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A GUIDE FOR PARENTS: UNDERSTANDING ADDICTION

SUPPORTING FAMILIES OF PERSONS TRYING TO GET RID OF DRUG ADDICTION

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INTRODUCTION

Purpose and Scope of the Guide

This guide was prepared specifically for **substance use disorder**. Its main focus is patterns of substance use—especially non-alcohol addictive substances—that impair functioning and create clinically significant problems.

The guide is based on the assumption that substance use disorder **cannot be reduced to pharmacological interventions alone**. Psychosocial approaches can be sufficient on their own for some individuals, while for others they may be the core pillar of treatment.

Within this framework, the guide argues that **recovery without medication is possible**, but it does **not** present this as an absolute or universal path for everyone. Instead, drawing on evidence in the literature, it shows that particularly **well-structured psychosocial interventions**, **family support**, and **life restructuring** can produce meaningful and lasting recovery in substance use disorders.

This guide does not limit recovery to the goal of "stopping substance use." Recovery is addressed through **improved emotion regulation**, **repairing social relationships**, **increased capacity for responsibility**, and **reconnecting with life**. In this sense, non-medication approaches are framed not merely as a treatment preference, but as a **life-based recovery model**.

Scientific Framework for Non-Medication Approaches

Approaches to treating substance use disorders vary by country, institution, and individual needs. Some models prioritize pharmacological support, while others aim for recovery through **non-medication, structured, holistic programs**.

Research indicates that psychosocial interventions such as:

- Motivational interviewing,
- Cognitive-behavioral approaches,
- Family-based interventions,
- Structured rehabilitation programs,
- Strengthening social support and life skills,

are associated—especially in adolescents and young adults—with reduced substance use, improved functioning, and long-term recovery.

The Family's Role: A Critical Factor in Non-Medication Processes

The effectiveness of non-medication approaches is strongly tied to the person's social environment. When the family can provide a supportive, regulating, and sustainable setting, it becomes a major component of recovery.

This guide promotes an approach in which parents do not "replace treatment," but rather **carry and sustain the treatment framework**. Family education, the ability to set boundaries,

regulate communication, and step away from the illusion of total control are key factors in non-medication recovery processes.

The Guide's Position

This guide:

- is **not anti-medication**,
- does **not exclude** pharmacological treatment,
- but clearly demonstrates that **non-medication recovery is scientifically and practically possible**.

This stance offers an important reference framework especially for institutions running psychosocial rehabilitation programs and family-focused interventions.

1. WHAT ADDICTION IS — AND IS NOT

1.1 Substance Use Disorder: Definition and Framework

Substance use disorder is a clinical condition in which repeated use of a psychoactive substance leads to significant impairment in physical, psychological, and social functioning. In current diagnostic systems (DSM-5), it is addressed under the category "substance use disorder," and **clinically significant distress or functional impairment** is taken as the core criterion.

According to DSM-5, diagnosis is evaluated through behavioral and cognitive patterns such as loss of control, craving, continued use despite harm, functional impairment, and risky use. Diagnosis does **not** rely solely on physiological adaptation (tolerance and withdrawal). This distinction makes clear that addiction cannot be understood as a purely bodily condition.

In this framework, addiction differs from one-time behavior or intermittent substance use. The issue is not merely the presence of a substance, but the person's relationship with it becoming repetitive, compulsive, and function-disrupting.

1.2 What Addiction Is Not

1.2.1 Addiction Is Not "Lack of Willpower"

Explaining addiction solely as a deficit of willpower is scientifically inadequate and fuels stigma that makes treatment access harder. Research shows functional changes in brain circuits related to decision-making, reward valuation, and impulse control. These changes can make it difficult to stop "even when the person wants to."

This does not eliminate personal responsibility, but it shows that reducing addictive behavior to "not wanting it enough" or "not trying" is unrealistic.

1.2.2 Addiction Is Not a Moral Defect

Approaches that treat addiction as a moral flaw reduce the issue to "right vs. wrong." This often increases blame, shame, and exclusion—delaying help-seeking.

