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“It’s Like Throwing a Pebble Into Water and There is a Ripple Effect Throughout the Entire Pond” The Effect of Drug Use on the Family System

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“It’s like throwing a pebble into water and there is a ripple effect throughout the entire pond”

The Effect of Drug Use on the Family System

Aoife Stack

(Specialist Diploma in Evidence Based Practice in Drug Prevention Work, Diploma in Drug and Alcohol Studies, BA (Hons) in Social Care)

Submitted to the Department of Social Sciences, Dublin Institute of Technology, in partial fulfilment of the requirements leading to the award of MA in Child, Family and Community Studies.

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September 2010.

Declaration

I hereby certify that this material, which I now submit for assessment leading to the award of a Master's Degree (MA) in Child, Family and Community Studies is entirely my own work and has not been submitted for assessment for any academic purpose other than in partial fulfilment for that stated above.

Signed: _____ (*Candidate*)

Date: _____

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ABSTRACT

Alcohol and drug problems affect not only those using these substances but also family members of the individual substance user. There has been a historic neglect within the addiction sphere of both research and practice pertaining to the effect of drug use on the family. Each family member is uniquely affected with negative outcomes ranging from economic hardship to violence being perpetrated against them (Csiernik, 2002). Thus, treating only the individual with the substance problem is limiting and serves an overly narrow orientation for the enhancement of both family and community health. This study addressed an important gap in literature with regard to the experiences of families affected by drug use.

The research involved qualitative in-depth interviews and focus group interviews undertaken with a broad range of participants. In total 51 individuals took part in the study. The sample comprised two subgroups: family members (47) and professionals (4). The family member's subgroup comprised mothers, fathers, siblings and extended family relatives of the drug user. The professional subgroup consisted of family support workers working within drug treatment and rehabilitation services as well as the co-ordinator of the National Family Support Network.

The findings reveal substance misuse has a profound effect on the family system that results in lifelong changes within the family. The negative effects of drug use permeate each member and every aspect of family life. The application of a family systems theory meant significant patterns of conflict, cut-off, and triangulation were found. Both groups prioritised the need for policy makers and services to focus on the needs of family members affected by a member's substance misuse.

Recommendations made in this study include (1) that a large scale study be undertaken to include a greater diversity of family members (2) future research should include variation in family structures reflecting emerging cultural trends in Ireland and (3) an increased focus on the family within drug treatment service provision.

“It’s the people who love them the most who get hurt the most”

(Focus Group Participant)

Introduction

Chapter One: Introduction

1.1 Research Statement

This study will investigate the effect of drug use on the family system. The primary purpose of this study is to provide information and insight into the experiences of families living with drug use and conceptualise them in a way that promotes understanding.

1.2 Background

The experience of living with a relative with a drug or alcohol problem is a very particular experience. It brings together the combination of elements of stress, threat and even abuse, often simultaneously affecting different family functions and different members of the family (Orford et al., 2005). It is an experience that is underrepresented in discourse concerned with the corrodible influence of drugs and alcohol. This study sought to address this important gap in the knowledge and understanding of families living with drug use. It is important at this point to define what is meant by the term drug use. For the purpose of this study the terms substance use/misuse and drug use/misuse are used interchangeably and refer to;

“the use of illegal and legal substances in a manner that result in physical or mental harm or less social well being for the individual, for other individuals, or for society at large.”
(Bryan et al (2000) p. 3).

Thus, the current study views drug use as the use of illicit substances for instance heroin, cocaine and cannabis and legal substances including prescription drugs and alcohol. Furthermore, considering the use of drugs (including illicit drugs, prescribed drugs and alcohol) does not result in negative consequences for everyone, this study is concerned with the use of substances that result in harm for the individual, family and larger society.

Drug use and the ‘drama’ that surrounds it involving criminal activity, imprisonment, disease and mortality does not just impact on the individual but engulfs the entire family system. A family system orientation provides a comprehensive and meaningful approach to conceptualize the experiences of families living with drug use. It represents a positive shift from predominant theories that focus on individual pathologies. This study employs a

qualitative research design in eliciting the views and experiences of family members that will contribute to the huge dearth of existing quantitative research and highlight the experience of a typically neglected group.

1.3 Rationale for the Study

The main rationale for this study stemmed from the researcher's professional involvement in developing services for families experiencing drug use. The emphasis in drug treatment is typically on the individual drug user, with little consideration given to the family. Failure to provide treatment for the collateral effects of substance misuse on the family is thought to reduce the efficacy of drug treatment as well as leave untreated problems among family members (Lennox, Scott-Lennox and Holder, 1992). While in an Irish context, an increasing focus on the family is evident in recent policy developments (for example the National Children's Strategy, 2000); this change is most notable in services for children. Research that conceptualizes the complex effects of drug use on the family is therefore vital to ensure the future progression of an emphasis on the family within the area of drug treatment service provision. The findings from this study will highlight the rationale for policy makers and service providers within the drug and alcohol sphere to focus on the families of drug users and provide a baseline for future research in this field.

1.4 The Research Question

It is hypothesised that a family member's drug use has a profound impact on the whole family. The drug use of close relative, affects different domains of family life as well as various aspects of the families internal functioning.

This study will investigate the research hypothesis by:

- Providing a detailed account of the impact of drug use on the family system, informed by the 'experts' that is the family members living with drug use.
- Describe how drug use impacts on a number of domains of family life including the physical and psychological well-being of the family, the wider social life of the family, family finances and relationships.
- Investigate the effect drug use has on family processes and patterns including family interaction and communication patterns, roles and boundaries as well as family rituals.

The remainder of the study is divided into four chapters. Chapter two provides a review of the literature including explanation of key concepts and a review of relevant literature including journal articles and policy documents which are relevant to the study. Chapter three outlines the methodological features of the study followed by the study's main findings in chapter four. Finally, chapter five discusses the findings within the context of existing theory, draws conclusions from the study and presents the recommendations.

Literature Review

Chapter Two: Literature Review

2.1 Introduction to Review of Literature

This study sought to explore the experience of families affected by the drug use of a family member. An overview of the prevalence of drugs and alcohol will form the foundation for developing an understanding of the rationale for the study. As this study primarily focuses on the effect of drug use on the family system, it was deemed crucial to provide an overview of the primary principles of family systems theory as they relate to drug and alcohol use. Finally, an overview and analysis of the available international and national literature will apply the theoretical framework for later interpretation and discussion of findings. The literature was systematically and electronically reviewed to source and analyse literature pertinent to this project. Please refer to Appendix One for details of the method of reviewing the literature.

2.2 Prevalence of Drugs and Alcohol

The role of alcohol and other psychoactive substances in mortality, morbidity and the overall public health and welfare of people around the world has been an important focus of research for many years. In 2002, the World Health Organisation (WHO) identified alcohol as the third highest risk factor for premature death and ill health in developed countries. The WHO estimates that there are about two billion people globally who consume alcoholic beverages and 76.3 million presenting with diagnosable alcohol use disorders (WHO, 2004). Alcohol is responsible for 1.8 million deaths (3.2% of total) worldwide (WHO, 2004).

Since the early 1990s, there has been a dramatic increase in alcohol consumption in Ireland, with the increase most pronounced in the period 1995 to 2002. The recently published report 'Alcohol Consumption in Ireland 1986-2006' demonstrates that Ireland consumes more alcohol per capita than the majority of its European counterparts, approximately 30% higher in 2006 (Health Research Board, 2008). In addition to ranking highest among alcohol consumption, people in Ireland also engage in drinking patterns that are excessive and problematic. The high level of alcohol consumption has been accompanied by a parallel

increase in alcohol related harm including alcohol related deaths and crime (Hope, 2008). The negative consequences of alcohol impact on all facets of society from the individual and their family to the medical, social and legal organs of the state.

Dependence on illicit drugs is also associated with a variety of social, economic and health problems. According to the United Nations Office on Drugs and Crime (UNODC) 2008 World Report some 208 million people or 4.9% of the world's population have used drugs at least once in the last 12 months. A larger number are involved in the production and trafficking of illicit drugs. Problematic drug use affects about 0.6% of the global population aged 15 to 64 and claims the lives of about 200,000 a year globally (UNODC, 2008). The pervasiveness of drug use together with the illicit and hidden nature of the problem mean reliable analysis and statistics on the use of illicit drugs are rare. The Drug Prevalence Survey 2006/2007 compiled by the National Advisory Committee on Drugs (NACD) serves as the best indicator of the prevalence of drug use in Ireland (HRB, 2008). It demonstrated a significant increase (5%) in the use of both illicit and legal drugs from the previous 2002/2003 survey. Furthermore in terms of drug treatment, there were 68,754 cases treated between 2001 and 2006 (HRB, 2008). Illicit drug use is also linked to mortality with a total of 2,442 drug related deaths recorded between 1998 and 2005 on the National Drug related Death Index (HRB, 2009). Additionally, the Central Statistics Office (CSO) 2008 report entitled 'Garda Recorded Crime Statistics: 2003-2007' demonstrated a steady increase in drug related crime between 2003 and 2006 (CSO, 2006).

2.3 Prevalence of Drug Use in the Family

While there has been much interest in alcohol and other drugs in terms of the health, economic and social consequences, what is often neglected is the impact of these psychoactive substances on the families and relatives of those who use and are dependent on such substances. This study will investigate the historically neglected area of the family.

The inclusion of alcohol in this study is significant in an Irish context as it reflects the recent inclusion of alcohol in the National Drugs Strategy 2008 – 2016. This study therefore demonstrates recognition of the significant harms alcohol poses to the individual, family and wider society. This study is also unique, in that it explores the combination of both drugs and alcohol on the family unit, unlike a number of previous studies which explore the impact of

these substances in isolation for instance the effect of alcohol (Brennan, Moos & Kelly, 1994; Holmila, 1988; Orford 1990) or drug use (Barnard, 2005; Barnard and Mc Keganey, 2004; Murphy-Lawless, 2002) on the family. Furthermore, for the majority of Irish studies (for example Duggan, 2007; Hogan, 1998; Hogan and Higgins, 2000) the central focus has been on the effect of a particular drug namely heroin on families.

The illicit and hidden nature of drug use makes systematic analysis of the prevalence of drug use difficult. This combined with the concealment of drug use by family members adds further complexity to the difficulty in estimating the number of people who are affected by the substance misuse of a family member or relative (Mac Donald, Russell, Bland, Morrison and De la Cruz, 2002). Velleman (2002) made the conservative assumption that substance misuse will negatively affect at least two close relatives to a sufficient degree that they will require primary health care services. Given that there are 15.3 million people with drug use disorders globally (UNODC, 2008) and 76 million with alcohol disorders (WHO, 2006), this indicates there are very large numbers of children and adults affected by a family member's substance use, many of whom are affected in negative ways (Obot and Anthony, 2004). A White Paper Report by the National Centre in Addiction and Substance Misuse at Columbia University (2005) entitled 'Family Matters: Substance Abuse and the American Family' claimed that over a third of children under eighteen years of age in the United States live in a household where a parent or other adult is a binge or heavy drinker. In addition more than one in 10 children live in a household where a parent or other adult uses illicit drugs (CASA, 2005). While there is no existing data available for Ireland, given the high prevalence of alcohol and drug problems in Irish society, as indicated in a number of reports (HRB 2008; CSO 2006; Hope, 2006), one can assume that the experience of living with a family member's substance misuse is one that exists on a large scale. This gap in literature regarding this very real social issue within Irish society therefore warrants investigation on the topic.

2.4 Drug Use and the Family

An individual's drug use does not exist in a vacuum rather it is inextricably connected to a variety of social and health consequences. Dayton (2008) describes how the entire family system becomes absorbed by a problem that is slowly spinning out of control. It is generally accepted within the literature that the emotional, spiritual, and physical health of significant

others is significantly affected by problematic drug use (Collins, Leonard, & Searles, 1990; Paulino & Mc Crady, 1997, as cited in Nowinski, pp vii).

By the time most substance users are referred to treatment, their drug use has affected their entire social system and family structure (Csiernik, 2002). Thus, one individual's addiction and subsequent behaviour can impact on his or her partner, the couple's children and the drug user's parents and siblings (Campbell, Masters & Johnson, 1998; Cowley and Gordon, 1995; Fleming et al., 1992, as cited in Csiernik, 2002 pp. 79-80). This is not surprising considering the family is still the primary biological, economic, social, legal and historical unit of our society. The Commission on the family (1998, pp.4) refers to the family as;

“the single greatest influence on an individual's life”.

The importance of the family is highlighted in the Irish Constitution (1937) in Article 41.1 where it states that it;

“guarantees to protect the family in its constitution and authority, as the necessary basis of social order and as indispensable to the welfare of the nation and the state.” (Irish Constitution (1937), Article 41, section 1, Sub-Section 2).

The lack of emphasis in service provision for families of drug users has been well documented (Barnard, 2005; Duggan, 2007; Copello & Orford, 2002; Orford, et al., 2005; Waters & Byrne, 2004). It is generally recognised that this is a reflection of the fact that the primary focus has been on the individual drug user. Despite the accumulating evidence for the important role of families, families when considered at all have at best been viewed as adjuncts in the treatment process or agents who can influence the substance user's behaviour (Copello, Velleman & Templeton, 2005). A recent national survey conducted in the U.S.A in 2001 (Fals-Stewart & Birchler, as cited in Copello & Orford, 2002, pp.1361-1362) confirms this view, they found that a small proportion of services offer approaches that involve significant others, and where this is the case the choice of treatment is not guided by the evidence base. A further U.K (2002) survey across a range of community alcohol services in the U.K. found similar results: out of 174 client contacts, family members were seen as clients in their own right in only five cases (2.8%) (Copello & Orford, 2002). These studies confirm that the central focus is on the individual substance user and indicates a lack of awareness and emphasis on the effect of substance misuse on the family. The lack of consideration of family members is surprising considering that between a third and a half of

calls to alcohol advice centres in the U.K. come from partners, families and friends (Copello, Velleman & Templeton, 2005).

Orford, et. al., 2005, argues that this state of neglect is largely due to a failure to appreciate the experiences of family members. This study therefore aims to address an important gap in the knowledge and understanding of families affected by drug use. For the purpose of this study a family affected by drug use refers to a situation where one or more family members in the household are using legal or illegal drugs. Family members refers to the wives, husbands or partners, mothers or fathers, sisters or brothers, adult daughters or sons, and other close kin who are affected by a close relative's drug use.

The large proportion of drug users that remain in the family home in their twenties and even into their thirties adds further significance to this study. This trend occurs across countries as illustrated by international figures cited by Stanton (1971) and by Vaillant (1966) and more recent figures highlighted by Duggan (2007) who estimated that approximately 6,500 heroin users out of a possible 14,500 heroin users in Ireland live with the family of origin. This trend is of particular relevance to the current economic climate where economic constraints have resulted in increasing number of adults remaining in the family home. Duggan (2007) suggests that the retention of drug users in the family home means that family members become co-victims, exposed to traumas that are at least equally problematic to the drug users themselves.

