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Mothers' Sense of Coherence in the face of their children's struggles with substance abuse: A qualitative study

By

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A research report submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of

Master of Arts (Community-Based Counselling Psychology)

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ABSTRACT

Developing from an apparent relationship between the theme of ill-health in mothers' experiences of their children's struggles with substance abuse and the concept of Sense of Coherence, this study focused on how mothers understood, managed, and made meaning of their children's struggles with substance abuse. Semi-structured interviews were conducted with nine mothers whose young adult children had struggled with substance abuse. A theoretical thematic analysis revealed that the mothers moved between different understandings of their children's struggles with substance abuse. The externalisation of responsibility was thought to represent a psychological resource which allowed the mothers to cope with feelings of guilt and shame. The mothers' internalisation of responsibility for their children's struggles with substance abuse contributed to a pattern of enmeshment, which in turn contributed to the mothers' neglect of their own needs and well-being. This pattern of enmeshment continued until the mothers experienced a crisis of meaningfulness. This crisis helped the mothers to challenge their guilt and shame and allowed them to access resources which improved their Sense of Coherence and sense of well-being. Spiritual beliefs were found to be a resource that influenced how the mothers understood, managed and made meaning of their children's struggles with substance abuse. The results of this study contribute to recommendations for organisations and professionals assisting mothers whose children may struggle with substance abuse.

DECLARATION

I declare that this thesis is my own unaided work. It is submitted for the degree of Master of Arts in Community-Based Counselling Psychology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination at any other university.

_____

Steven Paul Rebello
29 April 2015

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CHAPTER ONE: INTRODUCTION

The use of substances in the South African context is greatly tied to its history (Freeman & Parry, 2006). Whilst there were strict controls regarding movement between borders during the apartheid era, South Africa's transition to democracy in the early 1990s brought with it greater flexibility in these controls (Parry, Plüddemann & Bhana, 2009). Both of these factors, together with global increases in the production of illicit substances, have resulted in a scenario where South Africa has become one of the most popular drug transhipment countries in the world (Parry et al., 2009). These factors may also, in part, have contributed to a situation where the use of substances in South Africa is twice that of the world norm (Central Drug Authority, 2011).

The CDA (2011) viewed this abuse of substances as a scourge upon South African society. In their recommendations, the CDA (2011) suggested that better parenting was needed, in order to address this scourge of substance abuse. This view was perhaps aligned with the typical societal view of substance abuse, where parents are often blamed for their children's substance abuse (Orford, Natera, Velleman, Copello, Bowie, & Bradbury, 2001; White & Savage, 2005). This parental blaming also tied in with the pathology paradigm which has dominated the sciences for the past two centuries (White, 2004).

This paradigm has been primarily preoccupied with identifying the underlying causes of pathologies such as substance abuse (White, 2004). The consequence of the focus of this paradigm is that while there is an overwhelming amount of literature that focuses on the families of individuals who struggle with substance abuse, there is a significant lack of research which focuses on how family members are influenced by another family member's struggle with substance abuse (Butler & Bauld, 2005; Orford, Copello, Velleman & Templeton, 2010; Orford, Velleman, Natera, Templeton & Copello, 2013; Usher, Jackson & O'Brien, 2007). The rationale, aim, and primary question of this research develop from this overwhelming volume of research on the families of individuals who struggled with substance abuse, which neglects family members' subjective experiences. The research also develops from the findings from a less biased, non-blaming volume of literature, which suggested that family members' physical and psychological well-being is influenced by a relative's struggle with substance abuse.

1.1 Research aim

The study aimed to develop a better understanding of the factors that may influence mothers' Sense of Coherence in the face of their children's struggles with substance abuse.

1.2 Research question

Based on the aim of this study, the following research question was posed: "How do mothers understand, manage and make meaning of their children's struggles with substance abuse?"

1.3 Rationale

As mentioned in the introduction to this study, there is a significant lack of research which focuses on how family members are influenced by another family member's struggle with substance abuse. This significant lack of research pertaining to the topic of this study was thought to stem from the pathology paradigm's dominance in the health and social sciences. This paradigm contributed to a focus on determining how family members contributed to a relative's struggle with substance abuse and the subsequent neglect of family members' experiences (White & Kurtz, 2006). While there is a lack of research, a minority of researchers have moved outside of the pathology paradigm, by adopting an alternative perspective of the families of individuals who struggled with substance abuse. The most notable of these researchers included Orford, Copello, Velleman, and Templeton (2010), who conducted numerous qualitative studies that focused on family members' experiences of living with a relative who was addicted to alcohol or drugs (Orford et al., 2001, 2010; Orford, Natera, Davies, Nava, Mora, & Rigby, 1998a, 1998b, 1998c; Orford, Rigby, Tod, Miller, Bennett, & Velleman, 1992; Velleman et al., 1993).

The non-blaming perspective adopted by Orford et al. (1992, 2001, 2010, 2013) provided an alternative perspective on the families of individuals who struggled with substance abuse. The rationale for this study developed from the apparent relationship between the central theme of physical and psychological ill-health, which emerged from these studies, and the concept of Sense of Coherence, which Antonovosky (1979) recognised as a key factor which contributed to people's ability to remain healthy despite the presence of stress within their lives.

This apparent link between mothers' experiences of living with a child who struggled with substance abuse and the concept of Sense of Coherence, suggested that it could be important to attain a better understanding of how mothers understand, manage and make meaning of their children's struggles with substance abuse, as this could influence their physical and psychological well-being.

The potential impact of children's struggles with substance abuse on their mother's physical and psychological well-being was thought to have been illustrated by the prevalence of substance abuse in the South African context, which the CDA (2011) reported as twice that of the world norm. The task of providing a realistic estimate of the prevalence of substance abuse in South Africa was complicated by the paucity of research on substance use, abuse and dependence in the South African context (Pasche & Myers, 2012; Peltzer & Ramlagan, 2010). Despite this limitation, based on Peltzer and Ramlagan's (2010) secondary analysis of the South African National HIV Incidence, Prevalence, Behaviour and Communication Survey of 2008 (SABSSM, n= 13 828), a conservative estimate suggested that 1% of the South African population abused illicit substances. Based on the recent national census conducted by Statistics South Africa (StatsSA, 2012), this suggested that approximately 520 000 South Africans abused substances. Furthermore, if the average size of a South African household was three family members (StatsSA, 2012), then it is possible that approximately 1.6 million family members, or 3% of the South African population, are affected by illicit substance abuse. This estimate was likely to be an underestimation of substance abuse (and drug addiction), as many of the self-reported epidemiological surveys used in South Africa have underestimated the actual prevalence of illicit substance use in South Africa (Pasche & Myers, 2012; Peltzer & Ramlagan, 2010; Van Heerden, Grimsrud, Seedat, Myer, Williams & Stein, 2009).

Based on the prevalence of substance abuse and possibly drug addiction in South Africa, a lack of research on family members' experiences of living with a relative who struggled with substance abuse posed a serious question. If there is a lack of research on family members' experiences of living with a relative who struggled with substance abuse, how do organisations that work with these family members assist them? While acknowledging that organisations could accumulate knowledge on family members' experiences through their interactions with family members, this potential lack of research could suggest that organisations may lack the knowledge to assist these family members. Alternatively, it could imply that the knowledge that these organisations utilise originates from the pathology paradigm, which largely blames family members for causing their relative's struggle with substance abuse rather than as

individuals who deserve "services in their own right" (White & Savage, 2005, p. 1). Knowing how a child's struggle with substance abuse influences a mother's Sense of Coherence could assist organisations to create support services and interventions that could improve mothers' ability to remain healthy despite the challenges associated with their children's struggles with substance abuse.

Furthermore, the study focused particularly on mothers as a relative's substance abuse does not affect all family members in the same way (Bancroft, Carty, Cunningham-Burley, & Backett-Milburn, 2002). Compared to fathers and siblings, mothers seem to be more affected by their children's struggles with substance abuse, partly as a result of their roles and relationship to their children (Bancroft et al., 2002). Additionally, the study focused particularly on mothers as although two decades of research by Orford et al. (1992, 1998, 2010, & 2013) has focused on family members' experiences of living with a relative who had an alcohol or drug problem, the majority of the 800 family members who participated in these studies were mothers. Thus, the literature suggested that it would be important to focus on the factors that may contribute to mothers' Sense of Coherence and their ability to remain healthy despite the challenges associated with their children's struggles with substance abuse.

1.4 Clarification of key concepts

While many key concepts are clarified throughout the study, it was deemed necessary to clarify a number of concepts which are not conceptualised in the chapters which follow. This section clarifies the concepts of mother, young adult child and substance abuse.

Mother: Based on Bassin, Honey and Kaplan's (1994) description of the activities associated with being a mother, this study takes the position that the definition of a mother includes a biological as well as a social component. The biological component of being a mother (motherhood) refers to a woman who has given birth to a child or children. The social component of motherhood, that is childrearing, refers to the activities that focus on nurturing and protecting a child's development (Arendell, 2000; Ruddick, 1980). This study acknowledges that while various individuals – such as fathers, teacher and siblings – can take on the childrearing activities associated with motherhood, females are most often held responsible for fulfilling the social roles associated with motherhood (Ruddick, 1980). Within the context of this study, a mother refers to a female who has given birth to a child and/or who has been primarily involved in rearing a child throughout the child's life.

Young adult child: This concept refers to the developmental period between adolescence and adulthood. The developmental task most often associated with this development period is that of an individual launching or leaving his/her parents' home (Francis-Connolly, 2000). As contextual factors such as levels of unemployment, levels of education, the cost of living and marriage influence the age at which children leave their parents' homes (M. Boyd & Norris, 1999; Goldscheider, 1997), this study acknowledged that the age at which children leave their parents' home could vary. While Francis-Connolly (2000) suggested that young adulthood could continue until the age of 29, this study defined young adult children as individuals who were between the ages of 18 and 25 and who were largely dependent on the financial support provided by their parents.

Substance abuse: Although the term drug addiction and its many variants have been around since the 17th century, confusion around the terms drug addiction, substance abuse, and substance dependence still abounds (O'Brien, Volkow & Li, 2006). In 1987, the American Psychiatric Association convened a panel of experts to refine and label the diagnostic criteria for the then Diagnostic and Statistical Manual, Third Edition, Revised (DSM-III-R, APA, 1987). This label was an important issue as, while laypersons used the terms drug addiction and substance dependence interchangeably, the terms had very different meanings within the health professions.

The definition of substance abuse, which focused on the maladaptive pattern of substance use despite recurrent physical, occupational and social problems (DSM-IV-TR, 2000), was nearly synonymous with the definition of drug addiction, as the "loss of control over the intense urges to take [a] drug even at the expense of adverse consequences" (O'Brien, Volkow, & Li, 2006, p. 764). In contrast, the concept of substance dependence focused more intensely on the physiological aspect of substance use, and the "adaptations that result in withdrawal symptoms when drugs, such as alcohol and heroin, are discontinued" (O'Brien, Volkow, & Li, 2006, p. 764).

A great deal of the literature consulted in this research referred to individuals who struggled with alcohol or other drug (AOD) problems. Whilst this may have been done in an attempt to avoid the above-mentioned conceptual disarray, aspects of the adverse consequences of substance abuse and the symptoms of substance dependence (withdrawal and tolerance), were both evident in family members' experiences of living with a relative who had an AOD problem. Thus, in the context of this study, the use of the term substance abuse incorporates

the aspect of the adverse consequences that result from the loss of control and intense urges to use substances – addiction – as well as the symptoms associated with withdrawal and tolerance – substance dependence. This conceptualisation would not be out of order as the latest version of the Diagnostic and Statistical Manual, Version V, has combined the diagnostic criteria for substance abuse and substance dependence (O'Brien, 2011).

Paradigm: According to Kuhn (1970), science can be seen as a constellation of facts, theories, and methods gathered in text by people (scientists) who have endeavoured to make a contribution to this constellation of science. A paradigm emerges within a particular field of science when a number of scientists implicitly agree upon the nature of the scientific problems considered worthy of being studied as well as the methods which should be used in order to study these problems (Kuhn, 1970). Essentially, the paradigm within a particular field of science influences the way that scientists view the world and the nature of the problems within it.

1.5 Overview of the chapters

Chapter two of this study focuses on the literature pertaining to the focus of this study. It commences with an attempt to account for the relative dearth of literature that focuses on family members' experiences of living with a relative who struggled with substance abuse. This lack of literature is attributed to the pathology paradigm which, for the past two centuries, has dominated the way in which researchers have viewed the world and the nature of the problems in it. After discussing the pathology paradigm, the chapter provides an overview of literature from the pathology paradigm that focuses on the families of individuals who struggled with substance abuse. This perspective is then contrasted with the non-blaming perspective of the families of individuals who struggled with substance abuse adopted in the two decades worth of research conducted by Orford et al. (2010). This section also presents the central theme that emerged from this literature; specifically, the ways in which a relative's struggle with substance abuse influenced family members' physical and psychological well-being. As this theme appeared to have many similarities with Antonovsky's (1979) Salutogenic Paradigm and the concept of Sense of Coherence, the chapter turns to outlining Antonovsky's (1979) Salutogenic Paradigm and the concept of Sense of Coherence. The chapter then integrates literature on mothers' experiences of living with a child who struggled with substance abuse to the three components of Sense of Coherence, in order to provide some insight in to the aim and question

of this study. The chapter then provides a comparison of the concepts of Sense of Coherence, resilience, thriving and hardiness and concludes with a critique of salutogenesis.

