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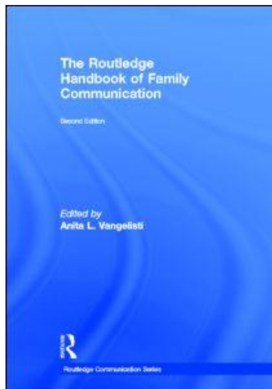

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Anita L. Vangelisti

The Reciprocal Influence of Drug and Alcohol Abuse and Family Members' Communication

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Ashley P. Duggan, Beth A. Le Poire Molineux
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The Reciprocal Influence of Drug and Alcohol Abuse and Family Members' Communication

Ashley P. Duggan and Beth A. Le Poire Molineux

The family system can play a role in substance abuse treatment, as well as in family circumstances promoting continued alcohol and drug use (e.g., Haugland, 2003; Rangarajan & Kelly, 2006). About 9.4 percent of the total U.S. population of individuals age 12 and above were classified as substance dependent or substance abusive (SAMHSA, 2006). The National Institute on Drug Abuse (NIDA) estimates economic costs of substance abuse around $484 billion per year (NIDA, 2007). The consequences of substance abuse also involve family problems, including communication problems (Fals-Stewart & Birchler, 1998; Kelly, Halford, & Young, 2002), increased detachment (Carroll, Robinson, & Flowers, 2002), verbal aggressiveness (Straus & Sweet, 1992), and physical abuse (Testa, Quigley, & Leonard, 2003; Wekerle & Wall, 2002). Spouses of substance abusers are frequently affected in terms of both physical and mental health (e.g., Hurcom, Coppello, & Orford, 2000). Children of alcoholics are at greater risk for behavioral, psychological, cognitive, and neuropsychological deficits (Johnson & Leff, 1999). Parents of adolescent substance abusers may be perceived as more controlling and less loving (e.g., Pandina & Schuele, 1983), and family members may influence continued substance abuse (e.g., Copello, Velleman, & Templeton, 2005; Rotunda, West, & O'Farrell, 2004).

While these findings point to the need to study negative effects of substance abuse on the family, research also documents potential positive intervening effects of family communication on substance abuse. Recovery programs are now incorporating family members in substance abuse therapy and treatment (e.g., Mann, 2003; Osterman & Grubic, 2000), with some treatment programs involving the family throughout the treatment process (Saatcioglu, Erim, & Cakmak, 2006). Research documents positive outcomes from involving family members in treatment. Behavioral couples therapy with alcoholics and remission after individual alcoholism treatment have been associated with improved family functioning in the form of reduced family stressors, improved marital adjustment, reduced domestic violence and conflict, reduced risk of separation and divorce, reduced emotional distress in spouses, and improved cohesion and caring (O'Farrell & Feehan, 1999; O'Farrell, Murphy, Alter, & Fald-Stewart, 2010). Including families in substance abuse treatment can potentially improve health outcomes for family members

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and enable a stronger support network to further aid in the recovery process (Morgan & Crane, 2010).

Relational effects point to the need to study the reciprocal impact of family members and continued substance abuse. Family members play a role in initiating alcohol or drug use, in the choice of substances, in the intensity of substance use, and in the decision to use or abstain from substances (Gruber & Taylor, 2006). Family interventions can involve family members promoting substance abusive individuals to participate in treatment, joint involvement of family members in the treatment, and responding to the needs of family members (Copello, Velleman, & Templeton, 2005). This chapter provides an overview of the ramifications of substance abuse on various family members, including spouses, children, siblings, and parents of adolescent abusers. Based on research supporting the Inconsistent Nurturing as Control (INC) theory assertion that significant others (spouses/cohabitors) in relationships with substance abusive individuals unintentionally and subtly encourage substance abusive behavior through their well-intentioned efforts to curtail this behavior (Duggan, Dailey, & Le Poire, 2008; Le Poire, 1992; Le Poire, 1995; Le Poire & Cope, 1999; Le Poire, Erlandson, & Hallett, 1998; Le Poire Hallett, & Erlandson, 2000), this chapter explores the unique communication dynamics in sustaining or deterring family members' substance abuse.