Modern clinical approaches view addiction not as a defect embedded in a person's character, but as an outcome of interactions among biological vulnerability, environmental conditions, learned behaviors, and psychosocial stressors. This does not normalize addiction, but makes it possible to address it without stigmatizing.

1.2.3 Addiction Is Not Only Withdrawal and Tolerance

A common misconception is defining addiction purely through withdrawal. Yet many cases develop an addictive pattern even without severe withdrawal symptoms.

In DSM-5, addiction can be diagnosed independently of physiological signs. This shows that addiction is fundamentally a behavioral and psychological pattern and should be evaluated through the substance's central role in the person's life.

1.3 Core Models Explaining Addiction

1.3.1 The Moral Model

The moral model sees substance use as a conscious and wrong choice. Solutions are often framed through punishment, pressure, and control. Over time, this tends to increase stigma and weaken rather than support recovery.

1.3.2 Willpower- and Learning-Based Models

These models treat addiction as a learned behavior pattern: sensitive to conditions, maintained by reinforcing environmental factors, and changeable through appropriate restructuring. This provides a key theoretical basis for non-medication psychosocial interventions.

1.3.3 The Disease Model and the Biopsychosocial Approach

The disease model defines addiction as a chronic condition prone to relapse. Contemporary literature typically integrates this with the biopsychosocial framework: addiction is explained neither solely by the brain nor solely by the environment, but by their continuous interaction.

This approach argues that treatment should include psychosocial and family-based interventions, not only pharmacology.

1.4 The Institutional Place of Non-Medication Recovery

Recognizing addiction as more than a purely biological process forms the scientific basis of non-medication recovery. If addiction is closely linked to learned behaviors, environmental reinforcers, family dynamics, and psychosocial skills, then interventions in these domains are expected to be decisive for recovery.

Thus, non-medication approaches:

- do not deny addiction,
- do not reject treatment,
- but show that recovery cannot be reduced to pharmacology alone.

The following sections will detail how this approach can be structured within a family context.

2. HOW DOES ADDICTION DEVELOP? (STAGES, CYCLES, AND RESTORATIVE FACTORS)

2.1 The Addiction Cycle and Psychological Processes

Addiction progresses less as a linear path and more as a cyclical pattern. Clinical and neuroscientific studies show that substance use often evolves from pleasure-seeking to avoidance. Initially used for positive affect and reward expectations, substances later become a tool to escape negative emotions, suppress emptiness, and maintain basic functioning.

This cycle is often described in three stages:

- binge/intoxication (reward stage)
- withdrawal/negative affect stage
- preoccupation/anticipation (craving stage)

As the cycle progresses, emotion regulation weakens; coping with stress, disappointment, and loss of meaning becomes limited. The substance begins to function not only as a biological stimulant but as a psychological regulator.

2.2 Loss of Meaning, Emptiness, and Their Relationship to Addiction

A growing emphasis in addiction literature concerns loss of meaning, purpose, and values. Many individuals experience reduced future orientation, weakened belonging, and uncertainty about the meaning of life.

In this context, the substance may become not only a pleasure object but also a tool that:

- suppresses emptiness,
- temporarily reduces feelings of worthlessness,
- briefly regulates loneliness and disconnection.

This makes it necessary to address addiction not only biologically or behaviorally but also through an existential disruption framework.

2.3 The Restorative Role of a Spiritual Approach

Spiritual approaches are not treated as stand-alone methods, but as supportive, regulating, and meaning-making elements. Spirituality here is not limited to religious practice; it includes the capacity to create meaning, develop a value system, and connect with oneself, others, and a larger whole.

Research suggests strengthening spiritual resources can:

- increase hope,
- support self-control,
- help transform guilt and shame,
- strengthen social bonding and belonging.

In this sense, spirituality can counter the emptiness, meaninglessness, and disconnection that sustain addiction.

2.4 Spirituality and Non-Medication Recovery

In non-medication recovery models, what matters is not only quitting, but what replaces substance use. Spiritual frameworks can provide structure in this “replacement” process.

They frame recovery not merely as symptom reduction, but as personal transformation and rebuilding. The individual may:

- move away from defining themselves solely as “an addict,”
- build a new identity through values and responsibility,
- develop meaningful goals for the future.

