

# “It’s like being stuck on an unsafe and unpredictable rollercoaster”: Experiencing substance use problems in a partner

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**Abstract**

Living with a partner with substance abuse problems may induce strains in an individual’s everyday life, including poor health, disrupted family life, and social isolation; this may lead to dropping out of education or work, a lack of safety and support, and facing various dilemmas and stigma. **Aim:** The purpose of this study was to explore these partners’ everyday life experiences, including their parental roles. **Method:** A qualitative design comprising qualitative interviews with ten partners and ex-partners was performed, and a thematic analysis was used. **Results:** The findings demonstrated that sharing their lives, including parenthood, with a partner with substance use problems affected every aspect of the participants’ lives, and entailed being influenced by their

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partner's ups and downs. The overall theme, "being stuck on an unsafe and unpredictable rollercoaster", is explored through three themes: "dilemmas, stigma, and shame", "lack of safety, security, and support," and "searching for hope and meaning." **Conclusion:** As a result of the negative impact of their circumstances on their everyday lives, these individuals need support to handle the challenges that they face, but often find it difficult to ask for help. Peer support groups seemed helpful in enabling them to find ways out of their situation.

### Keywords

dilemma, everyday life, parenting, partner, qualitative, stigma, substance use problems, thematic analysis

The objective of this study was to develop insight into and understanding of the everyday life experiences of partners to persons with substance use problems (SUP). An estimated 10% of Norwegian people are affected by a close family member's SUP (Rossow, Moan, & Natvig, 2009). Substance use problems in a family member negatively impact the whole family (Bancroft, Carty, Cunningham-Burley, & Banckett-Milburn, 2002; Hjárn, Arat, & Vinnerljung, 2014; Velleman, 1992). One particularly relevant group of adult family members consists of partners to individuals with SUP. These partners are at risk of developing their own health problems as a result of their experiences, such as stress, depression, anxiety (Ólafsdóttir, Hrafnadóttir, & Orjasniemi, 2018), physical illness, significant impairment of their quality of life (Dawson, Grant, Chou, & Stinson, 2007), relational conflicts (Mitchell & Burgess, 2009), aggression and violence (Dawson et al., 2007; Orford, Velleman, Natera, Templeton, & Copello, 2013), risk of social isolation (Arcidiacono, Velleman, Procentese, Albanesi, & Sommantico, 2009; Orford, Velleman, Copello, Templeton, & Ibanga, 2010), and fear of being stigmatised (Arcidiacono et al., 2009; Walter, Ford, Templeton, Valentine, & Velleman, 2017). According to Goffmann, stigma creates shame and guilt, which lead to isolation (Goffman, 1963). Eliminating stigma, prejudice and discrimination against people with substance use disorders is crucial to helping them recover.

A scoping review (Birkeland et al., 2018) found that this partner-group experience significantly lower quality of life (QoL) than does the general population, and their QoL is negatively associated with SUP in their partner. Sharing parenting of minor children with someone who has an SUP may represent particular challenges. Parental SUP is associated with disruption of rituals and routines and changes in roles and responsibilities. Further, resources may be allocated to the person with SUP at the expense of other family members, including children (Haugland, 2005; Mitchell & Burgess, 2009).

In Norway, legislation and national guidelines for health and care services state that relatives must be included in the treatment and follow-up of the patient/service user, to receive information, and for their own support if they have substantial care tasks or burdens (The Ministry of Health and Care [Helse- og omsorgsdepartementet], 1999, 2009, 2010; The Norwegian Directorate of Health [Helsedirektoratet], 2017). According to Orford, Natera, et al. (2013), partners of patients with SUP have, however, received limited attention from health and social services, and also from research (Orford, Natera, et al., 2013; Orford, Velleman, et al., 2013). This seems particularly to be the case if the partner cares for children together with the person with an SUP (Ruud et al., 2015).

While social support is important for these relatives (Orford, Copello, Velleman, & Templeton, 2010), the practice of providing such

support seems limitedly focused in clinical settings according to a Norwegian study (Selbekk & Sagvaag, 2016). To be able to identify these partners' specific needs, a deeper understanding of how these partners may experience everyday life, including parenting, would hence represent important knowledge for practitioners in the health and social services.