The relevance of the study is reflected in the increased emphasis on the central role of families, both internationally and nationally. Copello & Orford (2002) argue that an increased emphasis on the role of family members in service provision can not only assist in the drug users treatment but can result in more positive outcomes in family functioning. Interventions targeting the entire family, often referred to as unilateral approaches, have proven effective in reducing the stress-related psychological symptoms experienced by family members affected by addiction problems to include anxiety and depression (Moos et al. 1990; Copello et al. 2000; Halford et al. 2001 as cited in Copello & Orford, 2002, pp. 1361). In an Irish context, the emphasis on the family is evident in a range of developments including the National Children's Strategy (2000) and major commitments in the National Development plan to family related services (1999). Daly & Clavero (2002) remark on the development of an emerging trend evident since the mid-1990's, which represents something of a water-shed in respect of a new found focus on the family. This trend however is most notable in services for

children. Watters & Byrne (2004) suggest the recent development of family services do not cater for families affected by addiction evidenced by the high level of referral of families affected by drug use from these services. With respect to families living with drug use, the increased focus on the family is most obvious in the commitments to families outlined in action 41 of the National Drug Strategy¹ (2008-2016, pp. 107) that commits to:

“support families trying to cope with substance related problems”

Additionally, the establishment of the National Family Support Network² highlights such interest. The increased focus on the family in policy and service provision, a trend that is gradually filtering into the drug and alcohol field, highlights that this study is both timely and relevant.

2.5 Drug Use and the Family System

The central focus of investigation is ‘the family system’. Substance misuse can impact negatively on a range of family systems and processes, including family rituals, roles within the family, communication structures and systems, family social life and family finances (Copello, Velleman & Templeton, 2005). Research has typically adapted a narrow focus in relation to the impact of drug use on the family, with much of the research investigating the effects of substance misuse on specific family members. This focus is reflected in the large volume of both international (Barnard, 2003; Barnard, Mc Intosh and Mc Keganey, 2002; Kroll and Taylor 2003; Velleman and Templeton 2003) and national (Butler, 2002; Hogan, 1998; Hogan, 2003; Hogan, 2007) research on the effects on children of substance-using parents and also in earlier research that investigated the effect of a spouse’s substance use (Brennan, Moos & Kelly, 1994; Holmila, 1998; Orford, 1990). A recent Irish study examined the experiences of grandparents who are raising their grandchildren as a result of drug use (The Family Support Network, 2004) and a further study by Murphy-Lawless (2002), examined the impact of drug use on families from a woman’s perspective.

¹ The National Drugs Strategy (2008-2016) outlines Ireland’s current drug policy; the over-riding strategic objective is to reduce the harm caused to individuals and society through a concentrated focus on supply reduction, prevention, treatment and research.

² The National Family Support Network supports the development of family support groups and networks for families affected by addiction. Since its establishment in 2007, it has supported the development of over 70 family support groups and 10 networks. It provides specialist support to 108 family resource centres.

Orford et al., (2005) describe the family systems view as a sophisticated, modern attempt to understand the relationship between family members and their drug using members. Traditional approaches have viewed families as a group of more or less independent agents where any given member's behaviour was not necessarily related to the behaviour of any other member. This view is reflected in policy provision where the focus is on the individual drug user rather than applying a family focus. In fact Csiernik (2002) describes how services have purposefully isolated the individual drug user from his or her family unit, thus, suggesting families serve a negative role. Orford et al., (2005), refer to a number of models that cast family members in a negative light, stating such models serve as a contributing factor to the neglect of a family focus in research and subsequent service provision. Such models fall under the remit of a family pathology perspective and have dominated much of the professional and academic writings on alcohol and drug problems from the 1940's to the 1960's (Bullock & Mudd, 1959; Lemert, 1960; Pattison et al., 1965; Price, 1945, Rae and Forbes, 1966 as cited in Orford et al., 2005, pp.4). A social pathology perspective views family members of drug users as part of the problem. They are perceived as suffering from forms of 'pathology', and as people who have their own needs that are satisfied by living with someone who drinks or takes drugs excessively (Orford, et al., 2005).

A family systems perspective does not emphasise the intrapersonal problems or 'pathology' of each member but rather views families as systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system. Families are complex organisations that are hierarchical in nature. Their dynamics consist of established, predictable patterns of relationships (Thombes, 1994). It is not possible that one member of the system can change (for instance a family member begins using drugs excessively) without causing a ripple effect of change throughout the family system (Smith, 2009). The entire family system attempts to compensate for the change (Thombes, 1994). Steinglass (1987) refers to the emphasis on 'wholeness' and interdependent relationships as what distinguishes systems theory from most other perspectives on addiction.

The application of family systems theory in the context of problematic drug use became popular in the 1970's, with contributions from a number of European countries including Yugoslavia and Germany (Lazic, 1977; Gacic, 1978; Hemmer, 1979, as cited in Orford, et al., 2005, pp.10-11). This perspective is particularly associated with American writers including Steinglass, Kuafman and Stanton and Todd and their associates (Steinglass, 1982:

Steinglass et al., 1988; Kaufman, 1981; Stanton and Todd, 1992, as cited in Orford, et al., 2005, pp.11).

In family systems theory, reciprocal rather than linear causality is emphasized. Relationships between and among variables include feedback loops (Thombes, 1994). Simple cause and effect relationships are viewed as too simplistic and as incapable of capturing the complexity of family interactions. For instance the notion that a child's drug use is a direct result of parental neglect is too simplistic. Subsequently, behaviours that are stimulated by one element themselves become stimuli for other behaviours (Thombes, 1994). For example, an adult child may contribute their drug use to their parents fighting, while the parents may suggest their fighting is a result of their child's drug use. When describing this topic, Vetere (1998) spoke of family members adopting circular interaction patterns that would be adapted repeatedly. For instance, the child's escalating drug use stimulates continued arguing for the parents; the child contributes their continued drug use to the parents continuous fighting. Orford, et al. (2005) has pointed to the similarities between the family systems perspective and the older family pathology position that frames families in a negative light. Orbot (2001) highlights the need to move away from a mindset that perceives family members of drug users as 'villains' or 'victims'. The purpose of this study is therefore not to cast families in a negative light but instead to deepen the understanding pertaining to the impact of drug use on the family. Within the context of a family systems perspective, the family is usually the dominant influence on behaviour (Thombes, 1994). Therefore, while the family systems perspective places an emphasis on reciprocal causality, a feature of which proposes that substance misuse is a manifestation of deeper family conflict, the focus of this study is not to investigate whether or how the family contributes to a member's drug use. Rather, this study will focus on the impact of drug use on the family system by investigating the impact of drug use on whole family-patterns and processes.

2.6 Key Constructs of Family Systems Theory

In order to apply the theoretical foundation for later analysis and discussion of research findings it is important to provide an overview of the key constructs of a family systems perspective. A relatively large number of family systems theories exist; among the most predominant of these theories is the work of Murray Bowen (1976). Reference will be made to the Bowen family systems theory (1976) (BFST) as the prototypical family systems theory.

Homeostasis is a central concept in systems theory (Pearlman, 1988), and refers to a family's ability to maintain a sense of balance in terms of its emotional and behavioural functioning. The family's emotional and behavioural functioning refers to the capacity of the family to meet the needs of its behaviours and refers to communication patterns within the family, rules and boundaries. While families have a remarkable ability to maintain homeostasis, when drugs or alcohol are introduced into a family system, a family will generally work as a unit to balance itself. However, the introduction of drug use severely challenges a family's ability to regulate its emotional and behavioural functioning (Dayton, 2008). Trust and faith in an orderly predictable world is challenged as family life becomes chaotic.

In a recent qualitative Irish study by Duggan (2007) entitled 'The Experiences of Families Seeking Support in Coping with Heroin Use', in-depth interviews were carried out with 30 family members who were coping with problem heroin use. Duggan (2007) identified different patterns of behaviour that family members engage in, these patterns are of particular relevance to this study as they illustrate the families attempt to maintain homeostasis and highlight the dysfunctional relational patterns members adapt. Duggan's (2007) patterns describe methods of disengaging with the problem including denying the problem and trying to solve it without seeking external help and engaging with the problem by desperately seeking help.

There are several emotional systems or subsystems within the family. The original subsystem is the marital one where certain privileges, communication patterns and behaviours are appropriate (Thombes, 1994). In addition a sibling subsystem may exist; such subsystems may distinguish oldest children from youngest. In most families, subsystems will remain fluid and dynamic as children mature; however in families affected by drug use the subsystems may remain static and rigid as children are required to assume inappropriate roles, such as that of the parent (Thombes, 1994). Dayton (2008), describes rigidity as an attempt to manage the chaos caused by the addiction both inwardly and outwardly.

According to Bowen, triangles represent the most stable emotional system within the family. He defines triangles as a three-person emotional configuration that serves as the basic building block of any emotional system (Bowen, 1976). A subsystem for instance the marital system becomes unstable as emotional intensity increases. As a result of the anxiety a third person is brought in to diffuse the anxiety so that the dyad can remain stable (Cook, 2007). Bowen (1974) describes that the higher the anxiety the more family members will react by

anxiously doing more of what they were already doing (for instance the child will continue using drugs, the parents will continue arguing and siblings will continue to adapt parental roles). The most common triangle is the mother-child-father (Orford, et al., 2005). Thombes (1994) describes how in this most common triad, one parent is intensely involved with the drug user, while the other parent is under involved and in some instances punitive. Typically, the over involved parent is pampering and indulgent of the drug user. Furthermore the parent is usually of the opposite sex from the child; thus, the emotionally distant parent is often a father, the over involved parent is the mother, and the addict is male (Thombes, 1994). Stanton (1980) describes a process whereby triads become fixated in a chronic repetitive pattern of interaction, he uses the metaphor of 'the dance' to describe this process. In describing this concept Stanton and Todd (1992) wrote of the increasingly stereotypical behaviour of drug users and their families with the adoption of rigid roles and engagement of all in a family dance. One aspect of such behaviour is the drug use itself; others include the conflict in the marital relationship, the continued drug use and the tension as a result of the escalating drug use.

2.7 Research on the Impact of Drug Use on the Family

A significant feature surrounding the research on drug use and the family is that similar themes are echoed both over time (Jackson, 1954 in Orford et al., 2005) and across cultures (Orford & Copello 2002; Orford, et al., 2005). The high level of consistency in the adverse effects experienced by the families of drug users is echoed in the Irish research (for example Duggan, 2007; Higgins & Hogan, The family Support Network, 2004). Mc Donald, et al., (2002), in a review of the literature, highlighted four key areas within which problems tend to occur; the physical and psychological health of families, the financial and employment well-being of the family, the wider social life of family members and family relationships. This study will investigate the impact of drug use on the family system across the four key domains identified by Mc Donald, et al., (2002). An overview of the central themes that have emerged from previous investigations is necessary in order to both highlight the rationale for his study and provide the context for later interpretation of its results.

In comparison to the limited number of qualitative studies that are of direct relevance to this study, there exists a much more voluminous research base comprising of quantitative studies. Orford et al., (2005) refer to families of drug users as a silent group who have been little

heard and whose experiences have been little understood. In an Irish context, this view was echoed by family members who attended the Citywide Family Support Conference in 2002 of whom there were over 500 family members living with drug use in attendance. The Citywide Summary Report (2002), in illustrating the views of family members, demonstrated the need for professionals to listen and respect the views of the 'experts' themselves, the families of drug users. Furthermore, the report highlighted a call for academics to engage in meaningful and relevant research in consultation with family members. The current study puts a premium on qualitative research because of its focus on hearing directly from family members about their experience. A central component of this investigation involves recognition of the families' roles as 'experts' in providing their experience.

It is not possible or indeed relevant to review the vast majority of quantitative research here (please refer to Appendix Five for further detail), however reference to the findings of a recent Irish study carried out by Mc Keown and Fitzgerald (2006) who employed quantitative methods in their investigation of 'The Impact of Drugs on Family Well-Being' is relevant. The study involved assessing the well-being of family members living with drug users relative to the well-being of parents in Ireland by comparing the mean scores of both sets of parents. The results indicate that the physical well-being of families living with drug use is significantly below the average for Ireland. In terms of emotional well-being the family members had much higher levels of negative emotions than the average Irish parent. Furthermore, family members experienced a high number of negative life events when compared to the general Irish population (Mc Keown & Fitzgerald, 2006).

Many of the themes that emerge in earlier 'classic' studies including Jackson's (1954) pioneering research on the adjustments made by wives of alcoholics followed by Wiseman's (1991) and Asher's (1992) studies on the same topic are echoed in more contemporary research and are relevant to this study. Jackson in a paper published 50 years ago highlights the strains upon marital interaction and the social isolation families' experience. Such themes remerge in more recent studies including Duggan's (2007) investigation of the 'Experience of Family Members Seeking Support in Coping with Heroin Use' and Barnard's (2005), report 'Drugs in the Family; the Impact on Parents and Siblings'. Furthermore many of the central components of family systems perspective are reflected in the findings. For instance Jackson (1954), and later Wiseman (1991), describes the chaos that enters a family as a result of the alcohol use and the desperate attempts made by the spouse to regain homeostasis in the

family by desperately trying different remedies in quick succession. Furthermore, Lemert (1960) speaks of the transfer of part of the husband's family role to his wife.

Orford, et al., (2005), provide a more recent and comprehensive account than earlier studies (for example Orford, et al., 1992), of what they describe as the 'universal' experience of family members living with drug use. The study involved family members in Mexico City, South-West England and indigenous communities in North America. In illustrating the universal impact of drug use on the family they describe a number of interlocking facets. The first facet is the sheer stress family members experience, another is the threat to the family (this can include criminal damage to their home), the third facet describes the worry the family members have as a result of the relative's drug use (including the health and psychological well-being of the drug user) and the final facet highlights the different areas of family life that are affected by a members drug use (these are vast and include wider social life and family finances reflecting Mc Donald et al., (2002) earlier summary). Barnard's (2005) study investigated the impact of drug use on the family and findings compliment those of Orford, et al., (2005). Barnard (2005) interviewed parents and siblings of drug users in addition to practitioners working with families; the focus of the study was twofold and involved exploration into the experience of families living with drug use and also the risk of the transmission of drug problems to other siblings. Barnard's (2005) research highlighted the volatile mix of anger, sadness, anxiety, shame and loss that family members reported. Furthermore the continued use of drugs left families feeling helpless, a theme reflected in Duggan's (2007) study. Families universally reported conflict and strain in their relations both with the drug using member and the rest of the family (Barnard, 2005). In addition, Barnard (2005) describes the escalating arguments between parents and the problem drug-using child over the continued drug use or antisocial behaviour that mirrors Stanton and Todd's (1992) metaphor of the dance in illustrating repetitive, consistent and predictable displays of behaviour.