Background

Spousal Relationships

Living with a substance abusive romantic partner poses demanding challenges. Spouses share the pain of the problems associated with substance abuse and the gain of recovery. Substance abuse problems are manifest in the ways spouses approach, maintain, and communicate about relationships. Spouses of heroin users describe lack of emotional support and an inability to cope effectively with stressful events (Lex, 1990). Couples with one drug-using partner have been described as conflict-prone and intimacy-avoidant (Winn, 1995). Alcohol-related problems and anger predict lower marital satisfaction (Johns, Newcomb, Johnson, & Bradbury, 2007). Alcohol abuse is described as both a predictor and a consequence of marital stress, spousal abuse, and separation and divorce (Amato & Previti, 2003). The way couples communicate about substance abuse may exacerbate the problem, or on the contrary, may lead to greater abstinence and improved family functioning (e.g., Mann, 2003; Osterman & Grubic, 2000). Spouses may enable drinking or drug using through learned behavioral responses that increase the probability of further substance use, such as drinking with the spouse or minimizing negative consequences (Rotunda, West, & O'Farrell, 2004).

Clinical work and research provide evidence that romantic partner responses to drinking and drugging may either facilitate or hinder treatment acceptance and recovery efforts. The role of the spouse in alcoholism has been a focus in the literature since the 1970s, when research described the predicament of wives of alcoholics (e.g., Edwards, Harvey, & Whitehead, 1973). Much of the literature on family members in treatment continues to focus on the role of the spouse in relationship to the substance abuser (e.g., O'Farrell & Fals-Stewart, 2000). The spouse is the focus of research and clinical work both because of the relational complications inherent in substance abusive marriages and because of the ways communication with the spouse becomes ingrained with ongoing substance use. The original notion of codependency, or co-alcoholic, refers to an

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individual sacrificing his or her own personal and/or psychological needs for the sake of continued participation in a relationship (e.g., O'Gorman, 1993). Behaviors indicative of codependency include simultaneously enmeshing and controlling the drug or alcohol use through attempts to dominate or to attempt to sabotage recovery attempts. Thus, this review of spouses of substance abusers begins with the notion of "codependency" and then considers the ways relational aspects of a romantic commitment to a substance abusive individual may encourage codependent tendencies. This approach proffers that relational paradoxes which exist in the substance abuser–spouse relationship make it very difficult for this partner to attempt to control the substance abuse effectively and takes blame away from the spouse, instead focusing on challenging relationship dynamics.

Overview of Codependency

An essential characteristic of codependency is investing self-esteem, identity, and self-worth in the ability to control and influence behavior and feelings in others even when faced with adverse consequences (Cowan, Bommersbach, & Curtis, 1995; Springer, Britt, & Schlenker, 1998). The codependent individual might subvert his or her own needs to cater to the relational partner and is likely to remain in, and even perpetuate, a painful relationship and to use denial, rationalization, and projection to reframe negative relational implications (Cermak, 1986, 1991). Codependency has been associated with partners of alcoholic and drug-abusing individuals in the clinical field for the past two decades, but neither definitions of codependency nor empirical evidence for codependency clearly differentiate codependency as an individual-level trait or a relational process. Controversy is grounded in distinctions between codependency as a dyadic tool, a psychological assessment, and a disease entity (Morgan, 1991). Some clinicians who refer to co-dependency imply that a consistent pattern of traits and behaviors is recognizable across individuals (Cermak, 1991). In counseling, codependency is identified as a syndrome of internalized traits, self-perceptions, and relational styles associated with an individual's having been reared in a dysfunctional home (Wright & Wright, 1999).

A consensus definition developed by the National Council on Codependence defines codependency as reliance on people and things outside the self that neglect and diminish one's own identity and suggests that the false self that emerges is expressed through compulsive habits, addictions, and other disorders that further increase alienation for the true identity and foster a sense of shame (Whitfield, 1989). Codependency may be observed in denial or delusion (distorted thinking), emotional repression (distorted feelings), and compulsions (distorted behavior) (Wegscheider-Cruse & Cruse, 1990). Similarly, the core symptom of codependency is described as other focus/self-neglect comprised of a combination of control and boundary issues that manifests as a compulsion to help or control events or people, sometimes also associated with growing up in a troubled family, low self-worth, using a positive front to repress negative feelings, and preoccupation with imagined health difficulties (Hughes-Hammer, Martsolf, & Zeller, 1998). Key concepts of codependency may be summarized into seven categories:

1 socialization/development factors
2 psychological-relational factors
3 emotional factors
4 cognitive factors

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5 communicative factors
6 behavioral factors
7 consequences upon so called "failure."