Further, a review from 2002 (Bancroft et al., 2002), which still seems relevant, concluded that more studies were needed with partners who did not have their own SUP, and Room, Laslett, and Jiang (2016) underline that qualitative studies among people being harmed by another person's SUP should be performed. Qualitative exploration of how partners of individuals with SUP experience their everyday lives and parenting role could thus contribute to an improved understanding of their situation.

### *Aim and research question*

The aim of this study was to develop insight and understanding of the everyday life experiences of partners of individuals with substance use problems, with the research question: how do partners of individuals with substance use problems describe their everyday life experiences, including their parental role?

## **Methods**

### *Design*

A qualitative design was employed to explore the research question in order to obtain a fuller insight into and understanding of the everyday life experiences of the partners of individuals with SUP in relation to SUP in their significant other. A semi-structured interview guide with open-ended questions was developed in collaboration with relatives' representatives from two NGOs: A-Larm and Landsforbundet Mot Stoffmisbruk (LMS; in English: the National Association Against Drug Abuse). A-Larm is an NGO for persons with SUP and their

relatives, and LMS is the largest Norwegian NGO with and for relatives of persons with SUP.

### *Recruitment and participants*

Participants were recruited from the NGOs A-Larm ( $n = 4$ ) and LMS ( $n = 1$ ), and from a Norwegian multicentre study ( $n = 5$ ) on children as relatives, which included children and both parents as informants (Ruud et al., 2015). From that study, we recruited partners of patients in units for treatment of SUP.

The inclusion criteria were: (1) partners or ex-partners of individuals with SUP (relating to alcohol and/or drugs); (2) who shared parenthood with this partner or ex-partner, and (3) who had experience of caring for minor children at the time of the SUP in the other parent. The experiences they shared could be either reflecting back in time or currently ongoing at the time of the interview.

All participants met the inclusion criteria. Altogether, ten partners participated: six women and four men. Their age ranged from 35 to 66 years (median 47 years).

### *Context*

Six were ex-partners and four were present partners to a person with SUP. Five of the informants reported current SUP in their co-parent, five shared experiences from the time when their partners did have SUP, although their partners were non-users at the time of the interviews, since they were enrolled in treatment. Seven of the participants were parents to minor children at the time of the interviews. The experiences of the other three participants of sharing parenting with a partner with SUP came from the period when the children were minors. All participants reported not having SUP themselves.

All participants reported a variety of substance use in their partner during the period when their children were minors. Three of the participants reported that the co-parent had

heavy polydrug use (e.g., amphetamine, heroin), with hospitalisations and/or police arrests during their children's childhood. Four reported that their partners had heavy alcohol problems during their children's childhood, and two reported that their co-parent had a periodic alcohol problem, one of whom had also problems with addictive medicines (opioids and sedatives). One participant reported that the co-parent had a heavy dependency on addictive painkillers (opioids used in another way than prescribed). Six participants described that their partner was a heavy user of either alcohol or other substances including opioids. This meant that they had had a very limited presence as parents to their children, due to the substance use, hospitalisations, or imprisonment. Several of the participants described aggression, violence, and/or criminal actions from their partner, particularly in periods of escalating substance use. Although three participants described that their partner was a good parent, this was tied to periods of abstinence, and changed in periods of recurrent relapses.

In the following, we refer to the impact of substance use in line with Orford, Velleman, et al., 2013, to broadly include dependence/pathological use or misuse/problem use of sufficient severity to cause significant difficulties for both the using co-parent and the partner. Further, we understand substance use problems (SUP) in line with Hansen (1994), and Lindgaard (2008): SUP exists when the use of substances interferes with tasks and functions that are to be taken care of in the family and/or stresses and disrupts the emotional ties between people. In the following, the term SUP will be used to cover these problems experienced by the partner.

### *Data collection*

Individual qualitative interviews were carried out by the second author, covering overall themes relating to the participants' everyday life experiences as partners of individuals with SUP, revolving around questions regarding (a)

their experiences of being a close relative of someone with SUP, (b) their roles, support needed and received, and (c) possible positive outcomes of their experiences. The same questions were thematised in all interviews, but the order of questions could vary depending on how each participant addressed the different themes. At the end of each interview, the participant was given an opportunity to share any reflections that had not already come to light. Each interview lasted approximately 60 minutes and was carried out in the participant's preferred location (usually at the participant's home) during the period from April 1 to September 30, 2014. The interviews were transcribed verbatim.