Chapter three outlines the steps that the researcher followed in an attempt to answer the question posed by this study. The chapter commences with a description of the qualitative, basic interpretive research design that guided this study. The chapter then describes the sampling method, selection criteria and procedure that were followed in order to obtain participants for this study. Thereafter, the research instrument and method of data collection are discussed. This is followed by a discussion of the characteristics of the sample obtained for this study. This leads in to a discussion of the theoretical thematic analysis that the researcher utilised as the method of data analysis for this study. Before concluding the chapter with the ethical considerations made by the researcher, the chapter discusses the measures of trustworthiness that were employed to ensure the rigour of this study.

Chapter four presents the themes that emerged from the researcher's analysis of the data. In discussing these themes, the researcher integrates the literature and theory discussed in chapter 2 in order to make meaning of the results. In cases where this literature and theory did not account for the findings, the researcher draws on additional literature.

Chapter five concludes this study and reflects on the research process and results. The chapter also discusses the potential limitations of the study and presents recommendations for future research.

CHAPTER 2: LITERATURE REVIEW

This chapter commences with a historical overview of alcoholism. This overview illustrates how economic and institutional changes contributed to a shift in the way that society viewed drunkenness. This shift from abuse of alcohol as being viewed accepted to be viewed as disease-like was thought to represent the basis of the disease model or pathology paradigm in the field of substance abuse studies.

Literature from this paradigm is presented as a means of representing the predominant view of the families and mothers of individuals who struggled with substance abuse. The inclusion of this literature illustrates how its focus on mothers as causative agents neglected mothers experiences and offered little insight regarding the topic of this research. At times, an argument is made for how studies emanating from this paradigm appeared to confirm the conceptualisation of mothers as causative agents, whilst perhaps neglecting potential methodological flaws.

Whilst the pathology paradigm has dominated the social sciences, a small number of authors have moved outside of the pathology paradigm, to develop an alternative view of the families of individuals who struggled with substance abuse. In contrast to the pathology paradigm, this small enclave of studies by Orford et al. (2010) offered some insight in to how mothers experienced their children's struggles with substance abuse. The central theme of these studies suggested that mothers' experiences often centred on their physical and psychological ill-health. Whilst the authors of these studies offered a potential explanation of this theme, it was held that Antonovsky's (1979) salutogenic paradigm and particularly the concept of Sense of Coherence, offered a potential explanation of this theme.

As with the studies by Orford et al. (2010), Antonovoksy's (1979) Salutogenic Paradigm arose from focusing on a topic which was framed outside of the pathology paradigm's focus. In developing his Salutogenic Paradigm, Antonovsky (1979) commenced by stating his frustration with the pathology paradigm and contrasted his views with that of the pathology paradigm. An overview of the different elements of his paradigm are offered before focusing on the concept of Sense of Coherence, which Antonovsky (1979) held as central to people's ability to remain healthy despite the presence of stress within their lives. In focusing on the concept of Sense of Coherence, findings from Orford et al. (2010) studies and qualitative studies that focus on the Sense of Coherence are utilised in an attempt to understand how

mothers may understand, manage, and make meaning of their children's struggles with substance abuse.

The dynamic relationship between the three components of sense of coherence is then explored as a potential means of understanding how the interaction between these components may relate to the focus of this research. This contributes to the examination of additional literature from the Salutogenic Paradigm which appeared to relate to the dynamic relatedness between the components of Sense of Coherence.

The discussion then contrasts the concept of Sense of Coherence with concepts which may also offer accounts as to how people remain healthy despite the presence of stress within their lives. The chapter concludes with a critique of the Salutogenic Paradigm. This critique offers potential points of consideration when focusing on mothers' Sense of Coherence in the face of their children's struggles with substance abuse.

2.1 The pathology paradigm: Mothers as causative agents

In his historical overview of alcoholism, Levine (1978) found that the late eighteenth century witnessed a change in the way that society viewed drunkenness. Levine (1978) maintained that this shift was tied to changes in societal demands. In the late eighteenth century, the emerging capitalist American society demanded that members of society had to be self-controlled in order to be successful. Society as a whole came to view self-control as a desirable personal characteristic and those who lacked this self-control were considered deviants. Thus, where drunkenness had previously been viewed as quite normal or desirable, the shift in societal demands in the late eighteenth century resulted in drunkenness being defined as a disease or disease-like. Since the eighteenth century, the chief symptom of this disease has been viewed as the loss of control over one's use of substances for which the only cure is total abstinence from all substances.

Levine (1978, pp. 164-165) argued that the discovery or invention of addiction towards the end of the eighteenth century, should not be understood as a scientific discovery, but rather as "a transformation in social thought grounded in fundamental changes in social life – in the structure of society." Levine's (1978) account of the shift in the way that society viewed drunkenness can be equated to Kuhn's (1970) conceptualisation of a paradigm shift, where a change occurs in the way that people view the world and the nature of the problems within it.

While in the late eighteenth century the church was primarily responsible for legitimising deviance, as capitalism progressed, science took on a more prominent role in establishing and legitimising deviance (Szasz, 1970). Science did not seem to break with the theological account of addiction as disease-like, but rather offered a new way of conceptualising this disease.

In an attempt to establish their legitimacy, scientists working from the disease conceptualisation of addiction (pathology paradigm) focused on determining the etiological roots of alcohol and other drug (AOD) problems (White & Kurtz, 2006). The basic tenet of this paradigm was that "knowledge of the scope and sources of AOD problems would generate specific solutions to these problems in the same way isolating and attacking particular pathogens had earlier led to the elimination or control of many infectious diseases" (White & Kurtz, 2006, p. 2). That is, the pathology paradigm held that identifying the underlying causes of a disease would lead to its cure.

Developing from the assumption that finding the underlying cause of substance abuse will lead to its resolution, when theory and research emanating from the pathology paradigm focused on the families of individuals who struggled with substance abuse, it was more inclined to focus on how family members contributed to a family member's struggle with substance abuse (Orford, Natera, Velleman, Copello, Bowie, & Bradbury, 2001). This view of family members as causative agents was well captured by White and Savage (2005, p. 1), when they stated that "throughout the history of addiction in America, family members have been castigated more as causative agents and sources of recovery sabotage than as recovery resources or individuals deserving services in their own right."

When researchers or clinicians working from the pathology paradigm have focused on family members' experiences of living with a family member who struggles with substance abuse, these researchers have all too often interpreted family members' experiences "in terms of personal psychopathology, rather than normal adaptations to a disorder both baffling and devastating" (White & Savage, 2005, p. 1). This representation of family members – particularly mothers – and their experiences, is captured in various branches of psychology, including family therapy, psychoanalysis, psychodynamic theory, and attachment theory (Caplan & Hall-McCorquodale, 1985).

Whilst acknowledging that the field of family therapy has witnessed a recent shift, from a focus on deficits to a focus on family strengths, resources and resilience (Goldenberg & Goldenberg, 2008; Nichols & Schwartz, 2008; Walsh, 2011), Barnard (1994) contended that earlier

conceptualisations of the family tended to be overly attentive on family deficits and pathology. The findings from a number of family studies are drawn on in an attempt to illustrate this point.

The first theme identified in earlier family therapy literature related to how the symptomatic behaviour of a family member helped to maintain the homeostasis or balance within the family system. This was illustrated in a study by Stanton et al. (1978), which attempted to uncover the underlying family dynamics of individuals who were addicted to heroin. The study made use of a number of experienced family therapists who observed at least 450 sessions with the families of individuals who were addicted to heroin. One of the key findings from this study was an apparent fear of separation within these families. Heroin addiction was viewed as resulting from the family members' dependence on each other and their inability to function autonomously. The symptom of addiction was viewed as the (addicted) family member's attempt to function more autonomously. However, during this time of greater autonomy, a crisis was thought to have developed within the family. This contributed to the (addicted) family member reverting back to a failure behaviour and returning home, upon which, the crisis within the family would dissipate.

In his review of adolescent substance abuse, Levine (1985) highlighted numerous studies that maintained that the symptomatic behaviour of children who struggle with substance abuse, served to detour their parents' attention away from the conflict within their relationship. This view was well captured in the following excerpt:

> The "sick" (or addicted) member helps to keep the family, particularly the parents, together through allowing them to unite over his incapacitation. If he improves and begins to individuate, the parents may begin to fight or separate. By becoming sick or readdicted again, he allows them to reunite in relation to him (Stanton, 1977, p. 192)

A potential concern with Stanton's (1977) study is also common to many studies of the family; namely, the point at which researchers punctuate the family. This problem is illustrated in a number of early family studies, which proposed that there was a great deal of overinvolvement or enmeshment within the families of individuals who struggle with substance abuse, particularly in the mother-child relationship (Kaufman, 1981, 1985; Stanton, 1985).

A study conducted by Volk, Edwards, Lewis and Sprenkle (1989) attempted to evaluate this assumption. In this study, a number of adolescents (n= 148) were referred to a twelve week drug rehabilitation programme by school administrators, juvenile judges, probation officers and the police. As a part of this programme, the adolescents were required to complete five

family-orientated assessments, along with their parents and siblings. The boundaries and levels of openness or closedness within these families were then assessed using the Family Adaptability and Cohesion Evaluation Scales – Third Version (Olson, Portner, & Lavee, 1985). Based on the results of their study, Volk et al. (1989) found a lack of evidence to support the hypothesis that the families of adolescents who struggled with substance abuse could be characterized as being rigid and enmeshed. In contrast, Volk et al. (1989) found that the families of adolescents who struggled with substance abuse were far more disengaged than non-problematic families and that the severity of this disengagement increased as the severity of the adolescents' struggle with substance abuse escalated.

This portrayal of the mothers of individuals who struggle with substance abuse as enmeshed and fathers as disengaged should not be generalised (Levine, 1985). Instead, Levine (1985, p. 5) proposed that this generalized picture, "should be recognized as a changing historical pattern", that is influenced by gender role expectations that are subject to change. Many of the studies which made this generalisation did not consider how gender role expectations could influence the way in which mothers and fathers interacted with their children when they were experiencing difficulties such as substance abuse.

While these studies were seemingly based on a circular view of causality, this did not seem to prevent these studies from making generalised statements regarding the dynamics within the families of individuals who struggle with substance abuse. This issue relates to a common issue in many family studies; that is, the point at which these studies punctuate the family system. The concept of punctuation (Goldenberg & Goldenberg, 2008), which developed from the view of circular causality, would hold that the patterns of interaction that the researcher observes would depend on the point in time that the researcher enters or observes the system. This implies that observations of enmeshment in the mother-child relationship, during children's struggles with substance abuse, does not necessarily suggest that this pattern of interaction preceded or contributed to the children's struggles with substance abuse.

For instance, in a study that focused on the boundaries within the families of adolescent substance abusers, Friedman, Utada and Morrissey (1987) maintained that these families were characterised by a low degree of cohesion and attachment. Furthermore, Friedman et al. (1987, p. 132) believed that the results from a number of studies supported the view that families characterised by a high degree of parental control, achievement-orientation, expectation, structure, and shared parent/child activities, had "a lower likelihood of substance abuse". Both

of these statements suggested that the researchers' observations of these families captured how these families had always been and explained why these adolescents turned to drugs. Friedman et al. (1987) perhaps assumed that they had found the underlying causes of adolescent substance abuse, despite the fact that their results developed from cross-sectional research designs.

This trend was also observed in an overwhelming number of studies, which suggested that lower levels of parental monitoring and less consistent discipline, were correlated with higher levels of adolescent drinking (Barnes & Farrell, 1992; Barnes, Reifman, Farrell, Uhteg, & Dintcheff, 1994; Jacobson & Crockett, 2000; Peterson, Hawkins, Abbott & Catalano, 1994; Prendergast & Schaefer, 1974; Steinberg, Fletcher, & Darling, 1994; Williams & Smith, 1993). All of these studies located the source of the problem within the individual; namely, the parents. Even though correlational studies cannot determine the direction of causality (Field, 2009), the idea that parental deficits lead to adolescent drinking, perhaps fitted in well with the pathology paradigm's relentless pursuit for the underlying causes of pathology.

This assertion appeared to be illustrated in a study by Barnes and Farrell (1992), which examined the effect of parenting support and control on the development of adolescent drinking, delinquency, and related problem behaviours. The results from this study (n = 699) confirmed that levels of parental support and monitoring were important predictors of adolescent drinking and related problem behaviours. Although Barnes and Farrell (1992) could be credited with acknowledging that substance abuse may influence parent-child interactions and parenting practices, this acknowledgement did not prevent the authors from 'confirming' that poor parenting practices predict adolescent drinking. The source of the pathology was still seen as poor parenting practices and Barnes and Farrell (1992) did not go far enough to consider how the difficulties associated with substance abuse may influence parenting practices. As is usual with the pathology paradigm, the source of the pathology was still located within the individual – the parents – and was not attributed to the effects of the substance (Levine, 1978).

