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research

"How do I tell my children about what my mum's like?" Conflict and dilemma in experiences of adult family members caring for a problem-drinking parent

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Previous research on the effects of alcohol abuse on family members has primarily focused on spouses, parents or young children of problem drinkers. The study on which this article is based explored the experiences of adults with children who were also providing care for a problem-drinking parent. Individual interviews were conducted with six female participants. A qualitative analysis of the interviews identified three conflicts or dilemmas that the participants faced: 'normative expectations or notions of family versus experience', 'emotional detachment versus strong emotion' and 'functional/practical contact versus emotional/relational contact'. Implications for alcohol support services are discussed and recommendations are proposed.

key words alcohol • problem-drinking • family members • sandwich generation • qualitative

Introduction

In the early 1990s, Moos et al (1993) reported a higher than expected incidence of substance abuse among older adults, with alcohol being the most common substance of abuse. Since then, substance misuse has increasingly been perceived as a problem in older adulthood (O'Connell et al, 2003; Dar, 2006; Moos et al, 2009), which could be set to rise. Researchers have predicted a doubling of the number of older adults in the United States with a substance use disorder by 2020 (Han et al, 2009). In the UK, O'Connell et al (2003: 664) warn that 'the absolute number of elderly people with alcohol use disorders is on the increase and a real danger exists that a "silent epidemic" may be evolving'. Substance misuse not only affects the individual substance user but also has negative effects on the family. Orford et al have conducted extensive research on family members affected by a relative's substance misuse and have identified common stresses, strains and methods of coping across substances (eg, alcohol versus other drugs), families and cultures (see, for example, Orford et al, 1998a, 1998b, 1998c, 2005). However, the existing body of research literature is quite narrow in the range of people studied. Female partners and mothers are the family members most represented in research that examines the experiences of the family (Orford et al, 2005). 'Children' affected by substance misuse are typically young children or

adolescents who live with the substance user (Velleman, 2004; Templeton, 2010). Research focusing on adult children of substance misusers has, thus far, predominantly either taken a retrospective approach exploring memories of childhood, or assessed the later implications of the participants' childhood experiences (see, for example, Woititz, 2002; French et al, 2009). Therefore, the research base would be strengthened by extending the types of people studied and the research approach adopted.

Caring for ageing parents

Many people find themselves fulfilling the role of carer for their ageing parents. Research has been conducted that explores people's motivation to provide care for family members, with filial obligation (Wallhagen and Yamamoto-Mitani, 2006), attachment (Cicirelli, 1993), reciprocity (Schwartz et al, 2005), affection or 'friendship' (Stuifbergen and Van Delden, 2011) and perceived need (Oudijk et al, 2011) figuring strongly as factors for analysis. While there appears to be little agreement about the specific role of key motivators to provide care, there is agreement that caring can often have an emotional impact on the carer, leading to feelings of burden, stress and strain (Chambers et al, 2001; Lane et al, 2003). This may be particularly apparent where people are managing competing commitments and responsibilities (Farran et al, 2004) such as employment or other family commitments. Occupants of the 'sandwich generation' arguably have a double burden of caring for both the previous and the subsequent generation at the same time (Pierret, 2006). However, Loomis and Booth (1995: 131) dismiss the notion that the care burden experienced by the sandwich generation negatively affects carers' wellbeing as a 'myth'. Similarly, Grundy and Henretta (2006) argue that, generally speaking, by the time one's parents are of an age to need care, one's children are older, with a reduced call on one's time and resources. A group of people who may find themselves in a 'double-burden' position are people who have a parent who requires attention or support earlier in their own offspring's adult life, and such are the family members considered in the current study. This may compare with the experience of family members caring for an elderly parent with other problems in later life (Maxwell, 2009; Nordmeyer, 2009), including Alzheimer's disease (Werner et al, 2010) and dementia (Lieberman and Fisher, 1999; Adams, 2006), while they also have a young family to attend to.