### *Analysis*

We conducted an inductive, thematic analysis of the data, inspired by Braun and Clarke (2006), in order to extract and thematise the participants' everyday life experiences, including experiences of parenting, while having a partner with SUP. The first, second, and last authors read the interview transcripts several times and contributed to the analysis. Notes were taken by the first author on possible meaning units, with suggestions for coding words. The initial codes were generated from the coding performed on text deemed relevant to the questions under study. Each step of the analytic process was discussed between the first and second authors with inputs from the two other authors. In order to develop initial codes, meaning units, sub-themes, and themes, the authors met and discussed the analytic steps thoroughly several times. We referred to the interview texts when in doubt, and tried to stay open minded and be transparent with any preconceptions. A basic and shared preconception from research, professional experiences, and input from the relatives' organisations A-Larm and LMS, was that partners of individuals with substance use problems have multiple issues and the behaviour and SUP has a significant impact on the lives of partners and

children. In the analysis process, we sought to identify those problems and how they were described by the participants.

In the process of organising the data, we clustered the sub-themes in accordance with their content (codes) and identified preliminary themes. The sub-themes and preliminary themes were thoroughly discussed, with cross-references made between the interview transcripts and proposed themes. The cross-references did on some occasions lead to sub-themes being re-arranged, content being moved to another sub-theme, or changes being made to the names of codes or sub-themes. The themes were scrutinised and re-organised several times before we reached agreement that the data should be organised into three themes, each with associated sub-themes (Table 1).

### *Ethics*

Participants gave written informed consent prior to their participation. Data were anonymised in the transcription process, and pseudonyms are used in the quotations presented in this article. The study was approved by the Regional Committees for Medical and Health Research Ethics as a sub-study of the project with reference no. 2012/1176.

### **Results**

Overall, the results showed that sharing a life with a partner with substance use problems meant that their partner's problems became the participants' centre of gravity, affecting every part of their lives. Through our analysis, three themes emerged: "dilemmas, stigma, and shame", "lack of safety, security, and support," and "searching for hope and meaning" (Table 2). The participants emphasised that they often felt unsafe, and that the unpredictability of the situation was burdensome but difficult to escape. Being close to someone often includes being influenced by each other's ups and downs. Having a close relationship with someone with SUP can mean that such ups and downs are both

stronger and more frequent, since the SUP can have almost all-encompassing consequences, as the results below show.

We thus named the overall theme: "being stuck on an unsafe and unpredictable rollercoaster". Further descriptions and explorations of the three themes are presented through the sub-themes. The close interconnections between the themes should be taken into consideration when reading the results section. Presenting everyday life experiences through themes and sub-themes sometimes means you must make choices, since some of the content could fit under several themes/sub-themes. Also, everyday life experiences are interconnected in a way that could be missed if one looks at the themes and sub-themes only as separate domains (Table 2).

### *Dilemmas, stigma, and shame*

This theme revolved around the participants' everyday life experiences of contrasting needs between family members, induced by their relationship with a partner with SUP. In this section, we describe the sub-themes: "dilemmas and challenges", and "impact on oneself, children, relationships, and social life".

*Dilemmas and challenges.* The participants described periodically facing overwhelming dilemmas, particularly when they were feeling alone in decision-making. One dilemma lay in balancing their children's need to understand the situation with the desire to protect them from knowing too much, e.g., as Toni (ex-partner) explained: "I tried to cover up for them how bad it really was". This dilemma included the challenge of containing the children's feelings, as this example shows:

She was very defensive. "You're not allowed to talk badly about Dad" – because [...] she perceived him as the weak one [...]. With me, she argued forcefully, while he was sacred [...]. So it was better for us never to talk about dad, at all. (Kate, ex-partner).



having a partner as a co-parent, they sometimes had to protect their children from emotional or physical danger imposed by the other parent.

