012.699163
- Lassiter, P. S., & Culbreth, J. R. (Eds.). (2017). *Theory and practice of addiction counseling*. SAGE Publications. California.

- Long, K. A., & Marsland, A. L. (2011). Family adjustment to childhood cancer: A systematic review. *Clinical child and family psychology review*, *14*(1), 57–88.  
<https://doi.org/10.1007/s10567-010-0082-z>
- Ma, N., Roberts, R., Winefield, H., & Furber, G. (2015). The prevalence of psychopathology in siblings of children with mental health problems: A 20-year systematic review. *Child Psychiatry & Human Development*, *46*(1), 130–149. <https://doi.org/10.1007/s10578-014-0459-1>
- Mallet, D. (2020). Addictions in the COVID-19 era: Current evidence, future perspectives a comprehensive review. *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, *106*, 110070–110070. <https://doi.org/10.1016/j.pnpbp.2020.110070>
- Marks, A. D., Blore, R. L., Hine, D. W., & Dear, G. E. (2012). Development and validation of a revised measure of codependency. *Australian journal of psychology*, *64*(3), 119–127.  
<https://doi.org/10.1111/j.1742-9536.2011.00034.x>
- Mash, E. J., & Johnston, C. (1983). Sibling interactions of hyperactive and normal children and their relationship to reports of maternal stress and self-esteem. *Journal of Clinical Child & Adolescent Psychology*, *12*(1), 91–99. <https://doi.org/10.1080/15374418309533116>
- McCann, T. V., & Lubman, D. I. (2018). Help-seeking barriers and facilitators for affected family members of a relative with alcohol and other drug misuse: A qualitative study. *Journal of Substance Abuse Treatment*, *93*, 7-14. doi: 10.1016/j.jsat.2018.07.005
- McCann, T. V., Lubman, D. I., Boardman, G., & Flood, M. (2017). Affected family members' experience of, and coping with, aggression and violence within the context of problematic substance use: a qualitative study. *BMC psychiatry*, *17*(1), 209–209.  
<https://doi.org/10.1186/s12888-017-1374-3>

- McCrary, B. S., Wilson, A., Fink, B., Borders, A., Muñoz, R., & Fokas, K. (2019). A consumer's eye view of family-involved alcohol treatment. *Alcoholism Treatment Quarterly*, 37(1), 43-59. doi: 10.1080/07347324.2018.1482245
- McDonagh, D., Connolly, N., & Devaney, C. (2019). “Bury don’t discuss”: The help-seeking behaviour of family members affected by substance-use disorders. *Child Care in Practice*, 25(2), 175–188. <https://doi.org/10.1080/13575279.2018.1448258>
- McHale, S. M., Updegraff, K. A., & Whiteman, S. D. (2012). Sibling relationships and influences in childhood and adolescence. *Journal of Marriage and Family*, 74(5), 913–930. <https://doi.org/10.1111/j.1741-3737.2012.01011.x>
- Milevsky, A. (2004). Perceived parental marital satisfaction and divorce: Effects on sibling relations in emerging adults. *Journal of Divorce & Remarriage*, 41(1-2), 115–128. [https://doi.org/10.1300/J087v41n01\\_07](https://doi.org/10.1300/J087v41n01_07)
- Milevsky, A. (2019). Parental Factors, Psychological Well-Being, and Sibling Dynamics: A Mediation Model in Emerging Adulthood. *Marriage & Family Review*, 55(5), 476–492. <https://doi.org/10.1080/01494929.2018.1518822>
- Milevsky, A., & Heerwagen, M. (2013). A phenomenological examination of sibling relationships in emerging adulthood. *Marriage & Family Review*, 49(3), 251-263. doi: 10.1080/01494929.2012.762444
- Milevsky, A., Smoot, K., Leh, M., & Ruppe, A. (2005). Familial and contextual variables and the nature of sibling relationships in emerging adulthood. *Marriage & Family Review*, 37(4), 123-141. [https://doi.org/10.1300/j002v37n04\\_07](https://doi.org/10.1300/j002v37n04_07)
- Moffat, A. K., & Redmond, G. (2017). Is having a family member with chronic health concerns bad for young people's health? Cross-sectional evidence from a national survey of young



