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"Something wasn't right"—parents of children with drug problems looking back at how the troubles first began

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ABSTRACT

In this study we analyze how parents of adult children with drug use problems view the initial stages of identifying their children's troubles as a severe drug problem. We focus on the parents' accounts of the discovery process by identifying significant events in the parents' narratives through 'the micro-politics of trouble'. The study is based on an analysis of 32 semi-structured interviews with parents of adult children (aged 18+) with drug problems. Four themes emerged from the parents' narratives: (1) the first signs of a problem, (2) drug problem or teenage defiance? (3) the awakening, (4) a passing phase. The different themes show how the parents' interpretations of the situation influence their definitions and thus their actions. Early signs and indicators of something being wrong do not initially result in parents framing the situation as problematic as they are perceived as everyday concerns and dealt with as such. Our focus on the initial phase of the problem definition process and how this affects the parents may provide a better understanding of the parents' situation and needs for support. This may be of use to professionals in the fields of social work and drug treatment who meet these parents and may have a role to play in the development of support measures that can improve their situation.

Introduction

Drug problems lead to profound consequences not only for the drug users but also for the people closest to them. The whole family may be affected, and we argue that parents of children with drug problems can be viewed as a particularly vulnerable group. As the child's problems are commonly seen in relation to conditions in their upbringing (e.g., Dube et al., 2003; Smith & Estefan, 2014) the parents can be questioned and blamed, both by themselves and by others. The stigma that accompanies drug problems thus affects not only the individual but also the parents (Corrigan et al., 2006; McCann & Lubman, 2018; Richert et al., 2018). When it comes to drug problems, parents are blamed to a greater extent than other family members and are seen as responsible for both the emergence of their children's drug problems and for their recovery (Barker & Hunt, 2004; Corrigan et al., 2006; Devaney, 2017; Jackson, 2018; McCann & Lubman, 2018; Orford et al., 2010). There is also a higher degree of stigma associated with a child's drug problem compared to a child's mental and physical illness (Corrigan et al., 2006). This blame is focused on the individual performance of parents, which results in a reinforcement of stigmatizing attitudes (Devaney, 2017).

Parents of children with drug problems describe family relationships as "fractured" (Jackson et al., 2007), "shattered" (Usher et al., 2007), "skewed" (Barnard, 2005) and "strained" (Mathibela & Skhosana, 2021). Studies show that it is common for parents to end up in conflict with each other regarding differences in how the situation is handled (Barnard, 2005; Butler & Bauld, 2005; Choate, 2015; Mafa & Makhubele, 2019; Orford et al., 2010), siblings have feelings of neglect (Barnard, 2005; Choate, 2011; Mafa & Makhubele, 2019), and conflicts arise between the child with drug problems and other family members (Barnard, 2005; Jackson & Mannix, 2003; Orford et al., 2010; Usher et al., 2007). An individual drug problem quickly becomes a problem that affects the entire family system (Groenewald & Bhana, 2016; Smith & Estefan, 2014). The task of dealing with the problem mainly falls on the parents (Jackson et al., 2007; Usher et al., 2007).

The responsibility parents are given for their child's problem is maintained through a strong general notion of what it means to be a "good" parent (Höjer, 2012; Lind et al., 2016; Smith & Estefan, 2014). The explanatory model known as "parental determinism," i.e., the idea that children's future is determined by their parents' abilities, is widespread (Lind et al., 2016). Parental actions and choices are often used to explain social problems, such as school failure, criminal behavior or drug problems (Barker & Hunt, 2004; Höjer, 2012; Lind et al., 2016). "Intensive mothering" may be viewed as a prevailing ideal, whereby the mother in particular is expected to put the child's needs before her own (Lind et al., 2016; Dermott, 2016), and "mother blaming is culturally accepted" (Jackson, 2018:19). There is also a societal tendency to view

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the family as a closed system, impervious to external influences, which produces a simplified image of parenthood and child-rearing (Barker & Hunt, 2004; Dermott, 2016; Höjer, 2012; Jackson, 2018; Kurz, 2006). Barker and Hunt (2004) argue that discussions about the family, specifically within drug research, are based on assumptions about normality and deviance where mainly non-nuclear families are identified as a risk factor for the development of a drug problem.

The aim of this study is to analyze how parents of adult children with drug use problems view the initial stages of identifying their children's troubles as a severe drug problem. The focus is directed at the parents' narratives about how they came to discover the child's drug problems. Previous research shows that how parents discover their children's drug problems varies (Butler & Bauld, 2005; Mathibela & Skhosana, 2019). Choate (2015) identifies three typical discovery process routes, one where the parent is confronted with direct evidence, another where information which points toward drug use is presented, and a third where the parent notices changed behavior in their child. The process is not linear or evident, which makes the parents' understanding of their child's drug use difficult (Choate, 2015), and this may serve as an obstacle to seeking help. A clear feature of the research is how behavioral changes in the child often occur before the discovery of a drug problem. Parents often feel that something is wrong quite early, but they do not always suspect drug use. The parents may lack knowledge about drugs and may be unprepared for the situation (Andersson & Skårner, 2015; Butler & Bauld, 2005; Choate, 2015; Jackson & Mannix, 2003; Usher et al., 2007). It can take several years before parents fully understand that their child has a severe drug problem (Choate, 2011; Jackson & Mannix, 2003), and it is common for the parents to understand behavioral changes in their child as part of being a teenager (Jackson & Mannix, 2003) or as a temporary phase (Choate, 2011).

