

“Consistently Inconsistent”:

An Analysis of Communication Between Addicts and Their Loved Ones

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Introduction

When considering this phenomenon, the idea of talking someone off of a ledge comes to mind, and in many ways, those communicative skills are among the ones you learn to implement during interactions with addicts. Those who have experienced communicating with addicts or have been otherwise intimately involved with substance abusers know that it is different than communicating with the average person. As the daughter of an addict, I'm aware that it is increasingly difficult to communicate with addicts, especially if you don't have a strong awareness about all that it entails, and if I hadn't learned that, my quality of life would not be nearly as good, and my mother's would certainly be damaged. Understanding this phenomenon is thus important to anyone, whether they know an addict intimately or not, as it teaches communicative skills that are also helpful in communicating with vulnerable and sensitive populations, which we all at some point encounter. The purpose of this phenomenological study is to understand how, if at all, communication shapes and influences the relationship between addicts and their loved ones. In what follows, preexisting research on this phenomenon was examined. Next, the experiences of those who have endured this phenomenon are explored through qualitative interviews conducted for this study. Finally, the implications, limitations, and suggestions for future research of this topic are presented and explored.

Literature Review

Scholars studying communication have explored the relationships between addicts and their loved ones, and have found the different ways in which communication shapes and affects these relationships (Duggan, Dailey, & Le Poire, 2008; Jarvinen, 2001; Fals-Stewart & Kennedy, 2005; Shadur & Hussong, 2014; Wynn, Karlsen, Lorntzen, Bjerke & Bergvik, 2009; Yanovitzky, 2005). Currently in this field of research, the following elements comprise the

communicative habits of addicts: 1) facework and self-perception; 2) Effects of intimacy on drug usage communication; and 3) communicative countermeasures taken by addicts and their loved ones during conversational interactions. These themes shed light on the meaning of communication to and of addicts, and are more thoroughly described below.

Face-work and Self-Perception

Research shows that in communication with addicts, the theory of face-work is hard at play (Jarvinen, 2001). This theory posits an image of self that's delineated in terms of acceptable social attributes, and suggests that we all have a perception of our own face, as well as a desire to maintain positive face attributes in the presence of others. Studies in this field found that addicts commonly communicate sentiments that suggest self-awareness and downplay deviance so as to position themselves in a positive light (Shadur & Hussong, 2014; Wynn, Karlsen, Lorntzsen, Bjerke & Bergvik, 2009; Yanovitzky, 2005). Jarvinen (2001) refers to these communicative tendencies as justifications and excuses, which she claims are the most frequently used means of defending substance abuse. These defense mechanisms are means for addicts to save face and have a healthy self-perception.

The theory of face-work is also seen in studies on adolescent addiction and substance use, which highlight the roles that social comparison and peer pressure play in inhibiting drug use as a direct result of maintaining positive face—if one is among a group of friends who are all using a substance, they will likely partake to ensure that others have a positive perception of them, which in turn helps one save face and feel positively about themselves (Shadur & Hussong, 2014). As a result, they will communicate to others this positive attitude.

Effects of Intimacy on Usage Communication

Research revealed that frequently, addicts have a common point of origin in intimate friendships that play a causal role in drug usage and encourage it over time—these friendships often evolve into addict communities where members support and reinforce unhealthy behaviors (Jarvinen, 2001; Shadur & Hussong, 2014; Wynn, Karlsen, Lorntzen, Bjerke & Bergvik, 2009; Yanovitzky, 2005). Researchers identify friendship intimacy as being a vulnerability to [adolescent] substance abusers, as it often encourages drug use and self-medication in general—even if the relationships are positive in nature (Shadur & Hussong, 2014). Wynn, Karlsen, Lorntzen, Bjerke and Bergvik (2009) also point out that one of the largest contributors to substance abuse is the social aspect, which entails one's social background and the aforementioned community of substance abusers one may or may not affiliate with.