Especially when combined with structured rehabilitation and family support, spirituality can enhance the sustainability of non-medication recovery.

2.5 Interaction Between Family and Spiritual Environment

The impact of spirituality is not limited to the individual. Within the family, its concrete expressions include:

- non-judgmental language,
- value-based communication,
- an attitude that balances forgiveness with responsibility.

When parents adopt a consistent, value-focused stance with meaningful boundaries—rather than controlling or rescuing—they regulate the family climate and support recovery.

2.6 Review

The addiction cycle reflects not only substance use but a deep disruption in the person’s relationship with life. Recovery is strengthened when addressed through a holistic approach that includes meaning, values, and belonging alongside biological and psychological interventions.

3. THE PARENTAL ILLUSION OF CONTROL AND FAMILY ATTITUDES

3.1 Perceived Control in Parenting vs. Reality

A common cognitive pattern among parents is believing they can fully control the process. This often appears as two extremes:

- excessive intervention and surveillance,
- total withdrawal and helplessness.

Both are typically well-intentioned but can make recovery harder.

The question “Where did I go wrong?” reflects a desire to take responsibility, but also contains an unrealistic expectation of control. While parenting attitudes influence risk and protective factors, they are not the single determining cause.

Parents are not “the cause” of addiction, nor “the sole determinant” of recovery. But they are a major environmental factor that can ease or complicate the process.

3.2 Guilt, Shame, and Parental Reactions

Intense guilt and shame often prevent functional attitudes. Guilt can lead to overcompensation; shame can lead to hiding and isolation.

When these emotions are unmanaged, families may show:

- inconsistent boundaries,
- sudden anger outbursts,
- overly protective or punitive reactions.

Research suggests that low parental emotion regulation is linked to higher conflict and may create a sustaining ground for substance use behaviors.

3.3 Family Attitudes: Risk and Protective Factors

Risk-raising parenting patterns may include:

- excessive control and pressure,
- emotional neglect,
- inconsistent discipline,
- overly permissive parenting.

Protective factors include:

- clear and consistent communication,
- firm yet flexible boundaries,
- emotional availability,
- supportive approaches that do not transfer responsibility away from the person.

The key is shifting from “controlling” to “regulating.”

3.4 Spiritual Language in Parenting: Restorative or Suppressive?

Spiritual references can strongly shape family dynamics. Used poorly, they can harm recovery.

Suppressive spiritual language:

- is accusatory (“You’re committing sin against everyone”),
- contains threats (“You’ll be ruined if you continue”),
- deepens shame.

This weakens internal motivation and increases defensiveness.

Restorative spiritual language:

- emphasizes values and responsibility,
- creates hope and meaning,
- separates the person from the behavior.

Spirituality is built around meaning, patience, and transformation—not fear and punishment.

3.5 The Relationship Between Spiritual Approach and Boundary-Setting

A common misconception is that spirituality means limitless tolerance. In fact, spiritually informed approaches do not reject boundaries; they emphasize that meaningful boundaries support internal motivation.

Parents do not erase consequences, but they separate the person's value from their behavior. Boundaries exist not to punish, but to protect recovery. A spiritual approach can help sustain these boundaries consistently and humanely.

3.6 Review

A parent's impact comes not from control, but from the quality of their stance. Shifting from guilt/shame to awareness, from pressure to regulation, and from hopelessness to meaning-making places the family in a more functional role in recovery. Spirituality can support this—only if used without coercion.

4. FAMILY DYNAMICS AND THE ADDICTION PROCESS

4.1 Addiction and the Family System

Addiction may appear individual, but its effects spread through the family system—roles, boundaries, communication, and emotional responses. A serious problem in one member affects others directly.

Family systems theory suggests substance use disorder is also intertwined with family interaction patterns and coping styles. This does not mean the family is "to blame," but it does mean the family is part of the process. As addiction deepens, the family balance breaks, and the system often adopts dysfunctional adjustments to survive.

