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PARENT-CHILD COMMUNICATION GUIDE: LANGUAGE AND APPROACH IN THE ADDICTION PROCESS

SUPPORTING FAMILIES OF PERSONS TRYING TO GET RID OF DRUG ADDICTION

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Using language that minimizes conflict during the addiction treatment process means adopting an approach grounded in ownership of the problem, honesty, and clear boundaries integrated with compassion—rather than a judgmental or blaming tone. Addiction is recognized as a "family disease" that affects not only the individual using the substance but the entire family system. While the addicted individual adapts to the substance, the family simultaneously attempts to adapt to the addicted individual; throughout this process, family roles and communication patterns are profoundly disrupted (Ögel & Tamar, n.d.).

1. Supportive Language Instead of Blaming Language

Human beings require basic physiological needs such as food, water, and shelter to survive; however, they are also social and psychological beings with deeper relational needs. In his Hierarchy of Needs theory, Abraham Maslow (1943) emphasized that survival is not limited to physiological satisfaction. Individuals possess innate motivational drives, and the third level of the hierarchy corresponds to the need for love and belonging. When this need is insufficiently met, feelings such as loneliness, unhappiness, worthlessness, alienation, and abandonment may emerge. This psychological vulnerability can misdirect individuals in their self-actualization process and hinder achievement.

As social beings, people need to live alongside others. Through communication and interaction, they fulfill their need to love and be loved, reduce interpersonal distance, overcome loneliness, and achieve inner peace and life satisfaction. Meeting psychological needs such as belonging and love plays a critical role in preventing both physiological and psychological problems (Yolcu, 2022).

The father's role in meeting these needs is as crucial as the mother's. Research indicates that, particularly in the development of problem behaviors such as substance addiction, the warmth and interaction between father and child are at least as influential—sometimes even more so—than those of the mother (Bircan & Erden, 2011).

The fundamental conditions for effective communication include:

1. **Respect:** Acknowledging the other person's existence, making them feel valued, and accepting them as they are.
2. **Authenticity:** Being genuine and realistic; avoiding exaggeration and maintaining sincerity.

   Empathy: The most critical element of communication—attempting to perceive the external world from the other person's perspective, building emotional attunement, and strengthening connection.

Communication extends beyond speaking; it involves knowing what to say as well as when, where, and how to say it (Medipol University, 2015).

Field research indicates that families often recognize addiction at a very late stage—when the individual has already experienced significant losses, suffering, and has lost belief in the possibility of quitting:

> "The family realizes it during the stage of loss, pain, and loss of faith." (DG1, 35, M).

By this point, sincere family relationships are often exhausted and communication has largely broken down. Families typically experience denial, anger, guilt, and disappointment upon first recognizing the problem (Ögel & Tamar, n.d.). Framing addiction not as the individual's problem alone but as a shared family issue contributes significantly to resolution.

Studies show that the quality of family bonds plays a determining role in addiction development. Weak family bonds are identified as a risk factor in sustaining addiction (Queija et al., 2016), whereas strengthening family bonds positively influences treatment outcomes (Tafa & Baiocco, 2009). Research grounded in Parental Acceptance-Rejection Theory demonstrates that individuals with substance addiction perceive their parents as more rejecting, neglectful, and hostile compared to non-addicted individuals (Bircan & Erden, 2011).

Family communication problems, poor problem-solving skills, and financial stress are significant predictors of alcohol and substance use (Klostermann, 2006). Children whose communication

with parents weakens due to family problems are at greater risk of joining peer groups where substance use is prevalent (Özcan-Demir, 2006). Studies with adolescents living on the streets confirm that these individuals often have weak family relationships (Gezek, 2007).

Participants report that both supportive and blaming parental attitudes are common:

> "There are families who listen and support, and families who blame." (DG1, 35, M).

Examples of Blaming Language

Low societal awareness contributes to families adopting blaming language when confronted with addiction:

> "When the family first learns about it, especially if they haven't seen such a thing around them, they feel ashamed." (DG1, 35, M).

> "'How could you do this? We don't have this in our family.' They start hiding it. This reaction triggers the addicted individual further, and the bond with the family gradually breaks."