Another study on adolescent drug abuse details the motivation that one has to use drugs, which Yanovitzky (2005) calls sensation seeking, which describes the desire to feel and experience new and potentially mind-altering sensations. In this quantitative study, it was found that “sensation seeking had a substantial, statistically significant correlation with each of the dependent variables: association with deviant peers. Also, it was found that association with deviant peers had equally substantial correlations with frequency of having pro-drug discussions and intention to use” (p. 76). Therefore, there is a strong connection between friendship intimacy increased drug use, which is also found in research on Intimate Partner Violence, which identifies drug use as being a primary cause of violent communication in intimate relationships (Fals-Stewart & Kennedy, 2005). It is then safe to say that intimacy of all kinds has a large effect on increased drug use and the communication that takes place concerning drug use.

Communicative Countermeasures

Because drug addiction is such a sensitive topic, those who communicate about it do so in a cautious and strategic manner, so as to not offend or misrepresent the subject it concerns. Both drug users and non-users alike practice this kind of communication because of the situational delicacy. For this reason, different communicative countermeasures are taken to appropriately address the subject.

Most commonly, bipolar terms of communicative assessment are used to explain the different defense and response mechanisms of addicts and those with whom they communicate, some of which include: 1) the [aforementioned] dyad between justification and excuse on the part of the substance abuser, 2) the punishment and reinforcement tactics often employed by loved ones or outside sources, and 3) nurturing and controlling strategies that are implemented by functional (non-substance abusing) loved ones/bystanders with the goal of curtailing/stopping the usage of an addict, though this strategy frequently has adverse effects such that addicts are driven to use regardless of the support (Duggan, Dailey, & Le Poire, 2008; Jarvinen, 2001). However, there are some people who resort to ignoring the issue rather than confronting it, and that is their means of handling the issue, which is especially common between addicts and their physicians (Wynn, Karlsen, Lorntzen, Bjerke & Bergvik, 2009).

These terms that are used explain a measure of the *type* and *level* of precaution people take when discussing addiction and substance abuse because of its' inherently sensitive nature. Justifications and excuses can be used to approximate the extent to which an addict attempts to rationalize their behaviors, whereas reinforcement tactics (suggesting and facilitating the enactment of alternative, positive behaviors) and punishment tactics (condemning bad behaviors) are utilized by non-substance users to measure the effectiveness of their persuasive ability to lessen an addicts usage.

A quantitative study on Inconsistent Nurturing as Control Theory (INC) postulates that people with a behavioral issue that affects their day to day functionality have “competing goals of *nurturing* and *controlling*” (Duggan, Dailey, & Le Poire, 2008, p. 418). In other words, substance abusers consistently try and monitor and reduce their impulses (controlling) while also trying to sustain and enhance mental and emotional well-being (nurturing). Therefore, all of these strategies are a means of being sensitive to oneself, to the illness of addiction as a whole, and to those afflicted by the illness with the intent of helping them/themselves.

Strengths, Limitations, & Critiques

While all of the studies were well supported, the relational effects of communication had between addicts and their loved ones (or concerned others) has not been studied in much depth. Most of the authors acknowledge this limitation, as well as others unique to their studies. For example, the INC theory mentioned was used for the first time in the study it referred to, which makes it less reliable. Small and/or homogenous sample sizes were the weakness of several of these studies, as they limit the diversity and thus the credibility and accuracy of the research results (Duggan, Dailey, & Le Poire, 2008; Jarvinen, 2001; Wynn, Karlsen, Lorntzen, Bjerke & Bergvik, 2009).

The last relevant critique to the current research, which was mentioned by two of the studies discussed as being a significant hindrance to the research accuracy, would be the lack of focus on gender in the current research (Fals-Stewart & Kennedy, 2005; Shadur & Hussong, 2014). Further research on this topic should include more in depth qualitative interviews and perhaps an ethnography detailing the culture of addicts. Research in the future should aim to fill the current gaps.

