

Article IV

Ólafsdóttir, J., & Orjasniemi, T. (unpublished article). Substance Use Disorder: A proposed dynamic functional model of emotional states, cohesion and communication within families living with SUD based on the experiences of 16 family members living with SUD in Iceland.

The manuscript of an article submitted and under review in Journal of Family Social Work.

Under review in *Journal of Family Social Work*.

Substance Use Disorder: A proposed dynamic functional model of emotional states, cohesion and communication within families living with SUD based on the experiences of 16 family members living with SUD in Iceland.

Abstract

This study shares the experiences of 16 family members who have lived with a close relative with substance use disorder (SUD). Primarily, the study asks, what are the experiences of family members living with an individual with SUD? In particular, what are their experiences of affection and emotional bonds? Moreover, it asks, what are the experiences of each family member regarding cohesion and communication? Qualitative methods were used, and 16 semi-structured interviews were conducted. The participants were organised into groups of four: four parents, four spouses, four adult children and four siblings of individuals affected by SUD. Each group comprised two men and two women. Overall, the participants felt that SUD had harmed their families' emotional bonds. Parents and adult children reported greater affection toward their relatives with SUD (children and parents) than spouses and siblings did toward their relatives affected by SUD (spouses and siblings). These feelings were expressed in terms of positive emotions such as compassion and hope, whereas spouses and siblings expressed more negative feelings such as hopelessness or rage. From the analysis, a proposed dynamic functional model of emotional states in the study's families was formed, showing the dynamics of feelings and emotional bonds between specific family members and the family member with SUD.¹

Keywords: substance use disorder, SUD, emotional state, feelings, isolation, family system and subsystem

Introduction

This study explores the extent to which the excessive and addictive use of alcohol or drugs by one member of a family affects the affection, emotional bonds and atmosphere within the family as a whole. Furthermore, this study investigates the mental health and psychosocial states of other family members and the family system they comprise. As an initial question the study asks, what

¹ This paper is a part of a larger research project

are the experiences of family members living with an individual with substance use disorder (SUD) regarding their experiences of affection and emotional bonds? And second, what are the experiences of each family member regarding family cohesion and communication?

Research indicates that a healthy family relationship is characterised by a sense of safety, unity, and contentment among its members (Johnson & Stone 2009; Júlíusdóttir 2001). In healthy family systems, each family member can compromise, trust, and meet their human needs for affection, respect, and care. The relationships among the family members are characterised by warmth and cohesion, and an awareness of each other's needs (Johnson & Stone 2009; Júlíusdóttir 2001). Studies have shown that if communication and cohesion are healthy within the family system, it can reduce risky behaviour, such as substance abuse. It has also been established that when an individual is affected by SUD, other family members can reduce the risk of addictive behaviour and be part of promoting protection and resilience (Lam & O'Farrell 2011; Velleman, Templeton & Copello 2009). Research has also shown that SUD has both negative influences on the individual who is affected by SUD and his/her close members (Lam & O'Farrell 2011; Ólafsdóttir, Orjasniemi & Hrafnisdóttir 2018a; Ólafsdóttir, Hrafnisdóttir & Orjasniemi 2018b; Velleman, Templeton, Reuber, Klein & Moesgen 2008). Furthermore, substance abuse can negatively impact the family cohesion and communication within the whole family system and between subsystems, i.e. spouses, parents, children, and siblings (Margasinski 2014; Ólafsdóttir, Hrafnisdóttir & Orjasniemi 2018c; Ólafsdóttir, Orjasniemi & Hrafnisdóttir, 2020). Although it is well established in the research literature that families with SUD often experience dysfunctional relations, the subject is currently under-researched in Iceland. Furthermore, in the international research literature there is a research gap regarding siblings of brothers and sisters with SUD and little research has addressed the difference between perceptions, attitudes and different emotions between different groups of family members towards their family member with SUD. This article adds to the current knowledge of family dynamics in families with SUD and especially how parents, adult children, siblings and spouses describe emotional connection and disconnection differently.

Literature review

The role of a family member who is a caregiver for a family member with severe and persistent mental illness such as SUD is very demanding, irrespective of whether the caregiver is a spouse, parent, sibling or adult child of the individual affected by SUD (Amaresha et al. 2015; Chen & Lukens 2011; Lam & O'Farrell 2011; Johnson & Stone 2009). Furthermore, studies have also indicated that the effects that SUD have on a family depend on which family member is affected. For example, children who have been brought up with their parents' SUD experience lower communication and cohesion within their family in their adult years and they also report more depression, anxiety and stress than parents, spouses and siblings of individuals affected by SUD (Bortolon et al. 2016; Hrafnisdóttir & Ólafsdóttir 2016; Ólafsdóttir et al. 2018a, 2018b, 2018c).

Parents of teenagers who are substance abusers can feel as if they are responsible for their teenager's substance abuse. The parents may be in denial about the reality or may experience self-accusation, stress, anger, sadness and a compelling need to assist in overcoming the addiction. The situation can also lead to parental disagreements about how to handle the teenager's substance abuse (Bortolon et al. 2016; Waldron, Kern-Jones, Turner, Peterson & Ozechowski 2006). Research has shown that parents can often feel grief and sorrow because of their child's SUD or other mental illness. Even more so, the parents of children who die from overdoses can suffer from guilt and self-blame (Feigelman, Jordan & Gorman 2011).