Both parents may use blaming language; however, fathers are often described as more accusatory, while mothers are more supportive. This inconsistency creates barriers to recovery. Mutual accusations can escalate conflict and lead to communication breakdown.

What Is Supportive Language?

Strong family bonds, active parental involvement, consistent discipline, clear rules, and balanced warmth and control (democratic parenting) are protective factors against addiction (Bircan & Erden, 2011). Permissive or neglectful parenting styles increase risk.

However, families sometimes mistake "support" for enabling. In the literature, this is discussed as *co-dependency* (Ögel & Tamar, n.d.). By covering financial losses, hiding crimes, or removing consequences, families may unintentionally sustain addiction.

Short-term expectations often exhaust family patience, causing language to shift rapidly from supportive to reactive and accusatory. When treatment is accepted, support positively impacts outcomes.

2. The Difference Between Listening and Reacting

Participants describe “reaction” as something that may delay resolution if misapplied. Proper response means clearly stating that substance use and its consequences are not acceptable, and that the individual is responsible for debts and damages resulting from use.

This aligns with the concept of **loss motivation**, which involves confronting the individual with the tangible losses caused by substance use (job, reputation, family support). Shielding the person from consequences may delay motivation for treatment (Liman Sober Living Association, n.d.).

Listening Methods

Passive Listening: Silence, nodding, and eye contact communicate acceptance and encourage sharing.

Active Listening: The healthiest communication method. The listener reflects back what was heard without altering meaning, demonstrating understanding. This builds trust, fosters responsibility, and enhances problem-solving skills (Medipol University, 2015).

In treatment, arguing with resistance should be avoided. Change decisions must remain under the individual’s control to strengthen responsibility and intrinsic motivation. Psychoeducation regarding substance use disorder, treatment options, and recovery stages is beneficial. If treatment is deemed necessary, formal referral should be made, as unidentified substance use may obstruct resolution of other problems.

Social support mechanisms are critical in intervention (Kumar et al., 2021). Peers and family facilitate recovery and social reintegration (Kara, 2024).

3. The Traps of Threats, Lecturing, and Silence

Participants emphasize that threats, moralizing advice, or complete silence are ineffective.

In addiction contexts, stigmatizing language alienates individuals from treatment. Derogatory labels distance them from recovery. Appropriate language should:

- Respect the individual's dignity.
- Focus on the medical nature of the problem.
- Encourage recovery.
- Avoid negative stereotypes and slang (Kara, 2024).

4. Preserving the Relationship While Setting Boundaries

Parental goals may be authority-centered (obedience-focused) or empathy-centered (love and trust-based). Prolonged addiction increases family burden and negative attitudes toward the addicted member, delaying recovery. Adjusting family attitudes is therefore essential (Özkan et al., 2024).

Unclear or overly rigid rules create anxiety and confusion in children (Ögel & Tamar, n.d.).

Factors negatively affecting the process include:

1. Inadequate rule-setting.
2. Lack of responsibility assignment.
3. Poor conflict resolution skills.
4. Weak family bonds.
5. Negative perceptions of the addicted member.

Research shows that increased parental monitoring reduces substance risk, while permissive/neglectful parenting increases it (Özkan et al., 2024).

Inconsistent parenting complicates recovery. One parent may cut communication and financial support, while the other secretly provides protection out of compassion, reinforcing the cycle.

Recovery is not linear and carries relapse risk, progressing through emotional, cognitive, and behavioral stages. Families must recognize early warning signs (Liman Sober Living Association, n.d.).

Participants note that during abstinence, families often respond with warmth and acceptance, which can reshape the individual's perception of family dynamics. Love was always present, but substance use obstructed its expression.

Conclusion

Families must adopt a firm yet compassionate stance with professional support. Family therapy models—such as Structural, Functional, and Multidimensional Family Therapy—are effective in restructuring family dynamics (Çalışkan Ceylan, 2025).

The recommended stance combines shared responsibility with clear boundaries:

Acknowledging that addiction is a shared family issue; committing to overcoming it together; requesting honesty and openness from the individual; offering support in recovery; but clearly stating that substance use cannot coexist with full participation in family life.

Parental experience alone is often insufficient to manage this complex process. Professional guidance is not optional—it is necessary for sustainable recovery.

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