



Challenges in the family

Problematic substance use and sibling relationships

Lisa Incerti, Claire Henderson-Wilson and Matthew Dunn

Families influence who we are and whether we function in a healthy or unhealthy way (Mayberry, Espelage, & Koenig, 2009). As such, stressful or difficult life crises can pose significant life challenges not only for the individual but also for the individual's family (Bertrand et al., 2013). When considering potential challenges within the family, it can be helpful to reflect on models that explore what a "healthy", strong family looks like. One model is DeFrain's (1999) Family Strengths Model, which considers six elements of a strong, healthy family. These elements are commitment to one another, positive communication, spending time together, showing affection to one another, working through a crisis effectively and having a sense of spiritual wellbeing (DeFrain, 1999). By focusing on family strengths rather than problems, a positive understanding of how families cope with life difficulties can be achieved (DeFrain & Asay, 2007). Some family members have complex needs that can affect these strong family qualities and create challenges within the family structure. One significant challenge that families may be faced

with is problematic substance use by one or multiple family members.

A considerable amount of research has reported an association between family and peer environmental influence and an individual's development and likelihood of developing problematic substance use issues (Avenevoli & Merikangas, 2003; Liddle, 2004; Fagan & Najman, 2005; World Health Organization, 2013). For instance, parenting styles and parental monitoring have been found to be associated with many substance use behaviours. Montgomery, Fisk, and Craig (2008) found that many individuals who used MDMA ("ecstasy") or engage in polydrug use categorised their parents' style as neglectful and as having detached and dismissive parenting. In contrast, Kim and Neff (2010) found that parental monitoring may be associated with preventive factors for adolescent alcohol use. This outcome is consistent with earlier research that also found an association between parental monitoring and higher family support having a positive influence on adolescents' delinquent

A considerable amount of research has reported an association between family and peer environmental influence and an individual's development and likelihood of developing problematic substance use issues.

behaviour and likelihood of using illicit substances (Barnes, Hoffman, Welte, Farrell, & Dintcheff, 2006).

Evidence to date has also found that parental substance use may influence a person's likelihood of developing substance use issues. For instance, research has explored families with problematic alcohol use, and the interaction alcohol has with the family and family members' personalities. Chassin, Flora, and King (2004) looked at alcohol and substance use and dependence from adolescence to adulthood, and found that participants with a history of alcoholism in the family and negative emotionality may be at greater risk of alcohol and other substance use and dependence. Findings from a recent longitudinal general population study by Alati et al. (2014) found a correlation between greater risk of high alcohol use in adolescence and high drinking levels in parents. This higher risk in adolescence was also positively associated with greater antisocial behaviour. For adolescents in the study that had a less established drinking problem, their parents' parenting style, particularly harsh parental discipline, was associated with increased drinking behaviour (Alati et al., 2014).

Not surprisingly, it has been found that the quality of sibling relationships is associated with measures of individual wellbeing. For example, Yeh and Lempers (2004) found that

adolescents who see their sibling relationships more negatively were likely to experience lower self-esteem, have fewer friendships, feel more depressed and lonely, and participate in greater delinquent and higher substance use behaviours than those who viewed their sibling relationships positively. Similar negative emotions were experienced by participants in a study by McCullough and Simon (2011), which looked at sibling relationships involving one sibling with a disability or chronic illness. Participants in the study expressed feelings of isolation, having difficulties in forming friendships, and being overlooked when it came to the provision of support in their family (McCullough & Simon, 2011).

Although there is an emerging body of literature suggesting links between family dynamics and substance abuse, the experience of having a sibling with a substance use issue has received little attention. Given that research has demonstrated that siblings in families with a child with a disability often feel overlooked when it comes to the provision of support (McCullough & Simon, 2011), it is possible that similar difficulties are experienced within the family for individuals with a sibling with problematic substance use. This study aimed to address this significant gap, and drew upon DeFrain's (1999) six qualities of a strong family to answer the research question: "Does a person's problematic substance use impact upon their sibling relationships?"

Method

Participants

Thirteen women aged between 21 and 56 years old who have a sibling that has or has had problematic substance use were recruited through purposive sampling. Recruitment strategies included contacting agencies who work with people who may have been eligible to participate, such as CatholicCare, Sibling Support and NarAnon. Emails were also circulated to members of the Alcohol and other Drugs Council of Australia "Update" email list with details of the study. Additionally, advertisements for the study were positioned around the the Burwood campus of Deakin University, for example, on noticeboards, in the medical centre waiting room and in public bathrooms. Advertisements were also posted on Deakin University's online teaching portal.