- Australians. *BMJ open*, 7(1), e013946–e013946. <https://doi.org/10.1136/bmjopen-2016-013946>
- Monakes, S., Garza, Y., Wiesner III, V., & Watts, R. E. (2011). Implementing Adlerian sand tray therapy with adult male substance abuse offenders: A phenomenological inquiry. *Journal of Addictions & Offender Counseling*, 31(2), 94–107. <https://doi.org/10.1002/j.2161-1874.2011.tb00070.x>
- Moustakas, C. (1994). *Phenomenological research methods*. Sage publications.
- Munn, P., & Dunn, J. (1989). Temperament and the developing relationship between siblings. *International Journal of Behavioral Development*, 12(4), 433–451. <https://doi.org/10.1177/016502548901200402>
- National Institute of Health. (2016). What to do if you have a problem with drugs: For teens and young adults. *National Institute on Drug Abuse*. Retrieved from <https://www.drugabuse.gov/related-topics/treatment/what-to-do-if-you-hav-problem-drugs-teens-young-adults>
- Navarro, H. J., Shakeshaft, A., Doran, C. M., & Petrie, D. J. (2011). The potential cost-effectiveness of general practitioner delivered brief intervention for alcohol misuse: evidence from rural Australia. *Addictive behaviors*, 36(12), 1191–1198. <https://doi.org/10.1016/j.addbeh.2011.07.023>
- Noonan, H., O'Donoghue, I., & Wilson, C. (2018). Engaging with and navigating limbo: Lived experiences of siblings of adults with autism spectrum disorders. *Journal of Applied Research in Intellectual Disabilities*, 31(6), 1144-1153. doi: 10.1111/jar.12474
- Oakley, B. A. (2013). Concepts and implications of altruism bias and pathological altruism. *Proceedings of the National Academy of Sciences*, 110(Supplement 2), 10408-10415.

- Ólafsdóttir, J., Hrafnadóttir, S., & Orjasniemi, T. (2018). Depression, anxiety, and stress from substance-use disorder among family members in Iceland. *Nordic studies on alcohol and drugs*, 35(3), 165–178. <https://doi.org/10.1177/1455072518766129>
- Ólafsdóttir, J., Orjasniemi, T., & Hrafnadóttir, S. (2020). Psychosocial distress, physical illness, and social behaviour of close relatives to people with substance use disorders. *Journal of Social Work Practice in the Addictions*, 20(2), 136–154. <https://doi.org/10.1080/1533256X.2020.1749363>
- O’Sullivan, D., Xiao, Y., & Watts, J. R. (2019). Recovery capital and quality of life in stable recovery from addiction. *Rehabilitation Counseling Bulletin*, 62(4), 209–221. <https://doi.org/10.1177/0034355217730395>
- Orford, J., Velleman, R., Copello, A., Templeton, L., & Ibanga, A. (2010). The experiences of affected family members: A summary of two decades of qualitative research. *Drugs: Education, Prevention & Policy*, 17(s1), 44–62. <https://doi.org/10.3109/09687637.2010.514192>
- Orford, J., Velleman, R., Natera, G., Templeton, L., & Copello, A. (2013). Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Social Science & Medicine (1982)*, 78, 70–77. <https://doi.org/10.1016/j.socscimed.2012.11.036>
- Osborn, W. (2017). Experiences of Counselors-as-Clients in Counselor Education. *Counselor Education and Supervision*, 56(2), 112–129. <https://doi.org/10.1002/ceas.12066>
- Peredaryenko, M. S., & Krauss, S. E. (2013). Calibrating the human instrument: Understanding the interviewing experience of novice qualitative researchers. *The qualitative report*, 18(43), 1.
- Pietkiewicz, I. & and Smith, J. (2014). A practical guide to using interpretative

phenomenological analysis in qualitative research psychology. *Psychological journal*, 20, 7-14. doi.org/10.14691/CP PJ.20.1.7.

*Principles of drug addiction treatment: a research-based guide* (Third edition.). (2012).

National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services.