Regardless of whether the parents suspect something or not, the discovery of their children's drug use becomes something that affects them deeply. The emotional effect of children's drug problems on their parents is a common theme in previous studies. Parents describe feeling guilt, shame, isolation (Jackson et al., 2007; McCann & Lubman, 2018; Usher et al., 2007) powerlessness, grief (Jackson, 2018; Oreo & Ozgul, 2007; Richert et al., 2018), worry, stress and uncertainty (Barnard, 2005; Jackson & Mannix, 2003; Orford et al., 2010). Similar experiences appear to be universal and independent of material, social and cultural differences (Orford et al., 2013).

Research also shows that parents may expend considerable time and effort in order to protect their children, despite negative consequences for their own health (Francis, 2012; Jackson et al., 2007; Kurz, 2006; Skårner, 2001). Butler and Bauld (2005) illustrate that parents of children with heroin addiction subsequently question their parenting ability and whether they are to blame for their children's situation. They reflect in retrospect on what they could have done differently and feel guilty about not having understood that their children had problems at an earlier stage.

Our starting point is that there are difficulties in all social environments, such as within families. These difficulties are often diffuse and are therefore not defined as problems that needs to be addressed, although they do have the potential to become such problems. The process by which a parent discovers a child's drug problem becomes interesting in relation to how the situation subsequently develops, how the child's behavior is constructed to become a public and recognizable (drug) problem. Little is known of how parents of adult children with drug problems experienced the time before they realized that their child had a severe drug problem.

Theoretical approach

In order to understand how the interviewed parents define the situation relating to their children's drug problems, we use R. M. Emerson's interactionist theory on the micro-politics of trouble (Emerson, 2009, 2015; Emerson & Messinger, 1977). According to Emerson, "Trouble' signals a sense that something is wrong and, in many cases, that something should be done about it" (Emerson, 2015, p. 1). Trouble can range from minor vague feelings of discontent, to full-blown conflicts between persons. As described succinctly by Francis (2012, p. 375), trouble is "what occurs when the patterns of social life do not unfold as people believe they ought to". Societal norms produce shared ideas and expectations about how people should act, think and feel about things—a social order (Bauman & May, 2001). This means that human action is culturally and situationally dependent and continuously viewed in relation to other people (Bauman & May, 2001; Charmaz et al., 2019). For the most part, this social order is maintained, but it may also be disturbed when trouble occurs. Emerson's theory is a useful tool for studying how trouble emerges in everyday life when certain behaviors in social relations are defined as disturbing the social order. In contrast to other theories, which focus on already established problems, Emerson directs his focus at the initial phase of the definitional process. As a result of the interactional process that governs how situations are defined, there are an infinite number of disturbances to the social order that never crystallize into problems. The micro-politics of trouble focus on relational problems that arise between two parties, such as a parent and child (Emerson, 2009; Emerson & Messinger, 1977; Francis, 2012). Problems may develop when someone experiences irritation, indignation or dissatisfaction in relation to the behavior of another (Emerson, 2011; 2015).

According to Emerson's theory, the process of defining a problem can be divided into three phases. The first is characterized by a vague feeling that something is not right, which is often founded in a change in either the relationship or the other party's behavior. The origins of a problem can often be traced to a feeling of this kind. In the majority of cases, this results in what Emerson calls *indigenous remedies* (Emerson, 2015)—sometimes called intrinsic remedies—whereby one of the parties attempts to influence the other person's behavior. These attempts to resolve the problem within the relationship may appear vague to begin with, and take the form of subtle gestures and statements, which may be interpreted as *low visibility responses* (Emerson, 2009). A parent who is

worried about a child's behavior may express this in the form of a deep sigh or an upset look (Emerson & Messinger, 1977). If a strategy of this kind is successful, the relational change will not develop into a problem.

If indigenous remedies have no effect, solutions are sought among people outside the now problematic relationship. In this second phase, contacts are made primarily with persons who are close to the involved individuals. As long as support is provided by an informal party of this kind, the problem is mainly viewed as indigenous, but when the third party involvement shifts from someone providing advice and support to the implementation of an active intervention, the problem assumes a different form. The involvement of a formal third party, often in the form of staff at public sector agencies, means a shift from indigenous to *extrinsic remedies*—a step that can be identified as the third phase. These phases should not however be viewed as predetermined (Emerson, 2015; Emerson & Messinger, 1977). The parents in the current study had all had a large number of interactions with formal third-party actors such as the social services and healthcare (Richert et al., 2021). However, given the focus the parents put on the discovery of the problem, this article will focus on illuminating the first phase of the process in which troubles come to be defined as problems.