Substance abuse by parents typically produces stressful family interactions, with adverse psychosocial effects on their children (Hrafnisdóttir & Ólafsdóttir 2016; Lam & O'Farrell 2011). The research indicates that, in families with SUD, there can be a certain element of loyalty in the emotional relations between parents and children (Orjasniemi & Kurvinen 2017; Hrafnisdóttir & Ólafsdóttir 2016; Sang, Cederbaum & Hurlburt 2014). These children may find it difficult to trust others and form healthy emotional connections with people outside the family (Champion et al. 2009; Lam & O'Farrell 2011; Lander et al. 2013; Solis, Shadur, Burns & Hussong 2012).

A study by Kenneth, Leonard, and Eiden (2007) found that women who live with substance-abusing partners tend to have much worse states of health, with more anxiety, stress, physical illness, and substantial impairment of their overall quality of life, as indicated by lower family income and more domestic abuse. A similar study investigated the effects of a domestic partner's substance abuse on the mental and physical health of the individual (Hasin, Stinson &

Ogburn 2007). Increased stress affected psychological health, and caregivers reported feeling high levels of anger, depression, and anxiety (Blum & Sherman 2010; Riley & Bowen 2005). Research has further shown that the psychological consequences of SUD can also lead to negative emotions and feelings of illness in both the substance abuser and the partner (Hasin et al. 2007; Margasinski 2014; Ólafsdóttir et al. 2018a, 2018b, 2018c).

Growing up in a home with a sibling who has shown at-risk behaviour such as drug abuse contributes to hostile interactions between siblings, such as verbal abuse or other aggressive behaviour. Those children who are not affected by SUD can develop lower self-esteem, anxiety, anger, shame, and isolation from their association with siblings with SUD (McHale et al. 2012). Furthermore, negative feelings can arise if the siblings who take on a caregiver role empathise with their parents' unhappiness and perceive their sibling's illness to be a threat to their parents' wellbeing. These siblings can also feel responsible for their parents' happiness, and the unhappiness the parents feel toward their SUD-affected sibling (Ólafsdóttir et al. 2018c; Chen & Lukens 2011).

Methods

The objective of this study was to explore the experiences of family members living with an individual with SUD regarding their experiences of affection, emotional bonds and atmosphere within the family as a whole. First, the study asks, what are the experiences of family members living with an individual with SUD regarding their experiences of affection and emotional bonds? And second, what are the experiences of each family member regarding family cohesion and communication?

A qualitative phenomenological approach was chosen to be the most effective tool for exploring the experiences of family members living with an individual affected by SUD. As Padgett (2017) describes: "Most topics in PA have resonance as aspects of the human condition that run deep, for example cancer treatment, adopting a child or grief over the loss of a spouse" (p. 41). In the phenomenological approach, the focus is on the lived experience of the respondents, as is the case in this study. Semi-structured or qualitative interviews are characterised by open and semi-structured questions, flexibility during the interviews, and respect for the inviting dynamics regarding the survey participant, meaning that sources are invited to express themselves openly

about their own perceptions and experiences. The researcher maintains control using semi-structured questions. In practice this approach means that sources can express themselves at length about the points they find significant, while the researcher gathers information via the semi-structured questionnaire while seeking to avoid hindering or discouraging any of the sources from expressing themselves (Cresswell 1998; Kvale 1996; Padgett 2017; Schwandt 2001; Taylor, Bogdan & DeVault 2015). Although this study's results do not permit the researcher to generalise about similar families in Iceland, they are nonetheless beneficial because they allow greater depth than a quantitative survey (Taylor et al. 2015).

Interviews, sampling and analysis of the data

Participants of the study were purposively chosen using a snowballing method, in which the participants recruited additional participants in the study (Neuman 2014; Padgett 2017). No participants were selected from within the same family, and each group had two male and two female members. All of their relatives affected by SUD had been in active alcohol or drug abuse in the last 12 months. There was no difference in how participants expressed their experience of affection and emotional bonds or cohesion and communication if their relative was using alcohol or other drugs or both.

The objective was to organise four groups with four members each, based on immediate family roles:

Table 1. Breakdown for each group regarding the relationships and SUD involvement.

Groups	Family member with SUD	Age	Children	University-educated	In the labour market
<i>Four spouses</i>	SUD-affected partner	35-60 years	Three have children	Three of the participants	Three of the participants
<i>Four adult children</i>	SUD-affected mother or father	20-25 years	Three have children	Two of the participants	All of the participants
<i>Four parents</i>	SUD-affected (usually adolescent) child	40-55 years	All have more than one child	All of the participants	All of the participants

<i>Four siblings</i>	All have a younger sibling with SUD	18-30 years	All have children	All of the participants	All of the participants
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A total of 16 semi-structured interviews were conducted—one with each of the four members of the four role-based groups. Interviews took place in the participants’ homes or the researcher’s office, and the usual duration of each interview was around an hour. All interviews were digitally recorded, transcribed, and analysed using systematic text condensation, which is a cross-case method for thematic analysis (Malterud 2012). Once the interviews were transcribed, they were coded to make it practically impossible for anyone to trace any interview responses back to a particular participant.

The interviews were open-ended, semi-structured (Kvale 1996; Taylor et al. 2015) and based on an interview guide. In extensive research projects such as this one, an interview guide is typically developed to ensure that every source (interviewee) has the opportunity to comment on certain topics relevant to the purposes of the study (Taylor et al. 2015). Accordingly, the guide developed for this research was used in all 16 semi-structured interviews.