2.8 Conclusion

Considering the estimated tens of millions of family members worldwide that are affected by a family members drug use (Orford, et al., 2005), it is surprising that only a small amount of research exists. The majority of research involves quantitative measures of the impact of drug use on the family. Orford et al., (2005), describes the importance of using qualitative research

because family members have been so badly served by expert theories and assumptions in the past. In the Irish context, these views were echoed by family members who called for professionals and policy makers to listen to the ‘experts’ that is the family members themselves (Citywide Conference Summary report, 2002). The focus of this study involves hearing directly from family members about their experience. It is envisaged that in doing so this study will represent a notable shift from earlier studies that have tended to hold families responsible for the drug problem, a perspective that has not entirely disappeared according to Copello & Orford (2002). Qualitative research including the earlier classic work of Jackson (1954), and Lemert (1960) and more recent work including Orford, et al., (2005), Barnard (2005) and Duggan (2007) demonstrate remarkable similarities in the negative experiences family members living with drug use report. These studies highlight the destructive influence of a member’s drug use that permeates every aspect of family life. The adaption of a family systems framework provides a meaningful and insightful means of investigating the impact of drug use. Families are systems of interconnected and interdependent individuals, it is therefore not possible that one member of the system can change without causing a ripple effect of change throughout the system.

While previous Irish studies have typically focused on the effect of a specific drug, typically heroin or the effect on a specific family member and have generally concentrated on the impact of illicit drugs on families in deprived areas most often inner city areas of Dublin, the current study has a wider scope examining the impact of drug use (illicit drugs and alcohol) on the whole family system, exploring the effect of drug use on family patterns and processes. The current study aims to conceptualise the experiences of families affected by substance misuse in a way that promotes understanding and adequate responding. This study occurs against the backdrop of an increased emphasis on the family dimension to drug use.

Research Methodologies

Chapter Three: Research Methodologies

3.1 Introduction

The primary focus of this study is to explore the impact of drug use on the family system. As the family system encompasses a complex web of interconnected processes, this study in an attempt to delineate the experience, investigated the effect of drug use at different stages (initial discovery of drug use) and across different areas of family life and family functioning (wider social life, communication patterns).

3.2 Research Design

This study utilised qualitative principles that aim to understand people rather than measure them, its purpose is to ‘interpret meaningful human actions’ and ‘interpretations’ that people give of themselves or others (Sarantakos, 1998, pp. 46). The use of qualitative research was deemed crucial in conceptualising the experiences of families affected by drug use it in a way that promotes understanding and serves to compliment the large volume of existing quantitative research. This study used a participatory approach, whereby the participants were seen as experts on their own life and the researcher as a ‘marshaller’ of this expertise. The researcher deemed it necessary to add to the limited body of evidence that exists by providing insight from family members who are typically represented as a ‘silent group’ (Orford et al., 2005). The application of a participatory approach serves as an important tool in moving away from previous research that perceives families in a negative light (Copello, 2000).

3.3 The Pilot Study

A pilot study was conducted in June 2010 at the East Coast Family Support Conference entitled ‘Supporting Families Living with Dug Use’. A preliminary study was deemed necessary in order to check the suitability of procedures and improve the research design (Mason, 1996). The Pilot Study involved 6 focus groups with both family members living with drug use and professionals working with families. A total of 75 family members (representing 46 families) and 15 professionals participated in the pilot study.

The pilot study sample was excluded from the final sample in order to avoid bias. Figure 3.3.1 and Figure 3.3.2 provides the demographics and breakdown of the pilot study. As a result of the pilot study, the research question was refined. For instance initially, the research question sought to investigate the impact of drug use on the family in addition to the support needs of family members. Furthermore, the pilot study identified interview and focus group questions that required review and modification. For example participants appeared to comprehend and respond more effectively to the question:

‘How does drug use impact on the psychological health of the family?’

When it was phrased:

How does drug use impact on the family’s wellbeing, example does drug use cause stress?

Figure 3.3.1 Total Number of Participants, Male/Female Breakdown & Their Relationship to the Drug User.

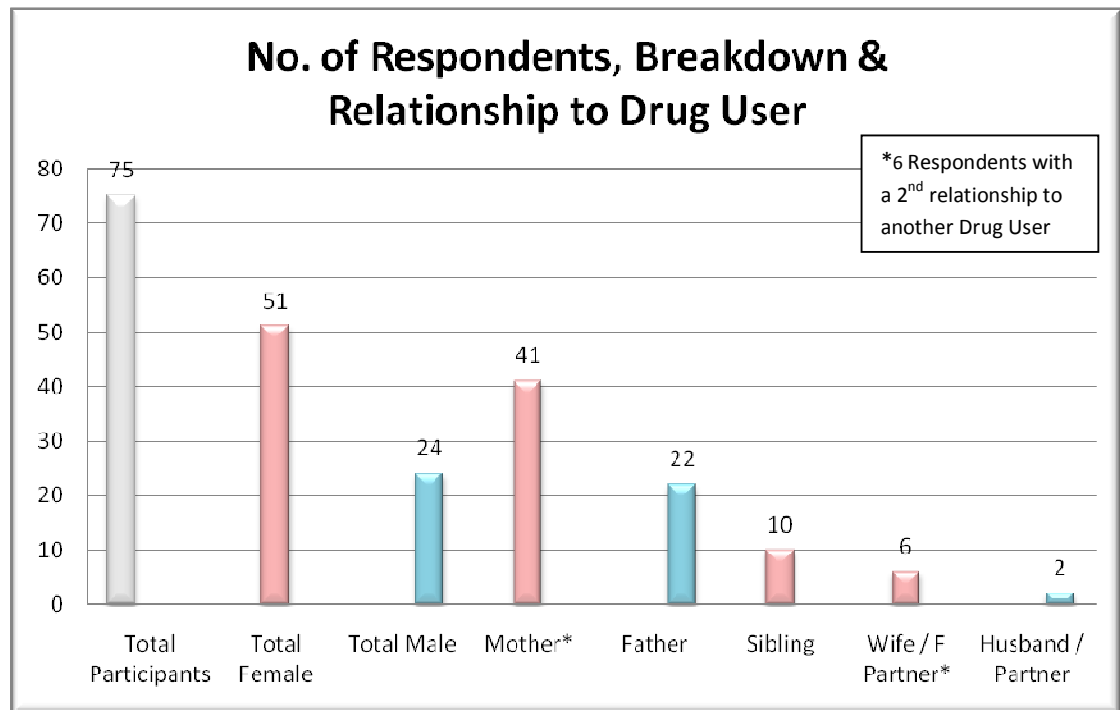
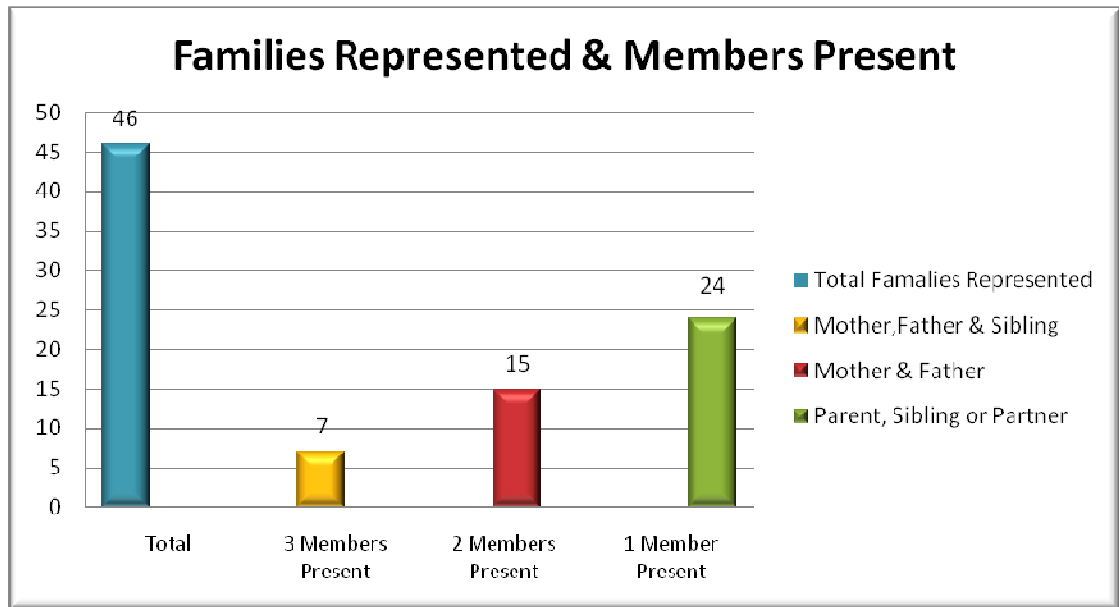


Fig 3.3.2 Total Number of Families Represented & Number of Members Present.



3.4 Sample Group: Recruitment & Method

A total of 51 participants took part in this study. The target group consisted of 2 Sub-Groups:

- 1) Family Members
- 2) Professionals

Sub-Group 1 comprised 47 family members (representing 36 families) while Sub-Group 2 comprised of 3 drug treatment and rehabilitation Family Support Workers and the co-ordinator of the Family Support Network.

3.4.1 Sub-Group 1 (Family Members)

Accidental sampling was utilised by the researcher that is all family members that the researcher came into contact with during the research period were considered (Sarantakos, 1998). The researcher contacted six drug treatment and rehabilitation services who provide services to family members of drug users and invited family members to participate in the

study. The rationale, aims and objectives of the study were clearly outlined (Please refer to Appendix 6 for details of the 'Informed Consent Form'). There was a positive response with 57 participants expressing interest in taking part in the study.

The high level of interest displayed by family members corresponds with Duggan's (2007) research; a universal stage 'contributing' was outlined whereby family members report a desire to share their experience.

Inclusion criteria for participation in the study included:

- Individuals over eighteen years of age
- Members of a family in which one or more of its members was engaged in problematic alcohol or drug use.

Exclusion criteria for participation in the study included:

- Individuals who participated in the pilot study

In total 47 family members participated in the research study, 10 family members were unable to attend the scheduled interviews and focus groups. There were a total of 4 focus groups of which there was 40 participants. There were 7 individual interviews with family members. The majority of participants were female and tended to represent the mother of the drug user corresponding with previous studies (for example Duggan, 2007; Barnard, 2005). A small number were male and for the most part represented the father of the drug user. Figure 3.4.1 and 3.4.2 provides the demographics and breakdown of the sample group.

Figure 3.4.1 Total Number of Participants, Male/Female Breakdown & Their Relationship to the Drug

User.

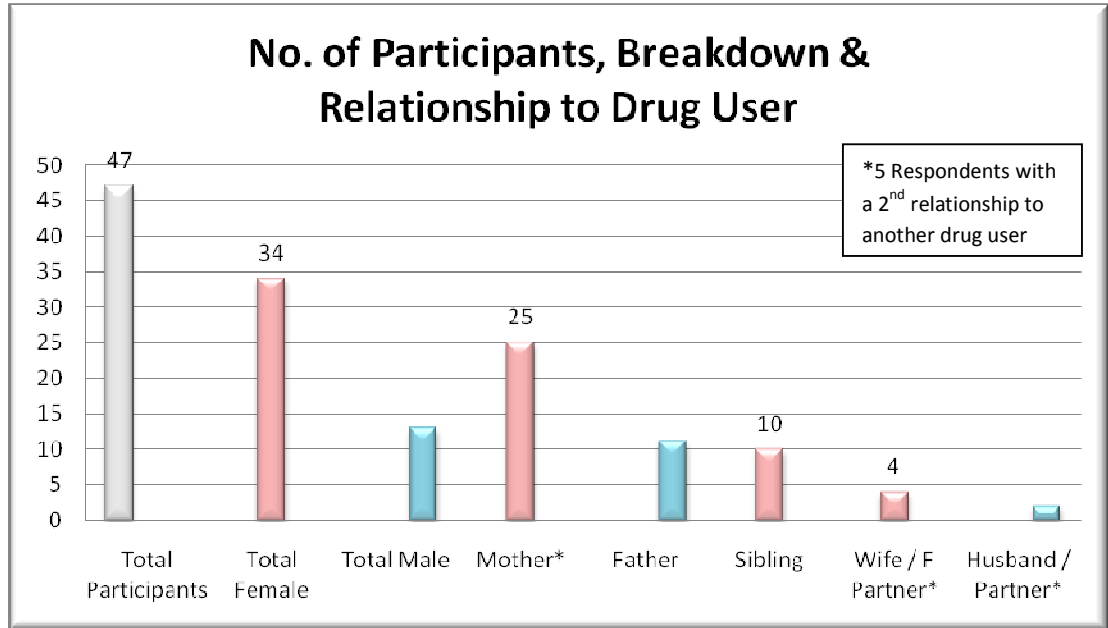
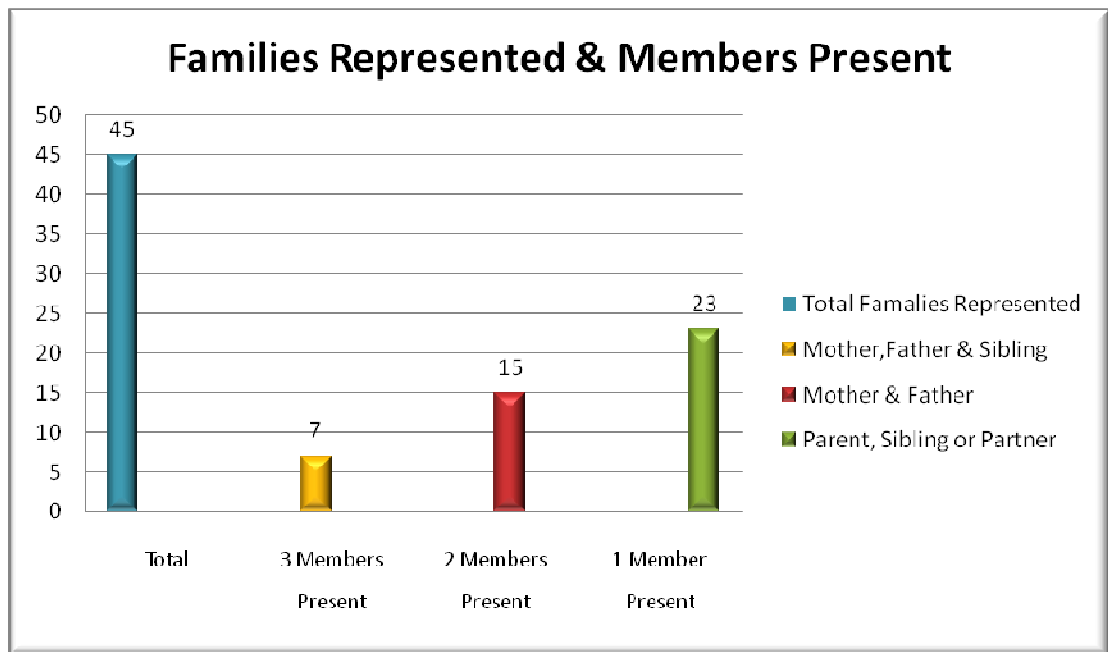


Fig 3.4.2 Total Number of Families Represented & Number of Members Present.