4.2 Family Roles and Role Shifts

Common roles emerge and become rigid over time:

- **Controlling Parent:** intensifies rules and conflict through constant monitoring.
- **Rescuer:** takes over responsibilities, removes consequences, and unintentionally sustains addiction.
- **Silent Member:** avoids conflict, suppresses feelings, becomes invisible.
- **Scapegoat:** carries the blame for all problems—often the addicted individual.

These roles may prevent collapse short-term but can sustain addiction long-term.

4.3 Communication Breakdowns and the Conflict Cycle

Open communication often shifts to:

- blaming language,
- indirect messaging and insinuation,
- silence and withdrawal.

Conflicts center on substance use, but underneath are loss of trust, disappointment, and uncertainty. High-conflict and emotionally dysregulated environments are associated with sustained use and higher relapse risk.

4.4 Erosion of Trust

Trust is often the first relationship component to deteriorate: lies, broken promises, and hidden behavior create deep suspicion.

Parents tend toward two extremes:

- constant suspicion and control,
- complete cutoff and emotional distance.

Both can hinder relational repair.

4.5 Rebuilding Trust: Process and Time

Trust is rebuilt gradually through consistency and time. Two extremes are risky:

- giving early and unconditional trust,
- constantly reopening past mistakes.

The parent's task is to maintain a measured, observation-based stance.

4.6 A Spiritual Framework and Repairing Family Dynamics

Spirituality can support repair through concepts like forgiveness, patience, responsibility, and effort. But forgiveness does not mean forgetting or removing boundaries. It means maintaining the will to stay connected, spreading the process over time, and separating person from behavior—helping the family remain engaged sustainably.

4.7 Review

Addiction disrupts the family system deeply, but these disruptions are not fixed. Noticing dynamics, loosening dysfunctional roles, and rebuilding communication support recovery. Spirituality can serve as a complementary resource by providing meaning, patience, and direction.

5. THE FAMILY'S EXPERIENCE: FIRST ENCOUNTER, TREATMENT, AND AFTER TREATMENT

5.1 First Encounter: Suspicion, Learning, and Reactions

For most families, substance use disorder emerges not as one sudden event but as growing suspicion: behavioral change, academic/functional decline, social withdrawal, inconsistent explanations.

Parents often first hide it from themselves—minimizing, rationalizing, or reframing it. This "self-concealment" can reduce emotional burden short-term but delays direct action.

Over time, concealment becomes social: families hide it from relatives, school, or close circles due to stigma, fear of blame, and social consequences—reducing access to support and increasing isolation.

Emotional responses are layered: denial, anger, fear, guilt, shame, and intense anxiety often overlap. Families may attempt to solve it internally and postpone professional help.

Research suggests two extremes are common at this stage:

- harsh confrontation and punishment,
- minimizing and delaying.

Combined with concealment, both delay professional help and raise household tension.

5.2 Entering Treatment and the Treatment Process

Entering treatment is a period of hope mixed with uncertainty. Parents want change but fear that "one wrong move" will ruin the process.

Literature suggests appropriate family involvement can increase:

- treatment initiation,
- treatment retention,
- likelihood of long-term recovery.

The family's role is not constant surveillance or pressure, but a consistent, cooperative stance that supports the treatment framework. In non-medication rehabilitation models, the family becomes a key environmental factor enabling new skills, life structure, and substance-free coping.

5.3 The Family's Role During Treatment

Treatment burdens the family too: financial strain, emotional exhaustion, constant hypervigilance, and uncertainty about the future. Contemporary approaches emphasize that families also need support. Protecting parents' mental well-being indirectly supports recovery.

5.4 After Treatment: Sustaining Recovery

Completing treatment may bring relief but also uncertainty: "What now?" Recovery is not a one-time outcome but an ongoing process.

Families often face a dilemma:

- wanting to support,
- fearing another disappointment.

This can lead to inconsistent communication and blurred boundaries.

5.5 Re-Structuring Trust, Communication, and Boundaries

Three core tasks stand out:

- rebuilding trust,
- regulating the tone of communication,
- clarifying boundaries and responsibilities.

High tension, blame, and constant criticism are linked to higher relapse risk. Calm, consistent, clear communication can support sustained recovery.