Procedure

Data analysis was informed by grounded theory techniques (Strauss & Corbin, 1998). Participants were given the option of telephone, Skype or face-to-face interviews,



as the nature of the topic was sensitive. These in-depth interviews were conducted between June and August 2013 and were between 40 and 60 minutes in duration. A semi-structured interview guide was used in each interview to answer the research question. Drawing upon DeFrain's (1999) Family Strengths Model, the six qualities of a strong family outlined in the model were used as an overarching framework. These six qualities are:

- *commitment*: family members show one another how important they are in each other's lives;
- *appreciation and affection*: members of the family show strong care and love for one another;
- *positive communication*: honest and open discussions take place between family members, as well as members being able to listen to each other; members of family are able to resolve differences in conflict;
- *time together*: family members spend enjoyable time with one another and take an interest in each other;
- *spiritual wellbeing*: the family share values in religion, faith, hope, peace or optimism; and
- *ability to cope with stress and crises*: strong families are able to get through a difficult time or stressful situation efficiently and with minimal damage.

The six qualities of a strong family were used as broad themes, and questions were grouped under these themes to understand whether a person's problematic substance use impacted upon elements of a sibling relationship. Broad, open questions or prompts such as "tell me about your family" and "tell me about any future hurdles you see in your relationship with your sibling" were asked to address the study's research question and aim, but the responses from the participant also shaped the direction and structure of the interview (Liamputtong, 2013). At the completion of each interview, participants were asked if they had any final experiences that they would like to share that had not been covered thus far. Interviews were digitally recorded and transcribed verbatim.

Data analysis

To protect the identity of the participants, identifiable information such as names of places or people, were replaced with a pseudonym during transcription. Organisation and interpretation of the data was implemented through the phases of coding and thematic analysis (Braun & Clarke, 2006). This involved continuous analysis of the data through listening to interviews several times, reading

and re-reading transcripts, member-checking and cross-checking. After in-depth coding for similarities, differences, patterns and significant or unique ideas, codes were subsequently defined and further condensed into categories (Saldana, 2013). Clear, broader themes were then formed from these categories to represent the data accurately. Ethical approval was gained from the Deakin University Human Research Ethics Committee (2013-080).

Key findings and discussion

Throughout this paper quotes are used to illustrate the research findings. To maintain anonymity of the participants, individuals' quotes are identified with a number.

General characteristics

Thirteen female participants with a sibling that has or has had problematic substance use consented to be interviewed for this study. Eight of the 13 participants' siblings were brothers, and half of the women interviewed were the older sibling. Participants' ages ranged from 21 years to 56 years. The majority of the siblings with problematic substance use engaged in polydrug use, with substances such as alcohol, cannabis and heroin commonly nominated as substances of concern among the group. Table 1 (on page 32) outlines the key characteristics of the participants, their siblings and the interviews.

Key themes

Three key themes and subsequent sub-themes emerged from the data analysis.

Theme one: Family strengths

Acceptance, compassion and love

I think it [sister's cannabis use, mental health problems and suicide] made everyone so much more tolerant ... changed some of the more judgmental behaviour ... and gave us a better understanding. (Participant 12)

The first theme, *family strengths*, had three sub-themes. The first sub-theme was "acceptance, compassion and love". Participants reflected on the importance of acceptance, compassion and love when it came to their time spent with their sibling and the closeness they felt. Participants were asked to describe their family, the relationships they had with their family members and how their sibling's substance use impacted on their affection towards them. Seven of the women interviewed reflected in a positive manner when asked about their family relationships, and explained how important it was for them to be understanding of their sibling. For Participant 9, accepting what one

It has been found that the quality of sibling relationships is associated with measures of individual wellbeing.

Table 1: Study participants and their siblings, key characteristics and interview details

Participant	Age and gender of participant	Age and gender of sibling	No. of identified substances (in order of severity)	Mode, time and date of interview
1	41 years, female	43 years, male	Heroin, alcohol	Telephone, 12 pm, 17 Jun 2013
2	45 years, female	47 years, male and 35 years, male	Cannabis, alcohol LSD, speed	Telephone, 11 am, 18 Jun 2013
3	26 years, female	31 years, female	Alcohol, cannabis	Telephone, 12.30 pm, 24 Jun 2013
4	29 years, female	26 years, male	Cannabis, cocaine, ecstasy	Telephone, 10.30 am, 28 Jun 2013
5	32 years, female	31 years, female	Methadone, heroin, alcohol, cannabis	Skype, 4.30 pm, 25 Jul 2013
6	26 years, female	32 years, male	Cannabis, alcohol, ecstasy, magic mushrooms	Face to face, 2 pm, 29 Jul 2013
7	21 years, female	25 years, male	Cannabis	Face to face, 1 pm, 30 Jul 2013
8	22 years, female	27 years, female	Alcohol	Face to face, 4 pm, 30 Jul 2013
9	37 years, female	39 years, male	Cannabis	Telephone, 11 am, 06 Aug 2013
10	26 years, female	24 years, male	Codeine, cannabis, alcohol, prescription medication (Diazepam)	Telephone, 4.30 pm, 06 Aug 2013
11	30 years, female	35 years, female	Prescription medication, heroin, alcohol, cannabis, amphetamines	Face to face, 12 pm, 08 Aug 2013
12	54 years, female	Participant's sibling was 2 years younger, suicided at 23 years, female	Cannabis	Telephone, 9 am, 09 Aug 2013
13	56 years, female	51 years, male	Alcohol	Telephone, 12 pm, 15 Aug 2013

has in life, and taking people for who they are, enabled her to get through her life and understand her brother's problematic cannabis use. Five of the participants discussed the notion of acceptance as having tolerance for their sibling in the most difficult times, not judging their sibling's behaviour, and also understanding the motivations behind their sibling's substance use.