Method

The research was done using qualitative methods, the strengths of which have the power to expose imperative information, identify and eliminate subjectivity, and harness the meaning behind the study with especially detailed accuracy. However, the precision of qualitative reasoning is also coupled with a wide cast net laden with various, different meanings: “the open-ended nature of the qualitative research project leads to a perpetual resistance against attempts to impose a single, umbrella-like paradigm over the entire project” (Denzin, 2010). Qualitative methods, thus, have the ability to exact diverse interpretations from seemingly homogenous subjects and phenomena. Research for this study was conducted using a phenomenological approach that sought to understand the phenomenon of having an intimate relationship with an addict, and the effects of communication shared between addicts and their loved ones. This was achieved by exploring the detailed accounts of the addicts’ loved ones, which was done through semi-structured interviews aimed at divulging the aforementioned communicative experience.

Data Collection

Participants.

For this study, six participants who identified as having an intimate understanding of and relationship with a substance abuser were interviewed for approximately thirty to forty-five minutes in a private setting. For purposes of confidentiality, participants were given pseudonyms. Half of the participants identified as female: Carrie (22 years-old), Maria (25 years-old), and Ellie (21 years-old); and the other half identified as male: Arnold (24 years-old), Jim (20 years-old), and Xavier (42 years-old). Four of the participants live in a metropolitan city in northern California, while Ellie and Maria live in a Metropolitan city in the Midwest.

Of the participants, only one has a dual perspective on the topic of substance abuse: Maria. For contextual purposes, it should be known that Maria, from ages 15-21, was addicted to

various prescription substances. She has been in Narcotics Anonymous for the past five years and is currently a sponsor within the program. She has worked the 12-step program and in her time being sober, she has been a loved one to active substance abusers, giving her an interesting and well-rounded perspective on the subject matter.

Procedures.

The study was conducted at a private University in northern California in the Spring semester of 2015. Interviews took place in the home of the interviewee or in my personal dwelling, so as to ensure comfort and a silent environment, although one interview was conducted on my college campus. Since I utilized convenience sampling for my research, I knew my friends would be at ease whether we conducted the interview in my apartment or theirs. I chose to use convenience sampling because I know from personal experience that this is an incredibly sensitive topic, thus it is hard to discuss and the best chance at receiving full self-disclosure is to choose participants who already trust you, your credibility, and your ability to be understanding and free of judgment. Semi-structured interviews were recorded and then transcribed, resulting in fifty pages total of transcriptions from the six interviews conducted. All of the interviews were performed only after matters of informed consent and recording of the interview were thoroughly discussed and agreed to, after which the participant signed the informed consent document and began the interview process.

Data Analysis

The data was analyzed using thematic analysis, which occurred in three phases. The data was first analyzed using the method of constant comparison (Glaser & Strauss, 1967), after which it underwent analysis with a focus on insight, intuition, and impressions (Dey, 1995). Secondly, significant themes and quotations that emerged from the data were identified and

coded. Lastly, the interpretations made based on analysis resulted in three overarching themes:

(1) Addict Inconsistency, (2) Justifying and Excusing Behavior, and (3) Communicative Benefits of Knowing an Addict Intimately. These common themes are further explored below.

Analysis

Addict Inconsistency

The communication and behavior of addicts are rarely predictable and frequently adverse in nature, and because of this, there are distinct differences between how one communicates with an addict versus how they communicate with a non-substance abusing person. In the instances where participant loved ones claimed that the behavior of the addict they are intimate with was relatively predictable, it was only insofar as they had the foresight to expect the unexpected. That being said, most participants contended that while in theory the behavior is unpredictable, once you learn that you never know what they will do or say, it's fairly consistent. When asked if the relationship and behaviors of the addict were consistent, Maria claimed that,

It's consistent in that it's inconsistent...Like, I kinda knew bad things were happening all the time, but I didn't really know for sure, so I kinda knew before [that bad things were happening]. And that's something that would happen and I'd be like, well, I've already been playing this tape in my head for months so it's not that surprising... and then you get used to living like that.