Relva, I.; Alarcão, M.; Fernandes, O.; Carvalho, J.; Fauchier, A.; Pinto, C.; Serra, F.; Carvalho, M.; Rauktis, M. (2019). Sibling conflict and parental discipline: The mediating role of family communication in portuguese adolescents. *Child and Adolescent Social Work Journal*, 36(3), 295–304. https://doi.org/10.1007/s10560-019-00600-3

Richert, T., Johnson, B., & Svensson, B. (2018). Being a parent to an adult child with drug problems: Negative impacts on life situation, health, and emotions. *Journal of Family Issues*, 39(8), 2311-2335. doi: 10.1177/0192513x17748695

Rigter, H., Henderson, C., Pelc, I., Tossmann, P., Phan, O., Hendriks, V., Schaub, M., & Rowe, C. (2013). Multidimensional family therapy lowers the rate of cannabis dependence in adolescents: A randomised controlled trial in Western European outpatient settings. *Drug and Alcohol Dependence*, 130(1-3), 85–93. https://doi.org/10.1016/j.drugalcdep.2012.10.013

Russell, B. S., Simpson, E., Flannery, K. M., & Ohannessian, C. M. (2019). The impact of adolescent substance use on family functioning: the mediating role of internalizing symptoms. *Youth & Society*, 51(4), 504–528. https://doi.org/10.1177/0044118X16688708

Sakiyama, d. (2014). Family members affected by a relative's substance misuse looking for social support: Who are they? *Drug and Alcohol Dependence*, 147, 276–279. https://doi.org/10.1016/j.drugalcdep.2014.11.030

- Samek, D. R., & Rueter, M. A. (2011). Associations between family communication patterns, sibling closeness, and adoptive status. *Journal of Marriage and Family*, 73(5), 1015-1031. doi: 10.1111/j.1741-3737.2011.00865.x.
- Saldaña, J., & Omasta, M. (2016). *Qualitative research: Analyzing life*. Sage Publications. California.
- Sancho, M., De Gracia, M., Rodríguez, R., Mallorquí-Bagué, N., Sánchez-González, J., Trujols, J., Sánchez, I., Jiménez-Murcia, S., & Menchón, J. (2018). Mindfulness-Based Interventions for the Treatment of Substance and Behavioral Addictions: A Systematic Review. *Frontiers in Psychiatry*, 9, 95–95. <https://doi.org/10.3389/fpsy.2018.00095>
- Schrodt, P., & Phillips, K. E. (2016). Self-disclosure and relational uncertainty as mediators of family communication patterns and relational outcomes in sibling relationships. *Communication Monographs*, 83(4), 486-504. doi: 10.1080/03637751.2016.1146406
- Selbekk, A. S., Adams, P. J., & Sagvaag, H. (2018). "A problem like this is not owned by an individual" affected family members negotiating positions in alcohol and other drug treatment. *Contemporary Drug Problems*, 45(2), 146–162. doi: 10.1177/0091450918773097
- Selbekk, A. S., & Sagvaag, H. (2016). Troubled families and individualised solutions: an institutional discourse analysis of alcohol and drug treatment practices involving affected others. *Sociology of health & illness*, 38(7), 1058–1073. <https://doi.org/10.1111/1467-9566.12432>
- Sharma, B., Bruner, A., Barnett, G., & Fishman, M. (2016). Opioid use disorders. *Child and Adolescent Psychiatric Clinics*, 25, 473-487.
- Shumway, S. T., Bradshaw, S. D., Hayes, N., Schonian, S., & Kimball, T. G. (2019). Prefrontal

- cortex functioning of family members of those with a substance use disorder. *Alcoholism Treatment Quarterly*, 37(5), 75-98. doi: 10.1080/07347324.2018.1488549
- Smith,F., & Flowers, P. Larkin. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Smith-Genthôs, K. R., Logue, E. M., Low, B. E., & Hendrick, S. S. (2017). The forgotten ones: siblings of substance abusers. *Journal of loss and trauma*, 22(2), 120–134.  
<https://doi.org/10.1080/15325024.2016.1202005>
- Sparks, S. N., & Tisch, R. (2018). A family-centered program to break the cycle of addiction. *Families in Society*, 99(2), 100–109.  
<https://doi.org/10.1177/1044389418767841>
- Standing, O., Dickie, J., & Templeton, L., Livingston, W., & Thompson, N. (2019). Developing peer support for adults bereaved through substance use. *Illness, Crisis & Loss*, 27(1), 36–50. <https://doi.org/10.1177/1054137318780573>.
- Stocker, C., Dunn, J., & Plomin, R. (1989). Sibling relationships: Links with child temperament, maternal behavior, and family structure. *Child development*, 60(3), 715–.  
<https://doi.org/10.2307/1130737>
- Stocker, C. M., Gilligan, M., Klopach, E. T., Conger, K. J., Lanthier, R. P., Neppl, T. K., O’Neal, C.& Wickrama, K., & Fiese, B. (2020). Sibling relationships in older adulthood: Links with loneliness and well-being. *Journal of Family Psychology*, 34(2), 175–185.  
<https://doi.org/10.1037/fam0000586>
- Stormshak, E. A., Dishion, T. J., Light, J., & Yasui, M. (2005). Implementing family-centered interventions within the public middle school: Linking service delivery to change in student problem behavior. *Journal of Abnormal Child Psychology*, 33(6), 723–733.