I sincerely think that she can ... get through her addiction if she wants to. I know that she's one of the strongest people that I know. And I truly believe that she can do it. (Participant 5)

Similarly, having compassion involved participants feeling empathy and concern for their sibling. Compassion was a significant factor in how participants viewed their sibling. Eight participants talked about being able to distinguish between their sibling and their sibling's addiction, and said it made it easier to feel love and concern. This was in turn associated with having a positive effect on the sibling relationship.

I realise how much acceptance we have for him as a person, and respect and love ... Just as we'd have if he was struggling with one leg or something, you know ... I don't feel sorry for him; I have a lot of admiration for him. (Participant 13)

In contrast, two of the participants talked about how their sibling's substance use gave them compassion on a wider level for others, but that it was still very emotional for them to see

others in similar situations to their sibling's as this hit close to home.

Love was a significant factor in how participants felt about their relationship with their sibling. Participants were asked about their time spent with their siblings, the sorts of things they would do together and their most difficult times while their sibling had been using drugs. While many participants had some level of sadness or anger towards their sibling, six of the participants who spoke about "love ... kindness and compassion" appeared to feel closer and more connected to their sibling. The data suggested that for those who could distinguish between their sibling and their sibling's addiction, and felt love and concern, this was associated with a much more positive sibling relationship. This finding is echoed by DeFrain (1999), who talks about appreciation and affection, and the importance of members of a strong family showing care and love for one another.

I know that she is still there, I know I still deeply love that person that is still there, and I know the difference between her and the drugs. (Participant 5)

Previous literature has highlighted the importance of factors such as compassion and communication when it comes to the prevention and intervention of problematic substance use (Velleman, Templeton, & Copello, 2005). Closeness between family members, communication and accepting attitudes have been seen as strengths in the family that would reduce the likelihood

of problematic substance use and misuse (Velleman, Templeton & Copello, 2005). In contrast, for participants in the present study, the love, acceptance and compassion they felt was intensified after their sibling's substance use, and occurred after they observed what their sibling was experiencing. Participants felt that these values were strengthened through their experiences and that gave them hope for the future and resilience.

Trust and honesty

I've felt cool enough to leave him with my children, because they adore him, and I love seeing them together, and it's so important for me to see that he's well enough to be able to do that. (Participant 1)

The second sub-theme was "trust and honesty". Ten of the 13 participants highlighted the importance of having trust and openness for their communication and closeness with their sibling. The importance of trust within the sibling relationship was also imperative when looking into the future. When participants were asked about impending hurdles or challenges in their relationship with their sibling, many felt that striving towards a more open and honest way of communicating would allow for both a greater chance of recovery for their sibling and a closer sibling connection.

If it's ever going to get back to how close we were before, we're going to have to have some difficult conversations ... just to get the honesty out ... this is how I feel about you, and this is what I want out of our relationship ... that's going to be difficult for both of us ... but you know I've got faith that it's going to be okay ... and we'll work it out. (Participant 4)

Trust and honesty were also strong variables in participants' relationships with their parents and other family members. Six participants reflected on how they had to "trust that they can handle it" when talking about their parents, and being open and honest instead of trying to hide things from their parents to protect them. Having positive communication and being able to have honest and open discussions within the family is a theme in DeFrain's (1999) Family Strengths Model. For many participants, honest communication was a significant challenge, but for those that were able to be open and "caring ... honest ... and sharing [their] concern ..." this ultimately strengthened that relationship.

Findings from longitudinal data by Yeh and Lempers (2004) found that adolescents who saw their sibling relationships more positively, felt less lonely and less depressed. Participants in the present study who saw their sibling relationships more positively reflected more on the importance of trusting them and having open and honest communication. Ultimately,

it could be suggested, that participants with greater trust and honesty with their siblings felt less lonely and depressed; however, to understand this connection accurately, future qualitative studies would need to explore this theme in greater detail.

Protectiveness

I know what's important to me, I suppose it's instilled in me, to protect what is close to me ... family and being safe is really important. (Participant 10)

The third and final sub-theme was "protectiveness". This was a significant theme that appeared in nine of the interviews, with participants feeling a sense of protectiveness, either towards their sibling, their parents or themselves. Experiencing this protective role can be positive and enriching for both the individual and their sibling. For those who found protectiveness to be a strength, participants reflected on this role and felt as though they had a level of responsibility when it came to their sibling's health and wellbeing.