In addition to assuming that their observations of a family represented the way that a family has always been, many researchers seemed to overlook findings that contradicted their results. For example, in a study that focused on the parents of heroin addicts, Kaufman and Kaufman (1979) found it difficult to characterise the families of heroin addicts as either disengaged or enmeshed. This was because of cases where parents, who had previously been in enmeshed or balanced relationships with their children, became disillusioned with their children's addictions

and subsequently distanced or disengaged from their children. Instead of this shift in relational patterns being viewed as a legitimate explanation of how substance abuse can influence parent-child relational patterns, the finding was viewed as an issue that prevented generalisation.

The issue with Kaufman and Kaufman's (1979) study and many other studies is that while they acknowledged the limitations of their studies, these acknowledgements were generally afterthoughts, mentioned briefly or in the limitations of the study, more as a disclaimer than as a serious point of consideration. A case in point would be Clark, Neighbors, Lesnick, Lynch and Donovan's (1998) comparative study of family functioning amongst families of adolescents with or without alcohol dependence. In the conclusion of their article, the authors made the following proviso:

> Because of the cross-sectional nature of these data, it is not possible to establish with any certainty whether the family functioning deficits are a cause or a consequence of the alcohol use disorders in these adolescents. Most likely, influences in both directions are relevant (Clark et al, 1998, pp. 88-89).

Despite this acknowledgement, Clark et al. (1998, p. 88) concluded that the results of their study suggested that "problematic family functioning and adolescent-mother relationships are endemic in the families of adolescents with alcohol use disorders." While very few studies centralised this issue, Day (1961, p. 253) maintained that generalisations about family dysfunction leading to issues such as substance abuse, was a point that was "far too often ignored."

The above-mentioned issue of generalizing that family dysfunction leads to substance abuse and neglecting evidence which would contradict this assumption can be tied to the context in which these studies emerged. The treatment of adolescent substance use disorders from the perspective of family therapy developed in a context of blame, where parents were blamed for their adolescents' substance use (Edwards & Steinglass, 1995; Liddle & Dakof, 1995). This blame could in turn be attributed to the pathology paradigm, where researchers have been trained to locate the underlying cause of pathology, which in many family studies, would be parental psychopathology.

Many of the studies which have been mentioned in this section may have followed the pathology paradigm's assumption that health is the norm and there are far less cases of pathology (Antonovsky, 1979). However, Walsh (2012) criticized this assumption, by

suggesting that family normality was idealised and that all families experienced problems or some level of 'dysfunction'.

The section which follows presents a number of studies by Orford et al. (1992, 1998a, 2010, & 2013) that focused on family members' experiences of living with a relative who struggled with substance abuse. These studies stand in contrast to those which developed from the pathology paradigm, in that they appeared to place a greater emphasis on understanding the effects of substance abuse on the members of a family, rather than on determining how family members contributed to a family member's struggle with substance abuse.

2.2 An alternative perspective: Mothers' experiences of their children's struggles with substance abuse

In contrast to the pathology paradigm's focus on how family members contribute to another family member's struggle with substance abuse, two decades of research by Orford et al. (1992, 1998a, 2010, & 2013) has focused on the family as ordinary people who have been exposed to a "set of seriously stressful circumstances or conditions of adversity" (Orford et al., 2013, p. 71). Throughout their studies, Orford et al. (2013) have attempted to adopt a non-blaming perspective that focuses on the effects of substance abuse within the family and not on the substance abuse itself. This was thought to represent somewhat of a paradigm shift, in that their focus moved away from determining how family members contributed to a family member's struggle with substance abuse, to a focus on family member's experiences of living with an individual who struggled with substance abuse. Furthermore, Orford et al. (2013) attempted to view both family members and individuals who struggled with substance abuse, as being disempowered by substance abuse and their circumstances.

Over the course of two decades, Orford et al (1992, 1998a, 2010, & 2013) have conducted numerous qualitative studies which have focused on family members' experiences of living with a relative who struggles with substance abuse (Orford et al., 2001, 2010; Orford, Natera, Davies, Nava, Mora, & Rigby, 1998a, 1998b, 1998c; Orford, Rigby, Tod, Miller, Bennett, & Velleman, 1992; Velleman et al., 1993). To date, Orford et al. (2010) have conducted interviews with over 800 family members. Although these interviews were conducted with various family members, considerably more women than men were included in the studies, with mothers and wives being two of the groups that were most commonly represented in the studies (Orford et al. 2010). Thus, although these studies were not based solely on mothers'

experiences, mothers' strong representation in these studies suggested that the experiential themes which developed from the studies, provided a good representation of mothers' experiences of living with a child who struggled with substance abuse.

When mothers were asked about their experiences of living with a child who struggled with substance abuse, the underlying message of their experiences was how stressful it was to live with a child who struggled with substance abuse (Orford et al., 2010, 2013). Mothers' responses conveyed a wide array of emotions including loneliness, anger, anxiety, worry, confusion, depression, feeling low, despair, feeling devalued, fear, helplessness, isolation, resentment, tension and uncertainty (Bancroft et al., 2002; Butler & Bauld, 2005; Orford et al., 1998a, 2010, 2013; Velleman et al., 1993).

Orford et al. (2010) found that the anxiety, fear, worry and uncertainty that dominated the mothers' experiences stemmed from the uncertainty of their children's whereabouts. Family members who struggled with substance abuse were frequently missing from their homes, when they were expected to be home, and also frequently went 'missing' for hours or even days without their relatives knowing their whereabouts (Velleman, 1993).

The confusion and despair that mothers' experienced stemmed from their perceptions of how the quality of their relationship with their children had changed from being caring to uncaring (Orford et al., 2010). Instead, during their children's struggles with substance abuse, mothers described how they were often subjected to their children's lying, irritability, rudeness, criticism, verbal and sometimes physical abuse, manipulative and domineering behaviour (Orford et al., 2010). As these behaviours became more frequent or severe, mothers were also more likely to direct their anger and resentment towards their children (Orford et al., 2010). However, as Orford et al. (2013) pointed out, these intensely negative feelings were often highly ambivalent, where the mothers' memories of the good qualities that that children showed in the past, as well as their hopes for their children's futures, frequently interacted with the mothers' more immediate negative feelings.

In addition to putting a great deal of strain on mothers' relationships with their children, children's struggles with substance abuse also put a lot of strain on mothers' relationships with other family members (Arcidiacono, Velleman, Procentese, Albanesi & Sommantico, 2009; Bancroft et al., 2002; Jackson et al., 2006; Usher et al. 2007). In families where there was more than one child, mothers' focusing their attention on the child who struggled with substance abuse often lead to the other children in the family feeling neglected (Bancroft et al., 2002;

Barnard, 2005). If parents disagreed on the best way to deal with their child's struggles with substance abuse, this conflict would also put strain on their marriage (Barnard, 2005).

This disagreement between parents, on the best way to cope with their children' struggle with substance abuse, was well illustrated by Arcidiacono et al.'s (2009) study, which focused on how Italian families (n= 113) were impacted by a family member's struggle with substance abuse. Arcidiacono et al. (2009) found that mothers and fathers tended to employ different coping strategies to deal with their children's struggles with substance abuse and that these differences were possibly related to their different parental roles. Mothers were more inclined to be supportive, permissive, and tolerant whereas fathers were more dismissive and more likely to revert to radical solutions such as kicking their children out of the house (Arcidiacono et al., 2009). This finding seems to be supported by other studies, which found that fathers seemed to be more likely to withdraw from the situation of their children's struggles with substance abuse, which was also likely to put a strain on mothers who were seeking support from their partners (Bancroft et al., 2002; Orford et al., 2010).

In addition to the psychological and social difficulties that the mothers experienced, Orford et al. (2010) presented a number of physical difficulties that the mothers experienced during their children's struggles with substance abuse. These physical difficulties included poor sleep, tiredness, substance abuse, excessive weight loss or weight gain, hypertension, asthma, hair loss, and bruxism. The mothers' reports of physical ill-health during their children's struggles with substance abuse suggested the clearest possible link to Antonovsky's (1979) Salutogenic Paradigm.

2.3 The Salutogenic Paradigm

The near exclusive focus on the sources of pathology has also resulted in a lack of knowledge on the factors that contribute to people's ability to flourish in adverse conditions (Seligman & Csikszentmihalyi, 2000). It has portrayed an image of human beings that seems to lack the "positive features that make life worth living" (Seligman & Csikszentmihalyi, 2000, p. 5).

While the field of positive psychology does not necessarily represent a paradigm shift, it does represent a paradigm which competes with the pathology paradigm in the attempt to make sense of the world and the problems in it. The recognition of positive psychology as a paradigm suggests that there has been a growing sense that the pathology paradigm could not account for

aspects of the world or the problems in it. Where supporters of the pathology paradigm may have been able to explain away anomalies in the past, as these anomalies accumulated, people may have gradually developed a sense of disillusionment with the pathology paradigm (Antonovsky, 1979).

This sense of disillusionment with the pathology paradigm is precisely what encouraged Antonovsky (1979) to develop his Salutogenic Paradigm. Antonovsky (1979) proposed that while the pathology paradigm had dominated the sciences, there was still a substantial proportion of the population that developed illnesses. Accordingly, Antonovsky (1979) proposed a number of reasons why a focus on the origin of diseases, or pathogenesis, was likely to be unhelpful in increasing health or reducing pain and why a focus on the origin of health, or salutogenesis, would be more promising.

In contrast to the pathology paradigm, which holds that disease is an abnormality, Antonovsky (1979) proposed that at least a third and perhaps the majority of society had some morbid condition. That is, illness, either clinically or socially defined, is 'normal'. With these high levels of illness, Antonovsky (1979) aimed to unravel the Salutogenic question of how people stay healthy in spite of all of the difficulties that they face. Antonovsky (1979) believed that many researchers had not grappled with this question in the past because of their attempts to locate the origins (genesis) of disease or pathology (patho). Furthermore, Antonovsky (1979) proposed three reasons why a focus on pathogenesis was likely to be unfruitful in answering this questions and why salutogenesis was the only viable option.

2.3.1 A comparison of the pathogenic and Salutogenic paradigms

The first of these reasons was that as the pathogenic (pathology) paradigm forced scientists to focus on the etiology of disease and illness, it prevented scientists from focusing on people's subjective interpretations of their illnesses. In contrast, the Salutogenic paradigm compelled scientists to broaden their focus on the person who is ill. This would include focusing on people's subjective interpretations of their state of health.

Secondly, Antonovsky (1979, p. 37) proposed that the pathogenic paradigm tended to focus on the "magic-bullet" approach, attempting to find "the cure" for one disease at a time. In contrast, the Salutogenic Paradigm would focus on identifying the common set of factors that maintain people's health. Subsequently, salutogenesis focused more on coping resources than on a

disease and on identifying the factors that could facilitate an individual's adaptation to the environment.

The third reason why Antonovsky (1979) believed that pathogenesis was likely to be unfruitful in increasing health related to its dichotomous view of people as either in sickness or in health. In contrast, the Salutogenic paradigm proposed the existence of a multidimensional health-illness continuum where people could be at varying degrees of sickness or health. Where pathogenesis would focus on what makes a person sick, salutogenesis would focus on the factors that move a person from one end towards the other end of this health-illness continuum.

2.3.2 Measuring health on a continuum

All of the scientific research that is conducted and applied within social institutions develops from a given, pervasive paradigm (Kuhn, 1970). The paradigm which has dominated the sciences, the pathogenic paradigm, has produced some historically significant triumphs. Nonetheless, a substantial percentage of the population still develop illnesses.

At the core of the pathogenic paradigm is a characterisation of people as either diseased or healthy. This is evident in the way that people speak and think about as well as act out sickness or health (Antonovsky, 1979). This characterisation also forms the basis for clinical practice and health care in many industrialised societies. In the disease care system, when sufficient data is available, a person can be classified as having one or multiple illnesses by using standardised rubrics for pathology, two of which would include the International Classification of Diseases (ICD10, WHO, 2011) and the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition, Text Revision (DSM-IV-TR, APA, 2000). These systems of classification developing from the pathology paradigm press towards the dichotomisation of people as either healthy or disordered.

In cases where people do not meet the criteria specified in these standardised rubrics but they still continue to feel bad, they may be classified as malingerers, crooks, hypochondriacs, or as having a psychological problem (Antonovsky, 1979). Clinicians and researchers working from the pathogenic approach are interested in diagnosing and curing the patient. In terms of prevention, the focus is on preventing, cutting down or the early identification of cases of a disease.

In searching for a definition of health which was aligned with the Salutogenic continuum view of health, Antonovsky (1979) turned to the World Health Organization's (WHO) definition of health. This definition proposed that "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, cited in Antonovsky, 1979, p. 52). While Antonovsky (1979) initially praised this definition of health, he later believed that it was too utopian and abstract. Antonovsky (1979) thus turned to Dubos' (1968, p. 67) definition of health which proposed that health was a modus vivendi that enabled "imperfect men to achieve a rewarding and not too painful existence while they cope with an imperfect world." Antonovsky (1979) held that this definition provided a more dynamic orientation that people required in their struggle to overcome the challenges that they faced in their lives. This definition also acknowledged the interaction between individuals and their environments.