Caring for ageing parents with a substance use problem

Research on the effects of substance use on families led Copello et al to the identification of a need for a 'wider use of family focused interventions in routine practice' for substance misuse (Copello et al, 2005: 369) and to the development of a five-step method of intervention to support family members (Copello et al, 2000, 2010). The latter work has focused on responding to the needs of family members facing a range of substance use problems, including alcohol. Since alcohol use problems in older adults are so prevalent yet commonly under-recognised by healthcare professionals (O'Connell et al, 2003; Dar, 2006), this suggests that a significant number of families may be attempting to manage an older adult's alcohol problem without sufficient or appropriate support. To date, there is a dearth of research looking at the specific stresses and experiences of adult family members who are caring for an older parent who is experiencing a significant alcohol problem. The current study aimed

to add to the literature by extending the range of family members studied, including examining the ongoing relationship between the adult child and their parent(s) and exploring multiple intergenerational effects of substance misuse. Qualitative research methods were employed because, through careful use, an analyst can demonstrate a sensitivity to the context (Yardley, 2000), that is, to the detail of the participants' lives, and develop an understanding from the participants' perspective (Smith et al, 2009).

The principal research question examined in this study was: What are the experiences of an adult with children who is also providing care or support for their parent who has a significant alcohol problem?

Method

Design

The study used a qualitative design adopting interpretative phenomenological analysis as its underpinning approach and methodology. Data were generated via individual semi-structured interviews, which were audio-recorded and transcribed verbatim before analysis. An opportunity sampling method was employed. Ethical approval for the study was sought and granted by the university supporting the research and a National Research Ethics Service (NRES) Committee of the National Health Service. Although participants were not recruited directly from NHS services, the drug and alcohol charity primarily used for recruitment accepted referrals from the NHS and therefore patients could be potential participants.

Recruitment

Participants were recruited from a variety of sources over a five-month period. One responded to an advertisement placed in a local drug and alcohol charity where she took her mother who attended an art group. She had previously been a member of Al Anon (a self-help support group for families of problem drinkers) although she had not attended for many years; however, she still had a friend who attended the group. Through contact with that friend, two women contacted the researcher from the local Al Anon group. One participant was known to the researcher who disclosed herself as meeting the inclusion criteria. An advertisement was placed in local carers' groups' newsletters to which one person responded who was involved with the carer group through her role as carer for a different family member, not her parent. She then introduced her sister to the study.

Interested potential participants were provided with an email address or telephone number to contact the researcher. During the initial conversation the topic of the study was outlined and the researcher checked the potential participant against the inclusion criteria. Where the potential participant met the criteria the researcher arranged for the Participant Information Sheet to be sent and an interview time and date were agreed. The day before the proposed interview the researcher contacted the potential participants to check that they wanted to go ahead after reading the information and to confirm the day and time of the meeting.

Participants

Six participants were recruited to the study. All of the participants were female and had at least one child. The participants' ages ranged from 40 to early-60s. All of the women stated that their parent (or parent-in-law in one case) had been drinking problematically for as long as they could remember, although one (Andrea) could remember some periods in the past when her parent did not drink. Participants who had a parent who was still alive were geographically close to their parent; typically "a couple of miles away" or "just up the road". In relation to ethnicity, all participants were white; four were British and two were Irish. Information about each participant is provided in Table 1. Participants have been given pseudonyms and any other identifying details have been altered in the transcripts to maintain anonymity.

Table 1: Brief details of the participants

Participant	Age of participant	Number of children	Age(s) of child(ren)	Parent with alcohol problem
Andrea	49	1	14	Mother
Jen	40	2	6 years and 8 months	Mother
Joan	61	5	In thirties and forties	Mother
Karen	52	2	Both in early twenties	Father-in-law
Mel	44	3	8, 11 and 13	Mother
Sue	48	1	In twenties	Both parents