The feeling of being responsible for the well-being of all family members was described in terms of being a kind of “protector”, which included dilemmas induced by feeling torn by the need to balance a variety of needs. Milly (an ex-partner) noted: “Mostly it was about concealing that . . . they were addicted . . . to make it possible to keep the peace in the house. Step gently; know when not to keep quiet, always be on guard”. Participants endeavoured to protect their children from experiences including threats or violence, worrying about their parent, disappointment, and experience of their parent being under the influence: “My eldest son recalls . . . [that he] went home to his father and then his father was so high that he didn’t recognise him. He won’t forget that” (Eve, ex-partner). In addition to protecting the children, the participants described how they could also take on the role of protecting their partner: “. . . I thought I was protecting her, so I helped her get pills at first [ . . . ], because I believed that she needed them, at least occasionally” (Lawrence, partner). Having a protecting role was challenging when participants felt that they had to set boundaries with the other parent, since this could greatly upset him or her. At the same time, participants felt bad when they avoided interfering with anything they considered unacceptable, as Lawrence explains here: “Actually, I just left it . . . just floating away, instead of making trouble. It’s certainly terribly wrong, but . . .” (Lawrence, partner).

As a result of the negative consequences of the partner’s SUP, a major issue was how to make the substance use stop. When their efforts did not lead to any changes, participants experienced a huge strain.

It was a blow when I finally knew . . . that whatever I did, it wouldn’t help him to quit anyway, which was probably something I tried as much as possible. [ . . . ] I don’t remember [ . . . ] how many

times he relapsed, [ . . . ] before I [ . . . ] started thinking that if I do this and that, maybe he won’t do it anymore (laughing). (Eve, ex-partner)

Some participants experienced a feeling of walking a tightrope regarding how to talk with their partner. They could try to be supportive when their partner seemed to have problems. However, acting as a kind of psychological support could end in conflict, as Hector (partner) explained: “I immediately realised that she needed someone else to talk to. For us, and her parents, there are too many feelings, and frustrations, and anger, and disappointments, [it’s] simply too hard to talk about . . .”.

Those participants who were ex-partners experienced additional strains relating to visits between their children and the parent with SUP. Several participants mentioned that their ex-partner could be a good parent when clean and sober, which made it challenging to decide in advance whether a meeting should take place. One dilemma was whether regular visits would help their ex-partner to recover, and at what cost this would be for the children. To deny such meetings might lead to threats, as well as a loss of contact with the other parent’s extended family – people who might be or become providers of essential support to the children. Another example was the fear of potential unpleasant or dangerous situations that might occur during visits. Eve (ex-partner) explained: “I feared someone would pick him up and offer him something, I was afraid that there might be drug debts . . . I didn’t want my son to meet anybody there”. To safeguard their children emotionally and physically, the participants thus had to be alert before, during, and after such meetings.

Furthermore, it was demanding to handle their children’s disappointment when the other parent did not appear for scheduled meetings or appeared under the influence of drugs.

He remembers that dad didn’t show up. [ . . . ] “You can’t be with the kids.” And he says “I’m not high” (laughs bluntly) [ . . . ] And then, to be

consistent and say that you, you are high! And the kids: “Yes, but dad said he wasn’t.” “Yes, but mom sees it.” That’s been difficult, [...] that they couldn’t see it the same way. (Eve, ex-partner).

*Impact on oneself, children, relationships, and social life.* Stigma and shame affected how the participants viewed themselves, their children, relationships, and their (lack of a) social life. A common fear was that others would discover the SUP, and if so, how this would affect their family members. For example, Toni (ex-partner) described that it was “. . . very embarrassing when he was drunk, and embarrassing and shameful and terrible when he made ‘moon-shine’ and you could smell it, I tried to hide it, from the children and the neighbours”. Another stressful situation could be around criminal actions. Eve (ex-partner) explained that it was “. . . very stressful and embarrassing both for the kids and me when he was arrested and put in jail”.

The shame or guilt that they felt was described as threefold: in relation to the substance misuse and their partner’s conduct; in relation to not being able to help or feeling that the SUP was in fact their fault; and for not leaving when the SUP affected their children. Efforts were made to conceal the situation at first, which at a certain point became impossible. A different approach was to be open about the problem, which for some became possible through peer support.

The participants’ experiences of stigma and shame could lead to a lack of a social life. If their partners behaved in an unpleasant manner, participants tried either to avoid social settings, by being less sociable themselves, or to avoid socialising with their partner, or both. Milly, ex-partner noted: “I chose to not being social when my husband was drunk, in fear of being very different from other couples. It felt disgusting, I was embarrassed, it was just terrible”. Sara (present partner) also described her embarrassment: “It was very shameful and

disappointing when he showed up high at our daughter’s christening – she was only three months old. . . .”