5.6 A Spiritual Framework and Maintaining the Process

Spirituality can help families hold balance: patience, effort, responsibility, and hope support understanding recovery's time-based nature. It can reduce burnout and soften unrealistic expectations—if it's not used to produce blame or fatalism in relapse.

5.7 Review

The family's journey is inseparable from recovery. Each stage—from first suspicion to post-treatment—comes with different support needs. This guide aims to make families more informed, prepared, and resilient across all stages.

6. REALISTIC LIMITS OF RECOVERY: WHAT PARENTS CAN AND CANNOT DO

6.1 Recovery: There Is No Single Definition

Recovery is not defined in one way. Some frameworks equate recovery with total abstinence; others focus on broader markers like quality of life, functioning, social integration, and psychological well-being.

This guide defines recovery as a dynamic process including behavioral, psychological, social, and spiritual dimensions—not limited to quitting alone. This is especially relevant for non-medication models, where recovery is assessed through life restructuring rather than external intervention.

6.2 The Parent's Sphere of Control: A Realistic Framework

Parents often feel trapped between: "If I don't intervene, it'll get worse" and "If I interfere too much, it'll get worse."

The solution is clearly separating what can and cannot be controlled.

What parents can control:

- household rules and boundaries
- communication tone and consistency
- how support is provided
- their own emotional reactions
- household order and safety

What parents cannot control:

- the person's internal motivation
- moment-to-moment impulses and cravings

- the past
- a guaranteed decision to never use again

Clarifying this reduces burnout and increases functional involvement.

6.3 The Fine Line Between Supporting and Enabling

A central challenge is distinguishing support from unintentionally maintaining addiction.

Support:

- has clear boundaries
- leaves responsibility with the individual
- does not erase consequences

Enabling:

- constant rescuing
- taking on financial/legal/social consequences
- solving problems for the person

In non-medication recovery, this distinction is crucial because change depends heavily on the capacity to face consequences.

6.4 Relapse: Failure or Part of the Process?

Relapse is common and is treated in many contemporary models as a possible component of the process. It does not mean recovery is impossible, but it signals that risk factors must be reassessed.

Common parental mistakes:

- excessive anger and punishment
- hopelessness and giving up
- erasing the entire recovery effort

More functional responses:

- treating relapse as a signal
- protecting boundaries
- rebalancing support and responsibility

6.5 A Spiritual Framework and Realistic Expectations

Spirituality can help parents accept limits: shifting from “everything depends on me” toward effort, patience, and process. Parents focus on the process rather than obsessing over outcomes—reducing psychological burden and making it easier for the individual to carry recovery responsibility.

6.6 Review

Accepting realistic limits is not withdrawal—it is more effective positioning. Neither total control nor total surrender supports recovery. This framework aims to protect parents from guilt, unrealistic expectations, and burnout while enabling sustainable support in non-medication recovery.

7. PRACTICAL GUIDE FOR PARENTS: COMMUNICATION, BOUNDARIES, AND DAILY ATTITUDES

7.1 Communication: How You Say It Matters as Much as What You Say

Communication style can determine whether dialogue remains possible. Constant criticism, blame, and threats strengthen defenses and break communication.

Research suggests high emotional intensity communication (high criticism, anger, humiliating statements) may be associated with relapse risk. The goal is not to "convince" but to keep channels open.

Avoid:

- constantly bringing up past mistakes
- generalized language ("always," "never")
- threats and fear-based language
- shaming or insulting

Functional communication:

- clear, short messages
- focus on behavior, not character
- own your feelings ("I feel…")
- consistency

7.2 Setting Boundaries: Not Punishing, but Regulating

Boundaries are one of the most basic tools. They're often confused with punishment, but boundaries are regulatory frames that clarify consequences while protecting the relationship.

Functional boundaries:

- are defined in advance
- are consistent
- don't shift with emotional swings

The goal is not control—it's family and individual safety.

7.3 Supportive but Not "Rescuing"

A common mistake is removing consequences "to support." Short-term relief often sustains addiction long-term.

