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**Abstract:**

The aim of this study is to explore siblings' burdens prior to their siblings' deaths. A qualitative approach using reflexive thematic analysis was chosen. Fourteen interviews were conducted. The research question for this study is as follows: What did the bereaved siblings' efforts consist of while their siblings with problematic substance use were alive?

The interviews had a retrospective focus; hence the participants were asked to discuss the time prior to their siblings' drug-related death. Three different tasks were identified using reflexive thematic analysis: (1) emotional support, (2) social inclusion, and (3) practical support. The findings of this study are discussed in relation to *homeostasis*. *Homeostasis* refers to an understanding of the family as a system in which *family rules* contribute to maintaining the status quo.

**Keywords:**

*Siblings' efforts, drug-related death, emotional support, social inclusion, practical support, homeostasis*

**Conflict of interests**

There are no conflicts of interest connected to this article.

**Practitioners' points**

- Knowledge of how substance use influences siblings' lives are important to support the siblings' participation in long-term recovery processes.

-The significant sacrifices and efforts the siblings make in their personal lives can be understood as their attempt to create *balance* in the family.

-It is crucial that the important function of siblings as close relatives is recognized by employees in the support services.

-Therapeutic work in families experiencing problematic substance use should therefore include siblings.

## **Introduction**

Ongoing destructive drug use challenges all kinds of close relations, as the family (Orford et al., 2010; Orr et al., 2012; Ray et al., 2007). The experiences of close others in the psychiatric and substance use field are mostly focused on perspectives of parents or spouses (Schmid et al., 2009; McAlpine, 2013). The burden of adult siblings due to the illness is often forgotten, both in research, social and health care practices (Schmid et al., 2009; Smith-Genthôs et al., 2017). However, research, including siblings' perspectives, describes an excessive impact both personally and interpersonally (Incerti et al., 2015; McAlpine, 2013; Schultz & Alpaslan, 2016; Tsamparli & Frrokaj, 2016; Gabriel, 2017). To offer the right kind of social support and help to different family members, we need knowledge of the effort's siblings experience living with a relative with drug use problems.

Barnard (2005) notes that siblings did not feel responsible for their substance-addicted sibling to the same extent as parents. Both parents and siblings worried about the health and wellbeing of the substance-using family member, but siblings did not feel responsible for the substance using sibling and family in the way that a parent did (Barnard, 2005). Ólafsdóttir et al. (2020) also write that siblings did not report having suffered adverse mental and physical consequences to the same degree as the parents, spouses, and children. Other studies (Incerti et al., 2015; McAlpine, 2013; Schultz & Alpaslan, 2016) claim that living with and caring for a family member with severe and persistent mental illness such as substance use burdens siblings.

Sibling relationships may be an important source of support, both practically and emotionally (Mikkelsen et al., 2011). Thus, sibling relationships may also be a source of ambivalence and ambiguity due to the often-contradictory feelings or attitudes siblings may have toward one another (Greif & Woolley, 2015). The voluntary nature of adult sibling ties may entail that siblings feel less of an obligation to provide support to each other than to other types of family relationships, such as children, spouses, and parents (Connidis, 2010). However, siblings may be motivated to maintain their relationship and provide support to each other out of a sense of obligation or duty (Myers, 2011; McAlpine, 2013).

In a meta-ethnography, XX (2021) described that families, living with problematic substance use are using an endless adaptation to an intruder that was always changing. Family members tried to both motivate and influence the individual to make the decision, on the one hand, and to adapt their lives to the consequences of the decision not being made, on the other. Every new strategy brought hope to the families at first but hope soon turned to despair when it became clear that the strategies for adapting were insufficient. Also, siblings made extensive efforts to find and facilitate treatment for their brother or sister (Incerti et al., 2015; McAlpine, 2013; Schultz & Alpaslan, 2016). The treatment and support needs of siblings with drug use problems often take parents focus, time, and resources, sometimes across the adult lifespan (Incerti et al., 2015; McAlpine, 2013; Gabriel, 2017). McAlpine (2013) describes how siblings, while providing support for their substance-using sibling and other family members, as the sibling's children, make significant sacrifices in their personal lives. As a result of these efforts, siblings experience a toll on relationships, finances, work, and studies in their own lives, as well as impacts on their physical and emotional wellbeing (McAlpine, 2013).