Interviewees were offered one session with a mental health professional free of charge, if needed, given the possibility that upsetting memories might occur during the interview process (none of the participants took up this offer).

The Icelandic National Bioethics Committee granted permission for this project through Act no. 44/2014 on scientific research in the health sector and Act no. 77/2000 concerning the protection of privacy regarding the processing of personal data (Government of Iceland, n.d.-a-b).

Results

Despite the different backgrounds and experiences of the participants, there were two main themes that united all the participants in the four groups. However, there were also some differences between sub-groups: for instance, there was a striking difference between the experiences of the groups of spouses and siblings compared to the groups of parents and adult children, as shown below.

The principal findings include the following themes:

1) Positive feelings such as being ‘concerned’ and ‘caring’ changed to negative feelings such as rage, shame and sorrow, as the course of the addiction continued unabated and emotional bonds toward the substance abuser continued to deteriorate.

2) Cohesion and communication within their family deteriorated, and isolation increased.

Furthermore, through analysing the in-depth interviews describing the interviewees’ emotional states and feelings toward their close relative affected by SUD, we were able to develop a proposed dynamic functional model of emotional states in the study’s families. The atmosphere in families of the relatives with SUD (see Figure 1).

Positive feelings such as concern and caring changed to negative feelings such as rage, shame, and sorrow over time.

The participants expressed that their relative with SUD could manipulate and upset other family members in a variety of ways: 1) by not respecting others’ boundaries, 2) by destroying their property, 3) by using physical and mental abuse, and 4) through financial misconduct (such as stealing, being fired from a job, and utilising family finances to support their addiction). As one of the participants from the group of parents stated, *‘It started with small things, which should have been warning signs; more and more red flags everywhere, and we didn’t realise what was going on. This situation has had a terrible effect on everything and everyone.’*

The following statements from one participant in each group demonstrate how the groups expressed their change of heart over time as SUD infected their families and damaged their bonds of affection.

Participants in the groups of parents, adult children, spouses, and siblings reported changes in their feelings over time. Parents and adult children of SUD expressed more warm and devoted feelings such as caring, worries and hope. On the other hand, spouses and siblings expressed more hostile and negative feelings towards their relative affected by SUD such as shame, anger, and lack of trust and respect. The following quotes from each group reflect the experience of all the members in each group.

A member of the parents group stated:

...At first, I tried to be very supportive and really understand what was happening. My son and I made many agreements that he could not keep, and he has gone through many treatments. I blamed myself... I care about him, but I am so sad, and always when he returns to treatment, this hope arises: 'Maybe now things will change'...

A member of the adult children of SUD-affected parents group claimed:

...My mum is a different person today from when I was growing up; she was my role model during my adolescence. I remember I could talk to her about everything, and I trusted her, I loved her. At that time, she was starting to drink every weekend... Soon she started taking pills, too: morphine... I'm constantly worried about her... I am so sad... I do not trust her either...

A member of the spouses group described that:

...When I met my wife, she was the most beautiful woman I had ever seen... I was in love, she was my best friend, and I trusted her in everything... It has been about eight years since she started drinking and using prescription pills every day... I'm ashamed of her, and all respect is gone...

A member of the siblings group expressed:

...I was a teenager when my brother was born... I was helping my mom take care of him in his earliest years... By the time he started drinking and abusing other drugs, I had started my own family, and my parents tried to hide the situation from me... When I found out about the situation, I tried to help him – but nothing worked. I really hate him, I hate how he treats my parents, and I don't think of him as my brother...

Participants were asked during the interviews to express in a few words their dominant feelings toward the relative with SUD. The words selected by the participants in the four groups are very different and reveal their underlying sentiments:

1) Parents of children with SUD expressed fear, hopelessness, sadness, and guilt. 2) Children of parents with SUD expressed fear, unhappiness, and lack of trust. 3) Spouses of partners with SUD expressed that they felt shame, pity, distrust, lack of respect, and a loss of love toward their partners. 4) Siblings of SUD-affected individuals expressed distrust, aggression, and rage.

When it came to how members of each role-based group expressed their experience, parents of substance-abusing (adolescent) children and (adult) children of substance-abusing parents described more devoted feelings toward the substance abuser, such as caring and hope, while spouses and siblings had more hostile feelings such as hopelessness, rage, and empathy.

Isolation and lack of cohesion and communication within the family

All participants felt that SUD had affected both their immediate family and some relatives in their extended family. According to the interviewees, no matter which SUD affects the relative, all stated that these negative interactions and emotions had led to the isolation of members of their immediate family. However, participants in the groups of parents and adult children of SUD affected individuals expressed their experience in more caring way. As one in the group of parents observed: *...If we are not all together the whole family, all my children, during holidays I feel emptiness and sorrow in my heart and I can see that other family members worry that I am not feeling well... But I can't help it...* A participant in the adult child group stated: *...I wish my father was healthy and able to spend time with us and get the chance to know his grandchildren... I know he is a good person...* Participants in the spouses and siblings groups expressed their experience in more of an obligation-based way. As one member of the spouses group expressed: *...I need to take care of him like a child, all love and respect is gone... When he is drunk I don't socialise with others of course... I am ashamed for him and me too for not just leaving him... I married him but I didn't sign up for being a carer...* A participant in the siblings group stated: *...I don't want to be around her and all this toxic environment around her... I hate how she manipulates and betrays my parents over and over again, I wish I could do something to help them... Today my parents are only a shadow of themselves and I feel I don't recognise them any longer...*

The participants stated that the isolation was characterised by a loss of family cohesion and communication. They also expressed a failure of honesty, integrity, and trust between family members, and that family members avoid spending time together. A member of the parents group expressed this feeling as:

...I try not to let my family see how bad I feel all the time by isolating myself from them, watching television, or surfing the Internet or something solitary like that...