(Le Poire, Hallett, & Giles, 1998)

The often-cited criticism of the conceptualizations of codependency is the inclusion of so many common characteristics as to be virtually fruitless with regard to treatment or clear diagnosis. The enabling dimension of codependency may be observed in focus outside the self and in changing emotions and behavior to accommodate to the substance abusive individual (Harkness, Manhire, Blanchard, & Darling, 2007). Most salient to the current argument is that spousal dysfunction is dependent drinking, and enabling behaviors are normal reactions to stress present in substance abusive families and may reflect the partner's desire to avoid hassles and conflicts with the drinker (Rotunda, West, & O'Farrell, 2004). In other words, individuals' mental health dysfunction is higher when their spouse drinks and lower when their spouse is abstinent. Partners of substance abusers may exhibit higher anxiety and depression *because* their partners are not in control of their substance abuse. Thus, the authors argue that that the unique dynamics of the relationship elicit the responses of both substance abusers and their spouses. Inconsistent nurturing as control theory provides a framework to interpret the relational dynamics of this ongoing pattern.

Competing Goals of Nurturing and Control and Family Communication

Inconsistent Nurturing as Control Theory

Spouses are often strong and caring individuals who are known to both nurture and control their partners simultaneously. Inconsistent Nurturing as Control theory is based on the assumption that functional partners (partners of substance abusers or individuals who otherwise engage in behaviors that interfere with everyday functioning) have competing goals of nurturing and controlling (see Le Poire, 1992, 1995 for review).[1] Le Poire (1995) argues that there are several paradoxical injunctions in relationships that include afflicted partners (e.g., drug abusers, physically abusive individuals, depressed individuals, eating-disordered individuals) and that these paradoxes ultimately impact expressions of control by the functional family member (i.e., the partner with no problem interfering with day to day functioning) in the relationship. The contradictory nature of the functional family member's nurturing and subsequently controlling behavior is at the heart of the most problematic paradox in the relationship. Specifically, simultaneously, functional family members wish to retain their relationship *while* they attempt to extinguish the undesirable behavior (e.g., Duggan & Le Poire, 2006; Prescott & Le Poire, 2002). In addition, it is possible that the afflicted individual maintains the relationship because the functional family member's nurturing behavior is highly rewarding, particularly during times of crisis (Le Poire, 1995). These assumptions lead to the paradoxical conclusion that if functional family members actually control the undesirable behavior, they also lose their ability to utilize their nurturing resource base in response to that undesirable behavior. Thus, functional family members who seek to curtail the negative behavior may ultimately be driven by fear that extinguishing the undesirable behavior will decrease the substance abuser's dependency on them. These competing goals could lead to the inconsistent use of reinforcement and punishment of the change attempts. This

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inconsistency is at the heart of INC theory and could lead to decreased effectiveness of control attempts.

Application to the Functional Family Member–Substance-Dependent Relationship

In learning theory terms, INC argues that the functional family members' initial nurturing behavior may *reinforce* the substance abusive individual's drug or alcohol use. In contradistinction to the goal of reducing substance abuse, inconsistent influence may actually increase ongoing substance abuse (Le Poire, 1995). Even more problematically, functional family members may *intermittently* reinforce substance abusive behaviors. When they become resentful of their role as nurturer (e.g., Wiseman, 1991), they may instead reinforce substance abuse. This intermittent reinforcement may ultimately strengthen abusive behavior because intermittent reinforcement produces more long-term nonextinguishable behavior than continuous reinforcement. The lack of caregiving on the functional individual's part is likely an attempt to *punish*, or extinguish the substance abuse. Similarly, spouses of alcoholics develop dominance as a response to failure of the alcoholic spouse to fulfill his or her roles fully within the family (Saatcioglu, Erim, & Cakmak, 2006) but may also resent their need to assume additional control. Thus, they may become frustrated with their attempts to control and may also resort to intermittent control behaviors. INC theory argues that similar to intermittent reinforcement, the intermittent nature of this punishing behavior should actually *increase* the substance abuse, as well. Thus, inconsistent nurturing may ultimately strengthen the likelihood of substance abusive behavior through the learning theory processes of both intermittent reinforcement and intermittent punishment.