Another reason to avoid social contact was the difficult feelings arising from meeting others who seemed to be successful in life. Those who had found peer support groups reported that this made a huge impression on them and difference to them, in particular with regard to no longer being alone and lonely.

The SUP also tended to influence participants’ relationships with their partners: emotionally, practically, and socially. Furthermore, a common experience among the participants was that their own well-being was closely related to the consequences of the SUP: they could feel better when their partner’s substance use decreased; however, they were not without fear of relapse, and felt worse when it increased.

Descriptions of the altered relationship included feelings of slowly losing confidence in their partner’s ability and willingness to be a partner and parent. Gerry (ex-partner) explained how he experienced his wife’s trust-breaking behaviour:

It was like hell, basically. [...] That feeling you have after all, for someone you’ve been with for such long time, and you can see that she’s not “with it” at all; this isn’t at all the person you know, with the drinking. . . . At that time, she had a visit from another man to the cabin at night. And you know she’s totally erratic in what she’s doing, and doesn’t know what she’s doing.

### *Lack of safety, security, and support*

This theme includes how the participants described that they felt a lack of safety and security that in periods could be overshadowing. While they needed support, they also described that they found it difficult to receive sufficient support.

*Lack of safety and security.* A huge strain on the participants was caused by the negative consequences of the SUP on their family’s safety and



security. This included experiences of being manipulated, harassed, and exposed to conflict, threats, and violence by their partner, as well as the unpredictability of their substance use (how much, how dangerous, what kind of behavioural changes would ensue?). This became a huge cost of the relationship, leading to a feeling of insecurity or being unsafe. The participants might also experience a lack of trust in their own judgements. Typically, the parent with the SUP argued that it was their partner who was exaggerating the situation. The following illustrates a reflection by Kate (ex-partner): "... it was like living in a nightmare... I was somehow manipulated enormously... one thing was said, but [it was] done differently".

Being subjected to threats and violence was described as detrimental to both the children and the participants themselves. Some were also exposed to physical violence, sometimes in front of the children. This could be sufficiently severe that they feared for their lives. In addition, there were threats by the partner of suicide, which contributed to the lack of control and predictability. Milly (ex-partner) described how she had to be very conscious not to push too hard: "... [there was] very much fear of crossing the line; fear of suicide threats from my ex-husband... [or] that he would kill me".

**Lack of support.** The feeling of deficient support was mostly described in relation to health services, but limited support from family and friends was also part of the theme. The need for support might be understood in light of the totality of the partners' life situation, which includes strains that for some was manifested in bodily stresses and pains, and various emotional or mental difficulties such as sleep disturbances, concentration problems, depression, and anxiety. The following quotation describes the experience of Grant (ex-partner): "And I've been the one who had to drive, bring, pick up... Like having such an overloaded role all the time. One year ago, I had a real breakdown."

Their partner's SUP became a never-ending worry, inducing fear, grief, and included stresses regarding the possible impact on the children. Some participants worried about developing their own SUP. Grief could be manifested in various ways: this could relate to the lost possibilities of fulfilling their own and their children's expectations about life, or to the negative development of their partner's life. A stressful factor was that the participants' overall responsibility meant that they always had to be present to safeguard the children. One way to survive the situation was described in terms such as "unplug everything, it's too brutal" and "sweep it all under the carpet".

These examples of strains show a need for support. However, all the participants described a lack of sufficient treatment and follow-up of their partner, and a lack of support for themselves, from health services. When they felt excluded from their partner's treatment plan, this induced a series of worries, such as: Has my partner actually been admitted to hospital? How is he or she doing? When and in what state will he or she be discharged from treatment? However, when they did receive such information, admission of the other parent to hospital could represent a safe respite to them, albeit not one without uncertainties; voluntary admissions could feel unsafe, since their partner might decide to discharge him- or herself at any time.

[...] on Saturday she was hospitalised after an overdose... I talked to them on the phone [...]. I said that "you must hold her as long as possible, I've struggled for so long and I can't take it anymore. If she's discharged now, I might collapse, and then what about the kids?" The answer was "we can't lock someone up because you are tired". (Gerry, ex-partner)

Given that a common approach was to conceal the SUP from others, asking for support could feel paradoxical. However, several of the participants mentioned that peer support groups had made them realise that they needed support, and that they should not be afraid of talking about

the situation. For some, such openness had led to obtaining support from their families and networks.