Another participant in the parents group expressed an idea in a similar manner:

...I know I've isolated myself in a way. I go to work and come home, and that's it, more or less. My husband talks about our son if there is anything to talk about. There's no joy or cohesion in our relationship anymore, but we stand together when it comes to our son... And I feel that his siblings and my own parents have already cut him out, or at least given up on him...

One adult child stated:

...When my children's birthdays are coming up, I can feel my stress level rising; I know I'm supposed to have a birthday party, celebrate, be happy, and smile, but I really don't want to do that. I don't want to invite my whole family, try to have some good conversation about nothing, with the elephant in the room, which in this case is my mother...

This quote from one of the siblings group amply expresses the experience of others in the group, reflecting indifference, antagonism, and anger. *...I don't want to celebrate with my parents and siblings because I think they're really sick of this sick sibling of mine... My own family is enough for me...*

Two participants of opposite genders from the spouses group had this to say about their substance-abusing partners.

Female participant:

...As soon as we started living together, he began saying very bad things about my family, and I drifted away from my people, and it hurt me... He didn't want to come with me to visit them; he was always either angry or drunk. And if I went by myself, then I'd be expected to answer questions about him, such as 'Where is he?', 'What is he doing now?' And so on...

Male participant:

...My wife and I used to socialise with other people and our family, but everything has changed. The friends we had in common are gone, my wife doesn't want to go out with me, and, honestly, I don't want to go out with her... I like hiking... I just take short hikes, a day trip at the most. This life is like a prison, having such a sick person waiting for you back home, so I often feel that I don't want to go home—just keep driving...

As these accounts above describe, living with a relative with SUD affects the family system, and there are differences between subsystems in how they express the emotional states and feelings toward the substance-abusing relative.

The atmosphere within the family and intra-family relations – Proposed dynamic functional model of emotional states in the study’s families.

By analysing the data collected from the 16 participants in this study in all four groups, the researchers were able to develop a proposed dynamic functional model of emotional states in the study’s families. It summarises the intra-family relations between four spouses, four parents, four siblings and four adult children of SUD-affected individuals based on the participants’ experiences in this study towards their one SUD-affected family member as follows:

- 1) Feelings of devotion and caring between parents and adult children were evident in these two groups, regardless of whether one parent or one child had SUD.
- 2) Spouses reported that SUD was associated with emotional disconnect and resentment, resulting in a dysfunctional triangle, as illustrated in Figure 1. These emotions can lead to dysfunctional family relationships that need to be considered when families with SUD are examined.
- 3) Siblings reported greater incidence of harm from one SUD sibling, which caused the other sibling to emotionally disconnect from the abuser. The sense of sibling loyalty was dissolved, yet, at the same time, their loyal attachment to their parents was maintained, even if one or both parents had a troubled relationship to the child with SUD.

The same factors are visible in the reports of adult children and spouses of SUD sufferers, where the parent (spouse of a SUD sufferer) cuts off the spouse, while both agents (the adult child and spouse of the SUD sufferer) try to protect one another from the effects of SUD in their family.

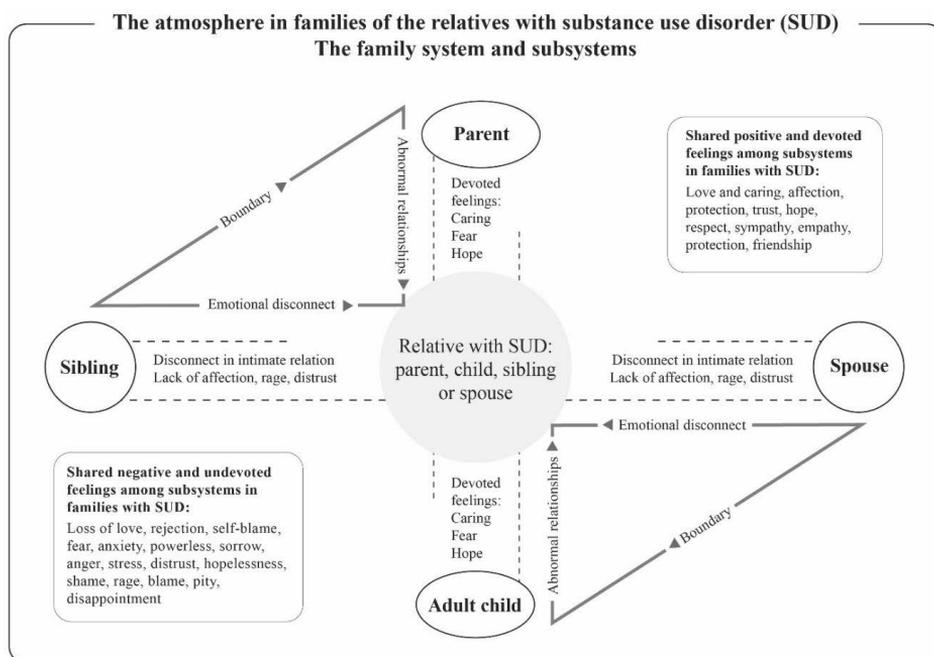


Figure 1. Proposed dynamic functional model of emotional states in the study’s families.