In operationalizing this definition of health, Antonovsky (1979) proposed that four facets influenced an individual's location on the continuum of health or ease/ dis-ease continuum; that is, pain, functional limitation, prognostic implication and action implication. Antonovsky (1979) summarized these facets in to his mapping-sentence definition of health. This definition proposed that health was (1) any state or condition felt by the individual to be painful – including physically or psychologically, (2) any state or condition that limited the individual's ability to perform life activities that the individual defined as appropriate, (3) any state or condition that would be culturally or professionally defined as a state or condition, and (4) as any state or condition that would be seen to require observation, intervention or prevention. Antonovsky's (1979) operationalization of health seemed to capture both subjective and culturally or professionally defined understandings of health. Having conceptualised and operationalized his understanding of health, Antonovsky (1979) moved on identify the factors that influenced individuals' movement on this health continuum.

2.3.3 Stressors, tension and stress

Antonovsky (1979) held that the factors that influenced an individual's movement on the ease/dis-ease continuum included stressors, tension and stress. Stressors were viewed as omnipresent in life, with individuals responding to these stressors with varying degrees of tension. Poor tension management resulted in movement towards the dis-ease end of the

continuum whereas good tension management resulted in the movement towards the ease end of the continuum.

Drawing on Cannon's (1963) concept of homeostasis, which was later utilised by cybernetic theorists such as Weiner (1948) and Bateson (1972), Antonovsky (1979, p. 71) proposed that humans evolved as "homeostasis-maintaining and homeostasis restoring mechanisms." Based on the concept of homeostasis, Antonovsky (1979, p. 72) defined a stressor as a "demand made by the internal or external environment of an organism that upsets its homeostasis, restoration of which depends on a non-automatic and not readily available energy-expending action."

This definition of a stressor was tied to Lazarus and Cohen's (1977) work on cognitive appraisal and coping. Antonovsky (1979) drew on their definition of a stressor as a demand that taxes or exceeds an individual's capacity or resources. This was differentiated from a general environmental stimulus which an individual could respond to fairly automatically, without the need for much adjustment. This definition of a stressor also held that the meaning that individuals attributed to a stimulus influenced the extent to which they perceived it as a stressor or a demand that threatened to disrupt their homeostasis – inner stability which allows individuals to respond to external or internal demands with relative ease.

Antonovsky (1979) maintained that stressors are presumed to be bad in that they lead to stress – physiological and psychologically states of unease or discomfort. However, Antonovsky (1979) hoped that his definition of a stressor would highlight that it does not include a value judgement regarding a stressor as good or bad. A response to a stressor, which Antonovosky (1979) called tension, could be accompanied by either positive and/or negative physiological and psychological components and thus the consequences of a state of tension could be perceived as undesirable, neutral or salutary. Antonovsky (1979) realised that stressors could enrich people's repertoire or capacity to cope with stressors and could thus enhance their ability to deal with stressors in the future – a point which seems to tie in to the concept of thriving (Carver, 1998; O'Leary, 1998).

Antonovsky's (1979) concept of tension should thus be distinguished from stress. Stress was viewed as a factor that contributed to pathogenesis or the movement towards the dis-ease end of the health continuum. In contrast, tension was viewed as having Salutogenic potential in that it could lead to improved health whilst it could also lead stress. Based on this distinction between tension and stress, Antonovsky (1979) focused on identifying the factors that

determined whether a state of tension led to stress, neutral or salutary consequences. These factors were identified as tension management, generalized resistance resources and Sense of Coherence.

2.3.4 Tension management and generalised resistance resources (GRRs)

As individuals can experience a broad range of stressors in their lives, Antonovsky (1979) attempted to identify the common or generalised characteristics of the individual, group or environment that could facilitate tension management. These generalised characteristics were what Antonovsky (1979) termed generalised resistance resources (GRRs) and the extent to which individuals had these GRRs available to them influenced their movement on the health continuum.

In identifying these GRRs, Antonovsky (1979) developed a mapping-sentence definition of GRRs (Figure 1). This mapping-sentence highlights that GRRs do not merely assist individuals to avoid stressors but also assist to combat or possibly even prevent individuals from experiencing stressors. While Antonovsky (1979) identified a number of GRRs, based on the restrictions of this research, a selection of these GRRs will be discussed briefly.

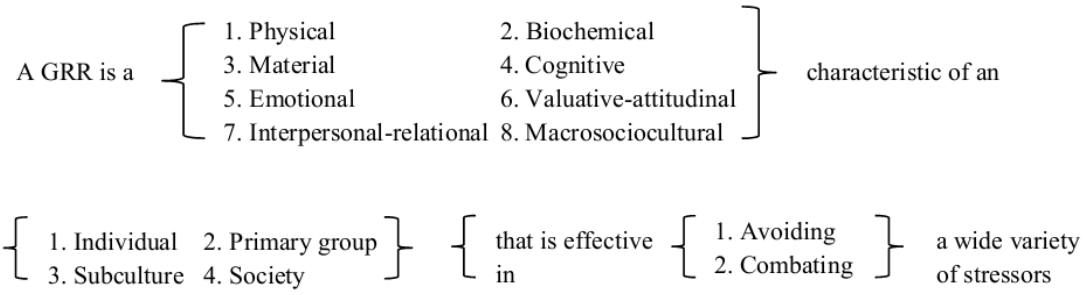


Figure 1. Mapping sentence definition of a generalised resistance resource (adapted from Antonovsky, 1979, p. 103).

Antonovsky (1979) identified material resources such as a money, shelter, clothing, food and water as GRRs which assisted individuals to avoid, combat or prevent certain stressors within their lives. Money was viewed as a GRR which enabled individuals to access a number of other GRRs, which in the context of this study could include treatment in an inpatient drug rehabilitation centre or treatment from specialised health care professionals. Power, status and

quality of social support were identified as interpersonal or relational GRRs which facilitated tension management. While Antonovsky (1979) could not cover all of the potential cognitive and emotional GRRs which individuals could utilise, his review of these resources did highlight resources such as intelligence, knowledge and identity.

In the context of this study, knowledge could refer to mothers' understanding of how substance abuse develops, how to approach a family member who struggles with substance abuse or the services that they could access in order to combat the stressors associated with substance abuse. Identity could refer to those aspects of individuals' identities that would allow them to avoid, combat or prevent stressors. Antonovsky (1979) proposed that an aspect of an individual's identity, such as a personality characteristic or a social role, could provide individuals with a stable picture of who they are, which would in turn assist them to cope with the stressors that they face. This aspect of identity will be expanded on in section 2.5.3, as it seems to relate to a component of Sense of Coherence namely, meaningfulness.

In discussing intrapersonal GRRs such as valuative-attitudinal GRRs, Antonovsky (1979) turned to Lazarus and Cohen's (1977) transaction model of stress, particularly cognitive appraisal and coping, to understand what is commonly referred to as coping styles. Cognitive appraisal referred to "the individual's judgment of the coping resources available or of vulnerabilities in the face of given dangers" (Lazarus & Cohen, 1977, p. 111). In describing coping processes, Lazarus and Cohen (1977) maintained that most people utilized a number of coping strategies. These strategies where used in order to anticipate and evaluate what might happen in a given situation and what individuals could do in that situation. The common actions that individuals could take involved "planning and preparing, changing the environment, retreating when necessary, postponing action for maximum effect, tolerating frustration and pain, and even deceiving themselves in order to feel better and to maintain hope and a sense of self-worth" (Lazarus & Cohen, 1977, p. 112). People were seen as using coping processes contingently, that is, using different coping processes in different situations.

Antonovsky (1979) suggested that the effectiveness of different coping strategies could be determined by their levels of rationality, flexibility, and farsightedness. In terms of rationality, while the threat associated with a stimulus was tied to cognitive appraisal and the meaning that individuals attached to a stimulus, Antonovsky (1979) held that subjectivity did not deny objective reality. Flexibility referred to the availability and willingness to consider alternative plans or tactics in a given situation. Farsightedness was linked to rationality and flexibility but

was deemed to go beyond them. It referred to the ability to anticipate how one's internal or external environments will respond to the envisaged actions of one's plans or strategy.

As many GRRs relate to a component of Sense of Coherence, that is, manageability, GRRs which relate to mothers' experiences of living with a child who struggled with substance abuse will be discussed in section 2.5.2. The discussion next turns to the concept which is most central to Antonovsky's (1979) Salutogenic paradigm and the focus of this paper; that is, Sense of Coherence.

2.4 Sense of Coherence

Antonovsky (1979) held that Sense of Coherence was possibly the concept that integrated all of the concepts in his Salutogenic paradigm. Sense of Coherence was defined as:

> A global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement (Antonovsky, 1987, p. 19)

In a further explication of this concept, Antonovsky (1979) explained that Sense of Coherence (SoC) was a general and enduring way of seeing the world and one's life within it. It was regarded as perceptual as it included both cognitive and affective components. Although Antonovsky (1979) held that one's Sense of Coherence is enduring, it was also seen as dynamic or being shaped, reinforced, and modified throughout one's life.

In defining the Sense of Coherence, Antonovsky (1979) distinguished this concept from that of learned helplessness and sense of control. Helplessness referred to "the psychological state that frequently results when events are uncontrollable" (Seligman, 1975, p. 9). Learned helplessness involved people feeling as though success or failure was independent of their own actions. Antonovsky (1979) maintained that avoiding learned helpless required the environment to be comprehensible, ordered, and consistent. If people did not know what to expect from the environment, they would not know how to organise their behaviour. Where Rotter's (1966, p. 1) concept of internal locus of control held that the individual "perceives that the event is contingent upon his own behaviour or his own relatively permanent characteristics", Antonovsky (1979) maintained that people need to have a sense that they will

achieve reasonably good outcomes despite the obstacles that they face within their environments.

With a strong Sense of Coherence, an individual may still see life as full of complexities and conflict which can be understood. Such an individual is fully aware that life involves failures and frustration and knows that goal achievement requires the investment of effort. Despite these difficulties, such an individual has a sense of confidence or faith that things will work out reasonably well. A strong Sense of Coherence provides individuals with the perception that their internal and external environments as predictable, comprehensible, and meaningful. Captured within this definition of Sense of Coherence are the three components of Sense of Coherence namely, comprehensibility, manageability and meaningfulness (Antonovsky, 1987). In the section which follows, each of these components will be outlined. In addition, the section also discusses how mothers' experiences of living with a child who struggled with substance abuse may be related to the three components of SoC.

2.4.1 Comprehensibility

Comprehensibility refers to the extent to which individuals can make sense of the stimuli from their internal and external environments (Strümpfer, 1995). It also implies that despite the complexities and challenges posed by a situation, individuals still maintain that the situation will make sense (Van Breda, 2001). Based on this definition, it seems as though comprehensibility involves knowing what to do in a difficult situation and knowing how to do it.

With reference to mothers' experiences of living with a child who struggled with substance abuse, Orford et al.'s (2010, p. 47) findings suggest that mothers often had to try and deal with their children's struggles with substance abuse, with a "very imperfect knowledge of exactly what was going on, why it had happened, who or what was to blame and whether things would get better." Orford et al.'s (2010) findings suggest that mothers find it difficult to understand how their children's struggles with substance abuse came about and what they could or needed to do in order to improve or stop their children's use of substances. This may because family members do not expect substance abuse to occur within their families and they are rarely taught how to deal with a relative who is abusing substances (Orford et al., 2010). This could help to explain why families are often "thrown into disarray by the discovery that one (or more) of their children had developed a problem with drugs" (Barnard, 2005, p. 7).

Arcidiacono et al.'s (2009) study found that many family members attributed their family member's struggle with substance abuse to environmental or social influences such as unemployment or keeping 'bad company'. It is important to note that the way that mothers understand their children's struggles with substance abuse as it is likely to influence the way that they try to cope with their children's struggles with substance abuse. This dynamic interrelatedness between the three components will be discussed further in section 2.5.4.

2.4.2 Manageability

The second component of Sense of Coherence, that is manageability, extends on comprehensibility as it maintains that in addition to understanding a stressful situation, individuals must also have a sense of confidence that they have sufficient resources at their disposal to successfully face the challenges posed by that situation (Antonovsky, 1998). Resources at one's 'disposal' refer to resources under an individual's direct control as well as resources controlled by significant others that the individual can trust or rely on – family, friends, colleagues, neighbours, accessible professionals (Antonovsky, 1987). When people have a strong sense of manageability, they acknowledge that unexpected events may happen in life, but when such events do occur they will have sufficient resources to cope with the events.

As manageability is tied to the component of comprehensibility, when mothers find it difficult to understand a situation, it makes sense that they also struggle to know which resources they can draw on in order to cope with their children's struggles with substance abuse. This interconnectedness between a lack of understanding and not knowing which resources to draw on in order to deal with a situation, seemed to be reflected in Velleman et al.'s (1993) finding that family members' were inclined to oscillate from one means of coping to another, desperately searching for an ideal solution. Family members faced huge uncertainties regarding the best way to cope with a situation. "The reality for most family members is that they swing from one unsatisfactory position to another; they try one method of coping with what is often an intolerable situation, and then reject that method as 'not working' and try another" (Velleman et al., 1993, p. 1288).