Part of handling problems, and thereby disturbances to the social order, often involves people using excuses and justifications to legitimize their actions. People use terms that explain the motives and reasons for their actions. This linguistic activity fills a social function, a phenomenon that Scott and Lyman (1968) have labeled *accounts*. Accounts of this kind are used to fill the gap between action and expectation—to explain inappropriate or unexpected behaviors.

Accounts can be divided into two types: justifications and excuses. The objective of a *justification* is to neutralize an act and emphasize a positive aspect of the action. Thus, the action that is perceived as wrong by the individual's environment is described as the only right thing to do, or as being necessary, in given situations or circumstances. In contrast to justifications, the objective of an *excuse* is to mitigate the action by referring to factors such as misfortune, ignorance, biological drives or a scapegoat—factors that lie beyond the individual's control (Scott & Lyman, 1968). In this article, the parents' use of accounts should be seen as situational. The parents' accounts of retrospective events are colored by the culturally accepted blaming of parents of children with drug problems (Barker & Hunt, 2004; Jackson et al., 2007; Smith & Estefan, 2014). The parents' usage of excuses or justifications should not be seen as an attempt to abdicate responsibility or as evidence that they lack feelings of shame and guilt in the situation, rather the opposite—these are emotions that permeate their narratives. Instead, the parents' use of accounts should be seen as a result of the prevailing blame culture; they act in line with what they perceive as expected of them.

Methods and data

In order to study the parents' experience of having an adult child with drug problems, we employed a qualitative research approach and conducted 32 semi-structured interviews with parents during 2016. We view these interviews as interpersonal interactions where narrative data is produced (Charmaz, 2014; Holstein & Gubrium, 2016). The qualitative research interview differs from an everyday conversation as it has a clear structure, meaning and power imbalance. By being flexible and letting the parents' answers lead the interview in different directions, we obtained indications of what the interviewee considered important and relevant, which is in line with intensive interviewing (Charmaz, 2014). The focus of the interviews was to explore the parent's experiences, and open-ended questions were used. The parents were asked about: (a) background information of the parent and the child, (b) the child's drug problems and life situation, (c) their explanations for the child's drug problems, (d) experiences of threats and violence, (e) perceived consequences for the parent, (f) coping strategies, (g) experiences of seeking help. The analysis for the current study is primarily based on themes a, b and c.

Fifteen of the interviews were conducted face-to-face (lasting an average of 87 min) and 17 were conducted by telephone (lasting an average of 95 min). Telephone interviews were primarily done due to practical considerations, i.e., to enable interviews despite the parent's distance from the research location. The interviews were recorded and transcribed verbatim. We did not note any differences in data quality between the face-to-face and telephone interviews, which is consistent with research on interview methods (Sturges & Hanrahan, 2004).

Sampling and participants

We recruited interviewees to the study by using a combination of convenience sampling and purposeful sampling (Morse, 2007). The interviewees were recruited largely via the family-support organization Parents Against Drugs (*Föräldraföreningen mot narkotika, FMN*), the largest Swedish organization for family members of drug users. Information about the project was disseminated via the FMN's platforms and contact networks. This convenience sampling approach meant that the parents were selected initially on the basis of accessibility. Later on in the research process we used purposeful sampling in order to attain a more heterogenous group of parents. Our main focus was to make sure to also include fathers and parents who were not involved in support groups since these parents were difficult to recruit. In order to include a broader group of parents, interviewees were also recruited via the research project's website, Facebook groups focused on drug problems and various treatment services that included working with family members. All interviewees were however recruited on the basis of their ability to talk as experts (Morse, 2007) on the topic of being a parent of an adult child with drug problems.

Of the 32 parents, 24 were mothers and eight were fathers. They were aged between 46 and 70 years and lived in locations spread throughout Sweden. The majority had graduated from upper-secondary school (28) and had substantial work experience (26); all had a steady residential

situation. Two of the parents (one woman, one man) stated that they had themselves previously had drug problems, while seven of the mothers stated that the child's father had experienced alcohol problems and one mother reported that the father had used cannabis in a problematic way. The majority of the interviewed mothers were single (14 of 24) whereas the majority (6 of 8) of the fathers were in an ongoing relationship with the child's biological mother. Fifteen of the interviewed parents were or had been active members of the FMN. Three had been involved in other organizations for family members, and 14 had not been involved in any such organization.

The interviewees' adult children were aged between 18 and 47. According to the parents, the children had been using drugs for between 5 and 20 years; all had used cannabis and the majority had used a number of other substances, with many also using hard drugs such as heroin or amphetamine. Twenty-one of the children were active drug users at the time of the interviews, eight had been drug-free for a year or more and three had died as a consequence of their drug problems.

Analysis

In coding and analyzing the transcribed interviews, we have used some central techniques and approaches employed in grounded theory (Bryant & Charmaz, 2007; Charmaz, 2014). Grounded theory builds on an inductive approach, whereby the data form the basis for generating theory. Although our aim is not to generate new theories, our central approach is in line with grounded theory, namely to stay close to the data and focus on described actions and processes in the interview data, both in individual interviews and across the data (Charmaz, 2014).