Data collection

Data were generated via semi-structured one-to-one interviews. As already mentioned, interviews were audio-recorded and transcribed verbatim. An interview schedule (available from the first author upon request) was used to guide the interview rather than to be followed as a specific set of questions. The 'semi-structured' nature of the interviews allowed flexibility within the conversations to enable individual stories to be told and emerge, while maintaining some comparability across interviews. The interview schedule was an adaptation of the Orford et al (2005) schedule, which covered seven broad areas of interest. Interviews explored participants' perceived stresses, ways of coping, possible tension between generations (ie, tensions between their involvement with their parents and being a parent to their own children) and social support available to the family member. Participants were asked where they would like the interview to be conducted. A small section of the drug and alcohol charity operated out of some rooms in a local leisure centre and a room was made available for the researcher to use for interviews. This provided an ideal setting for two of the participants who asked for "neutral ground". Other participants were interviewed within their own home in a private room. No one else was present at any of the interviews although two of the participants' husbands were in the house, in a different room. Participant information had previously been emailed to the women

to read prior to the meeting but a hard copy was also provided and discussed along with the consent form before proceeding to interview.

Method of analysis

Given the 'experiential' nature of the study, interpretative phenomenological analysis (IPA) (Smith et al, 2009) was employed to analyse the data. IPA has two key commitments: 'the phenomenological requirement to understand and "give voice" to the concerns of participants; and the interpretative requirement to contextualize and "make sense" of these claims and concerns from a psychological perspective' (Larkin et al, 2006: 102). Transcripts were read a number of times for the analyst to become familiar with the data. Various elements of the texts were noted and selected as possibly important or useful to the analysis; in particular, phrases that concentrated on individual women's experiences or feelings about a topic, rather than generalised statements or facts. Normative notions of parents, parenting and family relationships were detected in the data alongside descriptions of experiences that diverged from normative expectations. Accounts of emotional detachment were evident in interviews, which, at the same time, were heavy with emotional content. The analyst observed descriptions of the activities of the relationships, including what people did 'with' or 'for' their parent and their children. These were all highlighted and drawn together to capture the experiences being conveyed.

In order to enhance the rigour of the research and address reflexivity within the method, the analysis was discussed and reflected upon between both authors throughout the analytic process. The main analyst (MH) had a prior background working within substance misuse but no specific experience of working with or studying family members affected. Discussions between both analysts as well as additional checks of the findings with the original participants were used in order to minimise the potential influence of the analysts' backgrounds on the interpretation of the interview data. The data were managed manually partly for pragmatic reasons (the number of interviews allowed this) and also in order to remain closer to the data. This enabled the analysts to immerse themselves fully in the data and to better understand the participants' experiences. Early pre-coding was avoided, which, if conducted too early, may be influenced by the researcher's preconceptions. Analysis began once the data had been thoroughly consumed.

The findings were sent to the participants who confirmed that the analysis findings captured their views and experiences, except in aspects that were not relevant to them. Specifically, this included the mention of a sober parent for participants who did not have a sober parent who was involved with the drinking parent.

Findings

A clearly apparent observation throughout the analysis across the transcripts was that participants described feeling "constantly anxious", "weary", "sick of it" and like "I can't be doing with this anymore". Through a close analysis of the accounts provided by participants it appears that their relationship with their parent(s) was fraught with conflicts that became a daily battle. These experiences may underlie the emotions that participants were expressing and characterise their experiences. The rest of this

section describes three key conflicts or dilemmas evident in the data and illustrations are provided with extracts from the interviews. The three themes are:

- normative expectations or notions of family versus experience;
- emotional detachment versus strong emotion;
- functional/practical contact versus emotional/relational contact.

Normative expectations or notions of family versus experience

Participant as adult child

Participants talked about 'ordinary' situations and relationships that may be culturally expected or normative. These included aspects of parent–adult relationships such as attending weddings, parents visiting their adult daughter in hospital after the birth of a baby, parents listening to the adult child's problems and offering advice or guidance. Apparent in the interviews were situations and notions associated with culturally normative grandparent–grandchild relationships such as playing games together, sending birthday cards and 'babysitting' or caring for the grandchild in their parents' absence. However, each of the participants described how their experience was different from expectations and was 'soured' by the older parent's drinking.