For many of the families involved in the study, the problem of drug use had emerged a long time ago; for some of these families the problem had been resolved usually by the drug user discontinuing use while for others the problem was still ongoing. For the rest of the families, the problem was more recent having emerged in the past five years or less and all families

were still coping with the impact of drug use at the time of the study. The current study therefore benefits from both a retrospective view of families affected by drug use and a more contemporary perspective. Given the size of this sample and the sampling technique employed the views of those who participated cannot be considered representative of the total population of family members coping with drug use.

3.4.2 Sub-Group 2 (Professionals)

Purposive sampling was utilised with regard to the professional group; the researcher purposely choose subjects, who were relevant to the research topic (Sarantakos, 1994). Four family support workers employed by drug treatment and rehabilitation services were invited to participate in the study. All agreed to participate. The family support workers were working with families affected by drug use for periods ranging from 2 –7 years. Their inclusion was deemed appropriate as this group have considerable experience supporting families in terms of the issues associated with drug use. As a result of the limited sample size the perspective outlined in the current study offers no more than a small window into the response of practitioners on a broader level.

The co-ordinator of the National Family Support Network participated in the study. The Family Support Network provides support to families affected by addiction. The co-ordinator has been in her position since the establishment of the network in 2007 and has 15 years prior experience in a previous role supporting families affected by substance abuse.

3.5 Data Collection

The data was collected by the researcher in the form of interviews and focus groups over a period of three months. Contact was made with drug treatment and rehabilitation centres and interview and focus group times were set up with participants two weeks prior to the commencement of interviews. The interviewer offered participants the opportunity to cease the interview or requests a break at any time. Interviews and focus groups took place in drug treatment and rehabilitation service premises. The location and set up of the interview environment was a crucial consideration for the interviewer. Interview duration ranged from thirty to ninety minutes.

3.5.1 Individual Interviews

Semi-structured, in-depth interviews were carried out with family members and family support workers working with families living with drug use. While interviews were ‘flexible’ that is, the interviewer developed the questions when they were required and as they ‘best fitted into the interview situation’ (Sarantakos, 1988, pp.264), there was a common set of topics covered and questions asked in all individual and focus group interviews. The interview was developed based on critically appraised information from the literature with regard to the domains of life affected by the drug use of a family member. There were three key areas of questioning:

- The initial impact of drug use on the family
- The different areas of family life that were affected
- The effect of drug use on internal family functioning

Following the formulation of the interview questions a peer evaluation of the questions was conducted by professionals working within the addiction services, all of whom have experience working with families. Feedback was given and amendments were made to questions as appropriate. The next stage involved the piloting of the questions during the pilot study (Please refer to section 3.3). The final step involved the modification of interview questions as appropriate in response to the thorough and comprehensive evaluation steps (Please refer to Appendix Two for further detail of topics and interview questions).

3.5.2 Focus Groups

It is essential for the researcher to acknowledge that data obtained from focus group interviews is not identical to individual data. Focus group data is ‘group data’, that is it reflects the collective notions shared and negotiated by the group (Berg, 1998, pp. 112). To add further complexity to this issue is the fact that a number of focus groups had members of the same family including, for example, husbands and wives that provided an additional dynamic to the social and cultural context. However, as a participatory approach served as a central component of the study, the researcher deemed the use of focus groups necessary. Berg (1998) explains interactions among and between group members stimulates discussions in which one group member reacts to comments made by another. Focus group interviews provide access to both actual and existentially meaningful or relevant interactional experiences that serve as naturally arising glimpses into peoples’ biographies (Berg, 1998).

The focus groups therefore complimented the use of individual interviews. While the latter provided a more detailed pursuit of content information, the former provided greater detail on various attitudes, opinions and experiences.

3.5.3 Interview Format

The researcher's involvement in a professional capacity, in developing and implementing services to support families living with drug use may of lead to the perception of a 'power differential' (Finlay & Lyons, 2002). Subsequently, in order to avoid response bias, a number of specialised precautions recommended in the literature were employed (Kane, 1985, pp. 68; Sarantakos, 1988, pp.264):

The interviewer:

- Dressed in an informal manner.
- Adopted a friendly approach and began the interview with an informal chat to facilitate the participant to feel at ease in the company of the interviewer.
- Carried out interviews in quiet places where participants felt comfortable.

Each individual and focus group interview followed the below format. The interviewer:

- Introduced herself and engaged in informal conversation to facilitate the participant feel at ease.
- Explained the purpose of the research, presented in a way that the participants sees its general relevance and its relevance to his or her own life and experiences (Kane, 1985).
- Explained the participant was selected because of his/her involvement in the family support group/service.
- Explained the content and purpose of the consent form and requested consent for their involvement and for the use of a digital voice recorder (Appendix Six).The Interviewer stated that information collected would remain confidential.
- Asked participants open-ended questions (Appendix Two) and used 'probes', 'prompts' and 'summarises' to expand on data provided (Sarantakos, 1988).

- Ended the interview by thanking the participant for their involvement and provided the participant with an opportunity to ask any questions or voice any concerns. Furthermore participants were provided with a list of support services for families.

It is important to note that when interviewing the researcher checked with participants to ensure that the interpretation of the participants' views were accurate throughout the interview proceedings. The recordings were transcribed within a week of interview completion and interview transcripts formed a proportion of the study data.

3.6 Data analysis and presentation

The central components of family systems theory were used to create a framework for analysis. The first stage of data analysis involved 'reducing the data' this refers to the process of manipulating, integrating and transforming the data (Sarantakos, 1988, p.315). Thematic content analysis (Green and Thorogood, 2005) was used, that is, the data was analysed (by re-reading transcripts and listening to interview recordings) to categorize the recurrent or common 'themes'. The second stage involved organising the data. Three broad categories were selected; themes and sub-themes were then allocated to each category (Please refer to Appendix Three for further detail). The data was presented in text and direct quotations were used to elucidate the themes, with minimal paraphrasing used only in the interests of clarity. The third stage involved the interpretation of the data; the researcher identified 'trends' and 'explanations' within the research (Sarantakos, 1988, p.316). Conclusions were reached by integrating the findings within a family systems framework and discussing results within the context of research provided in the literature review.

3.7 Ethical Considerations

The research was guided at all times by guidelines outlined by the Sociological Association of Ireland. Formal written consent was sought from each potential participant (Appendix Six). Participants were informed that they could withdraw from the study at any time. Permission was also sought from each participant for interviews and focus groups to be recorded. Each participant was assured that the recordings would not be available to anyone but the participant, the researcher and the college. Participants were also advised that the recordings would be transcribed by the researcher, and that, whilst the transcriptions were needed as an interview record for a period of some considerable time extending beyond the completion of the study, pseudonyms would be used in the transcripts and identifying details

would be altered to protect their privacy. Each participant agreed to such recordings. The researcher also informed participants of the limitations of confidentiality, that is, if she had concerns for the safety or welfare of participants or others information would be communicated with appropriate organisations. Furthermore Berg (1998) raises the problem of confidentiality in the focus group as, while it is possible for the researcher to ensure confidentiality, what can be done to ensure confidentiality among the participants. The researcher allocated time at the beginning of each focus group to explore what confidentiality meant and agree upon rules in adhering to confidentiality. In addition, the researcher attempted to guard against consequences for research participants which can be predicted to be harmful; provision was made for support for family members if necessary in a number of addiction services and all participants were given a list of phone numbers for support services.

3.8 Limitations of study

Firstly, the limited sample size (51 participants) meant that no empirical generalisations can be made. Furthermore similar to previous studies (for example Duggan, 2007 and Barnard, 2005) the majority of research participants are female and tend to represent the mother of a drug user.

Additionally, this study is a small scale study and time constraints did not allow it to take place on a larger scale (for e.g national scale).

However as the emphasis on families in drug service provision is in the early stages of development from an Irish context, the findings from this study will provide the rationale for an increased emphasis on the family in both policy formation and service provision.

3.9 Conclusion

The research design was qualitative; involving both semi-structured in-depth interviews and focus group interviews. In total 51 participants took place in the study comprising family members and professionals. Ethical considerations were applied at all stages of the research design. The researcher identified major themes within the research that were used to present data. The following chapter outlines the main findings of the study.

Results

Chapter Four: Results

4.1 Introduction to Presentation of Data Collection

The main aim of this study was to investigate the impact of drug use on the family system. In order to provide a detailed analysis, the impact of a member's drug use was investigated across a number of domains of family life including health and wider social life.

Additionally, the effect of drug use on different areas of family functioning including communication patterns, roles and family rituals was explored. It was hypothesised that a family member's drug use has a profound impact on the whole family and permeates every aspect of family life.

The analysis of data collected has been thematically correlated under four main headings: (1) The Impact of the Initial Discovery of Drug Use on the Family System, (2) Domains of Family Life, (3) The Impact on the Family System and, (4) Stepping Back. Each theme has a number of subthemes. The major themes and subthemes that have surfaced by way of this research are outlined in Appendix Three. For the purpose of presentation, data was labelled as outlined in figure 4.1.1. It was not possible to include the complete representation of thematic data collected and as a result further data that contributes to the findings outlined in this chapter is presented in Appendix Four.

Figure 4.1.1 Research Data Labels

DATA TYPE	MALE	FEMALE
Focus Group	M.x	F.x
Interview Group (Family)	I.M.x	I.F.x
Interview Group (Professional)	P.x	P.x
Researcher	N/A	R.Q

- x donates the number of the respondent

4.2 The Impact of the Initial Discovery of Drug Use on the Family System

The investigation of the initial discovery of drug use on the family system led to the emergence of a number of interconnected themes. Many of the themes that emerge during this period continue throughout and become central components of further themes.

4.2.1 Chaos

Families were almost universally thrown into disarray by the discovery that a member had developed a problem with drugs. Family members report a period of disequilibrium and disorganisation.

I.F.4 *I remember we found out about our son and it was Christmas week and I don't remember what happened between Christmas and Easter, he was still using, so we must have been running around looking for help...*

F.3 *You're running around like a headless chicken trying to do everything.*

A number of family members report a crisis event that led to the discovery of drug use:

F.2 *It was an incident that led to the discovery, my child being brought to hospital.*

M.1 *Something always happens, an accident or an overdose.*

F.19 *Bruises on my daughter's arm, that's how I found out first.*

F.13 *I found out when my son had an overdose. They revived him twice.*

Family members commented on the sheer devastation and questioned how problematic drug use entered their family:

I.F.7 *I can honestly say it was the most devastating thing that ever happened to us. I would have described us as a normal family, I thought that this certainly would never happen to my children, they were brought to school, we did their homework with them, they had everything they wanted and I just felt like this didn't happen people like us.*

These feelings were echoed by the children of drug users as one mother reports on her daughter's reaction to her husband's alcohol use:

F.8 *Oh mum, I know my friend's family and none of them drink like him, why is it us?*

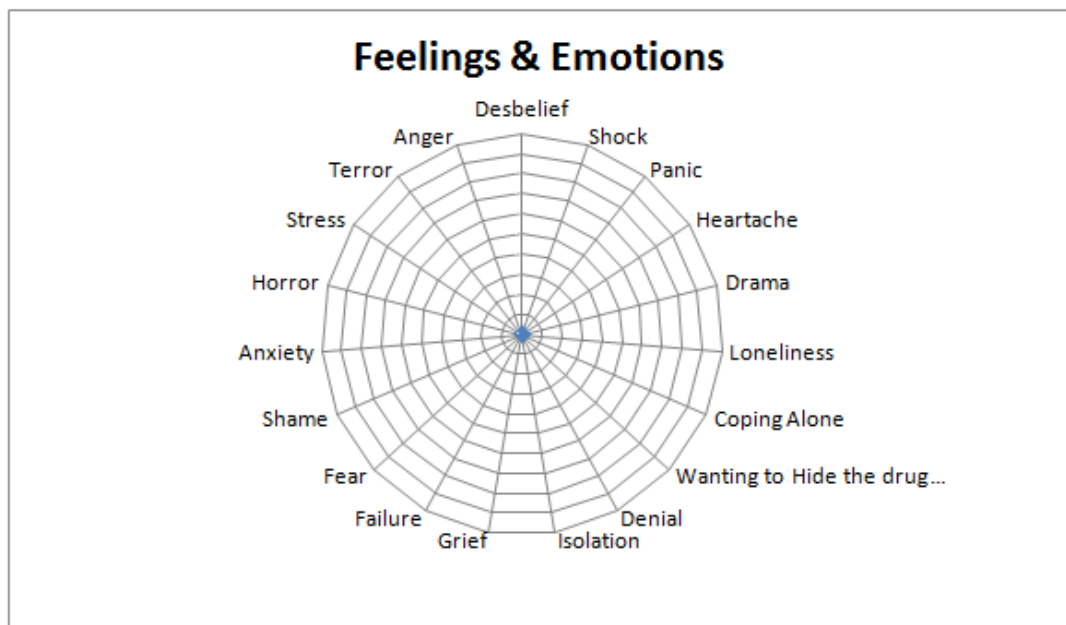
For most, if not all, families the discovery of drug use was an event of such deep significance that it changed the family and its sense of itself forever as summarised by the following mother:

F1 *In the initial stages your focus is on getting back to your so called normality, but that never happens, you go back to a new normality.*

4.2.2 Families Experience of Mix of Emotions

Family members report a complex mix of interconnected emotions that further illustrates this period as one of disequilibrium and disorganisation. Figure 4.2.2 illustrates the complex web of emotions identified by family members.

Figure 4.2.2 Complex Web of Interconnected Emotions



The majority of participants stressed the intensity of these emotions as illustrated by this father:

I.M.2 *We went through, gallons of emotions, we would have looked at guilt and hurt, we would have looked at disappointment.*

4.2.2.1 Denial & Shock

Some family members described a journey through these emotions that usually involved an initial period of denial before the escalating drug use led to feelings of shock.