The significant sacrifices and efforts the siblings make in their personal lives can be understood as their attempt to create *balance* in the family. This relates to the systems theory concept of *homeostasis* (Jackson, 1957). Homeostasis refers to an understanding of the family as a homeostatic system in which *family rules* contribute to maintaining the status quo after a change occurs (Heejung & Rose, 2014; XX, 2016). Thus, the family system will determine what behaviour the various family members, the siblings in this case, should and could express. The family system is defined as a set of elements that is standing in inter-relations to each other (Priest, 2021). The family system differs from other systems as interactions within the system differ from those outside of it. Each family system should therefore be considered as autonomous and unique. However, to maintain this state, the system needs to react appropriately to cope successfully, for example, after crises, such as DRD (Heejung & Rose, 2014; Priest, 2021). The family system has rule-based boundary-making processes that generate and maintain the family. These processes are relatively stable over time and are distinct to the system. Therefore, changes are mostly the result of an internal self-determinate process rather than instructions from externals (Pinsof et al., 2018; Priest, 2021).

We have aimed to look at the topic of problematic substance use from a sibling perspective, using the systems theory concept of homeostasis. The research question for this study is as follows: What did the bereaved siblings' efforts consist of while their siblings with problematic substance use were alive? The study contributes to knowledge of how substance use influences siblings' lives. Such knowledge is important to understand better what help and support siblings living with brothers and sisters ongoing substance use needs, especially to support their participation in long-term recovery processes.

## **Methodology**

A qualitative approach was selected to explore the efforts of bereaved siblings. Qualitative methods are built upon theories of human experience and interpretation and are well suited for this study (Malterud, 2016). To generate a phenomenological and hermeneutic understanding of the participants' experiences, we used reflexive thematic analysis, as described by Braun and Clarke (2019). Phenomenology is concerned with attaining proximity to the personal lifeworld of the informant (Kvale & Brinkmann, 2009). The focus lies on the experience interviewees have of the world in which they live, the interplay between people, and the contexts in which their experiences occur (Langdrige, 2007). Hermeneutics promotes the importance of interpreting people's actions through a focus on deeper content meaning than is immediately apparent (Thagaard, 2009).

## **Recruitment and details of the participants**

In the period from March 2018 until the end of December 2018, drug-death bereaved family members and friends were enrolled on the main END project and invited to fill in a questionnaire. The interview sample for this study was drawn from the siblings that in the questionnaire agreed and were eligible to be interviewed. Four men and ten women, aged 23 to 61 years of age, were interviewed. There were no siblings from the same family interviewed. The time passed since they had lost their sibling varied from 3–360 months. All participants had experienced the loss of a sibling to DRD.

## **Data collection: semi-structured interviews**

Qualitative semi-structured interviews were used for data collection. The interview questions were co-constructed within the project group (PG) of the original research project.<sup>1</sup> The PG group consists of 16 people with broad interdisciplinary experience from research on substance use, welfare services, family therapy as well as personal experiences of being bereaved. The interviews had an overarching retrospective focus where the participants were asked to look back on the time preceding their sibling's death. The semi-structural questioners interview script focused on six main topics. The main topics are (1) being a bereaved sibling (2) bereaved siblings' support compared to help from the support services (3) the bereaved siblings' competence and responsibility to their brother or sister (4) the bereaved siblings' motivation for supporting their brother or sister prior to the drug-related death (5) the personal influence the situation prior to their siblings' drug-related death had on the bereaved siblings and (6) the bereaved siblings' access to own support.