In the beginning, the model addresses the family as a system and how the four subsystems interact regarding the four main roles in the immediate family. The family begins with the pairing of spouses/partners and expands when the pair become parents. More than one child implies siblings. Thus, the four principal roles in the immediate family are spouses/partners, parents, children, and siblings. The four subsystems interact with expectations, activities, and responsibilities to one another to form the family system.

The interaction of the four roles is represented in the proposed dynamic functional model by a cross, with the vertical spar being the parent-child relationship. The two roles forming the horizontal spar of the cross are the sibling and spouse/partner roles; each of these roles has one degree of separation from the primary parent-child relationship.

The proposed dynamic functional model of emotional states in the study’s families (Figure 1) shows how the flow of energy and emotion can be interrupted if one family member is affected by SUD. The influence of SUD in families can turn positive and intimate feelings of the family members into negative feelings and distance towards the relative with SUD and the feelings overall

between the subsystems within the family system. In the centre of the cross is the family member who brings SUD into the family system and affects the other four family roles. The feelings from parent to child and back again are alike and show that the feelings and emotions of parents and children are the same: care, fear, and hope; negative feelings and emotions appear in a frame of parent-child devotion. The flow of feelings from siblings to spouses/partners and back again, lacking the parent-child devotion, is expressed in entirely negative terms; the same aspects are shown on both sides regarding which of the relatives has SUD: the dominant feelings and emotions are a disconnection of intimate relationships between the parties, leading to mistrust, rage, and lack of affection.

In the boxes at the top right and lower left of the diagram, the positive and negative emotions are summarised. The positive emotions are characterised by devotion, and, when SUD takes that away, it changes into negative emotions. The triangles at the top left and bottom right of the diagram define the boundaries of how the roles relate to one another, connecting the child and the spouse and connecting the parent and the sibling. This portion defines the boundary of the family, on the other side of which are the emotional disconnection and abnormal relationships.

The following four points illustrate the dynamic (interactively changing) aspects of this proposed dynamic functional model of emotional states in the study's families (Figure 1 shown above).

- 1) There are more devoted feelings and more caring bonds between parent and child subsystems, and, since they are bidirectional, it matters less whether it is the parent or the child who is affected by SUD.
- 2) In the spouse-sibling relationship, the sibling with SUD and the non-addicted sibling(s) developed an emotional disconnection and a lack of loyalty toward one another. At the same time, since siblings are also children and spouses are also parents (if there are children), there was an underlying loyal attachment even though the two roles are in a disturbed relationship toward the role associated with SUD.
- 3) At the same time, the model shows that the relative with SUD and some of the non-addicted family members could be operating within a single role subsystem, such as one addicted spouse and one who is not addicted. In these cases, a triangle of bi-directional energy and emotions can form when the person with SUD has a counterpart within the same role subsystem who does not

have SUD but is also interacting with family members in the other subsystems. For example, one spouse may be addicted and one not, with both relating separately as parents to children, and with children relating to one another as siblings. In this example, the spouse who did not have SUD developed an emotional disconnection and disloyal feelings toward the addicted spouse, yet simultaneously had both loyal attachments and close relationships with their child or children, while at the same time, the child(ren) can have a disturbed relationship with the parent with SUD.

4) Together with the boundary line, the emotional disconnect and abnormal practices lines form a triangle of dysfunctions—a combination that can lead to overlapping and confused family relationships that should be taken into account when families coping with SUD are treated in therapeutic settings.

To summarise, after it has been studied further, the proposed dynamic functional model of emotional states in the study's families presented in Figure 1 above can be used to improve treatment for the family system as well as for individuals. In addition, the dynamics illustrated can help social workers and other professionals to better understand the affects substance dependence has on family subsystems and the various relationships within the family system.

Discussion

This research aims to describe the feelings and experiences of relatives of individuals with SUD by interviewing 16 individuals in one of four primary family roles: spouses, parents, adult children, and siblings. While analysing the results, two main themes emerged. Consequently, the authors asked, what are the experiences of family members living with an SUD sufferer? In particular, what are their experiences regarding affection and emotional bonds? Moreover, what experiences did each family member have regarding cohesion and communication?

All 16 participants agreed that SUD had had an impact on their lives, both emotionally and socially. In the early stages of SUD, the family members were not able to see what was taking place both regarding individuals with SUD or within the family as a whole.

Participants expressed the same experience that the positive feelings they had for their relatives had changed to opposing ones. Of course, feelings about the substance abuse, such as concern and caring, also changed into negative feelings such as rage, shame, and sorrow. They also report that they had isolated themselves and created a distance from their initial family members of origin and

that they felt a lack of cohesion and communication within their own family. It has been established by research that there is a strong link between addiction within families and the disruption of family relationships (Bortolon et al. 2016; Lam & O'Farrell 2011; Lander et al. 2013; Ólafsdóttir et al. 2020). Research has also shown that living with SUD affects cohesion, communication, and trust among family members, opening the way to negative feelings such as depression, anxiety, stress, anger, blame, guilt, shame, distrust, and hopelessness. This transition can lead to a failure of the bonds of affection and caring towards the family member with SUD (Ólafsdóttir et al. 2018a, 2018b, 2018c; 2020; Hrafnisdóttir & Ólafsdóttir 2016; Stuewig et al. 2010).