As the data was extensive (678 pages of transcripts), the interview transcripts were first subjected to an open coding process to make the material more manageable. In the course of this coding, we noted that the parents tended to linger over questions that touched upon their discovery of their children's drug problems, which indicated that this was an important issue for them. The analysis therefore came to focus on narratives about the parents' discovery of the children's drug problems, which became an emerging central code. The parent's narratives were coded on the basis of direct quotes. These excerpts were then coded line-by-line. The next step was focused coding (Charmaz, 2014). This coding resulted in the emergence of an overarching analytical theme based on what the parents emphasized in their narratives. Interview quotes that were representative for the material at large and provided a clear illustration of the analytical themes were chosen and included in the final text. In translating these quotes, special attention has been paid to preserving the content and meaning of the interview subjects' colloquial use of language.

Ethical considerations

The project on which this article is based was approved by the Regional Ethical Review Board in Lund (application numbers: 2015/215; 2015/806). We have acted to preserve the parents' anonymity and personal integrity by giving them pseudonyms and replacing names and places that could allow them to be identified by others.

Results

A common theme in the 32 interviews was that the parents drew attention to what had happened when they started to suspect that something was not right or discovered that their child had started using drugs. Their reactions varied, but on the basis of what the parents emphasized in their narratives, it was possible to identify four overarching analytical themes: (1) the first signs of a problem, (2) drug problems or teenage defiance? (3) the awakening, and (4) a passing phase. These themes were of central significance for the parents' initial definitions of their children's drug problems.

"Something wasn't quite right"—the first signs of a problem

According to Emerson, a problem is created in an inter-actional process which affects and molds the definition of what is happening (Emerson, 2015; Emerson & Messinger, 1977). In the initial phase, this may manifest itself in the form of everyday concerns that are not ascribed any major significance. These minor concerns may either disappear or grow to become a visible problem. When the parents looked back to the beginning of their children's problems, most of them mentioned specific events that they had regarded as worrisome, but at the time they had not linked to drug problems. This is illustrated by the following excerpt from our interview with Britt, in which she talks about what she subsequently understood was the beginning of her son's drug problem.

> Interviewer: How did the problems start for him?
>
> Yes, well it started quite early actually. Long before we understood what it was. It started with it being messy at school. He has never liked school; he still talks about that today./ … /He never did what he was supposed to in school. It started with him doing bad things, like minor break-ins, minor vandalism./ … /That's how it started, you know, and we didn't see that as in any way, neither I nor his dad had any idea that, I mean, drugs; it just wasn't part of our world. So we didn't, we never saw him, I mean he never came home drunk, for example. And he always came, if he had said that he would be home at 11, 12, then he came home at the time he had said. So we didn't see these things [the drug use] until they became facts for us, when the police called and told us that this had happened.

In the quote, Britt speaks of her son's behavior as being problematic in certain respects but well-functioning in others. It was difficult to see or even suspect that he was using drugs. She refers to her own and the boy's father's ignorance about drugs, "it just wasn't part of our world". It was only later, with the knowledge she has today, that these events were reinterpreted as signs of an emerging drug problem.

Britt accounts for the way her son behaved well in certain respects, that he never "came home drunk" and that he came home when he said he would. She wants to clarify how difficult it was to know what was going on in the

circumstances she describes, which brings to mind the concept of *accounts*. In this case, Britt uses what Scott and Lyman (1968) label the *appeal to defeasibility* when she refers to her lack of information and knowledge. Given that drug use is both illegal and stigmatized in society at large, this type of appeal is important for the interviewed parents, which is apparent throughout the interviews.

Another mother, Margita, described behavioral changes during her daughter's teenage years:

> When she started the eighth grade, and then it was completely, she hardly went to school at all. She was always late. She couldn't wake up. And I didn't understand then, I mean, I just didn't understand that maybe she was using drugs or something. Nobody understood.

It is not difficult to understand that Margita did not realize that her daughter had a drug problem based on the fact that her teenager overslept and did not want to go to school. These were warning signs she only noticed afterwards when trying to understand how it all began. Defining a problem takes time, and problems often evolve gradually (Emerson, 2009; Jackson & Mannix, 2003). In different settings the parents may depict the troubles in different ways, and they rely on current understandings to describe what has happened before. As noted by Emerson, "trouble accounts routinely rely on current understandings to specify a relevant beginning and to trace the course of subsequent development" (Emerson, 2015, p. 25). It is thus through a retrospective account that a certain set of troubles crystallize into a definite problem. In retrospect the stages in this process may be clear, in the form of specific events and behavioral changes, but at the time it takes the form of a feeling that something is not quite right (Emerson & Messinger, 1977).

Erika said that having a gut feeling that something was not right was a part of the initial phase of the process of defining her son's drug problem.

> I said to my other children back then that "there's something not quite right with him, you know, could he have taken something?" and they all thought I was being silly at the time. I've always been a bit of a kind of helicopter parent, so they thought I was imagining it, but I felt it in my gut that something wasn't right. I did.

Many of the parents spoke of a diffuse feeling of something not being right, but to begin with there were no signs in the child of any actual drug use. Erika's quote points to how nobody else had any idea that something was not right—her other children thought she was "being silly" and "imagining" it. Here Erika's other children became a part of defining the situation as unproblematic.