Maria further explained that because of that, she never knew what to expect, and consistently felt "emotionally unsafe" in her relationship with her ex-boyfriend, a chronic heroin user.

This is an unfair position for anyone to be in, and you don't notice the difference in how you treat the addict until you're interacting with a non substance-abuser, as Maria explained:

If you're in a relationship with somebody who is using, you form all of these resentments and these things that you're cautious about and you walk on eggshells...just the day-to-day stuff is different. You know when you get into a car with some person...you don't want to be like, 'are you really high? Can you drive?' Well, I kinda need to ask that because of my safety, and there were times when I didn't ask and he was...and that's a problem.

Maria expressed that those sentiments were not things that concerned her with others, as it is infrequent that she's confronted with anyone who is incapable of simple tasks such as driving (unless there are extenuating circumstances, like a friend having too much to drink). That being said, it is fair to assume that the addict will not only be inconsistent regarding their behaviors, but will also deviate from the behavioral norms of others.

Carrie shared similar sentiments, though she still emphasized that while you can assume that there will be inconsistency, you still have no idea what will *actually* occur: "you never know what's gonna happen. Even if they're sober...you don't know how their behavior is going to be...even the risk of their death is something people maybe don't think about, but they could die at any time." So while it's generally agreed upon that inconsistency is inevitable, there are still not many ways to prevent or halt unpredictable and potentially erratic behavior.

Despite his belief that good communication skills can help circumvent unpredictable (potential) chaos, Arnold admitted that without that foresight you attain from being intimately connected to an addict, developing that communicative skill set that softens the shock of inconsistency is unlikely. Somewhat similarly postulated as a preventative measure guided by preexisting knowledge of the addict was Jim's conception of consistency with his recovered addict father: "I've learned to just deal with the things, and not ruffle his feathers just because I

know it sets him off...so I know what his worst state is now, it's predictable." Part of being able to predict inconsistency, in addition to the communicative skills detailed by Arnold, is having the knowledge of what the addict looks and sounds like at their worst. As the daughter of an addict, I know that my Mother's worst scenario yet has been getting a DUI, and with that knowledge I can brace myself for all behavior, especially the worst-case scenario behavior, that she exhibits.

Similar to Arnold, Xavier expresses assuredness in terms of relationship consistency given his prior insight: "I'm absolutely afforded predictability because...I see it over and over and over again and I learn to count on it and expect it...expecting it is kind of part of the program." This goes hand in hand with Maria's idea of addicts being "consistently inconsistent," because Xavier posits that while you can *expect* certain behavior, it only becomes predictable due to the loved one's readiness to *accept* whatever it is. So, though you don't know what is going to come from the addict, you can anticipate it, because you know that regardless of what it is, as the loved one, you'll inevitably accept the outcome—making the scenario ultimately predictable.

The collective response from the participants thus indexes a high sense of ambiguity regarding addicts and their behavior, so much so that it creates certainty to an extent that you're consistently relying on your best, worst educated guess.

Justifying and Excusing Behavior

Despite where the addict falls on the spectrum of acknowledging their addiction as a problem, all addicts (regardless) are prone to justifying and excusing their unhealthy behaviors to downplay their addiction and enhance their self-image. Justifying and excusing behaviors can be defined as providing an explanation for negative/unhealthy behaviors such that the behaviors seem and may be deemed appropriate given the context explained by the addict. In other words,

the actions have been sufficiently defended to the point where others cannot argue with the reasoning provided.