I always feel like I will be the one looking after ... me and my brother, I will always ... I'll sort of take on a carer sister role ... and I'm not upset about doing that at all, I want to do that, I want to do that for him. (Participant 7)

Having this belief provided Participants 2 and 7, among others, with a role in their sibling's life, and because they felt responsible, it supported the closeness of the relationship. Likewise, Participant 1 expressed how playing a carer role, enabled her to feel at ease with where her brother was and what he was doing:

My whole thing with him was that if he was living with me at least I'd know where he'll be, he's got a roof over his head, I can get food into him when I can. (Participant 1)

Ten of the participants mentioned feeling this strong, innate sense of protection towards their parents and sibling, which resulted in emotional conflict. This was highlighted by one of the participants who expressed "an incredible pressure ... to be just, so okay, all the time ...", and play the role of the "good daughter". DeFrain and Asay (2007) discussed commitment in a strong family, and emphasised the importance of all family members showing one another how important they are in each other's lives. While participants did have this strong sense of protectiveness, which ultimately demonstrated commitment and love, not feeling as though their parents or sibling returned the same feelings was often expressed.

I feel like there's an incredible pressure on me to be just, so okay, all the time. Because, you know ... if anything, if I was to get sick, if I was to do something stupid or

Closeness between family members, communication and accepting attitudes have been seen as strengths in the family that would reduce the likelihood of problematic substance use and misuse.

Many of the participants in the present study, felt their own sense of wellbeing and identity was affected by their sibling's problematic substance use.

get in trouble, that would be like putting a gun to my parents' heads. And for me, that's an incredible pressure to bear on a daily basis. (Participant 5)

This theme of being protective and the struggle with roles is consistent with findings from Howard et al.'s (2010) study of sisters with a sibling with problematic substance use. A participant in that study felt that her brother's problematic alcohol use made her feel as though her entire family dynamic had changed, and she was not only playing her role as a daughter and sibling, but had to also play her brother's role. This created a great struggle in terms of responsibility, protecting her parents and her own sense of identity. Likewise, many of the participants in the present study, felt their own sense of wellbeing and identity was affected by their sibling's problematic substance use.

Theme two: Family challenges

Sadness, despair and frustration

The family was very, very shattered, and hopeless and angry, and just, hurt. (Participant 12)

The second theme, *family challenges*, also had three sub-themes, the first being "sadness, despair and frustration". Participants reflected on a wide range of challenges that they felt were harmful to their relationship with their sibling and parents. For 10 participants, their sibling's problematic substance use made them feel extremely sad at the loss of the pre-use relationship. The overwhelming stress and worry resulted in these participants feeling a sense of helplessness and despair, particularly when looking in to the future. In contrast, the other three participants talked about how

they were ashamed of their sibling, angry at the situation and had "given up" on the idea of having a relationship with them. In these three interviews, participants felt their sibling's problematic substance use was a direct reason why they had withdrawn from their sibling and lost a lot of the closeness in their relationship. This withdrawal subsequently impacted on the way they communicated and engaged with their sibling.

In my teenage years, I was more inclined to try and talk to her and try to get her to see what was going on, and try to get her to stop ... in more recent times I've sort of given up and just try to ignore her, for the most part, I don't really feel like anything I say is going to do anything. (Participant 8)

Similar to Participant 8's feelings, others felt almost powerless when it came to communicating with their brother or sister, and this made them feel frustrated, "... I'll get frustrated and I, I actually feel very sad ... I can't do anything ...". When looking at frustration and difficulty in communicating in the family, DeFrain (1999) and DeFrain and Asay (2007) talked about how a key factor in strong families is that they are able to get through a difficult time or stressful situation efficiently and with minimal damage. Using DeFrain's (1999) model, problematic substance use can be seen as a form of family crisis. For many participants, it was very difficult to effectively work through this crisis as there were barriers in communication, and the sadness or anger experienced impeded their ability to help their sibling. This often left participants feeling like their relationship was "permanently damaged".

It's actually quite sad ... to think about ... the lovely things that we used to do as kids ... the drug use has definitely robbed us of a lot of those lovely things that we used to do together and lovely times ... we have a very damaged relationship, and I think when she gets clean it's gonna take a long time to build that up to what it could possibly be, because ... it's a matter of years and years lost, lost relationship, of lost time, of missed opportunities. (Participant 5)

Participants' feelings of sadness, despair and frustration in the current study were significant barriers in the sibling relationship. In summary, the 13 women in the present study experienced similar feelings to those noted by Howard et al. (2010), who found that women with a sibling experiencing problematic substance use issues felt angry, frustrated, confused and helpless. In the present study, these feelings were also associated with withdrawal and a need to disconnect from the sibling with the problematic substance use.