This theme is reminiscent of what Jackson and Mannix (2003) have labeled *first awareness*. Behavioral changes in the child or just the parent's vague feeling provide a first sign to the parent that something is wrong, but the insight that there is a drug problem only develops over time. This often means that by the time the parents come to know about it, the child's drug use has already become established over a period of time (Choate, 2011; Jackson & Mannix, 2003), something that was described by several parents in the current study and which is also evident in the other themes.

"You usually confuse it with being a teenager"—drug problem or teenage defiance?

Many of the parents attempted to provide an explanation of the changes in their children, or the feeling that something was not right, which constitutes part of the process of dealing with trouble (Emerson & Messinger, 1977). Their explanations for why they did not understand that the child was developing a drug problem were expressed in this theme by the parents associating the changes with the child being a teenager (cf. Andersson & Skårner, 2015; Jackson & Mannix, 2003). The teenage years are a developmental phase that may be more or less turbulent and that often involves various behavioral changes (Jackson et al., 2007; Jackson & Mannix, 2003; Kurz, 2006). The theme shows the way in which people's perceptions of reality are dependent on the significance they ascribe to the situation (Charmaz et al., 2019).

> Interviewer: The first time you found out [that his son was using drugs]? You said that was some time in the eighth or ninth grade?
>
> No, not as early as that. It wasn't until a few years later./ … /It's probably why many parents miss this thing with youths getting caught up in drug abuse, because there's so much going on with them when they're teenagers. So these changes, when they start happening just in this, how should I put it, how they are as a person, or their behavior and all that kind of thing, you know; much of what happens when you start with drugs, it just becomes like a reinforcement of that. You usually confuse it with being a teenager, and not with a drug problem.

To begin with, Mehdi understood the changes in his son's behavior as part of being a teenager, which led to the son's drug problems not being discovered until a later stage. The initial definition of the situation led him to assume that the changes he was noticing would pass.

Inga described a number of different circumstances that she felt had played a role in how her son's problem started. She said that she and her son's father had separated and that her son "was frozen out a bit" at school. He was also forced to change school when he started secondary school, which meant new teachers and new classmates. Inga's son started using drugs at upper-secondary school, largely because he came into contact with other youths "who were on drugs". When this happened, Inga found it difficult at first to understand what was happening: "I just thought that he was a teenager". In her search for understanding and possible explanations, Inga looked even further back into the past.

> Interviewr: Things start getting difficult, you say. More concretely, what happened?
>
> He becomes aggressive. He becomes defiant and I think that it's teenage defiance, because our son has never, never been a problem child but rather quite the opposite. My daughter has been very stubborn, actually what you would call a difficult child, in the sense that she's pushed the boundaries the whole time./ … /He has always been really uncomplaining. Always really nice. Always… actually never any conflicts and that's also like an alarm bell. Like, that there had never been any trouble with him at all.

In the quote above, Inga returns to the feeling that there was something that was different, but that she could not see

that it might be anything other than teenage defiance. She also talks about how he was as a child and how nice he had always been. In hindsight, however, the narrative about her son and about how "he has never been a problem child," has now become a narrative about the start of the drug problems. Earlier experiences are used to identify signs of how it might be possible that things turned out the way they did; they are reinterpreted as early warning signs. Inga also uses her daughter as a comparison, and the daughter's behavior is used to gage what might be regarded as "normal". She describes her daughter as a child who was always challenging and testing boundaries, whereas her son was the opposite, a "really uncomplaining" child who came to develop drug problems. Comparing a child with siblings and other children has also been described by Francis (2012) as an important element in the process of defining trouble.

"They've been taking drugs!"—the awakening

Several parents presented a different narrative. By contrast with the above descriptions, which focus on a gradual discovery of the child's drug problems, the following narrative describes a somewhat less common situation, in which the discovery of the child's drug problems occurred suddenly. In these descriptions it is possible to identify a clear turning point, with the parents returning to a specific event where the child's problems became visible to them. Monika spoke of such an event, which made her realize that her son was using drugs, which she had not previously suspected. She described how she came home one morning from a night shift to find that her son and his friend were already up, which was unusual:

> I thought that Arvid and his friend were behaving very strangely. At first I thought he was drunk, so I told him to breathe on me and … but I couldn't smell anything, didn't feel anything. And they jumped in the car and drove off and I went out with the dog, and a thought struck me; my God they're high; they've been taking drugs!

Later in the interview, Monika continued:

> At that time he'd actually been at it for two years, and I didn't know, and I'm thinking I've known everything about what he's been doing and not been doing. But then I obviously hadn't. Because I think I hadn't noticed anything earlier, but that was when it was discovered.

In this quote, Monika refers to her attempts to "know everything," something she describes having failed to do. This is reminiscent of Kurz's (2006) interview study with American mothers of teenagers, in which the mothers describe their worry about their children being exposed to danger or getting into trouble. In order to minimize these risks, Kurz describes how they had *kept tabs on* their children, using a range of different monitoring and control techniques. The study shows the complexity of parenting and describes how children are unable to avoid the effect of influences outside the family, something also experienced by Monika. In other words, the family is not a closed system, independent of its environment (Kurz, 2006).

