

A woman with dark, wavy hair is shown in profile, looking down and to the left with a thoughtful expression. She is wearing a light-colored, button-down shirt over a white t-shirt. Her hands are clasped together in front of her, and she is wearing a gold ring on her left hand. The background consists of white horizontal blinds, suggesting an indoor setting with natural light.

# Exploring the Impacts of Stigma on Help-Seeking Behaviors and Social Support Among Parents of Children Struggling with Substance Use

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# What is stigma?

The term “stigma” has a long and complicated history, and countless definitions to describe it. Researchers across time have broken down stigma into differing types, including internal and external (or public) stigma, vicarious stigma (or courtesy stigma), professional and institutional stigma, structural stigma, and more.

When it comes to understanding the relationship between stigma and substance use, an awareness of how stigma manifests and is understood both historically and in our current time and place is critical. The Oxford Learner’s Dictionary currently defines stigma as “negative feelings that people have about particular circumstances or characteristics that somebody may have”—the first example it gives is “the social stigma of alcoholism.” In navigating the impacts of stigma on help-seeking behaviors and social support amongst parents of children struggling with substance use, it is important to first understand how stigma influences the ways we perceive, talk about, and respond to substance use more broadly.

When stigma is discussed in relation to substance use, researchers frequently cite Erving Goffman’s 1963 text “Stigma: Notes on the Management of Spoiled Identity.” This text is frequently utilized to inform the timeline of how we think about stigma; within the opening chapters, Goffman traces the origins of the word back to its roots in Greece, and follows the evolution of the word and its meanings. Goffman describes individuals facing stigma as being “disqualified from full social acceptance.” He further emphasizes that stigmas are not universally perceived or intrinsic; rather, they can be thought of as “a special kind of relationship between an attribute

and a stereotype.” Goffman also notes that “shifts have occurred in the kinds of disgrace that arouse concern.” Simplified, stigma is fundamentally related to the understanding in a time and place of what is thought to be normal and correct (and by the same token, what is not).

Literature on substance use frequently highlights Goffman’s idea of “courtesy stigma” (or “stigma by association”), which relates to the negative impact that results from association with a person who is marked by a stigma, such as a substance use disorder.

Today, the social cognitive model of mental illness stigma is often used to further examine intersections of stigma and relationships.



To this end, Corrigan and Miller (2004) notably distinguish between public stigma and vicarious stigma, describing public stigma as “the impact wrought by subsets of the general population that prejudge and discriminate against family members,” and vicarious stigma as “suffering the stigma experienced by relatives with mental illness.” They describe the effects of shame, blame, and

contamination related to mental health struggles in families, and how stigma acts both within and upon families to further cycles of fear, isolation, and silence.



As an online peer-support network for parents of children struggling with substance use or mental health, OPLM is especially concerned with the ways in which stigma negatively impacts help-seeking behaviors and social support (Downman, 2017) of families impacted by substance use, and worsens shame, guilt, and isolation.



# Current Research: A Broader View of Stigma and Mental Health in Families

Research by Corrigan and Miller (2004) illustrates how stigma surrounding mental health more generally impacts family members differently depending on their role in the family.

They found that parents are blamed for having caused the mental health struggles of their children; siblings and spouses are blamed for not ensuring that their loved ones stick to treatment plans; and children are fearful of being “contaminated” by the mental health struggles of their parents (Corrigan & Miller, 2004). These results illustrate how family roles, in addition to age, impact the type and degree of stigma associated with mental health conditions in families. Literature focused on substance use and stigma in families primarily focuses on how children are impacted by

a parents’ substance use (Choate, 2015). Research exploring the perspective of parents and families impacted by their child’s substance use, in comparison, remains an emerging area. This gap in the literature is particularly significant given that stigma surrounding substance use is uniquely complicated when the individual primarily affected is a youth (Choate, 2015)—for example, youth face the pressures of a school environment, and are more likely than adults to live alongside their parents and siblings.

## MAJOR THEMES

In a study of adolescent substance use, researchers identified 8 major themes amongst interviews with parents:

- 1 Finding out about the substance dependence problem
- 2 Experiences as the problems escalated
- 3 Looking for explanations other than substance dependence
- 4 Connecting to the parent’s own history
- 5 Trying to cope
- 6 Challenges of getting help
- 7 Impact on siblings
- 8 Choosing long-term rehabilitation (Choate, 2015).