Distrust and secrecy

I have virtually no trust for him ... if he approached me asking for help, I would greet that with skepticism and with distrust ... I think our relationship is permanently damaged. (Participant 10)

The second sub-theme was “distrust and secrecy”. Participants were asked about their relationship with their sibling from early childhood, and questions around trust and privacy were used to understand how their sibling’s substance use might have affected these aspects of their relationship over time. Eight participants felt their sibling’s problematic substance use resulted in distrust, lies and secrecy in their relationship, consequently impacting on their time spent together and communication. For the other five participants, when asked about trust, they talked about communication with their parents and other family and friends. These participants expressed feelings of shame, embarrassment and denial.

She would just lie ... the constant lying and the constant manipulation, and dishonesty and distrust, I just went, you know what, do what you have to do, at the end of the day I’m not going to bust my guts for you anymore. (Participant 11)

When placing these findings in context with DeFrain’s (1999) Family Strengths Model, these themes of distrust and secrecy in the family are likely to create an enormous obstacle for siblings in terms of communication, their time spent together and their closeness. Another important element that added to this obstacle was that for all participants, their siblings had poor mental health. Four participants perceived their sibling to have had pre-existing low mood and anxiety during adolescence, and that their substance use had exacerbated their symptoms. Four other participants perceived their sibling to have not experienced a serious mental health problem before their substance use, but to now suffer from a mental disorder such as schizophrenia, bipolar or depression. For other participants, not only did their sibling have a mental illness, but the participants also experienced their own mental health problems such as depression and anxiety. The comorbidity experienced by the participants’ sibling, and the participants’ own mental health issues, created additional challenges for sibling communication and trust.

After his drug use and then his schizophrenia, he started communicating very differently ... there are aspects of his communication that are very childlike ... his behaviour changed a lot, it wasn’t just about erratic mood swings ... when the mental illness came about ... much more difficult of course, when there’s

two dialogues in his head, and you’re trying to have a discussion, really difficult, and you know the paranoia, and the behaviour that is expressed with that, is much more difficult to manage. (Participant 6)

A study by Gorka, Shankman, Seeley, and Lewinsohn (2013) found that children living with a parent with a substance use issue were significantly more likely to experience depression. Similarly, for participants in the present study, many experienced depression, which they felt was due to their sibling’s substance use and the anxiety their sibling’s use created. This finding may suggest that not only are mental health issues likely to occur for the person using the drugs but, subsequently, members of the family are at greater risk of experiencing their own mental health issues. For Participant 6, who talked above about her brother’s schizophrenia, there is the potential that low mood and attenuated psychotic symptoms may have been present before his cannabis use, and that his substance use may have transitioned him into psychosis. As she said, that behaviour change created problems for their communication.

Also looking at dual-diagnosis, Boscarino et al. (2010) found a correlation between increased risk of present opioid dependence and depression in individuals that had dependence. The comorbidity between mental health and substance use was present in the current study, with many participants’ siblings experiencing depression and other mental health problems from their substance use and dependence. Furthermore, while Gorka et al. (2013) and Boscarino et al. (2010) looked at how families are influential in the development of mental illness and substance use disorders, the present findings enhance understanding into the underlying feelings experienced by siblings. It is evident that distrust and secrecy are experienced in the sibling relationship, and perhaps even more so when mental illness is a factor.

Overlooked and not validated

You feel like you are a second-class citizen in the sibling rank order. (Participant 5)

The final sub-theme for *family challenges* was “overlooked and not validated”. The feeling of being “overlooked” was a substantial theme throughout the 13 interviews. For all participants this encompassed feeling ignored and as though their experiences were not validated. Many participants struggled with feeling ostracised and isolated from their families because their parents’ primary concern and “fixation” was with their brother or sister.

Many participants’ siblings experienced depression and other mental health problems from their substance use and dependence.

Feeling as though you are appreciated, and having family members show each other commitment and care is a fundamental principle of a strong family.

It can go months where we don't talk about much else but her, or what's happening or what can be done, and how we can best support her ... it can often be that we really don't talk about anything but her. And that's really hard to think that they aren't interested in me, or what's happening in my life. (Participant 5)

Participants weren't directly asked about whether they felt overlooked by their parents or family, yet this theme appeared in each interview. Ten participants said feeling this way had a negative impact on their relationship with their sibling in terms of their closeness and time spent together. For Participant 10, in particular, when she talked about her brother's problematic cannabis and codeine use, she explained that at times she felt she could not engage with him because it made her feel scared and anxious. This participant also reflected on the lack of parental support and feeling alienated from her parents.