The function of justifications and excuses is to place the blame on someone or something else, alleviating responsibility from the addict it concerns. For example, Carrie explains that she is often assigned blame for her Mother's unhealthy actions, and it was especially severe when she left for College: "my mom started drinking more heavily, and she uses that or blames me sometimes for that reason, for her heavy drinking, for having [a problem]. And that's obviously an excuse because she's doing that to herself." This example illustrates the harsh effects addicts' behavior can have on their loved ones, especially if the loved ones are being blamed for the unhealthy behaviors. Carrie's mother is putting Carrie at fault for her own poor decisions, which not only weakens the opposition, (Carrie's ability to argue against her Mother's substance abuse) but gives Carrie's mother the erroneous sense of being free of fault for her actions, which results in the false notion that Carrie's mother has done nothing wrong—which is clearly not the case. However, this is the result that the addict is looking for when implementing justifications and excuses to downplay their addiction—to appear faultless.

No matter how much an addict is honest with themselves about the severity of their addiction, they will still use justifications and excuses to eliminate some of the blame from themselves. Maria, having experienced life as an addict and life as a sober loved one to addicts, contends that it doesn't matter how "honest" or "self-aware" one is, it will never add up to fully taking responsibility for one's actions. She explains that while addicts may feel that they have a well-rounded perspective on their issue, they truly do not and are oftentimes just in denial: "you are just totally blind...you do not have the insight, emotionally. You may have the intellectual insight into your problem, but not the insight that really counts." Maria comes from a place of

authority when she makes this claim, as she, being a former addict and current sober sponsor within the Narcotics Anonymous program, has the emotional, intellectual, and clinical (she is a graduate student in social work) insight into the world of addiction. She even acknowledges that when she was an active substance abuser, she too thought that her wealth of experience amongst addicts and her own self-awareness were enough to harness an adequate perspective on her own addiction, which in retrospect she acknowledges as a hopeful and naïve sentiment.

When the question of excusing and justification behaviors came up, all of the participants eagerly expressed their awareness of this trend and immediately began to rant off examples of the numerous defenses they've heard, indexing the fact that this is a trait inherent to addicts, and quite a popular one. When I inquired as to the types of justifications and excuses, Arnold alleged that his mother was all about the defense, and frequently used excuses concerning her everyday struggles: "well I *had* to have a drink today because I found out *this* news," or "I did this because I'm in horrible back pain." This is an ideal type of excuse for addicts, because everyday circumstances inevitably change, providing them with a wider range of justifications.

Xavier also expressed that his ex-girlfriend always justified her addiction as being in part due to her job: "She admitted that she couldn't or wouldn't not drink for a month and say 'oh it's because of my job'..." Ellie too asserted that her brother's primary defense was also his job: "Ben worked a really stressful job at the height of his alcoholism and his excuse was always, 'Well you know people sit at their desk with a flask, Ellie, and you know people do lines on their desk, Ellie.'" Not only do everyday circumstances allow for a variance of excuses, they also allow for consistency of excuses, one for every day of the week if necessary. While it's very common to use everyday trials and tribulations as excuses for unhealthy behavior, addiction is

also infamously defended by much broader, all-encompassing life issues, like having a terrible childhood, or an unconventional upbringing.

Jim explains that he uses traumatic life experiences as an excuse to do better and aim higher, but that for addicts like his father, trauma is frequently used as a justification for poor behaviors:

I think addicts will push some of the blame off, like, 'It's because of this!' ...And I know people who have grown up with addicts who have used it as a reason to excuse why they are the way they are. Like, 'Oh I'm just gonna do bad or illegal things or things that aren't good for me [because of the trauma I've endured].'

As someone who has grown up with an addict and understands the trauma that it entails, I am no stranger to this excuse. My mother frequently blames her tragic upbringing and her adverse relationship with her mother as a reason for why she feels the need to use. Like Jim, I have channeled my trauma into positive pursuits, but not everyone adopts this technique. Given that, it is quite common that people who have had traumatic life experiences will turn to substance abuse to ease the pain, though it's not always the case. However, it is almost always the case that people who do abuse substances will utilize whatever excuse they can, and traumatic pasts are usually the most popular defense.