The interviews were conducted by the three authors of this article between 24 June and 4 December 2019. The interviews lasted between 45 and 120 minutes and were transcribed verbatim. All interviews were conducted in Norwegian. The wide difference in interview length is related to the variety of participants and their different styles of replying to the questions. Participants who had experienced many years of involvement in their siblings' problematic substance use prior to their drug-related death usually had a longer story to tell than participants who had been less involved during a shorter period. The difference in

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<sup>1</sup>This study is part of a larger Norwegian study entitled The Drug death Bereavement and Recovery Project (the END Project). The purpose of the END Project is to contribute to a greater understanding of the consequences of Drug Related Death (DRD) for the deceased person's close relatives, their situations and needs, as well as to enhance quality and competence in social and health services (ResearchGate, 2019)

interview length might also be connected to the fact that three different researchers conducted the interviews. Two of the researchers emphasized follow-up questions and comments to a wider degree than the third researcher.

### **Reflexive thematic analysis**

To systemise and analyse the source data, we used reflexive thematic analysis (Braun & Clarke, 2019). Thematic analysis offers systematic but not rigid procedures for coding and identifying themes in qualitative data (Braun & Clarke, 2006).

In the first phase, two of the authors of this article (XXX and XX) read and re-read all the 14 transcripts to become more familiar with the source data. XX also read all the interviews to become familiar with the source data but did not participate in the coding. During this phase, we wrote down our tentative ideas regarding possible themes in the data. The next step involved identifying themes among the numerous codes in the source data. The first round of thematization was performed by XXX and thereafter shared with the other article authors. The last step involved the preparation of the written report, in this case, the article.

### **Research ethics**

All the 14 participants in our research sample signed a consent form and received copies of the ethical approvals for the research project. All participants were also informed about the possibility of withdrawing from the research project at any stage with no explanation required. All transcripts were anonymized and stored on the university college's research server. Care was provided to the participants according to Dyregrov's (2004) recommendations regarding research on vulnerable populations. Thus, all participants were made aware of the possibility to talk to someone after the interviews.



## Results

Three tasks the bereaved siblings had performed prior to the drug-related death stood out in the source data. These were: *emotional support*, *social inclusion*, and *practical support*.

### Emotional support

Ten of the fourteen bereaved siblings clearly expressed that they had provided emotional support in the form of care, sympathy, and acknowledgment. They had also served as a conversation partner with whom their sibling could share their thoughts, sadness, and joy. It was important for them to display acceptance and acknowledgment regarding their problems by being available and responsive. One sister talked about how she paid respect and recognition towards her brother: “I believe that I sort of tried to show that sort of didn’t judge him, I understand that- I sort of understood that life kind of can become so sour that you could think of doing such things.”

The participants had often had tasks in the form of emotional support during particularly difficult periods for their sister or brother, e.g., in connection with a relationship breakup. One sister described how she provided care and support for her brother in an especially challenging life situation when his partner had left him:

(...) but there was also a period where there were some issues. That is, his partner left him, and during this time, I had a lot of contact with him. We spoke often, and I tried to help him, by telling him this is what I think you need to do.

Five of the participants stated that they had provided their siblings with emotional support by serving as a buffer between them and their parents, e.g., by acting as a placeholder for what was possible to tell their parents. The participants described how they deliberately avoided telling their parents about certain aspects of their sibling’s life situation, to shield their parents

from worries and their siblings from their parents' reactions. One brother describes this in these words:

I sort of became a test balloon, he could test things out on me and see how I reacted, and then he could go to mom and dad after and tell them the same thing, so it, it related to both drugs and psychological issues, and that he was gay, there were things he first told me, and when he realized that I accepted it, and I was ok with it, made it easier to tell his parents, he could say "I have already talked to E about this."

Four of the ten participants who had taken on the role of conversation partner and emotional support in relation to their brother or sister, had also taken on this role in relation to other family members, both parents and other siblings. The participants experienced expectations from their parents that they act as advisors. One bereaved sister described this as follows:

I experienced that they expected, or, they called me, they visited, they were there all the time and asked, what should we do, everything is so bad, you know, they sort of put it on me, that I should provide good input. And I tried to do this. I felt so terribly sorry for them. And for all of us.

The participants emphasised that, at a certain point in time, it became necessary to set boundaries for their role as the person providing advice and emotional support. This became necessary to safeguard their quality of life and health. One bereaved brother describes how he acted towards his parents' expectations that he should stay in daily contact with his substance-using brother:

At the start they wanted me to check on him every day. I didn't do that. At the same time also involving him in my life, in relation to him being a friend, if you understand, him visiting and such, he was not allowed to that, I could not bear having him there.