<https://doi.org/10.1007/s10802-005-7650-6>.

- Stoneman, Z., & Brody, G. H. (1993). Sibling temperaments, conflict, warmth, and role asymmetry. *Child development*, *64*(6), 1786–1800. <https://doi.org/10.1111/j.1467-8624.1993.tb04213.x>
- Stroud, C. B., Meyers, K. M., Wilson, S., & Durbin, C. E. (2015). Marital quality spillover and young children's adjustment: Evidence for dyadic and triadic parenting as mechanisms. *Journal of Clinical Child & Adolescent Psychology*, *44*(5), 800–813. <https://doi.org/10.1080/15374416.2014.900720>
- Templeton, L. (2012). Dilemmas facing grandparents with grandchildren affected by parental substance misuse. *Drugs: education, prevention and policy*, *19*(1), 11–18. <https://doi.org/10.3109/09687637.2011.608391>
- Templeton, L., Ford, A., McKell, J., Valentine, C., Walter, T., Velleman, R., ... & Hollywood, J. (2016). Bereavement through substance use: findings from an interview study with adults in England and Scotland. *Addiction Research & Theory*, *24*(5), 341–354. <https://doi.org/10.3109/16066359.2016.1153632>
- Tompsett, C. J., Mahoney, A., & Lackey, J. (2016). Sibling aggression among clinic-referred children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, *47*(6), 1-13. doi.10.1080/15374416.2016.1138409
- Tregidgo, C., & Elander, J. (2019). The invisible child: Sibling experiences of growing up with a brother with severe haemophilia—An interpretative phenomenological analysis. *Haemophilia*, *25*(1), 84-91. doi: 10.1111/hae.13659
- Tsamparli, A., & Frrokaj, E. (2016). Quality of sibling relationship and substance misuse: A comparative study. *The European Journal of Counseling Psychology*, *4*(1), 123-147.

- Tsuji, Y., Aoki, S., Irie, T., & Sakano, Y. (2020). Dysfunctional Cognition and the Mental Health of Substance Abusers' Family Members. *The American Journal of Family Therapy*, 1-15. doi.org/10.1080/01926187.2020.1783387
- Turner, W. M., Turner, K. H., Reif, S., Gutowski, W. E., & Gastfriend, D. R. (1999). Feasibility of multidimensional substance abuse treatment matching: automating the ASAM Patient Placement Criteria. *Drug and Alcohol Dependence*, 55(1), 35–43.  
https://doi.org/10.1016/S0376-8716(98)00178-1
- Usher, A. M., McShane, K. E., & Dwyer, C. (2015). A realist review of family-based interventions for children of substance abusing parents. *Systematic reviews*, 4(1), 177–177. https://doi.org/10.1186/s13643-015-0158-4
- Vagle, Mark D. *Crafting Phenomenological Research*. Second edition. New York, NY: Routledge, 2019. Print
- Van Schoors, M., Caes, L., Knoble, N. B., Goubert, L., Verhofstadt, L. L., & Alderfer, M. A. (2017). Systematic review: Associations between family functioning and child adjustment after pediatric cancer diagnosis: A meta-analysis. *Journal of Pediatric Psychology*, 42(1), 6–18. https://doi.org/10.1093/jpepsy/jsw070
- Vederhus, J. K., Kristensen, Ø., & Timko, C. (2019). How do psychological characteristics of family members affected by substance use influence quality of life? *Quality of Life Research*, 28(8), 2161–2170. https://doi.org/10.1007/s11136-019-02169-x
- Voorpostel, M., van der Lippe, T., & Flap, H. (2012). For better or worse: Negative life events and sibling relationships. *International Sociology*, 27(3), 330–348.  
https://doi.org/10.1177/0268580911423051
- Waldinger, R. J., Vaillant, G. E., & Orav, E. J. (2007). Childhood sibling relationships as a