F.18 *And you would have a dream where it wasn't real and it wasn't really happening, yes total denial.*

I.F.5 *For a long time it was just disbelief, I kept saying she'll get over it you know. And then when you realise she really is an addict, it's just shock really.*

Additionally, a number of family members described a process of attempting to normalise or rationalise the drug taking behaviour, in some cases, relating it to typical adolescent behaviour:

F.2 *Yeah trying to rationalise it, well they're all smoking a bit of dope it's not going to kill anybody.*

I.F.7 *A lot of people would put some of the experiences down to normal teenage behaviour, you know rebellious behaviour. Staying in bed, not coming in when they're told. You know staying out that little bit later and changing friends was a biggie.*

Family members describe how the escalating nature of drug use forces families to recognise the problem:

F.13 *You think it's not as bad as it is, you know you think it'll be alright and then it escalates.*

I.M.2 *By not confronting it you don't face up to it, so you put it on the back burner, and when you see the evidence, you just have to deal with it.*

The following family support worker illustrates a paradoxical experience whereby family members are shocked but not entirely surprised, thus confirming the existence of a period of denial.

P.1 *They are shocked yet not surprised, considering the majority already knew it exists and it's just about it been acknowledged, it generally existed for a long time.*

It is hard to overstate the shock and profound dismay that characterised family members' descriptions of the discovery. A number of participants describe a sick feeling that accompanies the realisation:

I.M.2 *And at that stage he was well into drug use, you could see the track marks on his arms, and that was like a kick in the stomach, you know we just felt sick, even though we suspected it, when you see the evidence...*

The feeling of shock may not be as intense for siblings as it is for parents. Participants suggested this was as a result of the generation gap between parents and drug using children, that is, siblings have a better understanding of the drug using culture. Additionally, a further paradox is evident as family members may indeed experience a feeling of relief when they discover a member is using drugs:

P.1 *For siblings, they wouldn't experience shock so much but they experience quite allot of sadness. But for everyone in the family there can also be allot of relief because with addiction there is a long fight to try and acknowledge the existence of something that's very clearly there but is never actually truly acknowledged or maybe never able to be proven.*

4.2.2.2 Shame & Isolation

Shame was reported as a prominent feeling during the initial discovery and was closely related to a process of withdrawal from social situations:

F.2 *Shame, you know you feel that everybody else's families are okay, you know, and you can see that your own family isn't.*

F.1.4 *And my husband ran his own business and he would have been very well known in that area, it was very hard for him not knowing who knows what...*

One professional outlined how the family follow a similar pattern to the drug user, in that, they experience feelings of shame and guilt and as a result sever their bond with society:

P.1 *The addict isolated themselves in a particular way through guilt and shame. The family starts to do the exact same for the exact same reasons. They really do isolate themselves away from their neighbours, their own friends...*

Furthermore the siblings of drug users mirror the parents' behaviour:

F.12 *The other thing about how the adults isolate themselves. The younger fella, he's nearly 12 and he doesn't go anywhere.*

F.5 *He (sibling of drug user) drives a motorbike you know and he said I'm glad I have to wear a helmet so no one can see my face.*

On initial discovery of drug use, it was common for families to attempt to manage the problem within the family, without seeking external support. Feelings of guilt and shame were provided as the rationale for this behaviour:

F2 *Initially you don't ask anyone for help.*

F3 *No, you think you're going to be able to fix it.*

F1 *You think that you can cope alone.*

(Agreement)

P. 2 *It usually takes a long time before they will go outside the house, they may try and keep it a secret first, not speak about it until it becomes overwhelming and they try and get information, or not, they could stay quiet and stay with this for a long time, for years.*

4.2.2.3 The Blame Game

Both family members and professionals reported a pattern of blame that moved within the family from the individual blaming themselves (typically, in the case of the mother of the drug user) to blaming their partner and blaming factors outside of the family. Most notably, the blame was rarely directed at the drug user themselves.

I.F.4 *I thought well he (husband) never brought him to play football you know...*

I.F.7 *I blamed myself a lot. I looked at what we did, how we lived, a lot around where we lived. But I never blamed my children it was always someone else's fault, because mine wouldn't have done that on their own.*

4.2.3 Trying to Fix the Problem

M.2 *I think you're looking for help to get rid of the pain, from your point of view, you know, help me fix the pain...*

A common pattern reported by families in the initial stages, was attempting to fix the problem. Families described a desperate attempt to 'fix' the problem as quickly as possible. The sense of urgency and panic depicted by family members, serves to confirm the sense of chaos, as families struggled to adapt to the problem of drug use.

I.M.2 *I went to the family doctor and you know this was all within the first 24 hours, we discovered this at midnight, the next morning everything kicked in, we brought him to see councillors, brought him wherever we could go, you know I think I drove all over the city that day, just trying to get help for him.*

I.F.4 *I wanted to bring him somewhere straight away. I wanted him to be fixed that night.*

Both parents and professionals emphasised their parental responsibility to try and repair the problem. One mother explained how her strong desire to fix the problem was influenced by the fact her son was only a teenager when he began using drugs. However, both a professional and a second mother explained the parental instinct to correct the problem remains strong no matter what age the drug user is. A number of participants used the analogy of a 'sick child' as summarised by the father below to illustrate the parent's desire to solve the problem:

F.3 *But when they're young you do feel it's your responsibility to fix it because you're the parent and they're the children and you're supposed to be looking after them, even though they're probably 16 or 17.*

F.1 *Well my son was 20 before he started using drugs and I still feel the same, so you still have to take responsibility at that age.*

P.4 *The parental instincts are very strong, they need to protect which makes it confusing when they're still nurturing and protecting at 40 years of age.*

I.M.2 *A child with any sickness you want to get them well, you bring them to the doctor, put them to bed, mollycoddle them; you know all the things to enable them to get well....*

Initially siblings also participated in the task of correcting the problem. However, their withdrawal from the task preceded that of their parents, as a result of the manipulative behaviour of the drug user:

I.M.2 *He had an older brother and a younger sister and for a time we were all working together, but things changed and I would put that down to the manipulative nature of people when they are addicted, they manipulate the situation to protect themselves and that's when his siblings stopped trying to help.*

A professional also described this pattern:

P.3 *Try and fix them, try and help them out. But then again it goes back to the trust; the trust is broken so they (siblings) turn their back on them (drug user).*

However attempts to control the problem were often unsuccessful in light of the escalating drug problem. Realisation that families could not fix the problem led to feelings of helplessness and despair and clearly signalled the gravity of the family's situation for the foreseeable future.

M2 *You realise there is no quick fix and it is impossible to describe how awful that feels, I think we've all been down some dead ends, but you have to go through a couple of failures to realise there isn't a quick fix.*

Some family members equated the loss of control to the associated characteristics of drug use, that is, 'there are other things in control':

M.1 *In this stuff you're helpless, you're just a passenger on this rollercoaster and you're not in control, he isn't even in control, and there are people and far bigger things in control.*

One professional, summarised the experience of the discovery of drug use as follows:

P.3 *When the initial shock happens they usually try and fix the drug user and then they realise the problem cannot be fixed, the desperation and the hopelessness gets worse.*

4.3 Domains of Family Life

Family members were unanimous in stressing the powerful and entirely negative influence drug use has in permeating every aspect of family life. Indeed, one participant in highlighting the enormity of the problem described it as 'a big black cloud' over the family.

F.1 *It affects everything.*

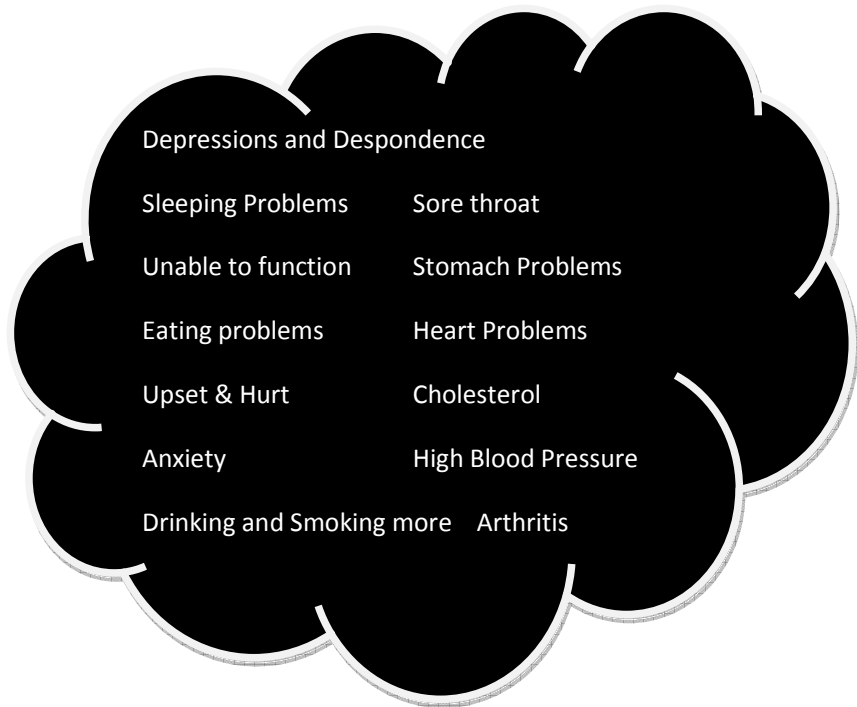
F.14 *The whole family dynamic, the whole lot goes out the window.*

P.2 *It could take over every aspect of family life and it does take over ever member.*

4.3.1 Physical and Emotional Health

Drug use had a profound effect on both the physical and emotional health of the family. Participants report a variety of physical and emotional health complaints that range in severity from stomach cramps to heart problems and *'having a break down'* (focus group participant). Both participants and professionals suggest the complex interplay of emotions experienced by family members has implications for the physical health of family members: *'the stress was eating me from inside out'* (Interviewee 4). Furthermore poor physical and emotional health is linked to the negative consequences that accompany drug use such as criminal behaviour. Figure 4.3.1 represents the broad range of physical and emotional health consequences described by family members.

Figure 4.3.1 Physical & Emotional Health.



4.3.1.1 Negative Factors Associated with Drug Use

A number of respondents related poor physical and emotional health, typically anxiety and sleep problems, to factors associated with drug use including fears for the drug users' safety, court appearances and involvement with the Gardaí:

M.2 *You don't know will they have a party, the house could be wrecked, and the guards will be called. It's a constant threat.*

M.1 *You can't sleep, you're just waiting on a knock at the door.*

F.3 *You're always looking over your shoulder; it's a constant battle....*

Participants also reported increased stress as a result of a change in the drug culture:

F.1 *There's a lot more intimidation and there's a lot more danger, you find yourself doing things you thought you would never do and it's not until a dark December night, you have to make decisions on your own...*

Participants also reported experiencing stress as a result of having to care for the drug user's children:

F.2 *I always end up having to sort out her children, I know I'll have to organise the school uniform and the books for the children...*

F.6 *I rear my two grandchildren, if I didn't take them they were going to end up in care and it's so hard, they are very chaotic because they were after being living with an addiction, a drug user.*

4.3.1.2 Mourning the Drug User (Grief)

A number of respondents provided an account of experiencing a sense of loss and, in some cases, described how they engaged in a grieving process. Respondents, typically parents,

mourned the loss of certain developmental phases, life events, as well as dreams for their children.

F.1 *My husband is physically still there, but we lost him to drink a long time ago.*

F.2 *You are so envious of friends whose kids are doing 'normal things in life'. I wished my child would have graduated from school or went to the debs.*

F.12 *You lose all hope you had for the child, you know like (F2's Name) was saying that they're dead, your dreams you had for the child are gone.*

I.F.3 *These were your two babies, they were doing really well in school and all of a sudden, all of your hopes and your dreams were just shattered. And while, you know they're not dead and they didn't die, I definitely lost my children and I'll never get them back. I will hopefully someday get back two young men but I'll never get back my children that I lost.*

4.3.1.3 Respite from Drug Use

The strongest evidence of the harm an individual's drug use has on the physical and emotional health of the family is evident in family members' accounts of the sense of relief they experienced when the drug user left the family home either by moving house, entering treatment, hospital or prison. The powerful influence of drug use is further confirmed by the return of negative health consequences on the drug user's return to the family home.

F1 *I wouldn't be as stressed now because he's not living with me. But sure every time he comes up I get the runs!*
(Laughter)

F1 *I do, I get cramps in my stomach and I have to run to the toilet. That's when he visits.*

M.3 *Someone said I'm looking well lately and I laughed because that's because he is in treatment at the moment.*

M.2 *I was in Australia and I barely landed and I got a phone call from (wife's name) and she said that (son's name) had overdosed, he was in hospital for 4 weeks, but for*

those 4 weeks I had a great time in Australia because I knew where he was and that's the way you have to look at things sometimes...

4.3.2 Family Finances

There was a general consensus that drug use has a negative impact on family finances. For the most part, family members reported how the drug user is constantly 'looking for' and 'taking' money from the family:

M.2 *It's a financial drain. If they're not asking for it, they're taking it. I remember my wife used to say I have to carry my whole life in a bag I used to laugh but now I have to do the same myself. You just cannot leave anything around.*

M1 *If you have a 300 a day coke habit you have got to get that money*

F1 *That's right yeah.*

M1 *And they seem to come up with it. They beg, borrow, and steel whatever it takes and literally whatever it takes.*

One father reported more profound consequences as he described how drug use had 'bankrupt' his family. A wife also described the stark financial consequences of her husband's drinking on the family:

F.4 *It was so hard at times, I remember giving the kids milk with their cereal and then diluting what was left of it to make a cup of tea.*

4.3.3 Wider Social Life

The earlier sub theme 'shame & isolation' was expanded on in respondents descriptions of the effect of drug use on the family's social life. In some cases, respondents reported not having any social life and described how they isolated themselves to avoid stigma.

I.F.7 *I'd say for about two years I hid away, I wouldn't go out during the day time, I'd only go out at night. Because I thought everybody would be looking at me and judging me.*

F.2 *We never went outside the door, we were too ashamed.*

F.3 *Yes, we really didn't go out either, only sometimes to the cinema maybe because it was dark.*

The earlier sub theme of 'trying to fix the problem' also remerged at this point. Respondents described how their energy is consumed by trying to control the problem and as a result they are unable to focus on their social life:

F.2 *You put so much of your energy into trying to control it, that you lose a lot of energy for your social life.*

One father referred again, to the analogy of the sick child to illustrate this phenomenon:

I.M.2 *If you have a sick child at home and you're used to going out on a Saturday night for a few beers, a meal, or whatever, when the child is sick that all goes by the wayside.*

Furthermore one participant explained how a family member's drug use prevented them from taking part in typical family activities such as holidays:

I.M.3 *You're reluctant to leave the house in case they take control of it. Holidays just don't happen. Because, you don't know what you're going to come back to, or not come back to.*

4.3.3.1 Breaking the Silence

Professionals explained that 'breaking the silence', that is, talking about the drug use, represented a significant turning point.