Participants spoke about the possibility of their parent being the mother, father or grandparent they would wish them to be or could culturally, normatively expect them to be. For example, Joan recalled that "my mam without drink was a loving woman" and others recalled sharing interests or activities with their parent on occasions in the past. However, while indicating what may be expected from a loving parent, each provided a contrasting account of their own experience. Joan added: "but erm (.) with drink you got (.) you got belted you got beaten for the least little thing. She was never any hugs or kisses or you were never told you were lovely or she loved you."

Each spoke of their parent being "drunk" (Sue) or "paralytic" (Karen) when they visited the new baby in hospital. Jen recounted a conversation with her aunt whom she asked: "do you know what it's like your mum not turning up to your wedding because she's pissed and doesn't know what day it is". Each also spoke of their parent not being available to them for emotional support. This also extended to the sober parent where there was one, who became so overwhelmed by the need to attend to their spouse that they became less available to their child. This led some participants to feel that they had lost both parents although only one was drinking.

Participants oriented to the parent–child relationship being a particular type of relationship with an array of powerful cultural expectations attached to it. Participants felt in a very different position from others around them who had "a different attachment" (Jen) to the drinker, such as a spouse, sibling or health professional. For some participants this left them feeling isolated and trapped, as Andrea indicated: "A lot of my friends have left drunken husbands but when it's your mum you can't leave your mum, I mean, you can leave but she's always your mum."

The conflict for participants became most acute when the roles reversed and the 'child' became the caregiver. Cultural expectations of filial caregiving suppose that when the parent becomes elderly or in need, the son or, more usually, the daughter provides care (Hequembourg and Brallier, 2005). However, the participants indicated

a lack of reciprocity and pointed to a troubled relationship and history. This was most clearly vocalised by Jen:

> 'I don't think people, service providers understand. It's like my auntie will say to me "oh it's like she's got dementia" but I think "ok if I'd had a relationship with my mum and then she'd got dementia I wouldn't turn away from her because I would want to care for her", but that's not what's happened. We've had an ongoing from childhood errm volatile and unloving relationship and then all of a sudden someone's telling me to care for her and they don't understand what emotion is attached to that.'

The conflict or dilemma that participants appeared to describe involved feeling trapped in a relationship that had not been nurturing or positive and feeling the burden of expectation that they should now provide care. It appears that while their experience negatively contrasted with normative notions of parental care, participants felt trapped into perceived normative notions of filial caregiving in later life.

Participant as parent

Similar to descriptions of possible parent–child relationships in their past, participants' accounts indicated what sorts of things may constitute a 'normal' grandparent–grandchild relationship. However, again reminiscent of their past, this was not their child's experience. This gave rise to further conflicts experienced by the participants. First, the participants felt that they wanted their child to have a relationship with their grandparent, and in many ways the grandparent was, at times, able to fulfil the relationship to the satisfaction of the child. Andrea recalled her son when he was young excitedly asking: "shall we go to granny's, shall we go to granny's?", while Sue confirmed of her parents and her son that "they loved him, and he loved both of them". Karen recalled that her father-in-law "was very good with the children, he loved the kids" and "used to play with them and you know talk to them and stuff". This was echoed in other participants' stories who talked of children who enjoyed spending time with their grandparent. However, Karen went on to portray a contrast between a 'good grandad' and an 'unsafe grandad' with whom she did not feel she could entrust the children's care. Similarly, others talked about the relationship becoming damaged because the grandparent was "really mean to them", "really nasty", "embarrassing", "unpredictable" and "aggressive", leading the participants to question their child's physical and emotional safety. Mel explained that "what I've had to say is 'oh Nanny Smith's got some problems'" to account to her children for her mother's "nasty" behaviour, while Andrea's son's relationship with his grandmother had deteriorated to such a degree that "he doesn't really talk to her anymore".

As indicated earlier, participants felt tied into or trapped in the relationship with their parent and at the same time, they did not want their child to be affected by their own parent's drinking in a way that they recall being affected themselves by it. So participants talked about going to some lengths to "protect" and "shield" their children from their drinking parent's behaviour. Speaking of her son, Andrea stated: "[W]e try and protect him quite a lot from it. He's never seen her really drunk because I don't see why he should … why put your child through that." They also indicated changes in their relationship with their parent when they had a child of their own

due to the desire to protect their offspring, adding a further layer of complexity to an already difficult relationship: "Then it was very different because I had someone to protect, I had someone to stand up for other than me so it was very different and I think having children has really changed my attitude, my tolerance levels to do with my mum" (Jen).