Though most research identifies justifications and excuses as being implemented by the addicts, it is interesting to consider the justifications and excuses that the addict's loved ones utilize. While the majority of the participants agreed with the label of addiction as a disease, all of them had one major issue with that label: the fact that it removes blame from the addict and onto outside people/circumstances. If you'll recall, justifications and excuses function primarily

to alleviate blame, so in theory, calling addiction a disease is in many ways an excuse/justification, regardless of the scientific accuracy assumed present by the disease label.

When asked if she agreed with research identifying addiction as a disease, Maria asserted that while she does believe it is a disease, she thinks labeling it that, “in a lot of ways, it takes the shame and blame out of it.” This was the general consensus of all of the participants, who mostly believed it to be a disease, but when it comes to “curing it,” they contend that it isn’t as cut-and-dry.

Xavier was the one participant who didn’t ultimately agree with the statement, “addiction is a disease,” and he reasoned as such because though he maintains that there are biological and genetic predispositions, he claims: I’ve seen some people who’ve successfully controlled it on their own with or without help or treatment or anything.” This knowledge, coupled with the fact that addiction was only recently labeled a disease, is what perplexed most of the participants and made them second-guess the disease label. It is a hard condition to evaluate, as Arnold postulates: “it’s a disease of the mind, we’re all so used to looking at diseases as something physical, something you overcome with medication or surgery...” Since addiction isn’t overcome like most physical conditions, it becomes hard to classify it along with other diseases, which is what makes this phenomenon hard to describe and even harder to conquer. That being said, calling addiction as a disease in many ways can be seen as an excuse/justification habit of addict’s loved ones, who can then use the label as a defense against addiction’s other negative connotations.

Excuses and justifications, as mentioned, are designed to remove blame from the addict and place it onto someone else. As an addict’s loved one, it may become tempting to accept that blame for yourself as a means to a) downplay your loved one’s addiction and b) put the blame in

your hands so that in theory you can be the one to fix or negate the issue. Regardless of one's reason for accepting that blame, it is not the appropriate or effective thing to do. It further convinces the addict that they're doing nothing wrong and it provides them with an excuse to use all the time—it's your fault!

As addicts loved ones, it is easy to want to and actually follow through with carrying their burden as your own. This is a frequent result of being close to an addict, and it can very easily disrupt one's life and cause irreparable damage, in addition to the emotional damage already done by watching the horrors of addiction devour the one you love. It doesn't always take this toll, or at least not in full—strangely enough, there are benefits to being intimately connected to an addict, so long as you have the insight to keep yourself safe.

Communicative Benefits of Knowing an Addict Intimately

While it is mostly detrimental to be closely involved with an addict, there are inevitable benefits that come from experiencing a relationship with them. In dealing with an addict, one learns an array of communicative tactics that need be utilized for the best results, and these tactics are geared toward keeping the addict safe and calm. There are many populations in which these tactics would prove useful, as we're often confronted with people that we need to keep safe and calm: our family members, sensitive and vulnerable populations, children, developmentally disabled people, etc. That being said, much of what you learn to employ communicatively with an addict can be used in other aspects of one's life with different people of varying circumstances. What may be learned in a traumatic setting can ultimately benefit a person emerging from the scenario, whether the lesson learned benefits them as a person or those around them in interaction.

For example, Jim contends that many of his core values and guidelines for behavior are a result of the lessons he learned from dealing with his addicted father:

He himself [Jim's father] holds a lot of grudges and resentments, and that's something I've tried to eliminate in the past couple of years and I've stopped being angry at people for the past, you just have to let go...I think it [intimately knowing an addict] has really helped just because I know what my limits are...I could use it [my father's addiction] as an excuse to do crazy stupid shit, and just say, 'Oh it's because I was raised in a fucked up household,' or I can use it as an excuse to do better in the future.