A more indirect form of emotional support that siblings experienced being responsible for providing was to create a form of *balance* in the family. However, this *balance* was characterised by repeated paradoxes. For instance, if their substance-using sibling was experiencing a difficult period, it was crucial that they, as siblings, did not put additional strain on their parents. Therefore, the siblings strived to appear understanding and to occupy less space. For three of the female participants, this involved concealing parts of their own way of life from their parents. The participants experienced that they established equilibrium in the family by acting in ways that served as a counterbalance. One bereaved sister described this as follows:

I always tried to strive to become a sort of – to the extent possible, a sort of model daughter, you know, who really could not, who should not have a single blemish, should not quarrel, should not be a rebellious teenager. There was so much quarrelling and so much fuss from the other party.

Another variation was that during difficult periods for the substance-using sibling, they, as siblings, could not announce that they were newly in love, pregnant, or otherwise announce events that should be celebrated or create joy. Such celebrations would be perceived as a manifestation of how one child had succeeded while the substance-using sibling's difficult life situation became even more apparent. One sister explained how she interacted in social meetings with her substance-using brother: "Then I should show another side not to be too accomplished." In this connection, a clear paradox was that, although the participants emphasised that they could not do anything that risked generating provocation in their own ways of life, they under-communicated their own accomplishments and positive experiences. For instance, they spoke little of their own career progress and pleasant events in their private lives. This was because they did not want to highlight and magnify the contrast to their brother's or sister's life. Consequently, the participants expressed that they had either

deliberately taken or been given less space in the family than they would have liked because so much attention was devoted to their siblings' problems. As one sister explained:

While I was pregnant, my mother was not very interested, or should I say, she was probably interested, but she was so consumed by what was going on with him, so this was, like, the focus. So, the fact that I came home and was pregnant or was visiting, that was it, it was about him then.

The participants had ambivalent feelings regarding how their siblings' problems received so much attention in the family. Even though they supported their parents in focusing on helping their sibling, it was painful to live in this shadow. As one bereaved brother said: "My parents weren't there for me."

### **Social inclusion**

A task often undertaken by siblings in families with drug-related challenges was to ensure the social inclusion of their sibling with problematic substance use. Seven of the fourteen bereaved siblings emphasised the importance of social inclusion. These seven participants clearly expressed that an important reason for including their siblings in social events was to give them the opportunity to establish contact with individuals who were not using drugs. One sister expressed this as follows:

When he had many friends, who were using drugs and not many friends who were clean, he often said, I often felt a responsibility to invite him to things with my friends, and with my partner at the time, and felt a responsibility to do this, and he probably appreciated this, at the same time as he probably found it painful.

The social inclusion could be regular or situational. For instance, participants would invite their siblings to regular dinner visits and family gatherings. As one brother described: "The

last year we sort of had a regular evening where he would visit and have dinner with me and my cohabitant once a week. “

Even though these seven participants felt a responsibility to include their siblings in their own social networks, those who had children emphasised that they did not allow this contact to adversely impact their own children. The participants wanted to shield their children from experiencing their aunt or uncle under the influence of drugs. Therefore, they set a requirement that their sibling must not be visibly under the influence of drugs at family gatherings with children present. If this requirement was not met, they were not allowed to participate in the social event.

The participants emphasised that the help they gave their siblings was an expression of care and a genuine desire to improve the life situation of their brother or sister. The participants justified this desire with the fact that they loved their siblings and were distraught about the difficulties they were experiencing.

### **Practical support**

All participants described how they had provided their siblings with practical assistance and financial support. The financial support was provided by lending or giving their siblings money. One of the bereaved siblings deliberately defined financial assistance as a loan, even though he did not expect the money to be repaid: “Yes, we helped him a bit financially in terms of loans we had no expectation he would repay.” By defining the money as a loan instead of a gift, this *gesture* could appear as a helping hand between *equals* instead of an expression of the *healthy* party helping the *injured*.