P.3 *When the secret is broke, the people start going out, but before the secret is broke they would hide away in the corner of the pub.*

P.4 *Yes the big thing is breaking the silence, and I'd always underline that, when people start to talk about drug use, the process of healing can begin.*

4.3.4 Relationships

I.M.2 *It's the people who love them the most who get hurt the most*

Drug use had a 'devastating' and, in many cases, an everlasting effect on relationships within the family. The relationship difficulties contributed to the sense of crisis, illustrated in respondents accounts of the 'constant screaming and roaring' in the family home. Respondents typically attributed relationship difficulties to the manipulative nature of the drug users' behaviour that in most cases resulted in both a breakdown of trust and conflict between members.

M1 *They will go to any length to get what they want and they will cause chaos between father and mother and harm between sisters and brothers.*

M2 *She'll play one against the other, ma says she can have this, da says something else...*

The following father provides an account of the rationale for such manipulative behaviour in describing the necessity for the drug user to feed their addiction:

M2 *The bottom line for addicts is to indulge their addiction and you or anybody else will always operate in an outer circle to their central need...*

This professional provides an account of the breakdown of trust that she relates to characteristics of the drug taking behaviour:

P.2 *The drug user burns their bridges with everyone. There are a number of factors that lead to the depletion of trust including; constantly asking for money, drug paraphernalia in the house, dealing in the house, the house being raided....*

One professional commented on the eternal nature of such changes:

P.4 *Drug use tears families apart and I don't think the effect ever goes away.*

Respondents described the profound effect drug use had on the sibling relationship and reported a pattern whereby siblings emotionally distanced themselves from the drug user.

I.F.4 *My eldest son and the next chap who is the addict, it affected them terrible, he never went into prison to see (son's name)...*

One father provided an account of how the drug use led to the deterioration of the relationship between the drug user and his siblings:

M.2 *(Name of sibling) eventually just cut away from him. He wouldn't have any connection with him. And the two girls, if they asked him to pass the salt that might be the limit of conversation.*

Difficulties also emerged within the marital or partner relationship. Such difficulties ranged in severity, from an increase in arguments usually arising from fundamental disagreements over how best to respond to the problem, to marital breakdown.

P.3 *A lot of marriages actually break up and this is, in a lot of cases due to different ideas about how to cope, let's say the mother is trying to fix the problem or the father wanting to throw the addict out.*

One respondent commented on how the drug use impacted on the couples' loving relationship:

I.M.2 *I mean we can't very well be having a row over your son and then enter straight into a loving relationship, it just doesn't work like that.*

In one case, a mother reported how her relationship with her husband was 'stronger' as a result of the drug use.

4.3.4.1 Love Hate Relationship

Respondents (largely mothers) reported intense feelings of both love and hate towards the drug user.

F.I.4 *And I hated my son so much, but at the same time I loved him more than ever, it's such a tear on your heart, you want to protect him, but you hate what he does, you want to kill them.*

One mother describes the anger she felt towards her daughter:

I.F.5 *We thought it was great she was getting treatment, but within a week she was thrown out, and I was so angry, I drove down to collect her and was thinking of knocking her down...*

One mother describes how she wished for peace for her child:

I.F.7 *I actually wished for death and it's really wishing for peace for your child and not for you, because you'll suffer if they die, they won't. They'll be out of all the dangers.... And I feel for some children that's the only peace that they'll get, some children get well but a lot of them don't. With my two children, I can see the one that might get well one day and the one that won't, and I prayed so many times for death.*

4.3.4.2 Non Drug Using Family Members Overlooked

The problem drug use of a close family member and the escalating chaos that followed typically resulted in other family members feeling ignored. Some parents explained the focal attention on the drug use contributed to the other children experiencing feelings of resentment and jealousy.

F.2 *Yeah, jealousy from the other siblings towards the attention the addict gets.*

F.4 *All the energy goes to the drug addict and the others are left aside. And they resent the parents because the user is given all the attention.*

Parents demonstrated an awareness of the costs to the family of pursuing this course of action but nonetheless saw their primary responsibility as helping the child most in need of it.

I.F.7 *...and she (daughter) said what do I have to do in this house to get noticed, do I have to take heroin? And I remember thinking oh my god, but you unintentionally just keep thinking I have to make this better.*

I.M.2 *The other kids might ask for 20 euro and you give it to them, because you know you are neglecting them a bit, but you just want to make the sick child better.*

One professional, described a tendency for parents to attempt to compensate for the attention given to the drug user by buying things for the children who feel overlooked, 'buying affection' (Professional four). This pattern occurred both in the case where the drug user was a parent or a child in the family.

4.4 The Impact on the Family System

F.19 *It's like throwing a pebble into water and there is a ripple effect throughout the entire pond.*

The experiences described by families, confirmed many of the central components of family systems theory. The above analogy illustrates how families are inextricably interconnected. The problem of one member does not exist in a vacuum that is the issue of drug use, but causes changes for the entire system. In applying a family systems lens, many of the themes that emerged in the previous two categories are developed further at this point.

4.4.1 Communication Patterns

Families reported how drug use had a profound effect on communication patterns within the family. A number of participants described how conversation became absorbed by the topic of drug use.

I.F.7 *Every conversation you have is about drugs.*

F.4 *My son wrote a letter while in treatment and it read 'I wish my ma and da would talk to me, and not mention drugs'.*

In some cases, the opposite approach was adopted by siblings as they tended to withdraw from conversation about drugs.

F.2 *I was so sick of everyone talking about drugs, I would refuse to talk about it.*

M.4 *Our 12 year old, didn't want to talk about it, he used to just play the play station.*

4.1.1.1 Manipulation

M3. *They would convince you that black was white.*

For the most part, participants described how the drug user's constant lies affected communication between the drug user and family members.

P.2 *Communication is hugely affected because everything becomes a lie, nothing is trusted anymore.*

M.2 *...with addicts, a lot of the time, they aren't telling the truth, ask the simple questions; where are you, what are you doing and you aren't told the correct answers.*

F.1 *Mobile phones are a curse to parents, worse things ever invented for drug users. They could be in the sitting room in our house and they could tell you they're down town.*

4.1.1.2 It's a Family Secret

P.2 *I've family members who don't talk about it, they keep it within the family, it's a family secret.*

A number of family members described the secrecy that surrounds drugs use. Family members explained the secrecy represented an attempt to shield both the drug user and other family members from negative consequences. In the case of the drug user, some parents,

typically mothers, felt they were protecting their child from a partner's anger and in some instances violence. Not telling siblings or children of drug users represented a bid to protect them from the harms caused by the drug user; however, in many cases, siblings were aware of the secret.

F.13 *You are hiding things, I was trying to protect my son, I was afraid of violence when my husband found out.*

I.F.5 *I hid an awful lot, I thought I was protecting him (husband) but in a way, I was protecting her (drug user), because I was afraid (husband's name) would kill her.*

I.F.4 *I wanted to shield my daughter from knowing, she was only 8 or 9 at the time, and we still have never talked to her about it, but my gut instinct is she knows and she always knew.*

P.2 *Everyone keeps holding the family secret.*

The difficult and complex task of keeping the family secret led to increased strain on members and contributed to the sense of imbalance within the family.

4.4.2 Family Rituals

There was commonality in respondents' descriptions of the impact of a member's drug use on family rituals. Respondents described how a variety of family rituals were compromised ranging from typical daily routines such as meal times to family functions and events such as birthdays and Christmas.

F.2 *Everything was disrupted even meal times, you wouldn't know what state he (husband) would arrive in.*

M.2 *Meal times can be chaotic, he's not coming down and the other kids are going mad because he's getting all the attention.*

F.6 *Christmas can be a very stressful time any time like that; Easter, Halloween. One Christmas he robbed everything all the presents for the other kids and money that was left around.*

Family members report how family events are filled with anxiety and disruption that absorbs the entire family:

F.3 *Everything is upset, my daughter's wedding, my mother's funeral.*

F.6 *At my 60th, my son caused havoc, the whole family was fighting and all over a phone charger, he was obsessed with getting a phone charger.*

Respondents described how family members would be hyper vigilant at family events, this behaviour represents the process of over functioning in an attempt to compensate for the drug user's under functioning.

F.5 *I would stay sober so I could notice everything he was doing. I would be up to 90, always in anticipation of something happening, like a secret service agent listening to 3 conversations at once.*

F.3 *You would be like Colombo without the weapons.*

In some instances the drug user and subsequently the family were excluded from family rituals:

F.1 *I had one son who had been in prison for every family occasion, everything.*

F.6 *He wasn't invited because they knew he'd cause trouble. We didn't feel safe leaving him at home so we didn't go.*

4.4.3 Role Reversal

Participants describe a number of role reversals within the family. One professional describes how drug use causes family members to become misplaced within the family; *'you will have a mother, father, child standing in the wrong place'*.

A mother and professional summarise this point:

F.2, *My younger lad would want to mind me.*

P.3 *The child will try and mind the mother's secrets to protect them.*

One wife described how when she stopped enabling her husband's drinking she stepped into the role of the scapegoat, as her children began to blame her for their father's drinking:

F.6 *It's really affecting my relationship with them (children) because he (husband) is the victim and I am the persecutor and now because I stopped enabling him I am the scapegoat of the family.*

One professional describes how roles become fixed and subsequently, lack the necessary flexibility to adapt to new situations.

P.1 *People fit into very neat roles and they become cemented not like the so called 'typical' families where roles are flexible and adapt to change...*

The consequence of 'cemented roles' is that growth does not happen within the family. The respondent acknowledges that the majority of drug using adults still live in the family home.

P.1 *The addiction disrupts the growth of the entire family, the separation between parent and child never happens, the addiction thriving in the house does not allow it to. Most of the addicts still live in the home and are still emotionally attached to their parents. The family becomes stuck in a time zone.*

4.5 Stepping Back

A number of participants describe a process of ‘stepping back’ from the drug user. This involves emotionally distancing themselves from the drug use. Such a process is complex and takes a long time to achieve, however it enables the family to restore balance.

M1 *You know its one big lesson I've learned and that is to step back and it's made a huge difference to our family.*

F2 *It's very hard because you love them and you just want to run in and help them, and you don't do it overnight, you step back and then you jump in and you go back and forth like this for a long time.*

I.M.2 *When we were finally able to remove ourselves from the addiction, we took back control of our lives and no matter what was going on with him (drug user) we could keep ourselves on a level,...*

I.F.7 *My other son is really bad at the moment, and I said to (husband's name) can you believe we can be alright knowing he's so bad.*

4.6 Summary of Results

To summarise, the results obtained provide evidence to prove the research hypothesis, that is, the drug use of a family member has a profound effect on the entire family and permeates every aspect of family life. The application of a family systems perspective, in analysis and evaluation of results, provides further insight into the powerful influence drug use has on internal family functioning. These findings will be investigated and discussed further in the subsequent chapter.

Discussion

Chapter Five: Discussion

5.1 Introduction to Discussion

The findings from this study were consistent with previous research, in highlighting the diverse and complex adverse effects experienced by families affected by the drug use of a member. This study contributed to previous Irish studies (Duggan, 2007; Hogan 2003; Murphy-Lawless 2002) by broadening the investigation from a specific type of drug (heroin), a specific geographic area (inner city disadvantaged areas) and a particular family member (children). The negative experiences echoed in this study therefore confirm that the universal problems experienced by families, as highlighted in previous research, are not confined to a particular drug or geographic area.

Unlike Mc Keown and Fitzgerald (2006) who relied on quantitative measures to assess the impact of drug use, the focus of this study was on qualitative research. Each aspect of the data collection (focus groups, in-depth interviews) produced its own distinctive features as they combined to produce a multi-dimensional perspective of the effect of drug use on the family system. The results from this study are consistent with Mc Donald et al.,'s (2002) findings, in reinforcing the four key areas within which problems occur; the physical and emotional well being of family members, family finances, social life and relationships. The richness and complexity of the information gained from participants has yielded valuable insights into the experiences of family members and elaborates on earlier quantitative findings. For instance, while Mc Keown & Fitzgerald found the physical and emotional well-being of parents living with drug use is significantly lower than the average for Irish parents, findings from the current study provided the context in which such problems occur.

Furthermore, findings generated from investigation of the four key areas provided plentiful data from which to apply a family systems framework. Qualitative data meant family members provided a narrative account of many of the central concepts of family systems theory as they relate to the experience of drugs in the family. These findings contribute to the earlier theoretical writings of researchers including Stanton and Todd (1992) in providing a contemporary and meaningful account of the complex processes inherent in the experience of

living with drug use and have added to the small group of studies premised on expressing the views of a typically 'silent group' (Orford et al., 2005).

5.2 The Families Attempt to Maintain Homeostasis

Findings illustrate the chaos that engulfs families on discovery of drug use characterised by utter panic and crises. The current study elaborates on Barnard's (2005) description of the volatile mix of anger, sadness, anxiety, shame and loss in providing an account of the family's journey through this complex mix of emotions that usually begins with a period of denial followed by shock on accepting the problem that is replaced by feelings of despair and helplessness. The concept of 'differentiation of self', that is the cornerstone of Bowen Family Systems Theory (1978) (BFST) is applicable at this point. It describes the individual's ability to separate thinking rather than feeling states and to behave in a thoughtful rather than a reactive manner (Cook, 2007) (please refer to Appendix Five for further detail). The feelings described by participants indicate 'feeling' rather than 'thinking states' and thus illustrate low levels of differentiation.

Homeostasis is a central concept in family systems theory and refers to a family's ability to maintain a sense of balance in terms of its behavioural and emotional functioning. Dayton (2008) refers to the challenges inherent in maintaining homeostasis when drugs and alcohol enter a family. The family becomes organized around trying to control the unmanageable problem of drug use (Dayton, 2008). Family members may withdraw or over function in a desperate attempt to maintain the family unit. A number of findings illustrate the families attempt to achieve homeostasis and further correlate with the patterns of engaging identified by Duggan (2007).

Firstly, participants reported a period of denial that was confirmed by experiencing both shock and relief when the problem was finally accepted. This period of denial illustrates the process of disengagement. Disengagement refers to a process whereby family members attempt to keep the pain from their inner worlds from erupting by avoiding the subject (Dayton, 2008). It also corresponds with the pattern Duggan (2007) identified as 'unknowing'; this refers to the family's inability to recognise the existence of a problem. Participants in the current study described a process of rationalising or relating the drug use to typical adolescence behaviour. Similar to Duggan's (2007) findings this method of non-

engaging lasted for many months until the problem was finally acknowledged, by which time it had taken a firm hold evidenced by one father's account of 'the track marks' on his son's arm.

Secondly, participants described attempts to maintain the problem without seeking external support. Duggan (2007) refers to this process as 'coping alone'. Feelings of guilt and shame were provided as the rationale for this behaviour concurring with Dayton (2008) who explained the guilt and shame that family members feel at the escalating chaos within the family system together with the psychological defences (for instance disengagement) against acknowledging the problem keep the family from getting help. In contrary to Murphy-Lawless' (2002) research, social stigma is not confined to heroin use and experienced only by mothers but associated with a range of drugs including alcohol and experienced by different family members including siblings.