Matilda described how her daughter's drug use was discovered when her daughter's boyfriend revealed it in the context of a conflict. Matilda's daughter and her boyfriend had been arguing, and this had ended with the boyfriend hitting her and taking her cell phone. When Matilda confronted the boyfriend, he told her about her daughter's drug use.

> I didn't know anything about drugs then of course. And then, yes, he [the daughter's boyfriend] had probably lived with us for about five months when I discovered that she had like stopped going to school; she didn't have the energy to get up in the mornings. I thought, yes, yes but I mean that's because they're up talking all night, I thought. And then one day they had been at his mum's place, and she came running home crying, because he'd hit her and taken her cell phone. Then I phoned him and said "Now you have to come here with her mobile, because like who gave you the right to take her mobile?" And so when he came he shouted at me, "Just so you know, she's been doing drugs and is down in the shit and I'm going to get back at her," he shouted at me. Yes, and that's when all this hell started.
>
> *Interviewer: Yes, yes, so that was how you actually found out about it, or was it.?*
>
> Yes. Yes, that was when I found out, because I hadn't, I didn't see this problem.

Here, too, the child's drug problem was discovered suddenly. In the interview excerpt Matilda describes how certain things had changed prior to this incident, which brings to mind the way certain things are viewed as expected. The social order was disturbed by the daughter not getting up in the mornings, and no longer going to school. At first Matilda thought this was because "they were up all night talking," which may be viewed as an attempt to maintain the social order by defining the situation as only a minor problem. This can be interpreted as a fear in Matilda, that the child's behavioral changes would have a worrying explanation. This was also found in Usher et al.'s (2007) study where some parents noticed changes in the child, but these signals were ignored as they did not want their suspicions to be confirmed. According to Matilda, it was only when her daughter's drug problem had been revealed that the "hell" started. Matilda returns to this specific event in order to clarify when the problem was discovered, but the event had been preceded by a longer period during which her daughter's behavior had changed. In this sense this narrative may be viewed as being linked to the earlier themes focused on a more gradual process of discovery. This theme however highlights the experience as sudden; Matilda's realization of the fact that her daughter had a drug problem came only after she was confronted with clear evidence.

"This is something that will pass"—a passing phase

A person may be able to see indications of a problem and decide not to do anything about it. Choosing to ignore feelings, events or behaviors, and deciding that something is actually not a problem may lead to the problem either disappearing or growing (Emerson & Messinger, 1977). In this case, the parents realized with hindsight that the indications of a problem did not disappear but rather grew and developed

into a difficult situation. At the time, however, the circumstances were viewed as minor and temporary concerns, of the kind that "most people" experience. This theme could be regarded as somewhat less common but once again we see the importance of how a situation is defined (Charmaz et al., 2019).

Kalle described how he had confronted his son when he realized that he was using drugs:

> I'm an old musician, so I've seen a few things if you know what I mean. So you know I realized, it was probably quite early that I realized that, "Look here, son, what the hell are you doing?" more or less. And then he showed me these spice bags [synthetic cannabinoids]. And you know this was something that was so new that you didn't really know about it, "What the hell is this then?" Yes, he said, "This is synthetic hash and it's not illegal", and somewhere there I went wrong. In part because hash today isn't what it used to be, because what it was in the seventies-eighties, it's not like the same product anymore. It's so refined and modified so it's something completely different. So I didn't see the danger in it. Which I should have. It's always easy to be wise in retrospect. And I should have, like the warning bells should have been clearer. But what you think then, you think that "Yeah, yeah, this is something that will pass, like a few parties and then it will be over", more or less. As it does for the vast majority anyway. But that didn't happen of course. Quite the opposite.

Kalle's own experiences as an "old musician" meant that he was quick to understand what was happening. It was also these experiences that led him to view his son's drug use as a temporary phase, "something that will pass". There was a concern that led Kalle to confront his son, but he subsequently dealt with the situation by not doing anything. A low visibility response involves acting in a way that does not communicate dissatisfaction or a desire to change the situation (Emerson, 2009). His son's use of *spice* was something that Kalle assumed would stop. In the interview excerpt, however, Kalle speaks of having misjudged the situation. At the time he defined it as unproblematic, because he viewed it as a temporary phase in his son's life. By the time of the interview, Kalle had retrospectively redefined the situation on the basis of what he had learned in the course of the process. He talks about the same situation but today views it differently, saying that he did not' see the "danger" in his son's behavior. As was the case in Britt's account, Kalle uses an *appeal to defeasibility* (Scott & Lyman, 1968).

Evelina said that she had suspected that her son was using drugs "quite early," because she had previous experience of drug use by others in her environment, but she was nonetheless shocked when she suddenly discovered her son's drug use:

> When Christoffer started … on one occasion … I got a shock, because I found what I thought was hash in a scarf in his room when I was cleaning. He had hash wrapped up in it [the scarf]. I probably understood what it was, but I blocked it out, thought it was probably just temporary, a teenage whim.