I was basically condemned by them ... and ostracised to the point where, you know, I was told I was disgusting for not supporting my brother, that I was a bad sister. I would say that it damaged my relationship with my parents. (Participant 10)

Feeling as though you are appreciated, and having family members show each other commitment and care is a fundamental principle of a strong family (DeFrain, 1999). When members of the family feel left out and overlooked, this suggests that not all family members are equally committed to each other, and shown in the present study's findings, can damage relationships and openness within the family. This is reflected in the interviews where participants talked about feeling like their own interests and lives were not as important as looking after their sibling and ensuring their sibling was safe and out of trouble.

After so many years of this, you sort of only just have that realisation that they [participant's parents] don't know much about what's going on with me ... which is really hard ... I think that's one of the hardest things of having a sibling with a serious addiction. (Participant 5)

The present findings can be considered in relation to research in to siblings with a brother or sister with a disability or chronic illness. McCullough and Simon (2011) found that siblings with a brother or sister with a disability felt overlooked and ignored when it came to the provision of support in the family. Just as participants in this previous study felt isolated and experienced a lack of communication with their sibling, the 13 women in the present study struggled with having a voice in their family, and sharing their own lives with their parents or sibling. For some participants, this resulted in choosing not to share their own lives with

their family, and dealing with their own battles alone.

Theme three: Support

There's a real sense of your experience not being validated ... of being overlooked, and even when you are engaging with drug services, they are so stretched, and you can't guarantee a good experience. (Participant 6)

The final theme that was evident in all 13 interviews was *support*. Participants were asked questions around how they communicated with their sibling in difficult times, and how they supported their sibling and themselves. In the study, three of the younger participants had not sought any external support to help them make sense of, or deal with, their sibling's substance use. These three participants were also less involved in their sibling's support and treatment.

I've never really felt like I've needed to [seek support] ... I'm sort of ... a more solitary person I guess you'd say, I sort of deal with things on my own. (Participant 8)

For four participants trying to help their sibling receive treatment, seeking support was a significant part of their lives. Of importance, both Participants 5 and 10 reflected on how they had been to support meetings and had never met another sibling. This resulted in feeling alone and as though their feelings were not recognised by their parents or support groups. Participant 10 talked about going to a meeting and remembered that:

Everyone was really astounded by what I was saying, and it was kind of a wakeup call to them, like oh my god, my other children are damaged, and I didn't realise. (Participant 10)

Participant 10, like many of the other participants, felt as though greater attention is placed on the sibling with the problematic substance use, and that it often feels as though their own issues are ignored by their parents. The present study's findings suggest that because of this perceived lack of parental support and feeling overlooked, participants were less likely to seek support externally.

In contrast to the other interviews in the present study, Participant 12 had lost her sister to suicide, after her sister had problematic cannabis use and mental illness thought to be induced by the prolonged cannabis use. A huge struggle for Participant 12 was the issue of whether her sister received sufficient support when she was experiencing not only problematic substance use but also a mental illness.

There's real distrust ... we didn't know what to ask and we didn't know what was happening ... we weren't given information, we weren't allowed in the process. (Participant 12)

Related to this point, a theme identified by Flaherty and Donato-Hunt (2012) was that participants felt that their families were not sufficiently involved with support services. Those participants not actively engaged in the support and treatment process felt isolated and displaced from their families (Flaherty & Donato-Hunt, 2012). This was also found in the current study, with many participants feeling left out by support services and overlooked by their families and support agencies. Ultimately, these findings have potential implications for how families come together during the treatment phase and beyond, if services are not sufficiently supporting families and involving them in the treatment process.