Finally, 'the over functioning' of family members, is evident in their attempts to try and fix the problem as quickly as possible. This mirrors the pattern of engagement Duggan (2007) refers to as 'desperately seeking help' that describes the long and desperate attempt to find external help. Contrary to Duggan's (2007) findings, the methods of engaging participants adapted did not follow discrete stages. For instance Duggan (2007) found that once families finally accepted the problem they began desperately seeking help. The findings from this study suggest that some family members moved back and forward between methods of engaging and disengaging for a period. Participants reported seeking external help within the first 24 hours however made subsequent attempts to maintain the problem within the family. The utter panic depicted by participants further suggests fusion within the family emotional system that is characterised by emotionally driven reactions to anxiety (Cook, 2007). The feelings of hopelessness and despair upon realising there is no 'quick fix' concurs with the feelings of powerlessness and vulnerability described by Barnard (2005) and indicates difficulties in differentiation, as this process mediates the effect of anxiety (Cook, 2007).

5.3 The Families Weakening Internal Structure

As the family continues in their battle to regain control the increasing strain on families' internal structure is evidenced by a number of factors. Firstly, it is manifested in the range of both short term (stomach cramps) and long term (heart problems, nervous breakdown)

psychological and physical health complications that reflect health consequences identified by Mc Donald et al., (2002). Respondents reported an increase in ‘appetite-related behaviours’ such as an increase in smoking and alcohol use, over eating or under eating. The research also highlighted the emotional impact as a result of worry about the impact on the drug users’ children. The negative effect drug use had on the emotional and physical health of the family was confirmed by a decline in these symptoms when the drug user was vacant from the home. These findings contribute to Mc Keown & Fitzgerald’s quantitative study that found imprisonment of the drug user is associated with improved physical, psychological and emotional well-being for the family.

Secondly, family members adapt a position of ‘high alert’ as a result of theft of money and possessions by the drug user. Some families reported more profound financial consequences including bankruptcy and lacking money to buy basic necessities. These consequences contribute to the deterioration of the families’ internal structures. The method of over functioning was further adapted with regard to the family rituals as respondents remained on ‘high alert’ in an attempt to prevent negative consequences as a result of the drug users’ behaviour. Duggan (2007) uses the concept of ‘super-parenting’ to illustrate the over-functioning behaviours parents adapt. However, the process of disengagement was also evident in the way in which families withdrew from their social life; such behaviour was further linked to feelings of shame and guilt.

Finally, mirroring Mc Donald et al.,’s (2002) findings drug use had a profound effect on relationships within the immediate family. Participants reported how non drug using family members felt neglected or excluded as a result of the attention given to the drug use. Participants described an increase in conflict and arguments that were typically a result of fundamental disagreements on how to best respond to the problem. Similar to previous research (Duggan, 2007; Barnard, 2005; Murphy-Lawless, 2002) mothers adapted a nurturing approach to the drug user while fathers and siblings favoured more punitive approaches including removing the drug user from the family home. Furthermore, attempts to try and control the problem (for instance, supporting the drug user access treatment) resulted in feelings of anger towards the drug user particularly in response to their manipulative behaviour. Such feelings echo the ‘running battles’ described by Murphy Lawless (2002, pp.60) to depict the feelings of both love and hate towards the drug user. Siblings tended to emotionally distance themselves from the drug users and some participants described the

dissolution of the sibling relationship. For some families, the stress had led to separation or marital breakdown.

5.4 Dysfunctional Patterns of Relating

Dayton (2008) describes how as families struggle to control the problem, participant's engage in patterns of relating that become increasingly more dysfunctional. Participants reported a number of dysfunctional patterns of relating including a pattern of blame that moves within the family. Applying a family systems perspective provides microscopic insight into the complex processes inherent in the negative patterns of relating reported by participants.

In family systems theory, behaviours that are stimulated by one element themselves become stimuli for other behaviours (Thombes, 1994). When describing this topic, Vetere (1998) spoke of family members adopting circular interaction patterns that would be adapted repeatedly. A number of participants, in their descriptions of the impact of drug use on the family, illustrated circular interaction patterns of behaviour (illustrated in figure 5.4.1). Parents commonly described how the drug use of a family member contributed to an environment of chaos. While family members became immersed in panic and chaos, the drug user continued to use drugs. Therefore, illustrating the chaos stimulated by drug use became stimuli for continued drug use:

We weren't thinking straight. I always say it was like the wizard of Oz, you're in this storm and everything is just spinning around you, and he is continuing to use drugs (Interviewee).

The escalating drug use contributed to further chaos in the family home (that is, the continued drug use became stimuli for further crisis), including conflict in relationships that would subsequently lead to continued drug use.

He kept using drugs and we kept arguing and it just went on like this for a long time (Focus Group Participant).

(For further descriptions of circular interaction patterns of behaviour patterns please see Appendix four)

Figure 5.4.1 Circular Interaction Patterns of Behaviour.



5.4.2 Emotional Subsystems

Triads or triangles are the most stable emotional system within a family (Cook, 2007). According to Bowen (1978), a dyad (relationship between two people, for example the marital relationship) becomes unstable as anxiety increases. The increase in emotional intensity means a third person is brought in to diffuse the anxiety so that the dyad can remain stable (Cook, 2007). A number of variables in this study confirmed the existence of ‘triangles’ that for the most part involved the parents of the drug user and the drug user, concurring with what Thombs (1994, pp.149) describes, as a ‘typical triad’ in a family experiencing addiction.

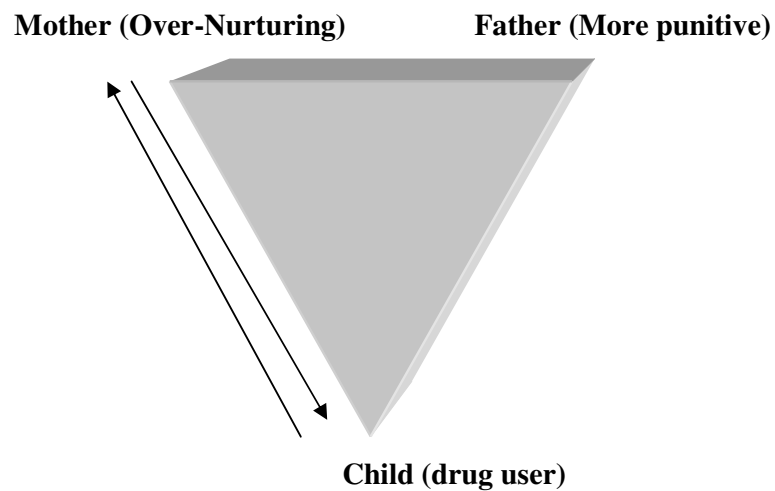
Firstly, a number of participants described difficulties in the marital relationship as a result of the increasing anxiety. One professional provides an account of how difficulties in the parental relationship are necessary for the addiction to thrive. Given that triads occur as a result of attempts to stabilise the parental relationship, such difficulties provide a rationale for the formation of a triad. The respondent also describes the tendency for the mother to nurture the child and the father to be less engaging, this represents a typical behavioural pattern in

family triads where addiction is present (Stanton, 1980) and is reflected in descriptions provided by mother's in this study of their desire to 'protect' and 'hold' their 'babies'.

If there's a healthy relationship between the two parents its harder for the addiction to thrive, it has to disrupt the parental relationship. Generally one parent wants to hold and nurture them and the other parent is saying no... (Professional)

Furthermore, the tendency of the drug user to occupy centre stage and consume parents' energy ('the whole unit is gone because they are running after one person' (Professional one)) illustrates triadic patterns of interaction. Thombs (1994) describes how the child's drug problem can provide a focal point around which parents can unify (an example of a family triad described by participants is illustrated in figure 4.4.5).

Figure 5.4.2 The Family Triad.



Stanton uses the metaphor of the 'dance' to describe the movement within the triad. According to Thombs (1994), a triad consists of a comfortable close twosome and an uncomfortable outsider, in order to avoid separation the partners in the twosome are often over involved with each other. As a result the 'outsider' seeks to confirm their place within the triad and the subsequent manoeuvring is referred to as the 'dance'. The following mother's account represents her son's attempt to confirm his place within the triad:

I remember he was running away and we were chasing him everywhere and pleading him to come back, he said I'll come home if you throw my dad out, and I actually considered it... (Interviewee)

The concept of the dance illustrates the dynamics behind relapse (Thombs, 1994). Stanton (1980) stated individual reasons such as 'lack of motivation' are superficial as they fail to acknowledge the individual's enmeshment in the family system. Participant's accounts of the 'rollercoaster' pattern of the drug user's treatment illustrate the complex process of the 'dance'. The following mother accounts how little work is done with the family, as a result the drug user and family return to previous patterns of relating and the drug user subsequently re engages in drug using behaviour.

But when it's time, for them to go home, from detox that is horrific for families. And especially if you don't know, what the processes of addiction are, I mean nobody is born with the knowledge of addiction. So we didn't know, I mean the first time he came out of treatment and relapsed that was horrific.

Findings from this study, therefore, indicate that effective relapse prevention should include intervention with the entire family, rather than just focusing narrowly on intrapersonal factors within the drug user. Stanton (1971) and Valliant (1966) state the high number of drug users remaining in the family home highlight the need to include families in the treatment process, as families return to their families they will be 'sucked' into negative patterns of relating which inevitably lead to re addiction unless structural and behavioural changes occur (Thombs, 1994, pp.14).

5.4.3 Rules & Roles

Keeping the drug use a secret emerged as a central theme throughout the investigation. Participants referred to the addiction as '*the elephant in the room*', '*keeping the family secret*' was an undertaking involving all family members and contributed to the sense of burden experienced by the family. Dayton (2008), describes how as the elephant in the room increases in size and force, the family has to become ever more vigilant in keeping its strength and power from overwhelming their ever weakening internal structure. Rules are a central characteristic of family organisation; they define appropriate conduct within the family system and are often implicit (unspoken) rather than explicit (Thombes, 1994). Rules function to provide order and stability and thus homeostasis in family affairs. Deusch (1982) as cited in Thombes (1994, pp.143), identified prohibiting talking openly about the drug use as a typical rule in chemically dependent families.

Participants also discussed the redistribution of roles that occurred within families that concurs with research by the Centre on Addiction and Substance Abuse (2005) that described how family members must often change their conventional roles in order to adapt to the unpredictable, unreliable behaviour of the drug user. Parents provided accounts of how children in the family would try and '*protect*' their parents thus taking on elements of a parental role and highlights the process of over-functioning in an attempt to achieve homeostasis. One professional further described how roles can become '*cemented*' in families affected by addiction and thus prevent the '*growth*' of the family and used the example of the parent-child relationship becoming fixated. Thombs (1994) describes how, as a family becomes consumed with achieving homeostasis, the amount of change that can be facilitated within the system is hampered, the development of the family as a resilient unit that can adjust to many natural shifts and changes becomes impaired. The respondent outlined that:

'most of them are still living in the home, even in their forties and it's about that emotional connection that exists, they're still attached' (Interviewee).

A further concept of BFST '*emotional cutoff*' is applicable at this point. According to Bowen (1976) individuals with lower levels of differentiation have not separated emotionally from their parents, they have unresolved emotional attachments to their families of origin

(Thombs, 1994). The high number of adult drug users remaining in the family home together with 'the strong attachment' highlighted by findings illustrate Bowen's concept.

5.5 Achieving Homeostasis

A number of participants spoke about regaining balance in family life as a result of '*stepping back*' from the addiction. While patterns of disengagement including denial and silence have resulted in negative consequences reflecting Carver, Schiner & Weintraub's (1989) beliefs that disengagement is maladaptive. Roger, Jarvis & Nairan (1993) separate a detached form of disengagement, which they believe is constructive. Nowinski (1999) refers to this process as 'caring detachment' and describes it as a process of disengaging that prevents family members from enabling drug use. Findings from this study reflect Nowinski's explanation as family members describe a process of removing themselves from the addiction, so that the continued drug use no longer stimulates arguments and, subsequent conflict fails to enable continued drug use. The process of 'caring disengagement' therefore interrupts the dynamic drug use has introduced into the family. In some cases, families described regaining balance and described the family's increased ability to meet the needs of its members; '*we were able to recognise the needs of the other kids*' (Interviewee). Such findings correspond with Murphy-Lawless' (2002, pp.67) research in finding that families set boundaries on their involvement with the drug user's drug-taking and, subsequently were no longer 'swamped' by the life of the drug user.

5.6 Conclusion

This study found an individual's drug use permeates every area of family life including family rituals, roles, communication patterns and health. This research has identified that, as families struggle to regain balance in light of their ever weakening internal structure, family members engage in dysfunctional patterns of relating that contribute to continued drug use. The negative impact of drug use on the family portrayed in this study, echoes themes from earlier classic research (Jackson 1954; Lemert, 1960) and more recent international and national research (Duggan, 2007; Orford et al., 2005; Barnard, 2005; Murphy-Lawless, 2002). The application of a family systems perspective provides an insightful way of conceptualising the experiences of families that offers a unique and timely contribution to existing research.

Orford et al., (1998) caution that the effect of drug use on the family is highly complex and that reducing the diversity that is found to a limited number of dimensions represents a gross over-simplification. However, the family systems perspective provided microscopic insight into the multifaceted processes intrinsic to a family affected by addiction. For instance, the findings from this study concur with Mc Donald et al., (2002) and Barnard (2005) in demonstrating the negative influence drug use has on relationships within the family, however, the application of a family systems framework highlighted the circular interaction patterns of behaviour and triadic patterns of interaction that occurred between family members.

It is important to outline that while family systems theory offered an insightful tool to investigate the effect of drug use on the family, a number of aspects of BFST were not supported by the findings from this study. The systems emphasis on reciprocal causality proposes that substance use is functional in a certain sense; that it is a manifestation of deeper conflict (Thombs, 1994). This study used a family systems approach to gain a greater understanding of the effect of drug use on the family, rather than investigate the relationship between deeper family conflict and subsequent addiction. Csiernik (2002) suggests in a bid to retain dysfunction, family members may ‘sabotage’ the treatment process. However, the accounts provided by participants of their enduring battle to access healing for the drug user do not support ‘the functional nature’ of drug use and fundamentally contradict attempts to sabotage the treatment process. Although relapse was associated with the drug user returning to negative patterns of relating within the family, family members were consistent in their requests for information and interventions to discontinue this pattern.

Finally, the study has found that drug use had a profound effect on the family and for most families it was an experience that changed the family and its sense of itself forever. A minority of family members reported regaining a balance within the family by removing themselves from the ‘rollercoaster’ of addiction.