The main differences between participants were in how they expressed their experiences. Firstly, parents and adult children of SUD sufferers described more devoted feelings such as caring and hope regardless of whether it was a parent or a child who was affected with SUD. Secondly, the spouses and siblings described more hostile feelings such as hopelessness, rage, and lack of emotional expressiveness. Researchers have established and supported the findings that loyalty and devoted feelings are shared feelings between parents and children (Lam & O'Farrell 2011; Lander et al. 2013; Ólafsdóttir et al. 2020; Solis et al. 2012; Champion et al. 2009). Parents also expressed feelings such as anxieties and worries and they report feeling like a burden and blaming themselves for their children's SUD even though they were aware that there was nothing they could have done differently. This supports the results of Feigelman et al. (2011).

On the other hand, the participants in the siblings group expressed their feelings differently; for example, they described feelings of anger and other hostile feelings, or a lack of feeling towards their SUD sibling. These findings are notable considering that research indicates that it could be harmful and could have life-long consequences if there are conflicts between siblings (Ólafsdóttir et al. 2020). The siblings also reported anger regarding, for example, the emotional damage between family members at the hand of their SUD-affected sibling and they expressed their concern for their parents. The participants in the spouses group expressed a loss of affection, love, and caring toward their partners with SUD. They expressed their thoughts about divorce to avoid their role as a caregiver to their SUD partner. As research has highlighted, excessive alcohol consumption or other substance abuse can increase the likelihood of divorce (Ólafsdóttir et al. 2020). Cohesion and communication between couples can be damaged when one of the partners is affected by SUD. It could lead to producing negative feelings such as anger, blame, guilt, shame,

distrust, and hopelessness, as well as a lack of affection and compassion towards the partner with SUD (Ólafsdóttir et al. 2018c; 2020; Hrafnisdóttir & Ólafsdóttir 2016).

The participants reported an overall a lack of cohesion and communication within their family and feeling isolated. All participants described, for example, how, during holidays and on birthdays they had tried to avoid socialising with other family members. All the participants expressed that the relative affected by SUD had influenced the intra-family relations, and that had impacted upon their own feelings toward the individual with SUD. Their predominant feelings toward the family member affected by SUD affected their own relationships with other family members and the overall the atmosphere within the whole family system.

To illustrate how a close relative with SUD can influence the roles of others in the family system, we were able to develop a proposed dynamic functional model of emotional states in the study's families, showing how such feelings can grow and change among family members living with SUD. The proposed dynamic functional model of emotional states, illustrated in Figure 1 above, is based on the experience of 16 participants in this study who are family members of individuals affected by SUD. This proposed dynamic functional model of SUD (Figure 1), highlights the differences between the experiences of different family roles based on who in the family has SUD and which family subsystems are present in the family. For example, it shows that siblings tend to cut off the sibling with SUD but remain in contact with their parents. However, research shows that family members each have a role to play in the family and it is necessary to address the imbalance caused by SUD and the abnormal family roles; e.g. the 'parentification' of a child who must care for an addicted parent or parents (Lam & O'Farrell 2011; Ólafsdóttir et al. 2020). Further research is needed to strengthen or improve the proposed dynamic functional model of emotional states within families living with SUD effected family member. This research could be built on interviewing a new group of family members selected by the same methods (purposive sampling) like the original group. It could also have been beneficial to interview more than one family member within the same family who are living with an SUD-affected relative. Consideration could also be given to increasing the sample size and creating a survey to test the hypothesis presented in this proposed dynamic functional model of emotional states in the study's families.

From an ethics perspective, none of the participants were in therapy at the time for their own SUD. No participant was immediately related to any other participant, only adult children were interviewed, and no participant was under the age of 18. As in all research, there were limits to the tools used. The limitations of a qualitative study are that the sample size is typically small and that the same researchers conduct the interviews, analyse the data, and interpret the results. Nonetheless, the study does provide insight into the impacts of SUD on family members' experience on cohesion, communication and emotional bond between family members who live with SUD sufferers.

Conclusion: Applications

In general, this study can help explain how a family member with SUD can influence other family members. The study revealed how family members living with SUD grouped in subsystems i.e. spouses, parents, adult children and siblings, experience communication and cohesion and emotionally bond within their family. All the participants in the study are given a voice and interpreted in the proposed dynamic functional model of emotional states in the study's families. A research gap in the field of addiction is the experience of siblings of a brother or sister affected by SUD and this study can give insight to their point of view and contributes to the existing literature. This research is the first of its kind conducted in Iceland; i.e., this population of family members of a relative affected by SUD are here grouped by their role in subsystems in the family. The results of this study and, as illustrated in Figure 1 above, the proposed dynamic functional model of emotional states in the study's families, show how the dynamics within the family may change between family members, depending on which family member has SUD.

This study's greatest contribution is its indication of how all family members may suffer in various ways when one family member is affected by SUD. If this finding is accurate, it is imperative for researchers and clinicians to acknowledge the need to treat the family as a system.