Emotional detachment versus strong emotion

The interviews with adult children of problem drinkers in this study were laden with emotion. This was evident from the direct expressions of feelings and the indirect 'cracking' or 'wobbling' of voices, occasional welling of tears in participants' eyes and muscles taut with emotion. At the same time, each talked about emotionally detaching themselves from their drinking parent. Each spoke of it as a coping strategy to manage their own reactions and protect themselves and their family from hurt.

Participants talked about a lifetime of trying to stop their parent from drinking and hoping that it would be possible. Each spoke about hoping that the birth of their child would prompt their parent to stop drinking; however, each also indicated the painful emotions they felt when this did not happen. In response to the questions "So when your son came along, how did that change things with your parents? Did it change the relationship with them?", Sue visibly fought back tears as she replied in a broken, 'wobbly' voice "no it didn't change anything" and reiterated later "having the child didn't make it better" with a sound of painful resignation.

The discovery that a new family member and, more importantly, *their* offspring would not prompt a change in drinking behaviour was a double blow for some, rubbing new 'salt' into old 'wounds'. Participants talked about feeling that their parent had chosen alcohol over them when they were young and again now with their own child they were "rejected again" (Joan). This fuelled their desire to protect their own children and they did not want their child to experience that 'rejection', as Jen affirmed: "We felt like we were being rejected. It was a feeling that she was making the choice of alcohol above us when for me I didn't want her to do that over my children so I didn't want her to reject my children because of alcohol."

A whole gamut of emotions was conveyed, including shame, fear, anxiety and hurt. Anger and resentment were expressed towards the parent for their behaviour, a sibling for leaving and not helping with the parent or health professionals for being unsupportive or placing unrealistic expectations on the family. Andrea declared: "That's why I'm so resentful thinking 'how can you do that to your child?'. I know I'm a grown up with their grandson but you just think 'how can you do it'." While Jen recalled a conversation with her mother's general practitioner (GP): "She [the GP)] said something like 'well it's those times when she's finding it hard when she wants to drink that she needs you most' and I'm saying 'well those are the times when we can't cope the most'."

In order to avoid being hurt, participants talked about emotionally detaching themselves from their drinking parent. Mel explained that "you just don't want to go through that emotional strain", while Sue explained: "I suppose I was protecting myself, I just put up a big barrier between us." These sentiments were echoed by Andrea who stated that "I'm not really interested in having a relationship with her because it's too hurtful." For Jen this was a process over time. She recalled:

> 'My mum was hugging me and saying "oh I'm so sorry for anything I might have done" and she was crying and I know that I was going "oh don't worry about it mum" but I know when I was patting her and cuddling her and saying "don't worry about it mum" I was really thinking in my head "I don't give a shit". That's what I was thinking in my head and that was a very new kind of feeling and I suppose every time I had these new kind of feelings I recognise it was very different to the emotions I used to feel. I thought "I don't give a crap if you're upset really" is what I was starting to feel.'

The dilemma or conflict for participants here appeared to be how to protect themselves and their child(ren) by emotionally detaching themselves from a person or situation that aroused very strong emotions in them.

Functional/practical contact versus emotional/relational contact

Participants described the contact and interaction they had with their parent. These interactions appeared to be bound up with the roles each played in the other's life and featured ways to manage emotions.

Participants expressed being caught up in a relationship that for them was emotionally painful, with a parent who was emotionally unavailable to them. In order to manage this, the relationships appeared to have become increasingly functional or practical, such that contact with the parent serves a particular purpose. This may have been to resolve a practical problem experienced by the older parent, to support a sober parent or to ease the participants' own feelings of guilt about attempting to emotionally detach. Jen illustrated features of the conflict in the following extract:

> 'Mick [Jen's husband] was saying "I just don't know why you put up with it, I just don't know why you put up with it. I think you should not have anything to do with her" and me saying "yeah but she's my mum, I can't just not have anything to do with her" especially when it came to times like her heating broke down in the middle of the winter and the things errm that we'd go to her rescue or she'd go in to hospital so she needed someone for her when she was in hospital and these types of things really errm so she would phone us when she needed some help or she would phone us when she'd had a drink and wanted to talk or cry down the phone to us about the latest story line in *Coronation Street* and that used to really irk me because she had more emotion about what's happening in the soap operas on telly than she would about what's going on in her own family's lives.'