Our lives are completely changed forever, in some ways for the better, but I wouldn't say it was worth it, I wouldn't do it again (Interviewee 4).

5.7 Recommendations

5.7.1 Future Research

This study serves as an initial basis, from which the findings should be used to stem future research which should address the limitations of this study as outlined in chapter 3.8. Future research should take place on a larger scale and include a larger sample size to represent a greater diversity of family members. The use of qualitative research methods including in-depth interviews and focus groups should be adapted to further studies related to this topic.

5.7.2 Cultural Consideration

Given that recent social change has led to increasing family and cultural diversity in Ireland. Future research should be inclusive of different family structures and ethnicity. The rationale for cultural consideration is accentuated by findings from Orford et al., (2005) who in applying a socio-cultural framework found considerable variations in the experiences of families from different cultures.

5.7.3 Micro-Level

Community groups, family support networks and Drug Task Forces³ should take cognisance of the findings of this study in lobbying and advocating for families affected by substance misuse.

5.7.4 Macro-Level

This study should be used as an evidence source by social researchers and policy makers in providing the rationale for the prioritisation of resources to families living with drug use, so that the increased focus on the family evident in children's services is reflected within the area of drug treatment provision.

5.7.5 Implications for Practice

Within the allied health and social care sector, this study serves as a resource; highlighting the importance of considering and targeting service provision to families struggling with substance misuse. While fully recognising the burden of care that addiction services already

³ The role of Drug Task Forces is to research, develop and implement a co-ordinated response to drug use through a partnership approach between statutory, voluntary and community sectors.

experience, particular with respect to increased economic constraints, the researcher envisages a change in focus to incorporate the family rather than the formulation of additional services. The emphasis on the family should be twofold. Firstly, supports should be targeted at family members coping with the negative consequences of drug use and secondly, family members should be included in the treatment process of the individual drug user, particular with regard to effective relapse prevention.

Finally, the specific needs of the most vulnerable family members (that is, children and siblings) should be monitored and addressed while working with the family unit. Greater collaboration between addiction services and child, youth and family services would facilitate greater efficacy and a multifaceted response to the diverse and complex problems experienced by families struggling to cope with the harsh realities of drug use.

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Appendices

Appendix One: Literature Review Search Strategy

The literature was systematically and electronically reviewed from 1990 to 2010 in an effort to obtain all relevant literature. The following outline databases were searched: MEDLINE; PsychINFO, Zetoc (The British library Index); Ingenta; and the COCHRANE Library. The online publishers of Science Direct and Blackwell Publishers were also accessed through the Dublin Institute of Technology and National Documentation Centre on Drug Use (NDC) library catalogue of electronic resources. The specific journals that were searched included: Alcohol and Alcoholism; National Institute for Alcohol and Alcoholism; Addiction; Drug and Alcohol Review; Journal of Addiction Nursing. These journals were searched both electronically and manually within the NDC, Health Service Executive (HSE) and D.I.T databases. In addition these journals were assessed through Health Service Executive Addiction Service resources in the East Coast and South Western Areas.

Search Terms

The following search terms were used:

Drug Use, Alcohol Use, Substance Abuse, Substance Abuse & the family, Family Systems Perspective, Drug Use & The family System, The Impact of Drug Use on the Family, Alcohol & the Family System, Drug Use: a Family Systems Perspective, Alcohol & the Family, Addiction, Addiction & The Family System, Drug Use & Family Therapy, Substance Abuse & The Family System,

Search Method

Boolean logic was applied where possible.

Appendix Two: Interview Questions

Initial Discovery

Can you describe the feelings family members experience when they initially discover drug use within the family?

How do families react following the initial discovery of drug use in the family?

What do family members do when they initially discover drug use?

Domains of Family Life

Can you describe the areas of family life affected by a member's drug use?

Can you describe how drug use impacts on the physical health of the family?

Can you describe the physical health of family members?

How does drug use affect the wellbeing/emotional health/psychological health of families?

For example: Does drug use cause stress?

Does drug use impact on the wider social life of family members/ how does drug use impact on a family's social life/ socialising?

Does drug use affect families financially/ how does drug use effect family finances?

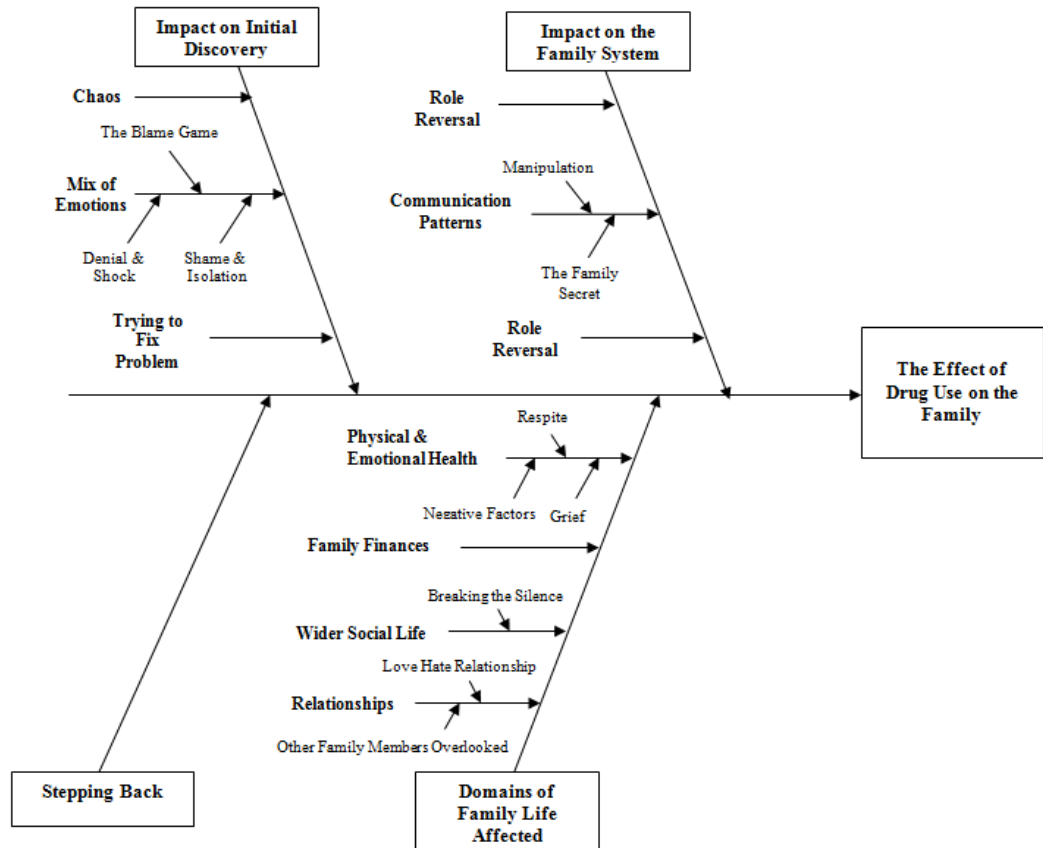
Can you describe how drug use affects relationships within the family (sibling; partner/marital; extended family relationships, parent-child relationship)?

The Family System

How does drug use effect communication?

Can you describe the impact drug use has on family rituals/ family routines?

Appendix Three: Categories, Themes and Subthemes



Appendix Four: Results Section

4.2 Initial Impact of Drug Use on the Family System

4.2.1 Chaos

I.F.5 *I would go to sleep praying to God that I would have a good sleep to get me ready for the crisis tomorrow.*

4.2.2.1 Denial & Shock

One mother illustrates her shock at discovering drug use:

F.2 *In a lot of cases drug use did really, especially in the early years, only happen to kids from inner city areas, but that whole thing changed.*

R. *You wouldn't have ever expected your children to use drugs*

I.F.7 *No never, it was very easy to spot the children that were going to go on, to be in trouble with the guards and on to use drugs, it kind of stuck out a mile especially where I lived. I would of said mine wouldn't if someone had of asked me before it happened I would have said no way, not us.*

4.2.2.2 Shame & Isolation

P.1 *I am not going to talk to say Dymphna anymore, because it's actually risky for me, because I don't want to expose myself and feel the guilt and shame when I talk about my husband's drinking.*

4.2.2.3 The Blame Game

F.2 *He was just a teenager, I just thought I wasn't parenting very well.*

P.4 *Yeah the blame is huge. The blame goes from one to another, it's a blame game! So it's gone now for the husband, it's gone to the next person say the friends.*

4.2.3 Trying to Fix the Problem

P.3 *They are trying to fix it, and trying to use everything they can to fix it themselves, before going outside, the main reason would be the shame.*

F.2 *You just want your son back.*

I.F.1 *I wouldn't even have thought of anything else, your child was sick so you wanted him better and whatever way you do that you do it. You know if your child is sick you go to the doctor and he makes him better...*

4.3 Domains of Family Life

4.3.1.1 Negative Factors Associated with Drug Use

F.12 *You are anxious all the time, not able to sleep, you are listening to every noise in the house and every car. You're overreacting all the time.*

4.3.1.2 Mourning the Drug User

I.F.5 *You're grieving the loss of something that might have been, it's not a death bereavement, but it's a life bereavement. My daughter lost ten years of her life*

M.4 *Like our son, one minute he was there, the next he was gone and now there is just a wound. It's like the normal process of letting go of your children but it's just more intense. And I think it's really important that there is a grieving process.*

4.3.3 Wider Social Life

M.2 *I don't think we have a social life.*

F.2 *Well we tend to isolate ourselves, and we just stop going out, stop mixing with people, and we don't get in touch with our friends. We just isolate ourselves really.*

4.3.4 Relationships

One participant described how drug use in her family led to improvements in the marital relationship. In illustrating the closeness she felt with her husband she described a photograph she found:

I.F.5 *There was one picture of that particular night of myself and (Husbands Name) at home lying on the ground just holding each other, for me that picture sums it up, there was only us.*

4.3.4.2 Non Drug Using Family Members Overlooked

F.3 *They (siblings) don't understand why the parents haven't thrown out the addict because they are causing so many problems in the house.*

4.3 Impact of Drug Use on the Family System

4.1.1.1 Manipulation

Participants describe how the constant lying causes them to question themselves:

F.2 *You start to think you're going mad*

I.F.7 *one time I remember I had a gold chain and my son said, mam can I try it and I said yes and I remember saying to him a few time during the day will you take that chain off and give it to me and he kept saying alright. And the next day I found this ticket on the stairs and it was a pawn ticket, and it had (sons name) and yesterdays date on it for a gold chain and I went up to him and said where's my chain. And he said, oh it's here I took it off me last night when I was going to bed and he spent an hour in the room searching for the chain and I showed him the ticket and he said oh my god mam and they even used my name, so they're so convincing so they know their right, you actually doubt yourself and you question yourself, if you go to your purse and you know you had €100 but you only find €80 you question yourself and say maybe I only had €80 even though you know you had €100.*

One professional describes the escalating nature of the secrecy; that leads to further isolation in order to protect the secret:

P.1 *You know once you have one thing to hide, you become very wary of the other things you're revealing, then you begin to hide more and that leads to further isolation, you eventually stop communicating.*

4.4.4 Circular Repetitive Patterns of Behaviour

The chaos that occurs while the family strives to restore balance, serves to support the individual continue their drug use.

I.F.2 *But you just think you need to make this better, I just have to make this better, and there must be something I can do. And I suppose in a way you make it very easy for the drug user, because everything else is in chaos.....*

RQ *So the chaos that's happening actually helps the drug user to continue?*

I.F.7 *Definitely, everybody else is running around and they are happy using their drugs.*

Recommendations

“If you spent half the amount of money on the drug users' support, for the families, you would do a lot more to help society” (focus group participant).

Appendix Five: Review of the Literature

Prevalence of Drugs and Alcohol

The Eurobarometer Survey (2007) reported that 54% of Irish respondents binge drink at least once weekly, compared to 28% of Europeans.

Profile of Drug Users

The National Advisory Committee on Drugs Prevalence Survey (2007) found that illegal drug use continues to be a predominately younger adult phenomenon, with those under 35 accounting for the majority of users. In addition males are twice as likely as their female counterparts to use illegal drugs (HRB, 2007).

Bowen Family Systems Theory (1976)

Differentiation of Self

It is relevant at this point to introduce the concept of ‘differentiation of self’ that serves as the cornerstone of BFST (1976). It refers to an individual’s ability to separate thinking and feeling states and to behave in a thoughtful rather than a reactive manner, particularly during times of anxiety (Cook, 2007). The ability to act rather than react mediates the effects of anxiety (Cook, 2007). The majority of BFST concepts are a function of the level of differentiation. The family emotional system refers to the emotional environment in which a child develops. The emotional system is on a continuum anchored by ‘differentiation’ at one pole and ‘fusion’ at the other (Cook, 2007). Fusion or enmeshment is generally seen as an attempt to ward off feelings of abandonment. It is a relational style that lacks boundaries and discourages differences or disagreement (Dayton 2008).

Qualitative Research

Orford, Natera, Davies, Nava, Mora, Rigby, Bradbury, Bowie, Copello & Velleman (1998) in a study of 12 Mexican and 12 English close relatives of people with drinking or drug problems identified a number of experiences. Among the many experiences outlined, Orford et al., (1998) described a common core which it was hypothesized might constitute a universal experience of families facing drug use. Such experiences included finding the drug user unpleasant, poor financial health as a result of drug use, helplessness, despair and feeling low or depressed (Orford, et al., 1998).

Quantitative Research

Quantitative studies include psychometric and correlation studies (for example Crisp & Barber, 1995); prevalence studies among attendees at marriage guidance (for example Halford and Osgarby, 1993) and laboratory observations of family interaction (for example Jacob et al., 2001).

Appendix Six: Informed Consent Form

Informed Consent Form

You are invited to participate in a study conducted by Aoife Stack. The study is an investigation of the effect of drug use on the family system. A family system approach views family members as interconnected, so that, an individual's drug use impacts the entire family. I hope to learn the experiences of families living with drug use informed by the experts that is 'family members'.

The research will involve both focus groups and interviews that last approximately one hour. Questions involve investigation of the effect of drug use on different areas of family life including family health and the wider social life of the family.

The study will be submitted to Dublin Institute of Technology as part of my participation in the MA in Child, Family and Community Studies. Any information that is obtained in connection with this study will remain confidential and will be disclosed only with your permission however there are cases where confidentiality may have to be breached; where there is a concern for the safety or welfare of participants or others.

If you give me your permission by signing this document, I plan to use direct quotes from interviews and focus in the dissertation. However names and any information that may identify participants will be removed.

If you have any questions, please feel free to contact me on xxxxxxxxxxxx

If you have decided to participate, having read the information provided, please sign below:

Date.....

Signature.....