References

- Amaresha, A. C., Joseph, B., Agarwal, S. M., Narayanaswamy, J. C., Venkatasubramanian, G., Muralidhar, D. and Subbakrishna, D. K. (2015). Assessing the needs of siblings of persons with schizophrenia: A qualitative study from India. *Asian Journal of Psychiatry*, 17, 16-23.
- Blum, K. and Sherman, D. W. (2010). Understanding the experience of caregivers: A focus on transitions. *Seminars in Oncology Nursing*, 26(4), 243-58. doi: 10.1016/j.soncn.2010.08.005
- Bortolon, C. B., Signor, L., Moreira, T., Figueiró, L. R., Benchaya, M. C., Machado, C. A. et al. (2016). Family functioning and health issues associated with codependency in families of drug users. *Cien Saude Colet*, 21(1), 101-107. <https://doi.org/10.1590/1413-81232015211.20662014>
- Champion, J. E., Jaser, S. S., Reeslund, K. L., Simmons, L., Potts, J. E., Shears, A. R. et al. (2009). Caretaking behaviours by adolescent children of mothers with and without a history of depression. *Journal of Family Psychology*, 23(2), 156-166. <https://doi.org/10.1037/a0014978>
- Chen, W. Y. and Lukens, E. (2011). Well being, depressive symptoms, and burden among parent and sibling caregivers of persons with severe and persistent mental illness. *Social Work in Mental Health*, 9(6), 397-416. <https://doi.org/10.1080/15332985.2011.575712>
- Cresswell, J. W. (1998). *Qualitative inquiry and research design. Choosing among five traditions*. Thousand Oaks: Sage Publications, Inc.
- Feigelman, W., Jordan, J. R. and Gorman, B. S. (2011). Parental grief after a child's drug death compared to other death causes: Investigating a greatly neglected bereavement population. *OMEGA – Journal of Death and Dying*, 63(4), 291-316. <https://doi.org/10.2190/OM.63.4.a>
- Government of Iceland (n.d.-a). Act no. 44/2014. Scientific research in the health sector. Available at https://www.government.is/media/velferdarraduneyti-media/media/acrobat-enskar_sidur/Health-Sector-Research-Act-No-44-2014.pdf
- Government of Iceland (n.d.-b). Act no. 77/2000. The protection of privacy as regards the processing of personal data. Available at <https://www.government.is/Publications/Legislation/Lex/?newsid=fadb4b17-f467-11e7-9423-005056bc530c>

- Hasin, D., Stinson, F. and Ogburn, E. (2007). Prevalence, correlates, disability, and comorbidity of DSMIV alcohol abuse and dependence in the United States. Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Arch Gen Psychiatry*, 64(7), 830-842. <https://doi:10.1001/archpsyc.64.7.830>
- Hrafnisdóttir, S. and Ólafsdóttir, J. M. (2016). *Vimuefnaðfíkn, samskipti og fjölskylduánægja*. [Substance use disorder, communication and family cohesion]. *Tímarit félagsráðgjafa*, 10(1), 12-18.
- Johnson, P. and Stone, R. (2009). Parental alcoholism and family functioning: Effects on differentiation levels of young adults. *Alcoholism Treatment Quarterly*, 27(1), 3-18.
- Júliúsdóttir, S. (2001). *Fjölskyldur við aldhvörf*. [Families at millenium]. Reykjavík: University Press.
- Kenneth, E., Leonard, E. K. and Eiden, D. R. (2007). Marital and family processes in the context of alcohol use and alcohol disorders. *Annu Rev Clin Psychol*, 3, 285-310. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091424>
- Kvale, S. (1996). *InterViews. An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Lam, W.K.K and O'Farrell, T. J. (2011). Dynamics of substance-abusing families and implications for treatment. In S.L.A. Straussner and C.H. Fewell (Eds.). *Children of substance-abusing parents: Dynamics and treatment*. New York: Springer. 49-75.
- Lander, L., Howsare, J. and Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work Public Health*, 28(0), 194-205. <https://doi.org/10.1080/19371918.2013.759005>
- Malterud, K. (2012). Systematic text condensation: A strategy for qualitative analysis. *Scandinavian Journal of Public Health*, 40(8), 795-805. doi: <http://dx.doi.org/10.1177/1403494812465030>
- Margasinski, A. (2014). An outcome study of alcoholic families in Poland using FACES IV. *Journal of Family Psychotherapy*, 25(4), 348-358. doi: 10.1080/08975353.2014.977684
- McHale, S. M., Updegraff, K. A. and Whiteman, S. D. (2012). Sibling relationships and influences in childhood and adolescence. *Journal of Marriage and the Family*, 74(5), 913-930.
- Neuman, L.W. (2014). *Social research methods: qualitative and quantitative approaches*. London: Pearson.