Le Poire and her colleagues have conducted a number of studies supporting the notion that this suspected inconsistency manifests within communication behavior over the life span of the relationship. Le Poire, Hallett, and Erlandson (2000) interviewed partners of substance abusers to investigate the pattern of their strategy usage. Before labeling their partners as substance abusive, functional partners typically reinforced the substance abusive behavior of their partners (e.g., offering a drink when they got home from work or using substances with their partners). Subsequent to a significant event which promoted labeling of their partners as substance abusive (e.g., a car accident, partner missing for weeks, violence, etc.), partners dramatically shifted their behavior to punish their partners (e.g., calling the police, threatening to leave, removing substances from the house). In sum, this first study of INC theory found that functional partners (of both genders) changed their strategy usage over time so that they (a) reinforced substance dependent behavior more before their determination that the behavior was problematic than after; (b) punished substance dependent behavior more after they labeled the drinking/drugging behavior as being problematic, than before; and (c) upon frustration, reverted to a mix of reinforcing and punishing strategies, resulting in an overall pattern of inconsistent reinforcement and punishment. Thus, as expected by INC theory, reinforcement is followed by punishment, which in turn is followed by reinforcement mixed with punishment.

One further question regarding this patterning pertains to the effectiveness of the inconsistent strategies. For the theory to hold, greater inconsistency should be more predictive of relapse and less predictive of persuasive effectiveness. However, it is important to note that this patterning in and of itself was not found to be more predictive of greater relapse. In contrast, patterns of reinforcement and punishment were linked to

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persuasive outcomes (Le Poire et al., 2000). Partners who were more consistent in punishing substance abuse and reinforcing alternative behavior (e.g., encouraging attendance at AA meetings) had substance abusive partners who relapsed less. Moreover, more successful partners also reported less depression than those with partners who relapsed more. This suggests that partners of substance abusing individuals can aid in reduced recidivism, and this assistance can also translate into better mental health outcomes for the partners.

A follow-up study examined whether episodic versus steady alcoholics had partners who differentially reinforced and punished substance abuse (Le Poire & Cope, 1999). Given that steady drinking may provide more positive functioning for the family unit than less predictable episodic drinking (e.g., Jacob and Leonard, 1988), it was predicted that partners of episodic drinkers may be more motivated to stop the alcoholic behavior and thus may use more effective strategies than partners of steady drinkers. Contrary to the prediction, partners of episodic drinkers used less effective strategies (less consistency) while partners of steady drinkers used more effective strategies (greater reinforcement of alternative behavior) immediately following the alcoholism labeling. Following frustration with initially unsuccessful persuasive attempts however, alcoholism subtype did operate as expected in that partners of episodic drinkers used more effective strategies (greater consistency combined with more punishment of drinking behavior) than did partners of steady drinkers.

Because INC theory proved to be an important link to better understand interpersonal influence in relationships over time, the next studies were the first to examine INC theory during ongoing interpersonal influence episodes between substance abusive individuals and their romantic partners and explores the role of interpersonal communication in sustaining or deterring substance abuse in married or cohabiting couples including one substance abusive individual (Duggan, Dailey, & Le Poire, 2008). Previous work relied on interviews of substance abusers and their partners, but this extension examined actual conversations and analyzed nonverbal and verbal communication that reinforces or punishes substance abuse. Results reveal consistent verbal punishment of substance abuse (e.g., threats, nagging) predicted lower relapse, while verbal reinforcement (e.g., telling the partner they are more fun when they use) predicted higher relapse. With regard to nonverbal communication, vocalic punishment and vocalic reinforcement predicted relapse and persuasive effectiveness. Results suggest the combination of behaviors resemble intermittent reinforcement and punishment and should actually strengthen the substance abusive behavior the partner tries to curtail.

Overall patterns of reinforcement and punishment were associated with health outcomes, and the next studies examined individual and relational differences in reinforcement and punishment patterns of partners of depressed individuals (Duggan, 2007). Female partners of depressed individuals used more strategies to actively help their partners get well before labeling the behavior problematic and then reverted to a mixture of reinforcing depression and helping partners get well, but male partners actively helped partners get well after labeling the depressive behavior problematic and eventually decreased helping and instead contributed to depressive behaviors. For example, male partners contributed to depressive behaviors by telling partners that they too would feel depressed if they experienced such lack of motivation, weight gain, or job loss, and by escalating negativity in the household.