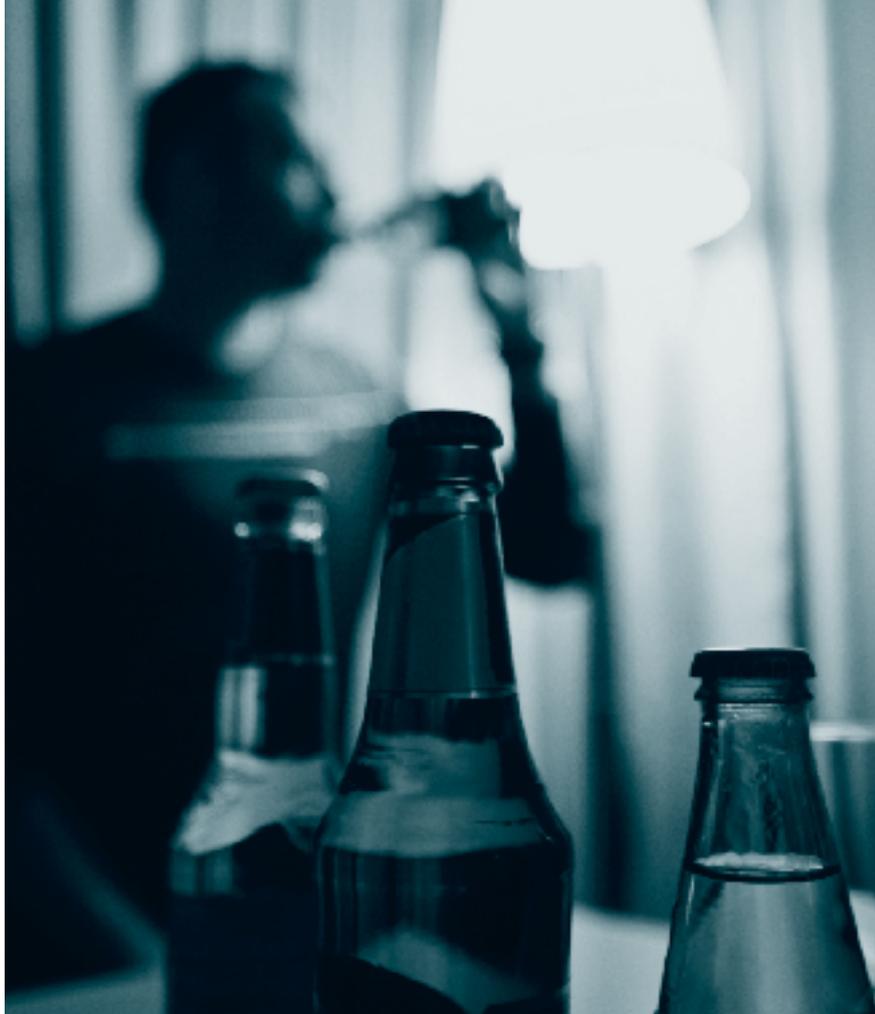
A final pattern within the theme of support in the present study was that nine of the participants had gone on to work in the area of addiction, social work, psychology or therapy. As a number of the participants had a history of some kind of addiction in their family, working in the area enabled many to feel greater empathy and compassion for their sibling and family, and gave them "motivation" to understand the drives behind their sibling's substance use.

Now I've gone into counselling and therapy, so I know all this stuff that I didn't know then. (Participant 13)

Limitations

There were some limitations to this study. Only 13 participants were recruited, and therefore data saturation was not achieved. However, this was not an aim of the study. Similarly, the findings cannot be generalised to the wider community. The findings suggest, however, that if this is how some siblings feel, perhaps others also share these feelings. Therefore, the study provides some suggestions to family practitioners regarding what to consider when working with people who have had these experiences.

The telephone interviews could also be seen as a potential limitation, as the researcher could not observe the participant's body language. Due to the nature of the study, however, many participants felt more comfortable undertaking a telephone interview, and the results showed that an in-depth insight into the lived experiences of participants was still achieved, regardless of whether interviews were conducted face-to-face or via telephone.



Furthermore, as only females volunteered for participation in the study, respondent bias may have been a possible limitation and impacted on the study's findings. A recent study investigating the harms experienced by people as a result of others' alcohol consumption suggested that females were more likely to report being negatively affected by a relative's alcohol use (Laslett et al., 2010); this could therefore be one plausible explanation for why females took a strong interest in participating in this study. It would be important for males to also have their stories heard, to gain a better understanding into how sibling relationships are impacted, and to also look into how sibling gender affects these issues.

Conclusion

The aim of this study was to gain insight into a person's lived experience of having a sibling with a problematic substance use issue, and to see how this affects the sibling relationship. From the themes that emerged, it is apparent that some participants felt that their sibling's problematic substance use negatively affected not only their sibling relationship but also their relationship with their parents. This study provides insight into how substance use can affect family relationships, and the findings from this study have potential implications for family therapy and support services. While

Participants felt that their families were not sufficiently involved with support services.

It is apparent that some participants felt that their sibling's problematic substance use negatively affected not only their sibling relationship but also their relationship with their parents.

programs to assist siblings and families are developing in the community, the findings from this study highlight the importance of support tailored specifically to siblings. Programs that work on strengthening communication and building or rebuilding trust between siblings might be considered by support services.