- Orjasniemi, T. and Kurvinen A. (2017). Häpeän päivät, pelon yöt – Lapsuuden kokemuksia ongelmajuovista vanhemmista [Days of shame, nights of fear. Childhood experiences of a life with alcoholic parents]. *Janus*, 25(2), 127-143.
- Ólafsdóttir, J., Orjasniemi, T., & Hrafnisdóttir, S. (2018a). ‘Everything collapses once again’: Depression, anxiety, and stress among close relatives of Icelanders with SUD. *Review of European Studies*, 10(2), 14-27. <https://doi.org/10.5539/res.v10n2p14>
- Ólafsdóttir, J., Hrafnisdóttir, S., & Orjasniemi, T. (2018b). 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., Hrafnisdóttir, S., & Orjasniemi, T. (2018c). Communication and cohesion among family members of substance abusers with a focus on adult children of addicts. *Journal of Drug and Alcohol Research*, 7, 1-9. <https://doi.org/10.4303/jdar/236061>
- Ólafsdóttir, J., Orjasniemi, T. & Hrafnisdóttir, 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>
- Padgett, D. K. (2017). *Qualitative methods in social work research* (Third ed.). Thousand Oaks: Sage Publications.
- Riley, L. D. and Bowen, C. P. (2005). The sandwich generation: Challenges and coping strategies of multigenerational families. *The Family Journal: Counseling and Therapy for Couples and Families*, 13(1), 52-58. <http://dx.doi.org/10.1177/1066480704270099>
- Rothbaum, F., Rosen, K., Ujiie, T. and Uchida, N. (2002). Family systems theory, attachment theory, and culture. *Family Process*, 41(3). 328-350.
- Sang, J., Cederbaum, J. A. and Hurlburt, M. S. (2014). Parentification, substance use, and sex among adolescent daughters from ethnic minority families: The moderating role of monitoring. *Family Process*, 52(2), 252-266. <https://doi.org/10.1111/famp.12038>
- Schwandt, T.A. (2001). *Dictionary of qualitative inquiry*. London. Sage Publications.
- Solis, J. M, Shadur, J. M., Burns, A. R. and Hussong, A. M. (2012). Understanding the diverse needs of children whose parents abuse substances. *Current Drug Abuse Reviews*, 5(2), 135-147.
- Taylor, J. S., Bogdan, R., & DeVault, M. (2015). *Introduction to Qualitative Research Methods: A Guidebook and Resource* (4th ed.). New York: John Wiley.

- Velleman, R., Templeton, L., Reuber, D., Klein, M. and Moesgen, D. (2008). Domestic abuse experienced by young people living in families with alcohol problems: Results from a cross-European study. *Child Abuse Review*, 17(6), 387-409. doi: 10.1002/car.1047
- Velleman, R., Templeton, L. J. and Copello, A. G. (2009). 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(2). 93-101. <https://doi.org/10.1080/09595230500167478>
- Waldron, H. B., Kern-Jones, S., Turner, C.W., Peterson, T.R. and Ozechowski, T. J. (2006). Engaging resistant adolescents in drug abuse treatment. *Journal of Substance Abuse Treatment*, 32(2), 133-142. <https://doi.org/10.1016/j.jsat.2006.07.007>

Appendix I

Draft of open-ended semi structured interview guide

1. Who in your family has substance use disorder (SUD)? General to all participants.
2. What substance is or has your relative been using? General to all participants.
3. Have you been diagnosed with SUD or advised to reduce your own consumption by a professional? General to all participants.
4. In what way do you feel that your family member affected by SUD has had an impact on you mentally, physically and socially? General to all participants.
5. Have you experienced financial loss which was caused directly by your family member affected by SUD? General to all participants.

Questions to spouses of partners affected by SUD:

6. Has your partner's SUD impacted your intimate relationship?
7. Did you feel that your partner's SUD impacted your relationship at the beginning of your relationship?
8. Has your partner's SUD had an impact on your relationship with your own family i.e. parents, siblings?
9. Has your partner's SUD impacted your social relationships; for example, friends and workplace relationships?
10. Have you isolated yourself from your family members and friends?
11. Do you think that your partner's SUD impacts your children and if so in what way?
12. Have you suffered mental and/or physical violence which can be linked directly to your partner's SUD?
13. Has your partner's SUD affected communication and cohesion within your family?

Questions to adult children of parents affected by SUD:

14. How did you first become aware of your parent's consumption?

15. Did your parent's SUD impact your achievement at school and if so in what way?
16. Did your parent's SUD impact your friendships and social life?
17. How are your relationships with others affected; for example, with your own partner and children (if applicable)?
18. Do you experience trust and good relationships with your parents and within the family in general?
19. Did you reach out to people other than your parents if you needed help and support when you were a child or adolescent?
20. Did you consume alcohol and/or other drugs when you were an adolescent?
21. Did you invite your friends to your house, or did you prefer to visit your friends at their homes?
22. Have you suffered mental and/or physical violence that can be linked directly to your parent's SUD?
23. Has your parent's SUD affected communication and cohesion within your family?

Questions to siblings who have a brother or sister affected by SUD:

24. Did your sibling's consumption impact your quality of life and if so, how?
25. Do you worry about your sibling?
26. Do you think that your sibling's SUD impacts your parents and other siblings (if applicable)?
27. Did your sibling's SUD impact your own education and friendships?
28. Did you feel that your parents gave you less attention than they gave your sibling who is affected by SUD?
29. Do you experience trust and a good relationship with your parents and within the family in general?
30. Did you experience having to take on responsibility at home and for your own education/schooling which did not match your age and maturity?
31. Have you suffered or witnessed mental and/or physical violence that can be linked directly to your sibling affected by SUD?
32. How would you express your emotional bond towards your sibling who is affected by SUD? Is it somehow different to your emotional bond towards other siblings who are not affected by SUD (if applicable)?
33. Has your sibling's SUD affected communication and cohesion within your family?

Questions to parents with children affected by SUD:

34. What feelings do you have about your child's consumption? Which emotions are prevalent?
35. Has your child's SUD impacted your relationships with other family members you're your spouse/partner and your other children (if applicable)?
36. Has your child's SUD affected your work and social life?
37. Has your child's SUD affected your own leisure and togetherness with other family members?
38. Has your child's SUD affected communication and cohesion within your family?

39. Has your child's SUD affected your physical health and if so, how?
40. Have you suffered or witnessed mental and/or physical violence that can be linked directly to your child affected by SUD?