An earlier study by Velleman and Templeton (2003) not limited to youth similarly identified 7 areas of family functioning that are impacted by addiction: (1) roles; (2) rituals; (3) routines; (4) finances; (5) communications; (6) conflict; (7) and social life.

Reported challenges of getting help and impacts on social life are of particular interest here when it comes to the effects of stigma.

# Consequences of Stigma

## ...ON SOCIAL SUPPORTS

A 2016 study of the impact of young people's self-harm on their parents and families could act as an informative proxy for understanding parents' experiences of their children's substance use. In this study, self-harm encompassed cutting, overdose, self-strangulation, and burning, though some of the youth also had eating disorders that were considered separately (Ferrey et al., 2016). Parents in the study described feelings of shock, anger, and disbelief upon initial discovery of their child's self-harm, and resulting feelings of anxiety, depression, and guilt, with parents "[withdrawing] from social contact due to the perceived stigma associated with self-harm." These parents further described being fearful for their other children and the stigma they might face at school, as well as fear about finances being a barrier to treatment. The authors write that: "An overall theme was a profound sense of isolation and a desire to keep a child's problems private. This was often linked to parents' feelings of guilt and their worries about what others might think" (Ferrey et al., 2016).

Likewise, in a 2017 study of family members affected by a loved one's substance use, Fiona Dowman reports family members' strong desire to keep quiet about their problems in order to not burden their friends, who had "their own lives to live" and would not understand their friend's struggles even if they

were shared (Dowman, 2017). Dowman additionally cites previous surveys wherein respondents only found others unsupportive or unhelpful; other respondents reported isolating from their friends due to "not wanting to be criticized for the way they were coping," and fears of being "blamed or shamed by their networks." A running theme in the literature at large is a desire by parents to maintain the outward appearance (either for themselves or for others) of a "normal" family life (notably a feeling not generally shared by siblings), as well as a desire to contain knowledge of substance use in the family due to feelings of guilt and self-blame.

An exception described by parents in several studies is a willingness to talk with other parents who have similar experiences (Dowman, 2017; Ferrey et al., 2016). In addition to finding help and comfort in speaking to friends with similar experiences, participants in Dowman's study indicated a desire for a support-group setting where other members were strangers to them, finding the shared experiences helpful, and the anonymity comforting for its lowered risk of people close to them finding out about their struggles.



## ...ON HELP-SEEKING BEHAVIORS

Peter Choate (2015) writes that parents of youth struggling with substance use need additional support to be able to identify emerging substance use and to have the tools to respond to it (as well as the tools to help other children in the family manage). Choate (2015) suggests that creating interventions for the entire family, in addition to working specifically with the affected youth, could be beneficial here. However, the stigma surrounding substance use tends to negatively impact help-seeking behaviors for families, cutting them off from valuable resources and supports. A 2018 study of families supporting adult family members with substance use found 3 main themes from their data illustrating how family

members perceive and respond to stigma related to their family member's substance use: 1) "engaging in secrecy and minimizing contact with others"; 2) "lack of knowledge and empathy, and judgemental attitudes reinforcing isolation"; and 3) "adopting measures to moderate effects of stigma" (McCann & Lubman, 2018). Notably, stigma identified in this study came not just from friends, family, and society at large, but also from clinicians who displayed judgemental attitudes. Individuals who seek help for their own or a family member's substance use and are met with judgment from clinicians will likely experience a reduction in help-seeking behaviors in response to such an interaction.



# Addressing Stigma in Support Settings: Breaking the Culture of Secrecy

Reaching out for help from family, friends, peers, or medical professionals is a difficult and vulnerable step to take, and if this ask for help is poorly met, individuals may be less likely to reach out a second time, and more likely to reinforce feelings of guilt and shame.

While an important part of addressing stigma around substance use is creating spaces where individuals struggling with substance use, as well as their families, can reach out and ask for help, it is of equal importance that when people take that step, they are met with a level of support and understanding that allows them to feel seen and heard, and to start letting go of shame.

In addition to reducing external (or public) stigma surrounding substance use, understanding and accounting for internal stigma remains a crucial aspect of addressing stigma in support settings and more broadly. Dowman (2017) describes how family members can “go through a process of resolving their guilt and reflect on being in a better position to support their relatives,” and part of resolving guilt and processing internal stigma and shame may be talking to others who can relate to their experiences. As a community in the mental health space, OPLM continues to work with families to challenge both external and internal stigmas, and to create an open and safe space to discuss how substance use impacts families, and to discover what healing looks like on their own terms.



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