- predictor of major depression in adulthood: A 30-year prospective study. *American Journal of Psychiatry*, *164*(6), 949–954. <https://doi.org/10.1176/ajp.2007.164.6.949>
- Wallace, J. (1989). A biopsychosocial model of alcoholism. *Social Casework*, *76*(5), 745–754. <https://doi.org/10.1016/j.mehy.2011.02.014>
- Weisner, C., Parthasarathy, S., Moore, C., & Mertens, J. R. (2010). Individuals receiving addiction treatment: are medical costs of their family members reduced? *Addiction*, *105*(7), 1226–1234. <https://doi.org/10.1111/j.1360-0443.2010.02947.x>
- Whiteford, H. A., Ferrari, A. J., Degenhardt, L., Feigin, V., & Vos, T., Forlani, G. (2015). The global burden of mental, neurological and substance use disorders: an analysis from the Global Burden of Disease Study 2010. *PloS one*, *10*(2), e0116820–e0116820. <https://doi.org/10.1371/journal.pone.0116820>.
- Whiteman, S. D., McHale, S. M., & Soli, A. (2011). Theoretical perspectives on sibling relationships. *Journal of family theory & review*, *3*(2), 124–139. <https://doi.org/10.1111/j.1756-2589.2011.00087.x>
- Wimberly, A., Engstrom, M., Layde, M., & McKay, J. (2018). A randomized trial of yoga for stress and substance use among people living with HIV in reentry. *Journal of Substance Abuse Treatment*, *94*, 97–104. [doi.org/10.1016/j.jsat.2018.08.000](https://doi.org/10.1016/j.jsat.2018.08.000)
- Young, L. B., & Timko, C. (2015). Benefits and costs of alcoholic relationships and recovery through Al-Anon. *Substance use & misuse*, *50*(1), 62-71. <https://doi.org/10.3109/10826084.2014.957773>
- Yurasek, A. M., Brick, L., Nestor, B., Hernandez, L., Graves, H., & Spirito, A. (2019). The effects of parent, sibling and peer substance use on adolescent drinking behaviors. *Journal of Child and Family Studies*, *28*(1), 73-83.



<https://doi.org/10.1007/s10826-018-1251-9>

Zielinski, M., Bradshaw, S., Mullet, N., Hawkins, L., Shumway, S., & Story Chavez, M. (2019). Codependency and Prefrontal Cortex Functioning: Preliminary Examination of Substance Use Disorder Impacted Family Members. *The American journal on addictions*, 28(5), 367-375. <https://doi.org/10.1111/ajad.12905>

## Appendix A

## Email Recruitment Letter



UNC CHARLOTTE  
Department of Counseling, Cato College of Education  
9201 University City Boulevard, Charlotte, NC 28223-0001

**Exploring the Experience of Having A Sibling with a History of Substance Use Problems**

Dear: \_\_\_\_\_,

I hope this email finds you well. As I prepare to begin my Doctoral Dissertation at the University of North Carolina at Charlotte, I am reaching out to individuals on my personal contact list to invite them to take part in my study. I am currently conducting a qualitative research study with Dr. Taryne Mingo about the experiences of individuals who have a sibling with a history of alcohol and or substance use. **I am emailing to see if you would be willing to participate in the study in order to help family members and professionals in the field of addiction to better understand the individual experiences of those who have direct experience with having a sibling who has a history of substance use Problems.** This study aims to give siblings a voice in the literature to help inform policymakers, educators, clinicians and support service providers for those who live their lives while experiencing a sibling with alcohol and or substance use issues.