The next study investigated the contention that the unique dynamics of caregiver–recipient relationships invoke particular paradoxes in the ways individuals subvert their

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own needs to help curtail the negative health behavior of a relational partners or family member in ways that make it difficult to assist in changing behavior (Duggan, Le Poire, Prescott, & Baham, 2009). Four contexts of interpersonal influence were examined to explore relational dynamics in the reasons why communication behaviors result in less than effective persuasion attempts in reducing substance abuse, increasing eating behavior of anorexics, altering violent tendencies, and curtailing depression. This work brings to light the unique power dynamics of helping-type relationships and the ways relationship dynamics are shaped by the influence attempts. As predicted by INC theory, individuals across these four relationship types who tried to change their partners' behavioral patterns were often nurturer-controllers who believed that change would enhance overall mental and physical health and improve their relationships but ended up using helping and controlling behaviors simultaneously. These mixed messages frequently serve to intermittently reinforce and intermittently punish the substance abuse, eating disorders, violent behavior, and depression.

If relationship dynamics are shaped by negative behavior, then strategies to curtail the behavior should be similar across contexts. In order to examine this question, a qualitative analysis of communicative strategies partners use to control compulsive behaviors was conducted. This analysis suggests thematic similarities for partners of both substance abusive and depressed individuals (Duggan, Le Poire, & Addis, 2006). Specifically, partners of substance abusive individuals and partners of depressed individuals supported the compulsive behavior by giving up their own time needs to accommodate the partner; ignored or avoided the problem by withdrawal, denial, or avoidance; and attempted to help end undesirable behavior by involving professionals, offering advice, and setting relational boundaries. This research lends support to the claim that the paradoxical nature of the functional-afflicted relationship restricts the use of verbal references to the problem and cultivating a reliance on nonverbal strategies of control.

INC Application to Other Family Relationships

Substance abusers and their partners do not live in a vacuum, but rather, are continually surrounded by their children, their siblings, and their parents. Given this, it is of paramount importance that researchers also study the ways in which other significant family members also attempt to assist their substance abusing family member in their struggle with substance abuse. Continued evidence of this strategy use patterning in other family relationships (with parents, children, and siblings) would support the additional contention that family members intermittently reinforce and punish the behavior they are trying to extinguish. This theoretical contention has successfully been applied to mothers of eating disordered daughters, indicating that mothers of eating disordered daughters displayed similar patterns of reinforcement and punishment such that they reinforced eating disorders more before they labeled the behavior problematic but punished the eating disorders more after (Prescott & Le Poire, 2002). Further, results indicated that consistently reinforcing alternative behavior immediately following labeling of the eating disorder significantly predicted higher perceptions of the mothers' persuasive effectiveness, but reinforcing the eating disorder predicted higher relapse. The most important implication of these findings for the current treatment is that significant family members (i.e., mothers) use similar patterns of inconsistent reinforcement and punishment as do partners of substance abusers. What is still to be determined is the role of important family members in helping to deter future substance abuse. Evidence of this patterning of strategy usage in future

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studies would support the contention that other family members (in addition to spouses) intermittently reinforce and punish the behavior they are trying to extinguish.

Parent Influence on Adolescent Substance Abuse

Much research has examined the role of parents in adolescents' substance use and abuse. Exposure to adverse family environments, particularly family conflict early in life, can influence the risk trajectory for developing substance use disorders in adolescence (Skeer, McCormick, Normand, Buka, & Gilman, 2009). Studies of parent–adolescent relations and substance abuse support the inconsistent nurturing as control theory contention that both nurturing and control messages are important in predicting adolescents' substance abuse. For instance, explanations for adolescent substance abuse are described as maladaptive means of coping with stress induced by adverse family environments (Skeer et al., 2009). Family dynamics contribute to risk for developing alcohol and drug abuse problems, but the family can also provide protective and recovery factors (O'Farrell & Fals-Stewart, 2006). When adolescents abuse drugs or alcohol, most parents feel a sense of hopelessness and desperation, with helplessness leading to denial and desperation leading parents into battles for control (Fagan, 2006). Thus, parents may try to shield adolescents from fully experiencing the consequences of their behavior, or they may engage in a spirited battle for control over the adolescent's behavior (Fagan, 2006).