The participants’ parents had often helped their siblings financially, which could impact inheritance in the long term. The participants emphasised not to problematise this in relation to their parents to avoid causing worries in the family. This shows a pattern whereby siblings

go to great lengths to side-line themselves and their own rights and needs to maintain what they view as a balance in the family. One sister explained:

It became a talking point between me and mom because I supported her and that she was going to help him. Also, I haven't had that need for any money, so I kind of have understood her choices.

Another variant of financial assistance was to provide siblings with tasks for which they would be paid. These tasks generally involved renovation and maintenance of their homes. In this manner, they contributed financially, while at the same time the tasks could provide their siblings with a short break from the difficult life in the drug environment. This break provided the participants with a brief respite from their worries since they would also know where the person in question was staying during the period in which the task was being performed.

Three of the participants had also contributed with practical assistance to siblings in obtaining housing. One brother had bought a house and rent it to his brother. Two of the bereaved siblings had allowed the sibling to borrow their home rent free. Having adequate housing was viewed in the context of a dignified life. The participants expressed that they had feared that their brother or sister would be homeless. Therefore, they would go to great lengths to ensure that their siblings had a place to live.

Four of the participants described how they helped their siblings by supporting them in relation to the support services and other public agencies. The participants often took on the roles of coordinator and spokesperson for their siblings. In this context, tasks associated with obtaining assistance for substance addiction were described. One sister described as follows: “Well, I called NAV [Norwegian Labour and Welfare Administration] and called a doctor and called various clinics around regarding substance addiction.”

The participants experienced employees in the support services often did not have sufficient knowledge to help their sibling in relation to their problematic substance use. In addition to acting as spokespersons and coordinators, they had therefore spent considerable time and energy obtaining information regarding what help was relevant and accessible to their sibling.

One informant stood out from the others; in addition to other practical assistance, he had purchased hashish and amphetamine for his brother. He defined this as acting as a doctor for his brother:

In practice, that is how it was, that is; providing a car, lending him money, when he was unwell it was in fact simply a matter of being a doctor (...) Well, that is, helping him to obtain substances. Obtaining hashish, obtaining amphetamine for him.

This quote illustrates both an exception and a rule in relation to what practical assistance was provided. The exception is that he purchased illegal substances for his brother. The rule is that siblings offered several forms of practical assistance.

In addition to help with money and housing, common forms of practical assistance involved providing them with food and picking them up in a car. Some of the participants had driven considerable distances to bring their sibling's home. The goal had often been to extricate them from the drug environment and contribute to giving their brother or sister a fresh start, or to attempt to ease the burden in a challenging situation for the family.

## **Discussion**

The siblings largely chose to maintain the relationships with their substance-using siblings. This may be unexpected considering the all-embracing consequences ongoing problematic substance use in families entail in several areas of family functioning. The participants felt considerable responsibility for their substance-using sibling while they were still alive. This feeling of responsibility also encompassed the parents. Understanding siblings' experiences

means understanding both the relationship with the substance-using sibling and the relationship with other family members. We interpret the various forms of assistance that siblings provided as efforts that were largely intended to create *balance* in the family. Creating *balance* in the family relates to the systems theory concept of *homeostasis* (Jackson, 1957). That means that the family is seen as a homeostatic system in which family rules contribute to maintain the status quo (XX, 2016; Heejung & Rose, 2014). This is supported by McAlpine (2013), who claims that siblings' role in the family system is essential to maintaining families functioning. The results of this study showed how siblings tried with both actions and attitudes to maintain the equilibrium of the family. For instance, siblings gave money to their substance-using sibling, referring to it as a loan, even though they knew their sibling would not repay the money. Even more, siblings contributed to equilibrium by accepting and supporting that their parents provided extensive financial assistance to their substance-using child, even though, among other things, there could be consequences for future inheritance.

Siblings also assisted in obtaining housing for their substance-using brother or sister. A stable housing situation could make it easier to be a close relative by reducing the pressure to involve oneself in the problems. This is an example of how a family, according to systems theory, will generate its own solutions. Solutions identified after rule-based boundary-making processes generate and maintain the family (Priest, 2021). This can also be understood as a means of achieving balance and equilibrium (Goodell & Hanson, 1999). By offering help, in this context housing, siblings could experience that they had less responsibility for aiding in other areas.