Despite the huge difficulties that mothers may face in coming to an understanding of and knowing which resources to make use of in order to deal with their children's struggles with substance abuse, the literature suggested that there were a number of resources that mothers

may try to draw on in order to deal with their children's struggles with substance abuse. This literature included studies which focus on Sense of Coherence in mothers of children with other difficulties (Mak, Ho & Law, 2007; Pozo, Sarriá, & Brioso, 2011). These studies are including in this discussion as Orford et al. (2010) suggested that the experience of living with a relative who struggles with substance abuse shares some similarities with family members' experiences of living with a relative who has a disability or terminal illness.

Based on Hastings and Taunt's (2002) study on how families' positive outlook on their children's developmental disabilities helped them to cope, it is extrapolated that mothers' ability to maintain a positive outlook on their children's struggles with substance abuse could act as a resource which helps them to cope. This is similar to Pozo et al.'s (2011) study on autism which suggested that parents' perceptions of their children's 'problems' influenced their ability to cope.

An external resource which is commonly referred to in the Sense of Coherence literature is the perceived importance of social support (Mak et al., 2007; Pozo et al., 2011). However, due to the experiences of shame and guilt that are often associated with substance abuse (Bancroft et al., 2002), family members' often found it difficult to talk about the problems that they faced (Orford et al., 2013). The shame that resulted from the stigma associated with their children's struggles with substance abuse often led to mothers' isolating themselves from their extended family and friends (Bancroft et al., 2002; Butler & Bauld, 2005). Furthermore, as a result of the general social perception that substance abuse results from poor parenting, mothers often felt that extended family and friends blamed them for their children's struggles with substance abuse (Jackson et al., 2006). Together with their fear of being perceived as bad parents, the stigma and shame associated with their children's struggles with substance abuse often led to the mothers feeling isolated, unsupported and misunderstood (Jackson et al., 2006). In a study by Fotopoulou (2012) that assessed Greek substance abusers' (n= 40) perceptions of the progression of their drug use, as well as the ways in which their parents (n= 8) responded to their substance abuse, many parents reflected on how their children's abuse of substances gradually reduced their own social lives, to the point where their friendships were almost non-existent. Parents often reported having to 'put up a front' in order to retain their sense of dignity around others; a task that was often highly demanding. When family members – including mothers – did open up to others, they appreciated the support of people who did not judge them. Mothers particularly valued the support of people who had also been through the experience of living with a relative who struggled with substance abuse (Orford et al., 2010).

In addition to the resources which have been identified above, through their cumulative research over the course of twenty years, Orford et al. (2010, 2013) identified three broad ways in which families try to cope with a relative's struggle with substance abuse. Firstly, families tried to put up with the relative's struggle with substance abuse. This broad category of coping suggested that mothers could resign themselves to inaction in the face of their children's struggles with substance abuse. This could include mothers trying to cope by accepting things as they are or sacrificing their own lives in order to accommodate their children's struggles with substance abuse.

The second way that mothers coped with their children's struggles with substance abuse was by standing up to their children's behaviour. This involved mothers' assertively stating what they saw as acceptable or unacceptable behaviour and helping their children to seek treatment. Standing up to their children's struggles with substance abuse also included the coping strategies of 'trying to regain control' and 'resisting, refusing and limiting' which were identified by Orford et al. (2005). Orford et al. (2005) maintained that family members often attempted to cope with their family member's struggle with substance abuse by attempting to exercise control over the family and home environment. The parents involved in Fotopoulou's (2012) study stated that they would often attempt to control their children's struggles with substance abuse by taking control of various aspects of their lives, such as helping their children to find work, limiting their contact with other substance users, and attempting to get their children to attend a rehabilitation centre. These attempts to control their children were made in an effort to restore a sense of stability within their family life and home environment. Fotopoulou (2012) also reported that when parents attempted to get their children in to a rehabilitation centre, it was often tied to their realisation that they could not cope with their children's problematic drug use on their own.

A commentary by Marshall (1993) also reported this pattern of parents attempting to deal with their children's problematic substance use on their own. Marshall (1993) reported that when parents realised that they could not cope with their children's problematic substance use on their own, they often felt ashamed, as turning to outside sources was seen as an admission of their failure to support their children. This also suggests that these parents found it difficult to break the silence of addiction (White & Savage, 2005), as parents are often blamed for their children's difficulties.

Another prominent finding from Fotopoulou's (2012) study related to Orford et al.'s (2005) category of 'resisting, refusing and limiting', which referred to situations where family members attempted to change the patterns of interaction with a family member who struggled with substance abuse. In Fotopoulou's (2012) study, this involved parents attempting to resist or limit their children's requests. This often involved resisting their children's requests for money or restricting their access to money, drugs or to the home.

The third category of coping referred to by Orford et al. (2010, 2013) involved withdrawal and independence. This category of coping involved mothers' putting distance between themselves and their children, getting highly involved in other activities, requesting that their children leave their homes, or taking actions that improved their lives despite their children's struggles with substance abuse. The duration of these coping strategies varied from an hour to indefinitely. While it was not particularly clear, it seemed as though this category of coping was at times used by family members in order to bring the focus back on themselves, to focus on their "own quality of life" (Orford et al., 2010, p. 54). Thus, more drastic actions, such as parents requesting that their children leave the home, may have been attempts to regain their own quality of life. Parents often felt physically and emotionally exhausted by the stressors associated with their children's struggles with substance abuse and may have withdrawn from their children in an attempt to regain their quality of life or sense of self.

2.4.3 Meaningfulness

Similar to the component of manageability, the third component of Sense of Coherence, namely meaningfulness, builds on the component of comprehensibility. Where comprehensibility refers to life making sense cognitively, meaningfulness gives individuals the sense that "life is emotionally worthwhile and sensible" (Van Breda, 2001, p. 23). When a stressful situation is perceived as meaningful, meaningfulness provides individuals with the emotional energy that they need to deal with the situation (Van Breda, 2001). When individuals view a stressful situation as meaningful, they view the situation as a challenge that is worthy of their emotional commitment rather than as a burden within their lives (Van Breda, 2001).

Based on Orford et al's (2010) explanation of why family members find their relative's struggles with substance abuse so stressful, it is inferred that the amount of time and energy that mothers have invested into raising their children, provides them with the sense that it is meaningful to commit themselves to enduring through the stress associated with their

children's struggles with substance abuse. This explanation suggested that that the emotional energy that mothers have invested into their roles as mothers, may provide them with the emotional energy that they need to endure through the stress associated with their children's struggles with substance abuse. Furthermore, as being a mother "is the role that women rate as being most salient in their lives" (Francis-Connolly, 2000, p. 281), it is believed that mothers are provided with a sense of meaningfulness by virtue of their role of being a mother.

A point of deliberation tied to meaningfulness and motherhood is the strong theme of self-blame or guilt that mothers experience as a result of their children's struggles with substance abuse. The results from Arcidiacono et al.'s (2009) study highlighted how many parents felt that the bad decisions that they made in the past contributed to their children's struggles with substance abuse. Examples of these bad decisions included a mother who felt that her stormy and violent divorce contributed to her son's struggle with substance abuse and a father who felt that he worked too hard and that his lack of a relationship with his children caused their substance abuse. A further example of this would be Moriarty, Stubbe, Bradford, Tapper and Lim's (2011) study that focused on New Zealand families' (n= 19) experiences of living with substance abuse. Moriarty et al. (2011) found that the parents included in the sample often felt guilty and blamed themselves for their children's struggles with substance abuse. Furthermore, this guilt and blame made the parents feel that it was their duty to fix their children's problems.

It is proposed that while mothers attain a great sense of meaningfulness from their role as mothers, they also experience a great deal of self-blame and guilt when their children struggle with substance abuse. This self-blame and guilt could be tied to the discourse of mother blaming, which is a serious and pervasive problem where mothers are "held responsible for the actions, behaviour, health and well-being of their (even adult) children" (Jackson & Mannix, 2004, p. 150). Mother blaming can be seen in many areas of society, including theories on mental health such as psychoanalysis, psychodynamic approaches and attachment theory (Billings, 1995; Phares, 1992).

Two prominent studies by Ruddick (1980, 1989) argued that mothers are tasked with the responsibility of facilitating their children's overall development. The adequacy with which mothers performed these tasks was thought to be monitored by the broader social group. Ruddick (1980, 1989) argued that these social norms placed pressure on mothers to meet these social expectations of mothers, which were often idealistic standards that were near impossible to attain (Van Doorene, 2009). When mothers do not meet these idealistic standards, it could

lead to them experiencing the burden of blame in the form of "guilt, feelings of inadequacy, anger and self-blame" (Jackson & Maddix, 2004, p. 154).

While mothers may find being a mother rewarding and an important part of their identity, it is also possible that their sense of responsibility for the children could lead to what Moriarty et al. (2011) identified as their persistent efforts to fix their children's problems. This sense of responsibility, or the importance of being a mother, could lead to mothers attempting to fix their children's problems in order to redeem their sense of self-worth. This claim would seem to be supported by Ryff, Schmutte and Lee's (1996) research which focused on how children's achievements in life influenced parent's self-evaluations. The results from Ryff et al.'s (1996) study suggested that parent's sense of well-being was closely tied to their children's accomplishments. This would resonate with Ruddick's (1980) assertion that "when their children flourish, mothers have a sense of well-being."

A point of consideration regarding motherhood and self-blame could be a result from Skärsäter, Dencker, Bergbom, Häggström and Fridlund's (2003) Salutogenic perspective on Swedish women's (n= 13) conceptions of coping with major depression. An intriguing finding from this study was that the women seemed to challenge their "old values and ingrained role expectations and, when successful, this process led to increased manageability of their lives" (Skärsäter et al., 2003, p. 433). While the stressors that these women experienced possibly differed from those of mothers' whose children struggled with substance abuse, it does suggest that their children's struggle with substance abuse could lead to mothers contemplating their roles and expectations as mothers. This contemplation could lead to a change in meaningfulness and comprehensibility which could, in turn, influence the way that mothers cope with their children's struggles with substance abuse.

This apparent interconnectedness between motherhood and self-blame seem to suggest a dynamic interconnectedness between the components of Sense of Coherence. This apparent interconnectedness is considered following a discussion of Antonovsky's (1987) suggestions regarding the interrelatedness between the three components of Sense of Coherence.

2.4.4 Relations between the three components of Sense of Coherence

Antonovsky's (1987) suggestions regarding the dynamic interrelatedness between the three components of Sense of Coherence (SoC) provides some indication of how mothers' SoC may

be influenced by their children's struggles with substance abuse. Based on the discussion of how mothers' experiences of living with a child who is struggling with substance abuse may be related to the three components of SoC, it is believed that mothers would experience low levels of comprehensibility and manageability and high levels of meaningfulness. Antonovsky (1987) believed that individuals low on comprehensibility and manageability but high on meaningfulness were the most interesting cases. Such individuals were likely to "show a profound spirit" and were also likely to be "deeply engaged in the search for understanding and resources" (Antonovsky, 1987, p. 21). Even when there is no guarantee of success, such individuals will believe that there is a chance. This would suggest that even when mothers feel as though they do not understand and cannot cope with their children's struggles with substance abuse, they will persist in an effort to understand and cope with their children's struggles with substance abuse, as they believe that there is always the chance that their children will break free from their struggles with substance abuse.

Antonovsky (1987) maintained that meaningfulness was perhaps the most important component of SoC. Without it, high levels of comprehensibility or manageability are likely to be temporary. In contrast, the path is open for the committed and caring person (high meaningfulness) to gain the understanding (comprehensibility) and resources (manageability) to deal with the stressors that they are faced with.

Linked to the discussion between motherhood and self-blame in the previous section, it would seem that meaningfulness is indeed a significant component of Sense of Coherence. It is suggested that motherhood provides mothers with a sense of meaningfulness or the desire to support their children despite all the difficulties that they may face. Being a mother and having a sense of responsibility for their children could also suggest that mothers make sense (comprehensibility) of their children's struggles with substance abuse by blaming themselves. The ways in which they attempt to cope with their children's struggles with substance abuse (manageability) could also be influenced by this self-blame (comprehensibility) and an attempt to restore their sense of self-worth (meaningfulness).

The section which follows presents a discussion of Antonovsky's (1987) concept of boundaries. This concept seems to reinforce the importance of motherhood and the difficulties that mothers may face in attempting to separate their lives from their children's struggles with substance abuse.

2.5 Relevant Salutogenic literature

A strong criticism of Antonovsky's (1979, 1987) Salutogenic paradigm would be a lack of literature which could support the focus of the current study. Since the theoretical framework for Sense of Coherence was developed by Antonovsky (1979), the major breakthrough in the field has been the operationalization of the Sense of Coherence construct. Due to the availability of Antonovsky's (1987) Sense of Coherence Scale, the vast majority of the research on the Sense of Coherence has been quantitative in nature. This criticism would relate to Eriksson's (2009) review of the studies on salutogenesis between 1992 and 2003. Eriksson (2009) found that there was a lack of research on salutogenesis based on qualitative research methods. Despite this lack of literature, there are a small number of qualitative studies which could add to the focus of this study.