References

- Alati R., Baker P., Betts K. S., Connor J. P., Little, K., Sanson, A., & Olsson, C. A. (2014). The role of parental alcohol use, parental discipline and antisocial behaviour on adolescent drinking trajectories. *Drug and Alcohol Dependence, 134*, 178–184.
- Avenevoli, S., & Merikangas, K. R. (2003). Familial influences on adolescent smoking. *Addiction, 98*, 1–20.
- Barnes, G. M., Hoffman, J. H., Welte, J. W., Farrell, M. P., & Dintcheff, B. A. (2006). Effects of parental monitoring and peer deviance on substance use and delinquency. *Journal of Marriage & Family, 68*(4), 1084–1104.
- Bertrand, K., Richer, I., Brunelle, N., Beaudoin, I., Lemieux, A., & Ménard, J. M. (2013). Substance abuse treatment for adolescents: How are family factors related to substance use change? *Journal of Psychoactive Drugs, 45*(1), 28–38.
- Boscarino, J. A., Rukstalis, M., Hoffman, S. N., Han, J. J., Erlich, P. M., Gerhard, G. S., & Stewart, W. F. (2010). Risk factors for drug dependence among out-patients on opioid therapy in a large US health-care system. *Addiction, 105*(10), 1776–1782.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.
- Chassin, L., Flora, D. B., & King, K. M. (2004). Trajectories of alcohol and drug use and dependence from adolescence to adulthood: The effects of familial alcoholism and personality. *Journal of Abnormal Psychology, 113*(4), 483–498.
- DeFrain, J. (1999). Strong families around the world. *Family Matters, 53*, 6–13.
- DeFrain, J., & Asay, S. M. (2007). *Strong families around the world: Strengths-based research and perspectives*. New York: The Hawthorn Press, Inc.
- Fagan, A. A., & Najman, J. M. (2005). The relative contributions of parental and sibling substance use to adolescent tobacco, alcohol, and other drug use. *Journal of Drug Issues, 35*(4), 869–883.
- Flaherty, I., & Donato-Hunt, C. (2012). Cultural and family contexts for help seeking among clients with cannabis, other drug and mental health issues. *Mental Health and Substance Use: Dual Diagnosis, 5*(4), 328–341.
- Gorka, S. M., Shankman, S. A., Seeley, J. R., & Lewinsohn, P. M. (2013). The moderating effect of parental illicit substance use disorders on the relation between adolescent depression and subsequent illicit substance use disorders. *Drug Alcohol Dependence, 128*(1–2), 1–7.
- Howard, K. H., Heston, J., Key, C. M., McCrory, E., Serna-McDonald, C., Smith, K. R., & Hendrick, S. S. (2010). Addiction, the sibling, and the self. *Journal of Loss and Trauma, 15*, 465–479.
- Kim, Y. M., & Neff, J. A. (2010). Direct and indirect effects of parental influence upon adolescent alcohol use: A structural equation modeling analysis. *Journal of Child & Adolescent Substance Abuse, 19*(3), 244–260.
- Laslett, A. M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., et al. (2010). *The range and magnitude of alcohol's harm to others*. Fitzroy, Vic.: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health. Retrieved from <tinyurl.com/o4l2kxm>.
- Liamputtong, P. (2013). *Qualitative research methods* (4th ed.). South Melbourne: Oxford University Press.
- Liddle, H. A. (2004). Family-based therapies for adolescent alcohol and drug use: Research contributions and future research needs. *Addiction, 99*, 76–92.
- Mayberry, M. L., Espelage, D. L., & Koenig, B. (2009). Multilevel modeling of direct effects and interactions of peers, parents, school, and community influences on adolescent substance use. *Journal of Youth and Adolescence, 38*(8), 1038–1049.
- McCullough, K., & Simon, S. R. (2011). Feeling heard: A support group for siblings of children with developmental disabilities. *Social Work With Groups, 34*, 320–329.
- Montgomery, C., Fisk, J. E., & Craig, L. (2008). The effects of perceived parenting style on the propensity for illicit drug use: The importance of parental warmth and control. *Drug and Alcohol Review, 27*(6), 640–649.
- Saldana, J. (2013). *The coding manual for the qualitative researcher* (2nd ed.). Los Angeles: Sage Publications.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Los Angeles: Sage Publications.
- Velleman, R. D. B., Templeton, L. J., & Copello, A. G. (2005). The role of the family in preventing and intervening with substance use and misuse: A comprehensive review of family interventions, with a focus on young people. *Drug and Alcohol Review, 24*, 93–109.
- World Health Organization. (2013). *Health topics: Substance abuse*. Geneva: WHO. Retrieved from <www.who.int/topics/substance_abuse/en/>.
- Yeh, H. C., & Lempers, J. D. (2004). Perceived sibling relationships and adolescent development. *Journal of Youth Adolescence, 33*(2), 133–147.

Lisa Incerti is a research student at the School of Health and Social Development in the Faculty of Health, Deakin University. **Dr Claire Henderson-Wilson** is a lecturer at the School of Health and Social Development and at the Centre for Health through Action on Social Exclusion (CHASE), both at the Faculty of Health, Deakin University. **Dr Matthew Dunn** is Senior Lecturer and Conjoint Senior Lecturer at the School of Health and Social Development and the Centre for Health through Action on Social Exclusion (CHASE), Faculty of Health, Deakin University and the National Drug and Alcohol Research Centre, University of New South Wales.

Acknowledgements: The authors wish to thank the women who participated in this study. This study was conducted under supervision by a student researcher to fulfil the requirements of the degree of Bachelor of Health Sciences (Honours) for Deakin University. The University provided funds to conduct the research. Portions of this manuscript were presented at the 2014 Australasian Professional Society on Alcohol and Other Drugs Conference and the 2014 Australian Institute of Family Studies Conference.