Siblings also sought information regarding treatment offers and contacted possible support agencies to compensate for what they experienced as insufficiently competent employees in the support services. Siblings' efforts are likely premised on a basic idea that if neither they



nor the employees in the support services had the necessary competence, they would do what they could to obtain such competence or put their siblings in touch with the right people and agencies. Other studies also point to this phenomenon: Studies report siblings' efforts to find and facilitate treatment to their brother or sister (Incerti et al., 2015; McAlpine, 2013; Schultz & Alpaslan, 2016). Seikkula and Arnkil (2007) note how networks undergoing stresses and worries attempt to assuage their own worries and hopelessness by trying to get others to understand their point of view and involve themselves. Seeking help for their sibling is one way of obtaining relief and avoiding having to stand alone in helping their sibling who is experiencing difficulties.

Many of the tasks' siblings performed to restore balance in the family were directed at their parents. The participants consistently experienced that their parents devoted much attention to their substance-using brother or sister. This corresponds with findings in other research in that siblings often experience that parents' attention, and many family rituals and day-to-day practices are centred around the user (McAlpine, 2013). Thus, siblings feel ignored and not validated and find it challenging to communicate with others in the family (Barnard, 2005; Incerti et al., 2015; McAlpine, 2013; Schultz & Alpaslan, 2016; Tsamparli & Frrokaj, 2016; Gabriel, 2017).

To create balance in the family (Jackson, 1957; Priest, 2021), several siblings emphasised conducting themselves in an exemplary manner and not doing anything that might worry or disappoint their parents. As witnesses to the negative impacts of a family member's substance use on other family members (McAlpine, 2013), siblings may also feel responsible for their parents' happiness (Ólafsdóttir et al., 2020). This entailed that they often concealed their own problems from their parents, including behaviour that could be viewed as inappropriate, e.g., in connection with partying and alcohol consumption. Another form of relief for their parents was that they served as emotional support and advisors both for their parents and other

siblings. Many siblings experienced this as a challenging task, but put their parents' and siblings' needs ahead of their own to support their parents and siblings and attempt to reduce their worries. In addition, the siblings described more passive strategies for creating balance in the family. A common strategy to avoid additional problems was not to question their parents' decisions or their sibling's actions, regardless of what they thought about them.

Siblings experienced that they could not take up significant space in the family, including in terms of joyful events in their own lives, e.g., when expecting a child or getting married.

Therefore, they under-communicated joyful events in their private lives and progress in their studies and professional lives, to reduce the contrasts between their own lives and those of their siblings. This emphasises that understanding siblings' experiences entails understanding both the relationship with the substance-using sibling and the relationship with other family members, both parents and other siblings.

### **Limitations and strengths of the study**

In thematic analysis, it is rarely practical (or desirable) to evidence every analytic observation with examples from the data (Braun, Clarke & Hayfield, 2015). The search for patterns in the source data might decrease the presence of the unique voices of the participants. This may entail that individual contextual framework sometimes is not clearly expressed in an overarching discussion.

Inspired by social constructionist ideas, we recognize that research findings are the result of a dynamic process among researchers, the participants, and the text (Finlay,

2012). This means that the findings are somewhat subjective. Nevertheless, it is possible to obtain a certain agreement about a fair and reproducible research process (Daniels & Sabin, 2002) by being transparent regarding the research process.

The strength of the study is that the data is comprehensive and detailed. The information provided through the interviews was nuanced and deep ploughing. In this context, we consider the saturation in our qualitative data as satisfying, even though the idea of saturation in qualitative data functions more as a goal than a reality.

The retrospective focus whereby siblings look back at the time preceding the DRD, may be both a strength and weakness. A possible weakness is that the fact that the sibling has died may limit what is perceived as legitimate to say, because of the norm not to speak ill of the dead. On the other hand, the backward-looking perspective may be a strength, as the time elapsed since the situation may have allowed for reflection and an opportunity to gain insight into and understanding of various contexts.

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