Similarly, parental alcohol use and dependence followed by offspring substance abuse is found to play a significant role in family aggregation of alcohol use and dependence (Hartman, Lessem, Hopfer, Crowley, & Stallings, 2006). Other research also provides evidence for parental behavior influencing adolescent substance abuse. Hall, Henggeler, Ferreira, and East (1992) found that adolescents' substance use was associated with family affection and parental control, while Pandina and Schuele (1983) found that higher adolescent substance abuse was associated with higher levels of perceived parental control and lower perceived parental love. Additionally, frequency of adolescent substance use increased with high parental expectations and bad social climate in the family (Hurrelmann, 1990), and problematic drinking behavior was associated with low levels of family social support and with dysfunctional coping strategies (Schor, 1996).

Messages of support and control can be perceived as contradictory and thus may lead to inconsistent findings with regard to control attempts and substance abuse outcomes for adolescents. Humes and Humphrey (1994) found that parents of substance abusing daughters communicated a conflictual message of both greater affirmation and condemnation of their daughters' autonomy. This could be explained by the INC contention that nurturing behaviors may actually promote substance abuse when inconsistently mixed with punishment. This inconsistency in the relationships between control, support, and decreased alcohol use points to the need to directly examine the strategies that parents use in attempts to control their adolescents' substance abuse in terms of their reinforcing and punishing natures. Given that many of the above studies also found that modeling of substance abuse by parents is an important factor (e.g., Orenstein & Ullman, 1996), parents' drug and alcohol use should also be considered.

Sibling Relationships

Studying sibling relationships with adolescent substance abusers would allow for understanding the whole family system. For instance, Hall et al. (1992) found that several

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aspects of sibling relations were linked with substance use, and in some cases, sibling relations measures (especially sibling conflict) accounted for significantly more variance in substance use than did family relations measures. While parents play an important role in adolescent substance abuse, older brother–younger brother relationships also have a significant impact on younger brother substance abuse (Brook, Brook, & Whiteman, 1999), and sibling completion of substance abuse treatment programs (Feigelman, 1987).

Most relevant to the current exploration, it has also been postulated that siblings may attempt to sabotage substance abuse recovery attempts (Huberty & Huberty, 1986). This is consistent with family systems theory as well in that non-substance abusing siblings may actually benefit by helping to maintain the impression that their sibling is the "identified patient" and thus take the spotlight off them during the adolescent years when less monitoring due to distracted parents may be desirable. Thus, from a family systems perspective, it is very important to try to understand the types of strategies that siblings of adolescent substance abusers use in an attempt to deter their sibling's substance abuse. It is possible that siblings use inconsistently reinforcing and subsequently punishing strategies as predicted by inconsistent nurturing as control theory. This inconsistency is likely to result in strengthened, as opposed to weakened, tendencies to abuse substances. This is especially likely to manifest relationships in which the older sibling abuses substances (Brook et al., 1999), and thus birth order should also be measured in research on the influence of siblings on substance abuse. The effects of modeling have been shown to be stronger from older to younger siblings, and older siblings rivalry with younger siblings may result in greater attempts to sabotage the "good" recovering behavior of the substance abuser so that the older sibling may shine by comparison.

Family Influence on Children Raised Amidst Substance Abuse

Children of substance abusers may also play a role in helping a parent recover from drug or alcohol abuse. The detrimental effects of being raised by a substance abusing parent have been documented (e.g., Mothersead, Kivlighan, & Wynkoop, 1998), ranging from increased maltreatment (e.g., Sheridan, 1995), and increased maladjustment (Rubio-Stipec, Bird, Canino, & Bravo, 1991) to increased probability of foster care (Dore, Doris, & Wright, 1995). Additionally, mothers recovering from an addiction are more likely to report greater parenting stress and greater use of problematic parenting behaviors (Harmer et al., 1999). Additionally, offspring of substance abusers show a higher incidence of anxiety disorders and substance disorders, as well as conduct disorder and depression (Hussong et al., 2007).

Other researchers caution that negative effects are not certain. Some studies have shown that parental alcoholism was not a significant predictor of differences in adult self-esteem or locus of control (Werner & Broida, 1991), nor of the majority of measures assessing multiple aspects of psychological well-being and personality development (Tweed & Ryff, 1991). Specifically, there may be an interaction between presence of substance abusing parents and supportive relationships with nonabusing parents and siblings and appropriate levels of parentification which permit the child of an alcoholic to have high self-esteem and adaptive capabilities while simultaneously lacking problematic substance use (Walker & Lee, 1998). In contradistinction, however, studies of the protective effects of sober parents found very little evidence of the buffering hypothesis (Curran & Chassin, 1996). Thus we should use caution, as research in this area has not yet produced a definitive or coherent picture (Hurcom et al., 2000).