Jen indicated the feeling of not being able to end the relationship by stating that "I can't just not have anything to do with her" and listed the types of situations that would see her going to her mother's aid. She then intimated the sorts of emotional requests that her mother made of her but then demonstrated her mother's lack of emotional reciprocity by having "more emotion" about events in a soap opera than her own family.

Sometimes 'rules' were placed around the contact, for example the parent would have to be sober at the time the participant helped to resolve the problem. However, this often resulted in more hurt when the parent reportedly failed to keep their end

of the deal or drank again as soon as the need had been met. The longevity of the difficult relationship and the hopelessness associated with it are captured by Andrea: "We've sort of come a long way to get to where we are today and we've been through all different things of trying to love her or trying to be hard to her and all this sort of stuff and nothing makes any difference really".

Participants expressed that their involvement with their parent was now more about obligation and duty rather through choice or pleasure:

> 'There really isn't a relationship at all now, I just have to look at her. I only have contact with her for my dad now. I wouldn't have contact with her for any other reason.' (Andrea)

> 'Now I am seeing her just because I feel guilty … I just feel like it's more of a duty really.' (Mel)

The fall-out of the previous two conflicts, as described above in this analysis, appears to have been played out in the contact the participants had with their parent. The conflict faced here centred on balancing a relationship that is influenced by the roles, responsibilities and expectations of each of the actors in the relationship and the emotions experienced by the participants. A relationship embracing cultural notions of 'family' and supportive relationships that include shared emotions may move contact towards an emotional or relational interaction; however, tense, unpredictable or difficult relationships with emotional disengagement may tip the contact towards a functional or practical interaction. Participants appeared to be in a state of flux about aspects of their relationship and contact with their parent.

Discussion

Close analysis of the qualitative interviews with adult parents who cared for their own parent who had a significant drink problem identified a number of substantial daily conflicts or dilemmas faced by participants and at the centre of the relationship with the drinking parent. The overall picture was one of contrasts between perceptions of 'normality' and the reality of fragmented relationships. First was a contrast between what the affected family member perceived as being 'normal' or 'ordinary' family experiences and relationships, which were then contrasted with much of what the participants experienced and indicated was poor in comparison. The conflict for the participants was related to the burden of filial caregiving that they felt was placed on them yet participants themselves perceived that they had not received parental caregiving due to the impact of the alcohol problem on their own parent and how this negatively affected their parenting towards the participant.

Second, participants spoke about emotionally disengaging from their drinking parent as a means of protecting themselves from further emotional hurt. However, participants indicated that this was very difficult in a relationship that roused deep, strong emotions and, indeed, the process of separating from the parent provoked feelings of guilt and further discomfort. The third conflict centred on the contact between the parent and adult child. While at some point an emotional or relational contact may have been desired by either or both parties, the impact that each family member had on the other's life and the emotions attached to the relationship rendered

this too difficult and emotionally painful. Participants therefore attempted to move towards a more practical or functional focus for the contact devoid of emotion, which proved difficult to maintain. The overall picture is one of fragmented relationships where the impact of the substance misuse leads to fragmented intimacies (Adams, 2008) for those with the problem as well as those family members affected by the substance misuse.

The findings of this study resonate with previous work on adult family members of a person with a substance use disorder. Orford et al (2010) concluded that, although essentially the experience of family members is universal, it is coloured by the particulars of the relationship and characteristics of the people in it. Also, overall, the picture portrayed in this study is one of detachment and disengagement over time whereby the family member finds a position of emotional distance the longer the problem continues. This conclusion was also drawn by Copello (2003) with other family members of people with a substance use problem over time.