### *Searching for hope and meaning*

This theme described participants' journeys in terms of the sub-themes: "from hope of change to loss of hope"; "re-establishing hope, gaining new meaning"; and "still feeling vulnerable".

*From hope of change to loss of hope.* The participants reported that their partner's SUP influenced their entire situation and being. They thus used all available resources to attempt to make their partner stop the substance abuse. They tried threatening to leave, begging and being quiet and kind, or hoping for the best when positive things happened. Milly (ex-partner) explained how she had repeatedly threatened to leave: "And then I said, 'I can't take it anymore, I'm leaving.' And he says: 'yes, but then I'll take a nap.' That's when I thought: I've said this many times before". Eve (ex-partner) shared her hope of a change: "When I discovered I was pregnant, I thought – now, now, now it will stop, he will stop now, when I'm having a second child".

The participants described the years of trying to change the situation, without achieving anything, as a process of "ups and downs", with a never-ending fear of relapse. Some expressed this as a feeling of no longer having a life. They slowly lost hope that a change would occur, and reached a kind of "rock bottom" or a point of no return.

The last straw was when he started buying [drugs] on the street... and I got it confirmed, and he denied it – then I left. Since I then saw that it doesn't matter what I do. (Milly, ex-partner).

*Re-establishing hope, gaining new meaning.* Many of the participants described in retrospect how they only were able to re-establish hope, find meaning, and learn from their experiences after reaching this point of no return. An essential

component of doing so was to obtain some distance from the SUP, either through the recovery of their partner, or by ending the relationship. Living with a partner who would prioritise his or her substance use despite the many negative consequences for their partner and children made it impossible to reconcile. Kate (ex-partner) explained that her partner would psychically terrorising, frightening her and making her think that it was her fault that he drank:

Even if he had turned on his heel and said yes, I'm going to change; I'll admit myself for treatment [...], I still don't think it would be of any use [...] with everything that happened and the way he'd been. Because it was simply really completely unforgivable.

The informants also reflected on how such a turning point had helped lead to a positive change in how they understood themselves and the situation. Eventually, this process also made them aware of how much space their situation had occupied in their thoughts and feelings. Reconciliation was one part of the process of acquiring new hope, which was described as necessitating great efforts to achieve.

In regard to finding meaning in what they had been through, participants emphasised that they had gained new insight into themselves and found that they had more strength than they used to believe. They had also gained a better understanding of other people through the lessons they had learned.

*Still feeling vulnerable.* Despite having reached a point in life where they were able to reflect on a very challenging period, the participants still felt weak and vulnerable, although they emphasised that others might see them as strong, since they tried to hide their vulnerability. Even after ending their relationships with their partners, their worries and strains continued, since they were still co-parents. It was still hard work to make sure that their children were safe and felt happy. This was particularly an issue in cases in which the other parent still misused substances.

It's still a struggle and it hurts her, and I see that we are relatives, and will keep on being that, at least for as long as he lives, or we live – or whatever happens. So, the problem is there, it's not something that's killed off or disappears... I make as good a life as I can for her, but it's come at a great cost. (Kate, ex-partner).

Another aspect of this vulnerability was how the participants felt, physically and emotionally. Although some were now in a place where the SUP had improved in one way or another, some still had health issues and problems staying in work.

I'm still really down. If only I could feel a bit of joy again. [...] There's something missing in life. Even if you have everything you need, but what you need is that joy. The wish to do things... yes, just to take your son out because you want a walk in the forest, that's a giant threshold. (Gerry, ex-partner)

Even from a position of having ended the relationship, or one in which their partner's SUP had ended, participants questioned whether they would ever feel safe or trusting again, even when enjoying life or experiencing things having fallen into place. Staying in the relationship meant that a relapse would have tremendous negative consequences; having ended the relationship still meant that the family was exposed to the risk of strains, stresses, and burdens.