Supportive stance:

- does not take over responsibility

- encourages alternative coping
- owns the process but not the outcome

This strengthens internal motivation, especially in non-medication models.

7.4 Building Spiritual Balance in Daily Life

Spirituality works through behavior and relational language, not abstract slogans.

Restorative spiritual attitudes include:

- patience and consistency
- offering hope alongside realism
- addressing forgiveness without erasing responsibility

Spirituality becomes a resilience resource—not a pressure tool.

7.5 The Parent's Own Well-Being

Parents often suppress their own needs. Research indicates parental burnout can worsen outcomes. Social support, professional help if needed, and recognizing personal limits matter—for both parental mental health and recovery support.

7.6 Review

Practical skills convert theory into daily life. Communication, boundaries, and consistency are the most functional contributions parents can make in non-medication recovery processes.

8. HOPE, REALISM, AND RESILIENCE

8.1 Redefining Hope

Hope is often confused with expecting fast and complete recovery. In literature, hope is the capacity to stay engaged despite uncertainty.

This guide's hope is grounded in:

- staying in the process
- small but consistent changes

In non-medication models, hope depends on internal resources developed over time by the person and family—not on external quick fixes.

8.2 Realism: Accepting Limits

Realism isn't the opposite of hope; it makes hope sustainable. Framing recovery as "total success or total failure" creates crushing pressure.

This guide treats recovery as a journey with fluctuations, which helps regulate parental responses in relapse.

8.3 Resilience: The Family's Capacity to Stay Engaged

Resilience means not losing all functionality despite hardship. Resilient families:

- do not deny problems
- do not place all responsibility on one person
- do not avoid seeking support

Research shows family resilience indirectly supports recovery.

8.4 Spiritual Resources and Staying the Course

Spiritual resources support resilience through meaning, values, belonging, and responsibility. They don't promise fast solutions—but they help families endure the process.

8.5 Review

Substance use disorder is difficult, but it can be managed with appropriate approaches, realistic expectations, and sustainable support. This guide aims to help parents correctly define addiction, position their role realistically, and provide more functional support in non-medication recovery.

GENERAL CONCLUSION

This guide addressed substance use disorder as a multidimensional process involving the family. It presented the nature of addiction, developmental stages, family dynamics, and realistic limits of recovery through a scientific and holistic framework.

It emphasized that non-medication recovery is possible, but becomes sustainable through structured psychosocial approaches, family support, and meaning-based life restructuring.

The parent's role is neither total control nor total withdrawal. The most effective position is a stance with clear boundaries, open communication, and steady accompaniment.

This guide does not claim perfect solutions. It aims to provide realistic knowledge, functional attitudes, and sustainable hope.

REFERENCES

Demirbaş, H. (2020). The importance of language used in substance use and addiction. *Addiction Journal*, 21(2), 149–162.
Nalbantoğlu, İ., & Tuncay, T. (2023). Examining the experiences of people with substance addiction and their families in coping with addiction. *Addiction Journal*, 24(2), 207–226.
Güngör, C., & Noyan, C. O. (2023). The effect of family involvement in substance addiction treatment on stigmatization, perceived social support, and treatment motivation. *Current Addiction Research*, 7(2), 18–29.
Ögel, K. (2010). *Addiction and its treatment: A core reference book.* IQ Kültür Sanat Publishing.
Ögel, K., & Tamar, M. (1996). Family factors in alcohol and substance use. *Turkish Journal of Psychiatry*, 7(1), 31–37.
Çalışkan Ceylan, H. (2025). Psychosocial problems experienced by individuals with substance addiction and their families, and solution proposals. *Journal of Medical Social Work*, 13(26), 127–151.

Şimşek, Z., Yüksel, F., & Karaoğlu, L. (2018). The role of family relationships and paternal attitudes in individuals with substance use disorder. *Addiction Journal*.
Alikaşifoğlu, M., & Ercan, O. (2002). Substance use in adolescents. *Turkish Archives of Pediatrics*, 37, 66–73.
Yapıcı, Ş., & Yapıcı, M. (2010). The relationship between family structure and adolescent behaviors. *Education and Science Journal*.