Skärsäter et al.'s (2003) study presented a number of findings which could be relevant to mothers' experiences of living with a child who struggled with substance abuse. The finding that women who were coping with depression found a sense of meaningfulness in optimism and faith seemed to be relevant to mothers' experiences. Considering the dynamic interrelatedness between the components of Sense of Coherence and a strong sense of meaningfulness, optimism and faith could encourage mothers to hope for the best regarding their children's struggles with substance abuse, even when there seems to be no hope.

Strang and Strang's (2001) exploration of whether spirituality contributed to brain tumour patients' and their partners' Sense of Coherence suggests that optimism and faith could also be interpreted in a spiritual light. This research seemed to position spirituality as a generalised resistance resource that provided brain tumour patients and their spouses with a greater Sense of Coherence. Strang and Strang (2001) maintained that this was because the spiritual beliefs that people hold often provide them with a way of seeing the world. People are likely to draw on their spiritual beliefs in order to make sense of their life experiences – which relates to comprehensibility. The understandings that people develop are also likely to affect the way that they approach a problem and thus the resources that they turn to in order to deal with the challenges that they are faced with – which relates to manageability. Additionally, spiritual beliefs generally provide people with answers to the existential questions that they are faced with. These answers could provide people with the motivation that they need to persevere and face difficult situations – which relates to meaningfulness (Strang & Strang, 2001).

Strang and Strang's (2001) study also focused on the three components of Sense of Coherence. The results indicated that in terms of comprehensibility, the participants seemed to rely on messages from the media in order to understand the origins of cancer or brain tumours. In the context of this study, it would be important to consider how the messages that mothers receive from the media influence their understanding (comprehensibility) of their children's struggles with substance abuse. This study has proposed that there is a discourse of mother-blaming that pervades many societies and it is possible that the media contributes to this discourse and the stigma associated with substance abuse.

Strang and Strang's (2001) study also highlighted how a lack of information on cancer inhibited the participants understanding of the illness which reduced their comprehensibility of the situation and increased their sense of uncertainty. A number of studies suggested that the stigma associated with substance abuse and possibly being viewed as a 'bad mother' may make it difficult for mothers to approach external organisations for assistance regarding their children's struggles with substance abuse (Arcidiacono et al ., 2009; Moriarty et al., 2011; White & Savage, 2005). Strang and Strang's (2001) study suggested that this difficulty with approaching organisations for information or assistance regarding substance abuse could make it difficult for mothers to understand and cope with their children's struggles with substance abuse.

Milberg and Strang (2004) explored the components of comprehensibility and manageability in family members who were involved in caring for a family member who was terminally ill with cancer. A central theme from the study suggested that family members sharing the responsibility of caring for a family member improved family members' ability to cope. This suggests that if the mothers of children who struggle with substance abuse are overloaded with the responsibility of assisting their children, they could perceive the situation as unmanageable. This seems to relate to Arcidiacono et al.'s (2009) study where the participants (mostly mothers) felt that they were the only family member who was concerned about their relative's well-being and who supported their relative in his or her treatment. Relating this to this discussion of motherhood in section 2.5.3, mothers are often held responsible for their children's well-being. This could explain why other family members place the bulk of the responsibility on mothers.

A final study that appeared to be relevant to this study included research by Johansson, Anderzen-Carlsson, Ahlin, and Andershed's (2010). This study focused on Swedish mothers' (n= 16) everyday experiences of living with an adult child who struggled with a lasting mental

illness. Much like the literature on mothers' experiences of living with a child who struggled with substance abuse, Johannson et al. (2010) found that that the mothers felt that others blamed and judged them for their children's mental illnesses. This finding seemed to reinforce literature related the serious and pervasive nature of mother-blaming, as mother-blaming cuts across various issues related to children's well-being.

Johansson et al. (2010) also found that the mothers' lives tended to revolve around their mentally ill children and their needs. This is a finding that corresponds with mothers' experiences of living with a child who struggled with substance abuse (Arcidiacono et al., 2009; Fotopoulou, 2012). Having their lives revolve around their children's needs and the effects that this has on the parents' well-being is a finding which is also well documented in studies where children struggle with other difficulties such as autism (Mak et al., 2007), intellectual disabilities (Mackey & Goddard, 2006), and physical disabilities (Margalit, Raviv & Ankonina, 1992).

2.6 Resilience, thriving and hardiness

In 1998, a special issue of the Journal of Social Issues (Ickovics & Park, 1998b) raised the concept of thriving, which maintained that people's level of functioning could exceed previous levels of functioning as a result of their successful resolution of challenging situations. O'Leary and Ickovics (cited in O'Leary, 1998, p. 429) believed that when confronted with a challenge, people could respond in one of three ways; "they may survive, recover, or thrive." Survival suggested that people continue to function after experiencing a stressor but that their functioning would be lower than their levels of functioning prior to the stressor. Recovery suggested that that people's level of functioning returned to their levels of functioning prior to the stressor – which is similar to the concept of resilience and the ability to bounce back to previous levels of functioning (Carver, 1998). Thriving, in contrast, referred to the ability to go beyond previous levels of functioning, to grow or to flourish as a result of experiencing a stressor (O'Leary, 1998).

In a more detailed description of thriving, O'Leary (1998) conceptualised thriving as a transformation that stemmed from an event of great adversity. For such a transformation to occur, the challenge that people experienced had to be profound, almost overwhelming, shaking the very foundation of their lives. These extreme events were seen as providing people with the "greatest opportunity for a heroic response" (O'Leary, 1998, p. 430), a response which

would lead to a level of functioning that exceeded previous levels of functioning. These transformative events or stressors were deemed to be transformative as they challenged individuals to confront their personal priorities and to re-examine their sense of self. This re-examination of personal priorities and identity was thought to lead to changes in social roles or the reordering of role priorities (O'Leary, 1998).

Van Breda (2001) believed that the question of the characteristics that allowed people to thrive was similar to the Salutogenic question of what allowed some people to remain healthy despite the challenges that they faced. While it seemed as though Sense of Coherence accounted for this ability to thrive, Antonovsky's (1987) description of the dynamism of Sense of Coherence in adulthood seemed to limit its suitability as an explanation for thriving. However, (1979) realised that stressors could enrich people's repertoire or capacity to cope with stressors and could thus enhance their ability to deal with stressors in the future. Thus, Antonovsky's (1979) emphasis on the possible salutary consequences of stressors suggests that positive consequences could result from experiencing a stressor, which could result in individuals thriving or flourishing as a consequence of experiencing a stressor.

The concept of thriving and Antonovsky's (1979) emphasis on the possible salutary consequences of experiencing a stressor are of relevance to the current study. The concepts suggest that it is not impossible to think that, following their children's struggles with substance abuse, mothers' lives could be enriched by their experiences. While the concept of transcendent recovery mainly applies to the self-transformation that many recovering addicts experience in the process of recovery (White et al., 2005; Young & Ensing, 1999), the concept suggests that mothers' could flourish and experience higher levels of functioning as a result of their experiences during their children's struggles with substance abuse.

Like Antonovsky (1979), Kobasa (1979) focused on the relationship between stressors and health. The concept of hardiness could be seen as sharing many similarities to Antonovsky's (1979) concept of Sense of Coherence. The concept of hardiness was seen as including three components, namely commitment, control and challenge (Kobasa, Madi & Courington, 1981). Commitment relates to valuing one's life and relationships and investing oneself in to these valued dimensions. Commitment results in individuals obtaining a sense of purpose which gives them the strength to persist through the difficulties that they face, which is highly reminiscent of the component of meaningfulness. The component of control involves individuals having a sense of control over their situations. While this concept seems to be

similar to Rotter's (1966) locus of control, it also ties to the component of manageability, where individuals feel that they can access resources which will allow them to deal with a difficult situation. The last component of challenge does not necessarily relate to a component of Sense of Coherence, but more to Sense of Coherence as a whole. Individuals with a strong Sense of Coherence understand that life is full of difficult challenges but have the faith that they will be able to work through these difficulties with relative success. This is similar to challenge where individuals see change as normal and view a difficult situation as a challenge rather than a threat (Kobasa, 1982).

2.7 A critique of salutogenesis

In addition to the lack of Salutogenic literature relevant to the focus of this study, a second critique of salutogenesis is that Antonovsky (1978, 1987) seemed to be quite idealistic with regard to the stability versus the dynamism of Sense of Coherence. Antonovsky (1979, 1987) argued that the strength of an individual's Sense of Coherence was more or less stable by adulthood. This was because during adulthood, people's lives were thought to become more routine or stable and thus their experiences became more predictable and stable. What Antonovsky (1987, 1998) suggested was that adults with a strong Sense of Coherence would be able to cope with major challenges in their lives as they had the ability to acquire and utilise resources which would allow them to effectively cope with the challenges that they faced. In contrast, Antonovsky (1998, p. 15) held that adults with a weak Sense of Coherence would remain locked in a "cyclical pattern of deteriorating health and weakening SOC" (Antonovsky, 1998, p. 15).

Geyer (1997, p. 1774) clutched on to this issue of the stability of SoC in adulthood and argued that "neither Antonovsky's work nor research from other authors supports this assumption." Sagy and Antonovsky (1992) did conduct a study where they assessed the stability of retired persons' SOC at two points separated by the duration of a year. However, the study only reported the mean values for the sample at the times of testing and did not provide any information on the intra-individual stability of the Sense of Coherence. Thus, Geyer (1997) argued that definitive answers regarding the stability of the SOC and its resistance to change were yet to be found. This was a point that Antonovsky (1998, p. 15) acknowledged when he stated that his position regarding the stability of SoC was just a hypothesis, "based on

theoretical considerations, and is not based on empirical evidence. I may very well prove to be wrong."

Another criticism seemingly related to the stability of the SoC would be Antonovsky's (1987) concept of boundaries. Antonovsky (1987) proposed that people may not have to see the entire world as coherent, but that they may instead focus on the coherence of certain spheres of their lives. On this point of boundaries, Bandura's (1977) work suggested that people's attitudes and behaviours were likely to be influenced by the extent to which they experienced a sense of competence in the domain under question. This logic could be applied to the Sense of Coherence. It is possible that people will have a greater Sense of Coherence in the spheres of their lives where they have greater experience and a greater sense of competence. Thus, while mothers may feel competent as parents, mothers who are confronted with the novel situation of their children's struggles with substance abuse, could possibly feel less experienced and less capable of dealing with their children's struggles with substance abuse.

A final criticism, or point of consideration, relates to the broader pathology and positive psychology paradigms. While this study noted that mothers' experiences of living with a child who struggled with substance abuse seemed to resonate with Antonovsky's (1979) Salutogenic paradigm and the concept of Sense of Coherence, the pervasiveness of the pathology paradigm cannot be overlooked. For example, Moriarty et al. (2011) focused on New Zealand family members' experiences of living with a relative who struggled with substance abuse, in an effort to develop a better understanding of how families could be assisted to become more resilient. This study highlighted how mothers could potentially reflect on their experiences of living with a child who struggled with substance abuse:

> A new and unexpected finding from this study is that the concept of resilience, as defined in the existing literature, was not spontaneously acknowledged by our family participants, even though care had been taken in the interviews to use neutral lay terminology. Participants did not report using positively adaptive coping strategies that would be expected to give the family resilience, instead describing their coping strategies as "insanity in chaos", putting up a brave front, using denial and distancing. Participants described short-term survival strategies such as minimising, making allowances, turning away or carrying on, but recognised in retrospect that these strategies had proved maladaptive in the longer term (Moriarty et al., 2011, p. 216).

This excerpt seems to point out that while Antonovsky's (1979) Salutogenic paradigm would place a sense of pressure on this study to identity the factors that contributed to mothers' ability to stay healthy despite the difficulties associated with their children's struggles with substance abuse, mothers may not reflect on their experiences in a positive or Salutogenic manner.

However, this may not indicate that mothers' experiences of their children's struggles with substance abuse are completely negative or that mothers felt completely helpless. Instead, Barnard's (1994) study would suggest that due to the influence of the pathology paradigm, mothers may tend to magnify their problems and minimize their strengths. In mentioning this, the intention is not to downplay mothers' experiences. The intention is to point out the potential conundrum regarding the potential influence that the pathology paradigm may have on mothers' experiences of living with a child who struggled with substance abuse.

2.8 Conclusion

This chapter has illustrated how the pathology paradigm, which has largely organised research within the sciences for more than two centuries, has influenced the way in which researchers have understood families that included an individual who struggled with substance abuse. This paradigm focused on identifying the underlying causes of addiction and was more likely to focus on how individual family members' contributed to another family member's struggle with substance abuse than on family members' subjective experiences of their relative's struggle with substance abuse.

The influence of the pathology paradigm was noted in early family therapy literature, where a pattern of enmeshment in the mother-child relationship was thought to contribute to children's struggles with substance abuse. Furthermore, children's substance abuse was thought to represent an attempt to detour parents' attention away from their marital difficulties, by getting them to focus on their children's substance abuse. A pattern of mother-blaming was also noted in a number of studies which held that a lack of parental support and monitoring contributed to children's struggles with substance abuse.

These studies generally neglected to take account of the potential impact that substance abuse had on family functioning and generally conveyed the idea that family dysfunction preceded substance abuse. This view appeared to stand in contrast to that of literature which focused on family members' subjective experiences of a relative's struggle with substance abuse.