Significant for this group of family members is the intergenerational position they occupy, caught between managing their parent and protecting their child(ren). Similar to findings with other family members affected by substance misuse problems, participants reported a persistent feeling of unpredictability and uncertainty about what may happen at any time in relation to the drinking parent (Orford et al, 2010). Significantly, these participants reported feeling trapped in a situation perceived to be not of their own making but with no means of escape. Significantly, these participants reported feeling trapped in a situation perceived to be not of their own making but with no means of escape. This was predominantly for two reasons. Firstly, because participants felt obligated to provide support for the drinker because there was a perceived need and they felt that if they did not provide support, there was no-one else to provide it. Secondly, for some, because a sober parent (the other, non-substance using parent) required their help and support.

Previous research has indicated that factors that motivate people to care for an ill or frail elderly parent include:

- filial obligation (Wallhagen and Yamamoto-Mitani, 2006)
- perceived need (Oudijk et al, 2011);
- attachment (Cicirelli, 1993);
- reciprocity (Schwartz et al, 2005);
- affection or 'friendship' (Stuifbergen and Van Delden, 2011).

However, among the interviewees in this study there was a distinct absence of references to attachment, reciprocity and affection or 'friendship' in the relationship. Given that care based on these factors appears to mitigate feelings of burden and stress (del-Pino-Casado et al, 2011; Reid et al, 2005) while increased feelings of obligation have been found to be associated with increased subjective burden (Cicirelli, 1993), this has obvious implications for the wellbeing of the people in the position of those in this study. There were several references in the descriptions of participants to the experience of stress-related psychological and physical symptoms, a consistent finding in the literature on family members affected by substance misuse problems (Ray et al, 2007, 2009). Research indicates that, although adult children can find caring for their parent tiring and stressful, there are rewards to be gained, including feeling like one is giving back to a parent who cared for them when they were young (Lane et al,

2003). However, this aspect, appears to be absent from the accounts of the participants in this study and there is little evidence of pleasure in the descriptions of current relationships. This suggests that further support for adults managing a parent with a substance use disorder is required in order to achieve a more balanced position in the relationship and leads to some recommendations outlined in the final section of this article. It is possible that some of these processes vary depending on whether the alcohol problems developed in later life or were present while the adult affected was growing up. Further research could usefully explore this.

Limitations of the study

The study design was based on qualitative methods given the emphasis on and aim of attempting to understand the lived experience of the type of adult family members that were involved in this research. The usual limitations of the extent to which qualitative findings can be generalised apply; however, the present study was more concerned with an initial exploration of a group that to date has been largely neglected in research into family members affected by addiction problems. As such it provides the first findings specifically focused on this group and highlights some of the specific potential additional sources of stress associated with the conflicting roles and responsibilities of those positioned between two generations (Grundy and Henretta, 2006; Pierret, 2006).

A further limitation is the extent to which we can ascertain whether conflicts and difficulties in the adult and parent relationship may be part of the general psychology of these interactions and not necessarily related to the impact of the addiction problem but potentially arising from other factors. The important issue here is the fact that in the participants' views, these problems were attributed to the impact of the substance-related problem and, as such, an understanding of these attributions may be important to address within interventions to support these family members.

Recommendations

An implication of under-recognition of substance use problems in older people suggests that there are likely to be families struggling to cope. Better identification of substance use problems in older adults may provide an opportunity for support for these family members, which may have positive multigenerational effects and outcomes. However, this support needs to be timely and delivered as early as possible in the relative's substance abuse career. Results of this study indicate that many people cope with their situation by emotionally disengaging and keeping aspects of their drinking parent out of their home life, but to seek support for themselves may be experienced as investing more time, energy and thought into the relationship; therefore the benefits for the adult child and their own family need to be very clear.

In addition to adult family members, this study implies that it is important to provide a service to children affected by a parent's drinking to help them as they become adults. Templeton (2010) outlined a method of working with affected family members that could be adapted to be appropriate for young children. Furthermore, adaptations could be undertaken with a more specific focus on the group of adult family members concerned about an older parent who have been the focus of this study.

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