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Parents to adult children with drug problems seeking support from the social services – stories about shame, struggle and despair

Introduction

This article focuses on the vulnerability and help-seeking experiences among parents of adult children with drug problems. Parents and other family members of a person with drug problems often experience vast negative impacts on their lives and find themselves in a situation characterized by anxiety, stress and powerlessness (Orford, Velleman, Copello, Templeton, & Ibanga, 2010; Orford et al 2013; Richert, Johnson & Svensson 2017).

Parents of adult children with drug problems have received little attention in research and social work practice. There are many indications that this parental group have a particularly difficult situation, and that their opportunities for obtaining help for their children and for themselves are severely limited (Richert, Johnson & Svensson 2017).

The parent-child relationship is often described as the strongest and most emotionally charged relationship, something that can lead to psychological stress when problems arise and the relationship is threatened. Parents are expected to raise and care for their children and they run the risk of being blamed for their childrens' potential problems or shortcomings, even when the child has reached adulthood. In addition, if the child's problem is related to an illegal and highly stigmatized behavior such as drug use, there is a high risk that parents will also carry the stigma. Feelings of failure, guilt, and shame have been found to be very common among parents of children with drug problems (Butler & Bauld 2005, Richert, Johnson & Svensson 2017).

Fear of judgment, shame and stigma may lead to isolation and reduce the inclination to seek help (Keys et al 2010; McDonagh, Connolly & Devaney 2018, McCann & Lubman 2018). When the child reaches the age of majority (in Sweden at the age of 18), the parent loses the role as guardian and thus part of the ability to influence child. In Sweden, like in many other countries, the child becoming of age also means that an authority secrecy comes into force. This may imply difficulties for parents seeking help on behalf of the child or receiving information from authorities about the child's situation or treatment process.

Applying for professional help for problems in the family is associated with risks and often implies a great ambivalence. According to Merton et al (1983), the ambivalence has to do with the difficulty of achieving an equal relationship between the help-seeker and helper, and

the risk of losing control for the help-seeker. The person seeking help is always in a power disadvantage in relation to professional helpers. Officials have power in their capacity of experts and thus, to some extent, hold an interpretative precedent of the nature of the problem and of possible solutions. In many cases, the professional also has the power over resources and of making decisions about interventions such as housing, economics, treatment or the possibility of foreclosure.

The purpose of this study is to investigate and analyze the parents' help-seeking process as well as experiences and requests for support from social services. We are especially interested in how parents describe their situation and their needs, their decision to seek professional help, what barriers to help they perceive, as well as how the parents assess support efforts and interpret their interactions with social workers.

Method and sample

The study is based on interviews with 32 parents of adult children (18 years of age or older) with drug problems. We have used a strategic sample with the aim of reaching a wide group of parents with a variety of experiences and stories. The recruitment of interviewees has therefore taken place in several different arenas and with different methods. Initially, we recruited parents via FMN (The Parents' Association Against Drugs) by attending their annual meeting. We have also recruited parents through a call on the research project's website, through treatment centers for people with drug problems and their relatives, as well as through advertisements on different Facebook groups.

Half of the interviews were conducted face-to-face and half by telephone. Our experience is that both methods have worked equally well. The interviews lasted between 60 and 150 minutes. In four cases, a follow-up telephone interview was conducted after the initial interview, three of which were conducted on the initiative of the parent.

Of the interviewed parents, 24 are mothers and eight fathers. Their age varied between 46 and 70 years. There is a large geographical spread regarding residential areas, with informants from both southern, central and northern Sweden, and informants from both large cities and rural areas. All parents except four were born in Sweden.

Almost half the group, 15 parents, are or have been active members of FMN, the main family association in Sweden, which organizes most parents of children with drug addiction. Three parents have been engaged in other family associations while fourteen have not been active in any association.

The parents' adult children are 25 sons and seven daughters, between the ages of 18 and 47 years. Because information about the childrens' problems and social situation is based on the stories from the parents, and some of the parents had little contact with their child, we choose not to report detailed information. In general, however, it can be said that all children have or have had extensive drug problems, although these vary in length and severity. According to

the parents, the childrens' drug problems had lasted for at least five years and for some, the problems had been going on for over 30 years.

Most of the children have used many different drugs and most have used hard drugs such as heroin or amphetamine. The majority of the children also had a more or less pronounced mental illness and periods of unstable social situation. At the time of the interview, 21 of the children had an ongoing drug problem, eight had been drug-free between one and 19 years, and three of the children were deceased.

Preliminary Results

The preliminary results show that parents experience many barriers for adequate support both for the child and for themselves. On a psychological level barriers for seeking professional help were related to guilt and shame, the risk of being stigmatized or categorized as well as fear of contact with social services and loss of control.

On a structural or organizational level, barriers were related to lack of treatment options for drug problems and limited access to support for affected family members, secrecy acts, bureaucratic obstacles and lack of collaboration between authorities.

A preliminary analysis shows six key themes in the parents' stories:

- Seeking support for the child - a long and difficult process
- "Having to fight against those who should be helping"
- Confidentiality, bureaucracy and powerlessness
- The authorities place too much responsibility on the child
- Parents have to cover up when the support system fails
- Being labeled as a bad or difficult parent

Some parents also describe positive experiences in dealing with authorities and professional helpers. These stories point to the importance of someone who actively listens and tries to understand the parents' situation, and the importance of talking to someone who does not judge, assign blame or give unwanted advice.

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