The main theme of this literature, namely how children's struggles with substance abuse appeared to influence their mothers' general well-being, appeared to relate to the concept of Sense of Coherence, or how individuals remain healthy despite the difficulties that the face. This more subjective literature also appeared to provide greater insight in to the ways in which

the mothers may have understood, managed, and made meaning of their children's struggles with substance abuse.

This literature suggested that mothers may struggle to understand their children's struggles with substance abuse. Families appeared to struggle to know how best to approach their children's struggles with substance abuse. Families often attempted to manage by themselves, based on their own understanding of their children's struggles with substance abuse. Parents often held different views on how best to approach their children's struggles with substance abuse, with their means of managing their children's struggles with substance abuse perhaps developing from gender role expectations. The greatest source of meaningfulness, or will for the mothers to support their children despite the difficulties that they faced, was thought to develop from the great levels of emotional and physical energy that mothers had given to raising their children. It was also held that pervasive nature of mother-blaming, where mothers are often held responsible for their children's overall well-being, contributed to the mothers of children who struggled with substance abuse experiencing higher levels of guilt and shame. This guilt and shame, in turn, represented a source of meaningfulness that potentially motivated the mothers to fix their children's problems.

While there were a small number of qualitative studies that developed from the Salutogenic Paradigm, these studies provided some insight in to how mothers may understand, manage, and make meaning of their children's struggles with substance abuse. This lack of relevant, qualitative salutogenic literature contributed to the research design adopted for this study.

CHAPTER THREE: RESEARCH METHODOLOGY

This chapter commences with a description of the qualitative, basic interpretive research design that was utilised in this study. This design was selected as it allowed for a deeper exploration of the research question. Furthermore, aligned with the research question, the design provided the opportunity to understand how mothers interpreted their experiences and how these means of meaning making influenced their Sense of Coherence during their children's struggles with substance abuse.

The sampling method utilised in this study involved non-probability, purposeful criterion sampling. Two selection criteria were set as a means of ensuring that the potential participants had experiences which were relevant to the focus of this study. Participants were recruited from Mighty Wings Life Centre (MWLC), which is a community-based, family focused, substance abuse recovery organisation based in Johannesburg. This organisation was thought to be pertinent in terms of participant recruitment, as it supported a number of mothers whose children were recovering from their struggles with substance abuse.

After attaining ethical clearance for this study, an information letter which outlined the details of this study, was sent out to potential participants. A total of nine semi-structured interviews were conducted at MWLC. Literature relating to the Sense of Coherence and Antonovsky's (1987) Sense of Coherence Scale were consulted in the development of the research instrument. Open-ended questions were developed in an attempt to allow for a deeper exploration of the research question. The method of data analysis utilised in this study was that of thematic content analysis, where the conceptualisation of each component of Sense of Coherence were held in mind when analysing the data.

3.1 Research design

This study was based on a qualitative, basic interpretive research design. From a qualitative approach, researchers attempt to study phenomena in their natural settings, attempting to make sense of or interpret these phenomena in terms of the meaning that individuals attribute to them (Denzin & Lincoln, 2005). The choice of a qualitative research design was based on the relative dearth of literature on the topic of this study. A qualitative approach allowed for the exploration of and the emergence of a deeper understanding of the topic (Cresswell, 2007). Furthermore, it was held that a deeper understanding of the factors that may influence mothers' Sense of

Coherence during their children's struggles with substance abuse could only be attained by focusing on the mothers' experiences during their children's struggles with substance abuse. A basic interpretive or constructivist approach was subsequently selected for this study as its primary focus was on experience.

Constructivism maintains that reality is based on an individual's internal construction or interpretation of reality (Hansen, 2004). It assumes that there is no single reality of a phenomenon, but rather that people develop multiple and equally valid realities (Ponterotto, 2005). This perspective appeared to be aligned with the research question, particularly the component of comprehensibility, where it was held that the ways in which the mothers made meaning of or understood their children's struggles with substance abuse perhaps contributed to how the mothers interpreted and responded to the reality of their children's struggles with substance abuse.

Constructivism also maintains that the meaning that individuals attribute to an event is hidden and that this meaning can be brought to the surface (understood) through deep reflection (Ponterotto, 2005). A central tenet of constructivism is that this hidden meaning can only be uncovered through the process of interaction (Ponterotto, 2005). Importantly, it was held that the meaning that the mothers attributed to their children's struggles with substance abuse could be elicited through an interactive researcher-participant dialogue – such as an interview (Ponterotto, 2005). It was held that this process of the co-construction of meaning took place, during the interviews, in the interaction between the researcher's attempt to understand the mothers' experiences and the mothers' attempts to convey the depth of their experiences.

3.2 Procedure

Prior to conducting this study, a research proposal was submitted to the Internal Ethics Committee of the University of the Witwatersrand, Faculty of Humanities, Discipline of Psychology. Once ethical approval had been granted, the researcher approached Mighty Wings Life Centre (MWLC) to inform them about the nature of this study. This community-based, family focused, substance abuse recovery organisation was based in two locations. The first location was in Benoni and the individuals who made use of the organisation were mainly from the eastern suburbs of Johannesburg. The second location was based in Randburg and the individuals who made use of this branch of the organisation were mainly from the northern suburbs of Johannesburg. In July of 2013, it was estimated that there was a total of

approximately two hundred and fifty individuals who made use of the organisation's services, with approximately one hundred and twenty of these individuals supporting an individual who was in recovery from substance abuse. It was estimated that there were about sixty mothers who were supporting a child who was in recovery from substance abuse.

With the permission of MWLC, letters were sent out to potential participants to inform them about the opportunity to participate in this study. This letter provided potential participants with a brief description of the nature of the study and also informed them about the selection criteria and their rights as participants (Appendix A). Potential participants were invited to participate in the study by contacting the researcher via the contact details provided in the aforementioned letter.

Interviews were conducted at MWLC's premises in June 2013. The interviews were audio-recorded in order to fully capture all of the information that the participants provided in their interviews. For data quality reasons, the interviews proceeded in quiet, well soundproofed rooms in order to reduce background noise and disturbances. The interviews were conducted in English and the majority of the participants articulated themselves with relative ease during their interviews.

Once the necessary data had been collected, due to the researcher's time-constraints, the audio-recordings of the interviews were transcribed by an individual who the researcher was referred to by a senior lecturer in the department of psychology. The conventions used for transcription developed from the summation of transcription conventions utilised by Langa (2012). These transcription conventions included the use of the symbol "/" to indicate a correction or stumbling in speech, words enclosed in brackets "[]" to indicate instances where the transcriber found the audio to be inaudible, and parentheses "…" to indicate shorter periods of silence (see Appendix B).

3.3 Sampling

The sampling method that was utilised in this study was non-probability, purposeful criterion sampling. Based on purposeful criterion sampling, participants were selected on the basis that they met a predetermined criterion or set of criteria (Patton, 1990). There were two predetermined criteria that participants had to meet in order to be considered for participation in this study. Firstly, a participant must have had the experience of being the mother of a young

adult child who struggled with substance abuse. The decision to include mothers whose children struggled with substance abuse during the developmental period of young adulthood (between the ages of 18 and 25) was tied to the progressive or developmental nature of substance use. As the onset of substance use frequently occurs during adolescence and peaks in substance abuse during the developmental period of young adulthood (Chassin, Presson, Il-Cho, Lee, & Macy, 2013), it seemed likely that the mothers of young adult children were more likely to have had experiences of living with a child who struggled with substance abuse. The second criterion was that at the time of the study, the participants' children had to be between the ages of 18 and 25. Essentially, this criterion attempted to include participants who had more recent experiences of living with a young adult child who struggled with substance abuse.

In terms of the characteristics of the sample, a total of nine mothers participated in this study. The average age of the participants was 48, with the participants' ages ranging from 39 to 67. Most of the mothers were married. Three of the mothers had divorced their children's fathers, with one of these mothers having remarried. The majority of the participants were White South Africans and one mother was an Indian South African.

The participants had an average of two children. Regarding the characteristics of the children that the mothers discussed in their interviews, slightly more (n= 4) of the young adult children who struggled with substance abuse were the youngest child in the family. Six of the mothers discussed their sons' and three of the mothers discussed their daughters' struggles with substance abuse. The average age of the young adult children was 22, with ages ranging between 19 and 25.

Aligned with Guba's (1981) measures of trustworthiness, this study moved beyond a basic description of the participants and attempted to offer a rich description of the participants and their contexts. Hence, based on the time at which the mothers first became aware of their children's use of substances, the average age at which the young adult children started using substances was the age of 16. The young adult children had been using substances for an average of 5 years, with the duration of use varying between 2 and 10 years. While many of the mothers stated that their children progressed from substances such as alcohol and cannabis, most of the young adult children (n= 6) had primarily used methcathinone (CAT), two of the young adult children had used heroin and one had used crystal methamphetamine.

As the study was advertised at two branches of MWLC, half of the participants were from the surrounding areas of Benoni and half of the participants were from the areas surrounding

Randburg – this distribution was not based on selection procedures. Five of the mothers had been involved with MWLC for more than a year whereas four of the mothers had been involved with MWLC for just over a month.

Most of the mothers described their communities as quite affluent, middle-class, quiet and safe neighbourhoods. Mothers' descriptions of their communities suggested that it was not difficult for children to purchase drugs. While one of the mother's descriptions of her community was not shared by the other mothers, her description highlighted how her community used to be a quiet, normal area. She said that in the past five years or so, her community had been taken over by drugs, with a drug dealer on almost every street corner. She did not feel safe in her community and was considering relocating to another neighbourhood.

While it is difficult to attain a definitive picture of drug use in Benoni and Randburg, newspaper reports suggest that it is a prevalent issue within these communities. For example, a report in the Look Local newspaper in Benoni reported that in one week, the South African Police Services (SAPS) made 138 arrests for drug possession in the Benoni cluster (Matsimela, 2013, July 08). In 2010, the East Rand Organised Crime Unit bust a drug lab worth approximately 5.4 million rand operating in Benoni (City Press, 2010, April 01). A report in 2012 also highlighted how several police offers at the Randburg Police Station were being investigated for their complicit involvement in drug dealing (Lewis, 2012, October 25).

3.4 Data collection and instrument

The method of data collection utilised in this study was that of semi-structured individual interviews. Semi-structured interviews were employed in this study as this method of data collection made it possible to develop a deeper understanding of the participants' lived experiences. In operationalising the research question, the research instrument (interview schedule) was developed according to the researcher's understanding of the components of Sense of Coherence.

Antovosky's (1987) definition of comprehensibility appeared to quantify this component of Sense of Coherence as the extent to which individuals could make sense of stimuli from their internal and external environments. A more exploratory operationalisation of comprehensibility was utilised in order to develop a deeper understanding of how the mothers understood their children's struggles with substance abuse. The questions included in the

interview schedule, which related to comprehensibility, focused on how the mothers understood what was happening in their lives during their children's struggles with substance abuse and how their children's struggles with substance abuse influenced how the viewed or understood themselves.

Aligned with Antonovsky's (1998) definition of manageability, questions in the interview schedule focused on the different means of coping or managing that the mothers attempted to employ in order to manage the difficulties that they were confronted with during their children's struggles with substance abuse. Similarly, questions included in the interview schedule, which focused on meaningfulness, attempted to develop a deeper understanding of what may have motivated the mothers to continue supporting their children, despite the difficulties that they faced. Flensborg-Madsen, Ventegodt and Merrick's (2006) proposed amendment to Antonovsky's (1987) Sense of Coherence Scale was also consulted in order to develop this study's research instrument (see Appendix C for interview schedule).

3.5 Data analysis

The method of data analysis utilised in this study was that of thematic analysis. Thematic analysis is used to identify, analyse, and report patterns or themes that are found within a data set (Braun & Clarke, 2006). Themes or patterns can be identified in one of two ways in thematic analysis; namely, inductive or a 'bottom-up' analysis or in a theoretical or 'top-down' analysis (Braun & Clark, 2006). Inductive analysis involves a process of coding data without the intention of fitting the data to a "pre-existing coding frame, or the researcher's analytic preconceptions" (Braun & Clark, 2006, p. 83). In contrast, a theoretical thematic analysis is guided by the theory that guides a research project. This form of analysis provides a more detailed analysis of the data in relation to a particular theory, with subsequently often results in less richness in the description of the data overall (Braun & Clark, 2006).

This study made use of a theoretical thematic analysis. This decision was based on the research question, which largely focused on the connection between the theoretical concept of Sense of Coherence and mothers' experiences of living with a child who struggled with substance abuse. It was important to make the decision between inductive and theoretical thematic analysis as the approach adopted by the researcher would have influenced the way in which he analysed his data (Braun & Clark, 2006).

In the context of the current study, the researcher approached the analysis of the data with the definitions of the three components of Sense of Coherence in mind. In conducting the theoretical thematic analysis, the study followed the six phases of thematic analysis outlined by Braun and Clarke (2006).