If you agree to participate, you will be asked to participate in an individual interview that will last approximately 45 to 100 minutes. This interview will take place a private location that is comfortable for you and myself as the researchers, or by phone or Skype. During the interview I will ask a series of questions about your experiences with having a sibling with an alcohol and or substance use history. The interviews will be recorded via telephone or a portable recording device. Upon completion of your interview you will receive a \$25.00 Target Gift Certificate. The audiotaped version of your interview will be destroyed within 48 hours of the time of completion of your interview. You may also be contacted a second time during the data analysis portion of the study as part of the member check process. Only non-identifiable data will be considered for use in research or publication.

If you are interested, please complete the short survey below that contains the informed consent for you to read. Completing the survey in Surveyshare will act as documentation of your informed consent to take part in the study. I will follow up with you via email or phone call to schedule the interview. At that time, we will review the informed consent and after you provide verbal affirmation that you understand and agree to the audiotyping of the interview we will begin.

**Response**

**Link <http://uncc.surveymshare.com/s/AYA6J5B>**

Sincerely,

Rose Aucoin, MA, NCC, LPCA, LCAS, MAC  
Doctoral Candidate, Department of Counseling, University of North Carolina at Charlotte.  
[raucoin@uncc.edu](mailto:raucoin@uncc.edu) 704-277-8776.

Faculty Advisor:

Dr. Taryne Mingo, PhD, Director of School Counseling, Assistant Professor, Department of Counseling, University of North Carolina at Charlotte. [tmingo@uncc.edu](mailto:tmingo@uncc.edu) 704-687-8269.

## Appendix B

## Demographic Questionnaire

Interviewee: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**Project Title:**

A Phenomenological Content Analysis of Siblings' Lived Experiences Related to Having  
a Brother or Sister with A History of Substance Use Problems

1. Age \_\_\_\_\_

2. Gender Identity/Sex?

\_\_\_\_\_ Female

\_\_\_\_\_ Male

\_\_\_\_\_ Transgender

\_\_\_\_\_ Other

3. Race/ Ethnicity (Check one)

\_\_\_\_\_ African/American

\_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Biracial/Multiracial

\_\_\_\_\_ Caucasian/White

\_\_\_\_\_ Latinx

\_\_\_\_\_ Other

4. Where do you reside/live?

\_\_\_\_\_ Urban Residence

\_\_\_\_\_ Rural Residence

5. What is your Zip Code? \_\_\_\_\_

6. What is your Occupation? \_\_\_\_\_

7. How many siblings do you have? \_\_\_\_\_ (Please list their gender and ages)

\_\_\_\_\_ Number of Female Siblings

Ages: \_\_\_\_\_

\_\_\_\_\_ Number of Male Siblings

Ages \_\_\_\_\_

\_\_\_\_\_ Number of Transgender Siblings

Ages \_\_\_\_\_

\_\_\_\_\_ Number of Siblings whose gender is not listed above

Ages \_\_\_\_\_

## Appendix C

### Interview Protocol

Interviewee: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

#### Project Title:

A Phenomenological Content Analysis of Siblings' Lived Experiences Related to Having a Sibling with Substance Use Problems

This is a semi-structured qualitative interview starting with a few open-ended questions. The interviewer will possibly ask some probing questions depending on the response of the interviewee in the interview process.

#### Interview Protocol Procedure

1. The primary investigator will introduce the interview procedure.
2. The participant will be asked if the interview may be audio recorded.
3. If the participant verbally provides his/her consent, the recording will begin.
4. The primary investigator will ask the interview questions.

#### Interview Guidelines

Thank you for participating in this study. My name is Rose Aucoin. I am a doctoral candidate conducting a study as part of my dissertation study. The purpose of this study is to explore the experience of having a sibling with substance use problems. I am going to ask you a series of questions. Your name will not be reported. There are no wrong answers, so please answer as freely as you can. You do not need to answer any questions that you do not feel comfortable with. You may stop at any time for any reason. Would you still like to proceed?

- If no, the researcher will stop the interview and ask whether the participant is willing to be interviewed at another time.
- If yes, the researcher will continue the interview.

#### Interview Question Guide.

<b>“Participant Background “</b>	
<b>Interview Questions</b>	<b>Adlerian Constructs</b>

How old are you?  
Where were you born?

Background Information  
Background Information

Are you single, in a relationship, married, separated, divorced?	Background Information
Are you currently employed?	Background Information
If Yes: What is your occupation?	
Do you have children?	Background Information
If yes, How many children?	Background Information
What is/are the age(s) of your child(ren)?	Background Information

Would you tell me a little bit about yourself and why you decided to take part in this study?