## Discussion

Overall, the results showed that the experience of partners of individuals with SUP was that their everyday life depended on the state of their partner's SUP. Their own needs, such as healthcare, a social life, and safety, were less attended to. It was challenging to take on the overall familial responsibilities, particularly in the case of parenting responsibilities. Hopelessness emerged as the participants experienced repeated relapses and witnessed conduct that induced distrust in their partner. These findings are in line with the experiences described by

relatives in general of individuals with SUP; strategies to deal with the situation may include restraining oneself, providing uncritical support, or resigning oneself to the situation, and thus accommodating the person's SUP (Orford, Natera, et al., 2013), as well as experiencing worries, anxiety, depression (Orford et al., 1998; Orford et al., 2001) uncertainty (Orford, Velleman, et al., 2010), social and/or relational struggles, and hopelessness (Arcidiacono et al., 2009; Orford, Velleman, et al., 2013). Studies of relatives' QoL when a family member suffers from SUP have found that a poor relationship with the family member with SUP is tied to poor health in the relative, and this often includes giving up social activities (Birkeland & Weimand, 2015; Orford, Velleman, et al., 2013).

As with SUP in our study, addiction in a partner has previously been shown to become the "centre of gravity" in families with a member with gambling problems (Borch, 2012). This indicates that addiction issues are overwhelming and consuming for family members. Our findings show that the participants' experience of deficient safety and security was linked to relational strains with their partner with SUP, such as exposure to manipulation, aggression, and sometimes violence, all of which were sometimes witnessed by their children. Our sample was limited to ten participants, and only a few reported physical aggression or violence, while all reported psychological aggression from their partner with SUP. However, these experiences existed, and should be noted. Chermack et al. (2008) observed high levels of psychological (77%) and physical aggression (54%) and violence (33%) in situations involving a partner with substance use problems. Protecting children from such experiences is crucial.

Courtesy stigma (Goffman, 1963) or stigma by association (Mehta & Farina, 1988) means that, for example, the family members of people with SUP are exposed to stigma, and also to self-stigma (Mak & Cheung, 2008). People with substance use problems are highly

stigmatised in society, which leads families to conceal the problem in order to avoid social exclusion (Marshall, 2013), in line with the findings of our study. The importance of social support in such situations, however, is emphasised in the literature (Arcidiacono et al., 2009; Naylor & Lee, 2011; Orford, Velleman, et al., 2013). Relatives' experiences of barriers to acquiring such support should be acknowledged (Orford, Velleman, et al., 2013). According to Goffman (1963), individuals' perception of stigma often will lead to shame, as reported by several of the partners in this study. Standards they think other people or society set for them are not being met, and they blame themselves. It can also make them try to hide the weaknesses they think they have, for fear of being discredited and in order to reduce the experience of shame.

This study shows that partners' needs to protect themselves, their children, and their partner induced several dilemmas. Such dilemmas have previously been shown to put further strain on relatives (Weimand, Hall-Lord, Sallstrom, & Hedelin, 2013), including relatives of individuals with SUP (Orford, Velleman, et al., 2013). In the present study, participants' approaches to managing the different dilemmas described, included a variety of approaches. They all used these strategies, but to varying degrees depending on the frequency and amount of the substance use in their partner, which would vary over time in each individual. For example, they could avoid social settings to minimise shame and stigma, and keep quiet when their partner became fierce to avoid family conflict, threats, and even violence. Such strategies were often used for safeguarding their children. Osborne and Berger (2009) found that parental substance abuse puts children at risk for negative health and behavioural outcomes. Prioritising the children could mean doing so at the expense of the partner with SUP, which illustrates one dilemma faced by participants. One way out could be to keep one's distance from the other parent. Research has pointed out that partners of individuals with SUP may keep their

distance in this way in order to fulfil their parental role on a daily basis (Arcidiacono et al., 2009; Haugland, 2005; Mitchell & Burgess, 2009; Naylor & Lee, 2011). As in the case of the dilemmas reported in our study, other studies have shown that while safeguarding their children, partners are also very supportive of their family member with SUP, and try to keep household matters in order, such as housekeeping, finances, and other family-related tasks (Mitchell & Burgess, 2009; Naylor & Lee, 2011).

When trying to orient themselves toward the future, all of the participants described reaching a "point of no return", which implied recognition that they could not change the situation, either by trying to make their partner stop using substances or by staying in the situation. Some emphasised the necessity of reconciling themselves to the present situation as well as with the past. The impact on several areas of relatives' lives caused by making efforts to induce change with limited success has also been described in other studies (Orford et al., 1998; Orford, Velleman, et al., 2013).