Evelina viewed it as a temporary concern, a "teenage whim," and dealt with it on that basis. On this occasion she blocked out what she had seen and defined the situation as unproblematic. As with Kalle, Evelina also adopted a non-confrontational approach, which made her response invisible

to her son (cf. Emerson, 2009). Linus described his son's situation in the following way: "Then, most youths, this stuff, they experiment with it for a time and then you move on with your life, but he got stuck in this and didn't like move on."

Seeing the child's drug use as something temporary and something that "most youths" experiment with permeates this theme. In this sense a form of comparison is made with a generalized "other". "The other" is represented by a generalized youth, imagined by the parents, who tries drugs without developing a drug problem. The parents' justification of the situation is a variation of what Scott and Lyman (1968) termed *condemnation of the condemners*. In this type of justification, others' behavior is described as being the same or worse, which the parents may be interpreted as doing when they describe drugs as something "most youths" experiment with. In this way the behavior is normalized and thus viewed as being of little importance. The parents thereby justify not only their own inaction in relation to the situation but also the child's behavior. The theme also detects a fear of getting their suspicions confirmed which leads them to ignore or downplay the situation (cf. Usher et al., 2007). Their interpretation of the situation as unproblematic could be read as a desire for the situation to be just that, unproblematic. With hindsight, however, the parents view their initial knowledge of the child's drug use as grounds for action.

Discussion

The aim of this study has been to analyze how parents of adult children with drug problems view the initial stages of identifying their children's troubles as a severe drug problem. By focusing on the process by which a problem is identified and defined, it is possible to distinguish important aspects of the ways in which parents experience and deal with the situation. The results have been divided into four main themes representing the commonalities identified in the interview data. The inspiration for studying this discovery process was found in Emerson's theory of the micro-politics of trouble (Emerson, 2015; Emerson & Messinger, 1977), together with the parents' detailed descriptions of how they defined and acted in the situation. Trouble comprises unpredictable aspects of our predictable everyday lives, and it makes visible the social order that underlies our expectations about what the future holds. The theory thus problematizes what we take for granted in our everyday lives and contributes to deepening our understanding of our actions and the world around us.

In the interviews, the parents spoke about first awareness (Jackson & Mannix, 2003), that is vague signals and feelings which indicate that something is not quite as it should be. This sense develops as a reaction to a change in the child or in the parent-child interaction. The change makes the social order that we constantly relate to visible. When this order is broken or disturbed it becomes a first sign that something may be wrong and potentially a problem (Emerson, 2009; Francis, 2012). As the parents' knowledge increases, earlier observations and events also develop different meanings.

Earlier incidents are viewed in relation to the problem that has since been identified, and the beginning of the problem is only discovered retrospectively (Emerson & Messinger, 1977).

Parents of children with drug problems may sometimes define behavioral changes in the child as part of being a teenager (Andersson & Skårner, 2015; Jackson & Mannix, 2003). Even in this case, the diffuse nature of the situation is clearly apparent; here the vague signals that indicate a change in the child become signs of a natural part of the life course. This definition of the situation then colors the parent's reasoning and strategies in interaction with the child. Viewing the child's contacts with drugs as "a passing phase" also shows how the parents' initial definition of the situation comes to guide their actions. There is an interplay between the parents' narratives and societal conceptions about youth and the teenage years. This is a period that is often associated with children's increasing demands for greater independence and the right to make their own decisions (Kurz, 2006). As the children become teenagers the parents' parental responsibility and opportunity to intervene decreases, while at the same time the child becomes stronger when it comes to negotiating for increased freedom (Dermott, 2016; Kurz, 2006; Warner, 2006). The definition of the situation becomes highly interactive, and the child's agency affects the parents' control over the situation. Some parents described their children as becoming increasingly aggressive or defiant, which indicates a power shift, with the child challenging the parent's authority.

In some cases, parents experienced a sudden realization that their child was using drugs. Here the child's drug use had come as a shock. For some parents the discovery had not been preceded by any perceived warning signs, while for others there had been behavioral changes in the child prior to the realization. Either way, the parents identified a clear turning point in their process of discovering that their child had a drug problem.

In the discovery phase of the children's drug problems, the parents' reactions to a child's behavioral changes or the parent's sense that something was not right become less visible. It is often the case that the parent's reaction is unclear, taking the form of what Emerson calls *indigenous remedies* (Emerson, 2015). In the current analysis, these indigenous remedies have primarily been interpreted as low visibility responses (Emerson, 2009), something that has not been noted in previous research. The inconspicuous nature of the actions of parents in the discovery phase of their children's drug problems gives the appearance of parental passivity, which may be interpreted as a normative form of action in the context of "ordinary" problems (Emerson, 2009). According to Emerson people constantly deal with small everyday concerns via inaction, and these concerns often disappear without attempts to resolve them (Emerson, 2015; Emerson & Messinger, 1977). In the context of this phase, the parents' retrospective reflections are interesting, since it was only after the event that the parents recognized vague signals of the child's drug problem. With hindsight they have developed insights about not having understood the situation as problematic, and thus not having acted. For this

reason, the parents tend to make use of *accounts* (Scott & Lyman, 1968). By using phrases such as "I should have," they show that they feel a need to justify their actions, a need that could be seen as a result of a blaming-culture of parents (Barker & Hunt, 2004; Jackson et al., 2007; Smith & Estefan, 2014). They wish to explain their view of the situation in order to forestall possible value-based judgments from other people who may hold the parent responsible for the child's problems. The parents use of such phrases could also be interpreted as a display of regret and a wish to have done differently.