<b>“Social Influences on Personality Development.”</b>	<b>Importance of Family Life (Environment/relationships) Lifestyle: Private Logic/Personal Goal/Behavior/Wellness</b>
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Growing up, who were the members of your family?	Family Constellation
What is the birth order of you and your sibling(s)?	Birth Order
What was it like growing up as the oldest, youngest, or middle child in your family?	Birth Order
How would you describe your childhood home environment?	Home Environment
Describe for me your relationship with your parents growing up?	Parental Relationships
How would you describe your father’s personality?	View of Others
How would you describe your mother’s personality?	View of Others
Were you more like your father or your mother?	View of Self
Who was your mother’s favorite among you and your siblings?	Social Comparisons
Who was your father’s favorite among you and your siblings?	Social Comparisons
Who made the big decisions in your childhood home?	Power Dynamics
How did your parents solve problems? Deal with conflict?	Parental Relationships
Did your parents show affection openly?	Parental Relationships
Were your parents employed while you were growing up?	Social Interest
How was discipline handled in your family?	Need for equal treatment
Who did you go to when you were hurt or frightened?	Sense of Belonging
What were your family values?	Personal Perception
What did your family expect you to grow up to be?	Personal Perception
What did you want to be when you grew up?	Social Interest
What was your relationship with each of your siblings?	Social Interest
How would you describe your siblings’ personalities?	View of Others
How would you describe your personality as a child?	View of Self

<b>“Perceptions of Early Life Experiences.”</b>	<b>Lifestyle: Private Logic/ Goals/Behavior</b>
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Think back to before you were 8 years old. What is your first memory?	Early Recollection
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How old were you?	Early Memory/Self View
What happened?	Early Memory
Where were you?	Early Memory
Who was there?	Early Memory/Social Interest
What was each person in the memory doing?	Early Memory/Social Interest
What were you feeling when this happened?	Early Memory/Self View
What were you thinking when this happened?	Early Memory/Personal Perception
What did you do?	Early Memory/Action/Behavior
How would you describe your relationship with your father at this time?	Early Memory/Parental Relationship
How would you describe your relationship with your mother at this time?	Early Memory/Parental Relationship
How would you describe your relationship with your Siblings at this time?	Early Memory/Sibling Relationships
How would you describe your relationships with extended family members, friends, teachers?	Early Memory/ Social Interest

**“Social Experiences Related to Identified Sibling”.**

**Influence of Sibling**

**with Substance Use Problems.”**

How would you describe your relationship with your identified sibling before his or her substance use problems began?	Personal Perception Sibling Relationship
What did you like to do together?	Sibling Relationship
How did you communicate with each other?	Sibling Relationship
How did you address conflict in your relationship with this sibling?	Sibling Relationship
How would you describe your relationship with your father at this time?	Parental Relationship
How would you describe your relationship with your mother at this time?	Parental Relationship
How would you describe your relationships with friends, teachers, your extended family members, and employers at this time?	Personal Perception/ Social Interest

**“Effect of Sibling’s Early Substance Use  
on Sibling Relationship.”**

**Lifestyle: Private Logic,  
Personality/Behaviors**

What is your earliest memory of a specific time when you were affected by your sibling’s Substance Use?	Personal Perception
How old were you?	
Where were you?	
What happened?	
Who was there?	
What was each person in the memory doing?	
What were you feeling when this happened?	



What were you thinking when this happened?	Personal Perception/Private Logic
What did you do when this happened?	Action/Behavior
How would you describe your relationship with this sibling at this time?	Sibling Relationship
How would you describe your relationship with your father at this time?	Parental Relationship
How would you describe your relationship with your mother at this time?	Parental Relationship
How would you describe your relationships with extended-family members, friends, teachers, and employers at this time?	Social Interest