Jim explained during the interview that had he not grown up the way he did, he would not possess the self-control that he now prides himself on. Additionally, he emphasizes that he wouldn't be nearly as understanding as he is now, and that after having to test his patience and love with his addicted father, he has developed a calm disposition during tense times, which has also taught him to dismiss anger and instead opt for personal success in his pursuits. Jim notes that without his traumatic upbringing centered around his father's addiction, he likely wouldn't be at such a prestigious university, value his academics as highly as he does, or possess the self-awareness that has helped him in navigating his youth successfully.

Xavier acknowledges that having known an addict intimately taught him more about who he did and didn't want to be. He explains that through interaction with his ex-girlfriend, who was dependent on alcohol and cocaine, he quickly learned that being intimately involved with her was changing him for the worst. After an argument, Xavier discovered his limits and realized he had crossed a threshold he had never wanted to:

I don't like to argue, or fight, or yell or anything, [and I was] finding myself standing in the hallway holding her wrists...that's when I suggested therapy. You can't be bringing this behavior out in me because I don't behave this way, this is wrong.

Xavier, laden with shame after sharing this anecdote, acknowledges how he knew this was a turning point, and that had he not witnessed himself adopting his ex's volatile temper and rash decision making, he would not have realized how detrimental addictive behaviors and substance abuse could be. He intimated that prior to this interaction, he had underestimated the ability addiction had to change someone he loved, his ex-girlfriend, and one he thought he knew so well, himself. Xavier contends that he never wanted to see himself that way again, and in that way, being intimately connected to a substance abuser taught him more about himself, and made him aware of his emotional limits.

Conversely, rather than learning who she didn't want to be, Maria became certain of who she wanted to be as a person only after she experienced the turbulence of being intimately involved with an addict, and what she had to do to cultivate the self she wanted:

I feel like that whole experience for me was really healthy because I grew through it and grew onto being more the woman I want to be, so I guess in that way it was a really challenging experience, but I ended up becoming more...I knew what I wanted more after. I think the whole reason why I was able to come out of it is because I have a really strict and ritualistic routine...I'm always reflecting on my life and what I'm doing...I have extremely intense self-care habits...and I think that that's what got me out of it.

Maria emphasizes that she didn't quite know who she wanted to be until she learned who she *did not* want to be. She asserts that witnessing her addicted loved one taught her that the compassion that she, as a sponsor, wanted to share with her ex-boyfriend, was truly compassion she needed

to harness for herself in order to guide her out of the life of being an addict or merely being responsible for one.

Many of the participants in this study claimed that their in depth knowledge of addicts and their behaviors has helped them understand their loved ones, addicts or otherwise, better than before. Much of the communicative exchanges entail exercises in unconditional love, patience, understanding, and acceptance of various personality types, and similarly to the participants who got to know themselves better, others offered accounts in which they got to know their loved ones better, and oftentimes learned how to accept them more.

When asked about the health of his relationship with his addicted mother, Arnold maintains that it is incredibly healthy due to his foresight and awareness of his mother's tendencies and unfortunately, her unhealthy behaviors:

I think it's very negative, but you know, I embrace that that's part of who she is, that's part of her disease right now, and I try not to focus on it too much...I have to be honest about it. I don't get embarrassed by her...she's been an addict for my entire adult life, so I've had over a decade to figure out how to be comfortable with it...I think just me knowing how to calm her down and circumvent a potential fight or misunderstanding, and really good communication skills that also allow me to be honest and articulate how I feel [sustain the health of the relationship]

Arnold further explained that because of his awareness and acceptance, he is less ashamed, embarrassed, and more adept at caring for his mother and facilitating a healthy relationship. He claims that since he has honed his skills in communicating with his addict mother, the relationship has been enhanced and his stresses reduced. He acknowledges that while the

situation is never ideal, it is better to manage it with positivity and good communication skills, both of which help manage addiction effectively.