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Still other findings link children from homes in which one or both parents are labeled problem drinkers with alcohol disorders (e.g., Pihl, Peterson, & Finn, 1990; Sher, 1991), earlier onset of illicit substance use, higher rates of lifetime marijuana and cocaine use, and more frequent adolescent antisocial behavior (Windle, 1996). Failure to recognize the impact of parental alcohol or drug abuse may be due to multiple adaptation strategies, including assuming adult responsibilities, taking care of emotional needs of the family, or disruptive acting out (Scharff, Broida, Conway, & Yue, 2004).

Research also provides evidence that children of alcoholic parents develop parentification, where children take on parental roles within the family (Burnett, Jones, Bliwise, & Ross, 2006). Evidence of this abounds in ongoing therapy sessions with adult children of alcoholics who develop many strengths which actually bode them well in life, as they frequently become the structure providers within their own family or within organizations, as individuals rely on them to be the steady state which they are so well equipped to do because of their early learning. This finding that adult children of alcoholics (and children of other parents who provide chaotic living environments due to mental health issues [e.g., depression, bi-polar disorder, or personality disorders including but not limited to borderline and paranoid personality disorders]) undergirds theorizing and research finding that these children have many interpersonal strengths which cause them to be highly responsive to others because they learned to attach to others through their caregiving behavior. This altercentrism allows these adults to be highly effective workers in that they tend to be very reliable and attract others to them who also need more structure. Unfortunately, this often translates into nurturer–caregiving behavior as evidenced by many of the nonsubstance abusive individuals referenced here. Thus perpetuates the cycle of adult children of chaotic home environments continuing to be drained by the neediness of the new partners they are drawn too because of the similarity in how they learned to love.

Adult children of alcoholics (ACOAs) also are drawn to routine that is predictable and under their control, unlike the earlier chaotic environment in which they were raised. This is part of an overall system of control on the ACOA's part which may be perceived as overly managing relationships. According to psychoanalytic theorizing such as self-psychology, these children may develop an omnipotent feeling of power over others and themselves because their normal childhood belief that they were grandiose and all powerful never transmuted into appropriate perceptions of their actual abilities. In the world they grew up in as parentified children, they really did have inordinate and inappropriate amount of control, as the parents' relied on the children to make decisions out of their normal scope or capacity. This results in seemingly very mature children who are further reinforced through the school and other social systems as being very well-behaved and grounded children. Thus perpetuates the ACOA's belief that they *should* be able to control other's behavior (including their spouses). A potential outcome of the ongoing attempts at control is the spiraling into relationship difficulties with their partners and their children who often find them overly controlling and demanding.

It may be that the parent–adolescent relationship can be interpreted as reciprocal, where functional parents inconsistently reinforce and punish adolescent substance use, or where functional adolescents reinforce and punish their parents' substance abusive behavior. When parents drink and children feel frightened and helpless, they may care for their parents to bring some sense of control to an otherwise uncontrollable situation. Together these findings indicate a highly stressful situation for the child of the substance abuser. What is still to be understood are the ways in which children may attempt to deter their parents'

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future substance abuse episodes as they continue to live in this highly stressful situation. It is highly likely that children begin to understand the disruptive nature of their family life is linked to substance abuse and, therefore, that children will begin attempts to deter their parents' substance abuse in the future. In line with inconsistent nurturing as control theory, because children also love their parents and desire positive relations, it is likely that they will sometimes inadvertently do things which are nurturing and therefore reinforce the substance abusing behavior. Thus, future research should examine strategies that adult children of substance abusers employ in response to their parents' abusive episodes.

Implications for Treatment

Communication patterns identified in this chapter pose particular implications for treatment. Family behavior therapy for substance abuse incorporates ongoing components of involving the whole family in setting behavioral goals and implementing contingent rewards. Functional children of substance abusing parents may receive child-focused treatments that parallel adult treatments, both designed to increase and consistently reinforce desired behavior (Donohue et al., 2009). Behavioral therapy programs have developed since the 1970s to involve significant others and community support systems in the treatment plan, utilizing multiple behavioral therapies to address problems that contributed to alcohol or drug use. Developing behavioral goals and a treatment plan, addressing basic necessities, and stimulus control are core features of family behavior therapy (Donohue et al., 2009). Recent substance abuse interventions focus on behavioral couples therapy combined with individual counseling. Initial evidence suggests that behavioral family counseling for substance abuse, where family members are involved in treatment, predicts better retention of individuals in treatment, improved drug and alcohol abstinence, and improved relationship adjustment (O'Farrell, Murphy, Alter, & Fals-Stewart, 2010).