<b>“Effect of Sibling Substance Use on Your Life Today.”</b>	<b>Lifestyle: Private Logic, Personality/Behaviors</b>
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Describe for me a recent memory of how your sibling’s substance use affected your life.	
When did this happen?	
Where were you?	
What happened?	
Who was there?	
What was each person in the memory doing?	Social Interest
What were you feeling when this happened?	Personal Perception
What were you thinking when this happened?	Private Logic
What did you do when this happened?	Action/Behaviors
How would you describe your relationship with this sibling at this time?	Sibling Relationship
How would you describe your relationship with your father at this time?	Parental Relationship
How would you describe your relationship with your mother at this time?	Parental Relationship
How would you describe your relationships with friends, teachers/employers at this time?	Social Relationship

<b>“Concluding Thoughts on Your Experiences.”</b>	<b>Lifestyle: Views of Self, Others and the world/Belongingness/Life Tasks</b>
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How would you describe any personal growth you experienced in relation to your experiences with your sibling with substance use problems?	View of Self
How would you describe any personal harm you have experienced related to your sibling’s substance use problems?	View of Self
In what ways, if at all, has your sibling’s substance use problems affected your understanding of yourself?	View of Self

How has your experience with your sibling's substance use problems influenced your choice of friends, intimate partners? Family constellation? Family communication? Careers?	View of Self/ Life Tasks
How did particular people in your life support or hinder, if at all, your wellbeing as your sibling's substance use progressed?	Social Support
Would you say your worldview has changed over time as a result of your experiences with having a sibling with substance use problems? If so, how has your worldview changed? If not, why do you think your worldview did not change?	Worldview
Has your physical, mental, spiritual or financial lifestyle been affected by your experience of having a sibling with substance use problems?	Holistic View of Person

<b>“Closing Questions.”</b>	<b>Therapeutic Relationship</b>
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What are the lessons have you learned from your experience of having a sibling with substance use problems that you think could be helpful to mental health professionals in serving siblings?	Strength based
Is there any additional information you would like to add? Also is there anything that we didn't discuss that you would like to talk about?	Collaboration Collaboration

**Table 2**  
*Codebook*

Theme	Subtheme	Definitions	Examples
Safety	Physical Health Safety Concerns	Effect of sibling substance abuse on participant health and safety	"... it affected me with increased heart rate, my stomach hurt, I had a headache (Rachel)
Chaos	Home Environment	Effect of sibling substance use on home atmosphere	"Chaos is the only word I can think of to describe my home environment..." (Sandy)
	Daily Routine	Effect of sibling substance use on participant daily routine	"...[it] affects my daily routine experience by being hyper aware of issues around me ..." (Jan)
Relationships	Familial	Effect of sibling substance use on participant parent relationships	"I was very, very, frustrated with my parents for enabling him" (Adia)
			"I think my parents and I kept a healthy relationship about the problem all along" (Alice)
Extended Family		Effect of sibling substance use on participant extended family relationships	"My aunt and uncle were the only ones who really protected me" (Patrick)
			"...my aunts and uncles and grandparents... always focused on the drama and talked negatively about him [my brother]" (Sandy)
Emotionality	In the Moment	Effect of sibling substance use on participant emotions during immediate family crisis related to sibling substance use	"When he crashed the car, just the worry about my brother" (Kay)
	Rumination	A process of continuous worry related to sibling substance use that is independent of immediate danger.	"I was definitely thinking about and judging my parents' decisions all the time, just that worry and fear..." (April)
Avoidance	Avoiding the Problem	Participant habit of keeping away from or not acknowledging sibling substance use problems	"I would just push it out of my mind" (Kay)
	Avoiding Other People	Participant tendency to avoid other people because of their experiences with their siblings' substance use	"I think it made me very cautious of other people" (Paris)
Movement	Meaning Making Review	Participant review of personal beliefs and attitudes and adoption of new ones	"I used to think I was the glue for the family. But know I have pretty solid boundaries and selfcare routines" (Nelson)
	Mourning	Participant Mourning related to sibling substance use 3(2), 124-139. <a href="https://doi.org/10.1111/j.1756-2589.2011.00087.x">https://doi.org/10.1111/j.1756-2589.2011.00087.x</a>	"[My greatest loss is] I no longer had...my big brother... I no longer could call him and have a normal conversation..." (Elizabeth)
	Social Interest	Increased evidence of participant interest in helping others dealing with sibling substance use	"I definitely try to do my best to help others gain and understanding of addiction" (Jackie)

**Note.** Identified themes across participant transcripts including subthemes, definitions of themes, and in vivo quotes.