Ellie also argues that had she not learned the nuances of communicating with an addict through interaction with her addicted brother, she could have possibly lost his trust, as his addiction made him paranoid and distrusting of others. When asked if she hadn't known what the appropriate means of communicating with her brother were, she very well could have any opportunity to help him:

If I said those things [the wrong/inappropriate things] I'd be met with a negative reaction and there'd be no communication happening anymore—I'd lose him and he wouldn't want me to talk to him, be near him, be around him, he would separate himself from the situation or I would because of the pressure that he'd want me to.... Since then I've learned to just step back, I never tried to do anything to change his lifestyle until he made it clear that was something he wanted to do on his own. Dealing with Ben has taught me even more about how he functions, thinks, works, his alcoholism... It taught me more about him and how to deal with him.

Ellie explains that she wouldn't have made the progress that she had with her brother if she had not learned how to deal with him in the fashion appropriate and suited to him specifically. She argues that the experience from trial and error in communication with him sufficiently taught her how to effectively deal with her brother and receive positive results.

All of the participants claimed that in some ways, there were benefits to intimately knowing an addict and becoming aware of the delicate nature of communicating with them. Though it's only learned after trial and error, the participants all argued that the lessons they learned from those interactions were worth most of the trauma they had to go through.

Discussion

The themes reviewed in this analysis establish several implications of this study. It was clear from all of the interviews conducted that there is a special vernacular and manner in which one deals with addicts, and a very nuanced way in which addicts themselves communicate. This study was designed to raise awareness about the phenomenon of communicating with substance abusers, and the findings illuminate how this type of communication drastically varies from that of other dyads. It is important to note that all addicts, as all people in general, will differ in the way that they communicate with others due to their own self-conceptions and varying degrees of acceptance with their addiction, and reality itself. Seeking professional help is a great first step in trying to combat addiction, and attending sobriety meetings works for some and not others, but it always a good aid to experiment with on the road to getting sober. However, this study is designed not to shed light on treatment opportunities, but to raise awareness of people who are experiencing this phenomenon. Additionally, a primary goal of this study was to educate those who are inexperienced with addicts as to the different skill set required in communicating with them, as it's likely we all will encounter a substance abuser at some point or another.

Limitations

There were some limitations to this study, however. Given the time constraint, there was a small pool of participants, though the even sample of men and women and the variance in age contributed to a more diverse sample, which was helpful. The study could have been strengthened by including interviews with the addicts as well, and joint these qualitative interviews could have produced rich and interesting accounts of this phenomenon, while just considering the perspective of the loved one narrows the scope of the findings. Had there been more participants, perhaps the substance type would have varied more as well, and that could

have led to different and perhaps more telling accounts of addiction and the communicative nuances attached to it.

Future Directions

In the future, it would be interesting to gather a larger, more diverse sample, as well as study whether there are any differences based on the geographic location, gender, and age of the participants. As mentioned before, joint qualitative interviews with an addict and their loved one could also produce different in depth accounts of this phenomenon. It would also be of interest to see how a focus group style interview would change the results of this study, and if the anecdotes acquired from collaborative group responses varied much from the individual semi-structured interviews.

Conclusion

The purpose of this study was to examine how, if at all, communication shapes and influences the relationships between addicts and their loved ones. After examining the existing literature on this phenomenon and conducting qualitative research, three themes emerged: Addict Inconsistency, Justifying and Excusing Behavior, and Communicative Benefits of Knowing an Addict Intimately. The research found that addict's loved ones experience a different style of communication that establishes a unique skill set and readies them to communicate with potentially sensitive and vulnerable populations. The majority of the participants acknowledged that while this experience includes a lot of trauma, it also produces good communication skills and other beneficial lessons regarding who one does and doesn't want to be. With that in mind, this study could prove helpful in educating those who experience this relationship and engage with addicts. Additionally, it can serve to educate those who are unaware of the unique

communication style of addicts and their intimates, and hopefully aid them in future interactions should they ever come into contact with an addict.

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