Couples or individual treatment for the partner of the substance abuser may also prove useful in "unhooking" the couple from the evidenced pattern of inconsistent nurturing and control surrounding the substance abuse. Specifically, therapists using the traditional domestic violence triangle of victim–perpetrator–rescuer can shine a light on this pattern, especially to the extent that nonsubstance abusive partners feel victimized by their partners' substance abuse and thereby punish this abusive behavior as a way to curtail their own victimization. Unfortunately, substance abusers will similarly feel victimized by the punishing behavior and blame the nonsubstance abusive partner for their substance abuse as being a result of the nonabuser's critical demanding behavior. This may translate into the stereotypical pattern of denial for substance abusers as they can blame their partner instead of accepting their own responsibility for their actions. Alcoholics Anonymous (AA) goes a long way to get abusers to accept responsibility for their own drinking, and may be affecting this relational process in a positive way.

Ironically, asking nonsubstance abusers to temporarily take the role of "rescuer" can unhook this pattern as lessening negativity and a more positive relational climate may result. Ultimately, both partners need to step off this triangle altogether to attempt to meet each other as adults where both are responsible for their own actions and no longer allowed to play the victim to the other's "bad behavior" (e.g., substance abuse or nagging controlling behavior). Here again, AA is wise to expect partners to both take responsibility for their own behavior. Recognizing the influence of both partners offers a way to break the pattern of abuse (this time substance abuse as opposed to violence) by

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weakening the strangle hold that the victim–perpetrator places on the types of communication behavior they are able to enact. By enacting responsible "adult" like choice driven behavior, they can break this pattern and discontinue the pattern of blaming and externalizing.

Research suggests that treating parental substance abuse also has positive secondary effects on children. In particular, interventions that reduce parental drinking and improve couple functioning may serve as an important preventive intervention for pre-adolescents, whereas adolescents may need more intensive interventions to address internalizing and externalizing symptoms (Kelley & Fals-Stewart, 2007). Families need to be prepared for the fact that the initial reaction to increased structure may be met with negativity, but that consistency is a key element to long-term behavior change. If families have tried to implement change in the past but were not able to be consistent in reinforcing positive behaviors and punishing negative behaviors, they should be encouraged about the potential effectiveness in long-term change with counseling intervention. The ability to maintain behavioral changes following an episode of treatment is critical, and the first year following substance abuse treatment is recognized clinically as a period of high risk for relapse (Clifford, Maisto, Stout, Mckay, & Tonigan, 2006).

Summary and Conclusions

The current chapter emphasizes the fact that all family members are influenced by substance abuse in the family environment regardless of whether the substance abusive family member is a spouse, a parent, an adolescent child, or sibling. When one individual in a family abuses drugs and alcohol, the whole family is affected. Similarly, each individual in the family can play a role in the manifestations of continued drug or alcohol use per se, and in the ways the substance abuse plays out in family relationships. Family members may unintentionally reinforce the substance abuse they desperately seek to curtail through their efforts to nurture the family member but control the drug or alcohol use. As important as the deleterious effects that substance abuse can have on family members are, this work also explored the potential positive intervening effects of family communication for continued substance abuse. Specifically, behavioral couples therapy has been associated with improved family functioning, abstinence, better family relations, and positive feelings about self. Further, Le Poire et al. (2000) found that consistently punishing substance abuse combined with consistently reinforcing alternative behavior was predictive of lesser relapse in a substance abusing sample, and consistency predicted persuasive effectiveness in ongoing conversation about decreasing substance abuse (Duggan, Dailey, & Le Poire, 2008). Through greater examination of all family members' use of inconsistent nurturing as control, we may better understand the mechanisms by which spouses can help each other, children can help their parents, parents can help their adolescent children, and siblings can help each other in the familial battle against substance abuse.

Note

1 This article was published with 1994 as the year on the cover page, but 1995 on all subsequent pages. The publication year was 1995.

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