At this point of no return, the participants had reached "rock bottom", which for the majority meant that they had to distance themselves from the SUP. Some experienced this as a "turning point", which has been described as an opportunity to overcome disadvantages in life (Sampson & Laub, 1996). Although our study shows that participants described a turning point based on a kind of "rock bottom", this did not happen without a prior process in which hope turned into hopelessness. Reaching an awareness of necessary change has been described as a "catalyst for change", often triggered by one or more critical life events (Naylor & Lee, 2011).

Many of the participants experienced a change in their situation after acquiring some distance from the SUP, either through their partner's recovery, or by leaving him or her. In retrospect, many of the participants reported that this process of change led them to find new meaning in life. Peer support groups were

highlighted as essential in this regard. Naylor and Lee (2011) found that partners must acquire an increased capacity for self-reflection in order to foster a better focus on themselves. Our study showed that the acquisition of some distance from the SUP seemed to be essential in improving participants' capacity for self-reflection.

Although most of the participants described experiencing improvement in their everyday lives after having distanced themselves in one way or another from the SUP, they still felt vulnerable. This finding indicates that they would take a long time to heal from their experiences as relatives. Their ongoing worries about relapse were strongly related to concerns for their children and concerns that such an event would again imply strains, stresses, burdens, and a lack of safety and security, both for their children and for themselves. This seems to support the fact that relatives' descriptions of their greatest worries for the future relate to issues concerning their children, but also the view that a degree of withdrawal (from SUP) and gaining one's independence remains important in coping with the situation (Orford, Velleman, et al., 2013).

### *Strengths and limitations*

The participants covered a range of topics relevant to the aim of the study. Six to 10 participants is considered sufficient to observe relevant patterns in exploratory studies (Malterud, Siersma, & Guassora, 2016). However, given the limited number of participants, the findings cannot be generalised.

Half of the participants were recruited from Norwegian NGOs focusing on needs and rights of relatives to persons with SUP. The other half were recruited while their partner or ex-partner was admitted to treatment. Further, half of the participants were ex-partners at the time of the interview. Their reflections back, however, came from years of experiences with having a partner and co-parent with an SUP. These circumstances may have implications for the transferability of the findings, as the

participants may experience a distance to the person with SUP, or the SUP itself at the time of the interview. However, the participants' reflections came from years of experience with SUP in a partner, including periods during which there were exceptions to the above-mentioned circumstances. By following Guba's (1981) four principles to ensure trustworthiness, the findings of the present study may be transferable to populations or contexts similar to those of this study: namely, the everyday life experiences of partners of individuals with SUP. We used open-ended questions and provided sufficient time to respond in order to invite the participants to share additional reflections in the interviews regarding their experiences from sharing everyday life and parenting with a person having SUP; this strengthens credibility. By describing both the data collection and analysis procedures, we ensured transferability. Confirmability was pursued by presenting and discussing preconceived notions about the data within the research team, and comparing our results with those of relevant, peer-reviewed studies. Dependability was strengthened by using the same semi-structured interview guide in all interviews.

### **Conclusion**

As a result of the overwhelming negative impact of their circumstances on their everyday lives, the partners of people with substance abuse problems need support to handle the massive strains and dilemmas that they face. Their strains in everyday life depended largely on the state of the other partner's SUP. Their own needs such as healthcare, social life, and safety, were less attended to. The participants' dilemmas concerned first and foremost their parenting responsibilities, with keeping quiet to avoid family conflicts, threats and/or violence, or finding ways to protect their children, e.g., by keeping a distance from the parent with SUP. Prioritising the needs of their children could thereby also be at the expense of the parent with an SUP. The partners experienced a lot of

shame and stigma, which led them to want to keep the situation hidden from others. They described several reasons for not having received support in times of strains and dilemmas related to SUP in the partner with such problems. The participants found it difficult to ask for support since they would then have to reveal the situation to others, and they had received minimal information or offers of support from the health and/or social services when in contact with them. As a result of the overwhelming negative impact of their circumstances on their everyday lives, the partners of people with substance abuse problems need support to handle the massive strains and dilemmas that they face. The partners pointed out peer support groups as being helpful to enable them to improve their everyday lives. However, despite any such improvements, they still felt vulnerable. This indicates that it might take a long time to heal from experiences with being a partner to someone with SUP, especially when sharing parenthood with him or her.

### Implications for practice and further research

Health services should include partners in the treatment and follow-up of individuals with SUP, particularly when they share parenthood of children, and also inform partners of relevant support groups. Studies of the effects of implementation of supportive measures should be carried out.

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