The family is often viewed as a closed system, impervious to external influences, in which the role of the parent is regarded as determining the child's future (Höjer, 2012; Kurz, 2006; Lind et al., 2016). Social ideas and ideals about parenthood, such as parental determinism and intensive mothering (Dermott, 2016; Höjer, 2012; Lind et al., 2016), color the way parents use accounts. The parents' accounts show a desire to create legitimacy and order by recounting and reinterpreting past events, which also includes shame and guilt relating to the current situation. These feelings may be related to the powerful social stigma associated with drug use (Corrigan et al., 2006). This means that drug use may lead to profound consequences not only for the individual but also for the people closest to them, the child's deviant behavior has major impact on parents' lives (Jackson et al., 2007; McCann & Lubman, 2018). The parents' narratives also indicate self-examination and reflexiveness, which parents often engage in when their children find themselves in unsafe situations (Warner, 2006). Their children's drug problems lead indirectly to their parenting being called into question, both by themselves and by third parties around them. In addition, parents are very concerned about the safety of their children and the situation can be highly stressful.

Limitations

The large proportion of interviewees who were active in support groups may be viewed as a limitation, since their experiences of being parents of an adult child with drug problems may differ from those of other parents in the same situation who are not active in support associations. The uneven distribution between fathers and mothers is also a limitation. Other studies that have focused on family members of persons with drug problems have also experienced difficulties recruiting male relatives (Andersson & Skårner, 2015; Jackson et al., 2007; Orford et al., 2010; Richert et al., 2018; Usher et al., 2007). This may be viewed as a result in itself, indicating that mothers shoulder the greatest responsibility for children and problems within the family (Jackson, 2018; Kurz, 2006; Richert et al., 2018). The fact that many of the parents reflected on events from a long time ago can also be regarded as a potential weakness of the research. The parents' feelings and thoughts that were evident when they discovered the child's problem may have been lost. With pointing this out—the beginning of a problem can only be discovered retrospectively (Emerson & Messinger, 1977) which makes it difficult to come by. These earlier events may

also play a role in how the parents view their current situation and can be seen as a part of their sense making.

Conclusions and implications

This study illustrates the initial complex route toward the definition of a drug problem and provides parents of adult children with drug problems with a context and insights into the unpredictable and adaptable nature of problems, something they have experienced at close quarters. Even in this early phase, it is possible to see the complexity of the process of dealing with trouble. One factor that is central to the process of defining a situation as problematic is a sense that something is wrong and that this something needs to be remedied—in this way, the problem takes form in relation to both definition and solution (Emerson & Messinger, 1977). In the current study, however, the search for a solution has been put aside and the focus has been directed at the parents' definition of the situation as the crucial factor (Charmaz et al., 2019). For this reason, the child's changed behavior did not lead directly to a definition of the situation as problematic. Our conclusion is that many problems may appear diffuse to begin with and may be perceived as rather vague for those involved; it is only when measures are needed to deal with the situation that the problem can be specified—however, the solution is dependent on the definition (Emerson & Messinger, 1977). The starting point of the child's drug problems was often determined by the parents in retrospect. There are no clear early signs that the parents should have noticed in order to prevent their children developing a severe drug problem. The process of defining a problem is indistinct and should not be seen as linear, something that contradicts the idea of parental determinism. Once a drug problem has been identified, most parents act to take measures to improve the child's situation, but the focus here has been on the phase during which the child's drug problem had not yet been recognized.

This focus on the process by which the parents discovered their children's drug problems has not previously been thoroughly researched. The study may provide professionals in the fields of social work and drug treatment with insights into the social world of parents and the problem definition process in which parents participate. We hope that this knowledge may be of use to professionals in the field who meet parents in the context of their work. Insights into what the problem definition process may look like and how it affects parents may have a role to play in the development of support measures that can benefit parents.

The results may also improve our understanding of why it may take family members a long time to seek help. This may in part be due to the shame and stigma that many parents experience (McDonagh et al., 2019; Richert et al., 2021), but also to the complex and often protracted process of dealing with trouble that parents go through. The parents' self-reported ignorance about drugs and their effects may in part be viewed as accounts in relation to their inaction but should also be interpreted as showing a need for easily accessible information and educational measures on drugs for parents.

In the help-seeking process, parents should also be helped not to feel the need to use accounts or the need to accept total responsibility for their child's situation.

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No potential conflict of interest was reported by the author(s).

Authors' contributions

In terms of the authors' contributions, Björn Johnson, Torkel Richert and Bengt Svensson planned and designed the research project. Torkel Richert and Bengt Svensson conducted the qualitative interviews. Oliva Liahaugen Flensburg designed the present study, conducted the analysis of the interviews and wrote the first draft. Revisions were suggested by Johan Nordgren, Björn Johnson, Torkel Richert and Bengt Svensson. Olivia Liahaugen Flensburg wrote the final manuscript, which then was read and approved by all five authors.

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