The first phases of thematic analysis identified by Braun and Clarke (2006) requires researchers to familiarise themselves with the data that they collected within their studies. During this phase of the thematic analysis, the researcher immersed himself in the data that he collected. While the researcher did not personally transcribe the interviews, he listened to the recording of each interview during his initial reading of each transcription. This initial reading of the transcriptions also involved the researcher briefly jotting down his ideas regarding the data. In some instances this included jotting down the sense that a mother seemed to blame herself for her child's struggle with substance abuse, the thought that a mother seemed to move between understanding her son's struggle with substance abuse as a choice and as her fault, and thoughts about how a mother's financial resources appeared to greatly assist her in managing or treating her child's struggle with substance abuse.

The second phase of the thematic analysis involved coding the data, with codes referring to small but meaningful categorisations of sections of data (Braun & Clarke, 2006). This process of coding was conducted across the whole dataset. Examples of these codes included peer pressure, where the mothers appeared to understand their children's struggles with substance abuse as developing from the influence of friends, and parental conflict, where the mothers appeared to discuss difficulties in their relationship with their partners. In his second reading of the data, the researcher developed brief ideas regarding possible meaningful categorisations of the data. He then re-read through the data and attempted to refine and organise the data according to codes.

The third phase of the thematic analysis involved the identification of subthemes and themes. A theme, which is often broader than a code, "captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p. 82). This phase involved organizing codes into potential subthemes or overarching themes. Subthemes were generated by attempting to identify the patterns or similarities between various codes.

This included pulling the codes of blaming friends, broader social factors and husbands for their children's struggles with substance abuse under the subtheme of blaming others or the

mothers' externalisation of responsibility for their children's struggles with substance abuse. The subthemes of externalising responsibility and blaming themselves for their children's struggles with substance abuse were thought to contribute to a broader theme of responsibility, where the mothers struggled to determine who was responsible for the etiology of their children's struggles with substance abuse and for bringing about change. The researcher also attempted to make use of visual representations (mind maps) in order to assist with this process of organising codes in to subthemes and overarching themes.

The fourth phase of the thematic analysis involved reviewing the initial themes and determining whether the data incorporated into these themes was coherent. The first level of this revision involved re-examining the codes within each theme and determining how they fitted together. This involved an attempt to describe and jot down the apparent relationship between codes, subthemes and possible themes. This level of revision also involved moving between the data and existing literature. This consultation of existing literature assisted in clustering the data.

The second level of revision involved determining how well the themes captured the meaning of the data as a whole. This was applied by attempting to determine whether the themes captured the codes developed across the data. It was held that the themes captured the vast majority of the smaller categorisations of the data.

The fifth phase of data analysis identified by Braun and Clarke (2006) involves further defining and refining of the themes. At a basic level, this phase involved the researcher writing a detailed analysis of the 'story' of each theme. This description of the story of each theme required the researcher to draw on existing psychological constructs in an attempt to refine and describe the themes. This phase also required a more advanced consideration of how the 'story' of each theme fitted with the broader 'story' of the data as well as the research question posed by this study. By the end of this phase, the researcher aimed to ensure that each theme and the distinctions between the themes were well-defined.

The final phase of the thematic analysis involved producing a write-up of the results of the analysis. Braun and Clarke (2006) maintained that it is important that the write-up of the analysis provides a concise, clear, and interesting account of the story of the data. Essentially, the purpose of this phase was for the researcher to tell the reader about the intricate story of the data, in such a way that it convinced the reader about the strength of the researcher's analysis.

3.6 Measures of trustworthiness

In order to ensure the trustworthiness or quality of results, this study made use of Guba's (1981) four measures of trustworthiness namely, credibility, transferability, dependability, and confirmability. This section describes a number of methods that were employed in this study in order to ensure its trustworthiness.

Credibility refers to the methods that researchers can adopt in an attempt to ensure that the phenomenon under study is being presented accurately (Shenton, 2004). A number of methods were followed in order to ensure the credibility of this study.

Firstly, the research instrument for this study was based on an understanding of Antonovsky's (1979) explanation of the components of Sense of Coherence as well as Flensborg-Madsen et al.'s (2006) proposed amendments to Antonovsky's (1987) Sense of Coherence Scale. This ensured that the research instrument was based on an accurate understanding of the phenomenon under investigation – that is, Sense of Coherence. Secondly, the study aimed to incorporate tactics which ensured the honesty of the data that the participants contributed to the study (Shenton, 2004). These tactics included ensuring that participation in this study was voluntary as well as reassuring potential participants about the researcher's independence from MWLC. This step was taken in an attempt to allow the participants to be more open and honest with regard the phenomenon under investigation, which may have included their experiences at MWLC. Thirdly, the study made use of peer scrutiny throughout the research project. This scrutiny was provided by an experienced research supervisor who worked with the researcher to ensure that the phenomenon under investigation was represented accurately. The fourth method employed to ensure credibility, focused on providing thick descriptions of the themes which emerged from the study. These thick descriptions, which included a description of the context surrounding the study, aimed to contribute to the reader's ability to determine the accuracy of the study's results (Shenton, 2004). Finally, previous research findings were consulted in an attempt to establish the credibility of this study's results compared to previous, relevant studies.

Much like the concept of generalisability, transferability refers to the extent to which the results of a study can be applied to other contexts (Shenton, 2004). Although qualitative research is generally more concerned with the depth rather than the breadth of an understanding of a phenomenon, Lincoln and Guba (1985) maintained that qualitative research must provide a

detailed description of the context in which a study was conducted in order to allow other researchers to consider the extent to which the results of the study can be applied to other contexts. This study aimed to develop a detailed description of the context of the study by describing the organisation taking part in the study, the context surrounding this organisation, the biographical information of the participants, the number of participants included in the study, the data collection methods employed, the number and length of the interviews, and the total time over which the interviews were conducted.

Dependability refers to the methods that can be employed to ensure that other researchers can replicate the study (Shenton, 2004). This study attempted to enhance its dependability by providing a detailed description of the study's research design and the ways in which it was executed. This included a detailed description of how the data was gathered and analysed by the researcher.

The final measure of trustworthiness is confirmability. Confirmability includes all of the steps that can be taken in an attempt to reduce researcher bias (Shenton, 2004). In addition to the use of reflective commentary, the decision-making processes involved in moving from data collection to the results of the study were documented. This allowed the supervisor of the study to scrutinize the researcher's decision-making processes and to identify any potential researcher bias.

3.7 Ethical considerations

Prior to commencing the interviews, the researcher went through the informed consent document (Appendix D) with the participants. The researcher informed the participants that the information that they provided in their interviews would remain confidential and that their identities would be known only by the researcher. The participants were also informed that, in instances where direct quotes were used, their identities would be protected by using pseudonyms. The researcher outlined how the results would initially be published in the form of a dissertation and thereafter could be published in the form of a research article. Furthermore, participants were informed how they would be able to access this dissertation and any subsequent research if they wished to do so. The researcher also pledged to create an executive summary of the study for the participants.

A separate informed consent form for audio-recording (Appendix E) was also discussed with the participants. Participants were informed that their interviews would be recorded for data quality processes and that the interviews would be transcribed for the purpose of analysing the interviews. The researcher outlined how, for the purpose of ensuring confidentiality, all electronic copies of information provided by the participants would be stored in a password protected file on the researcher's personal computer and that hard copies of any information would be locked in a filing cabinet. The participants were informed that the audio-recordings of the interviews would be kept until the end of the research process would be deleted thereafter. Details were also provided on how the transcriptions of the interviews would be kept for a maximum of five years for future research purposes.

Respecting the dignity of the participants also required the researcher to be attuned to the needs and emotional states of the participants during interviewing. Related to nonmaleficence, while the researcher did not foresee the research causing direct harm to the participants, a concerted effort was made at the end of each interview to discuss how the participants felt about what they had discussed. As reflecting on their experiences during the time of their children's struggle with substance abuse may have reawakened difficult emotions from the past, the researcher also provided the participants with the contact details for a counselling service that was free of charge – Lifeline.

CHAPTER FOUR – RESULTS

This research asked how mothers understood, managed and made meaning of their children's struggles with substance abuse. In answering this question, two themes were identified, both of which illustrated the dynamic relationship between the components of Sense of Coherence.

The theme of responsibility related to the mothers attempts to determine who was responsible for causing their children's struggles with substance abuse as well as who was responsible for bringing about change. This theme illustrated how the mothers moved between different understandings of their children's struggles with substance abuse. The mothers initially externalised responsibility, where their children's struggles with substance abuse were attributed to peer pressure, their husbands or broader social factors. This understanding appeared to occur in unison with the mothers' internalisation of responsibility, where the mothers appeared to understand their children's struggles with substance abuse as stemming from their specific failures or broader failures as mothers.

These understandings of their children's struggles with substance abuse appeared to contribute to various means of managing or coping. This included attempts to limit the influence that the external environment had on their children, where the mothers appeared to believe that keeping their children at home and under their supervision would reduce or eliminate their children's use of substances. In contrast, the mothers' internalisation of responsibility appeared to contribute to a pattern of enmeshment, where the mothers took on the primary responsibility for bringing about change. This pattern of enmeshment was thought to have been influenced by a number of factors, one of which included the mothers' attempts to bring about reparation for their perceived specific or broader failures; which in turn, represented a great source of meaningfulness for the mothers.

This means of managing their children's struggles with substance abuse was thought to continue until the mothers experienced a crisis. This crisis appeared to represent a crisis of meaningfulness, which in turn contributed to the mothers' questioning of their means of understanding and managing their children's struggles with substance abuse. The mothers appeared to recognise the ineffectiveness of their means of managing their children's struggles with substance abuse and were subsequently able to acknowledge that they needed assistance in order to bring about change.

The second theme of in the results again illustrated the dynamic relationship between the components of Sense of Coherence. The theme indicated how spiritual beliefs appeared to play an important role in the way in which five of the mothers understood, managed and made meaning of their children's struggles with substance abuse.

Spiritual beliefs appeared to assist two of the mothers to manage the crises that they experienced, where they were able to hand over their sense of responsibility for their children's well-being to God. This allowed them to distance themselves from their children's difficulties and to prioritise their own needs. A number of mothers also understood their children's struggles with substance abuse as a situation that required hope or faith in God's promises. Their spiritual beliefs also provided them with a sense of meaningfulness, where the mothers felt that the difficulties that they faced were worth it, knowing that their journeys were a part of God's plan for their children's lives.

4.1. Whose responsibility is this anyway?

This theme was thought to relate to the mothers' attempts to understand or determine the etiology of their children's struggles with substance abuse as well as who was responsible for intervening or resolving their children's struggles with substance abuse. This broadly involved locating the blame within the self, where the mothers appeared to internalise the blame for their children's struggles with substance abuse and locating the blame within others, where the mothers externalised the blame, attributing the etiology of their children's struggles with substance abuse to their children's friends, their husbands or their children themselves.

It often appeared that many of the mothers initially understood their children's struggles with substance abuse as resulting from peer pressure. A number of mothers seemed to hold the understanding that these friends introduced their children to drugs and negatively influenced their children's decisions and behaviour.

PARITICPANT 3: Then his friend, a close friend of his said; try this. And it was cat. So he had his first hit then, he said.

The mothers seemed to develop various means of managing the influence of friends or the external environment. This included attempts to manage the influence of these friends by placing limits on or attempting to control who their children were allowed to see. It also included attempts to organise family gatherings or events at home, perhaps hoping that their

children would not be able to be influenced by their friends, and use substances, if they were under their parental supervision. This attempt to manage their children's use of substances, by restricting their children's interactions beyond the home environment, was thought to have illustrated how the children's struggles with substance abuse were thought to stem from external factors.

PARTICIPANT 4: *I tried to control who [my son] was seeing, often kicking his friends out of the house. I tried to control what girlfriend he was seeing and you know, he is not allowed to go there and he is not allowed to go there. I tried to control him in a way of always trying to make him part of the family. I could organise braais on a Saturday knowing that it was going to be disastrous because everybody was going to be drinking. But I would control it because I knew he was in my house, thinking that way I could control his drugs.*

It seemed that the mothers were often frustrated in their attempts to manage who their children socialised with, as their children often resisted their attempts to influence their social interactions. This led to greater frustration and desperation on the part of the mothers, who appeared to resort to more desperate measures or harsher consequences for their children's violation of their boundaries. However, it was often difficult for the mothers to enforce these consequences, possibly because the consequences, which often emerged out of sheer desperation and frustration, were thought of as being too harsh and damaging to their children's well-being. A sense of guilt, stemming from the possible influence of their actions on their children's well-being, may have made it difficult for the mothers to enforce consequences for their children's actions.

PARTICIPANT 9: And she said no she is gonna go to [her friend]. And I said no you are not! And she said I am! And I said I will tell you what; if you go to [your friend], don't come home, go and stay with [your friend] because obviously that is where you want to be. Well, she went. And then she came back and expected to be let in. and I just said to [my second daughter], let's go and pack a suitcase for her because when she comes and finds the suitcase over the fence then she can // it was raining that night, I remember... So I mean those were harsh consequences and they were very often borne out of sheer desperation.

This difficulty with enforcing consequences or more generally, with holding their children responsible for their struggles with substance abuse, was believed to have related to a potential function of externalising responsibility. Whilst the understanding that friends were responsible for their children's struggles with substance abuse was a legitimate understanding, it was noted

that externalising blame on to friends, husbands and broader social factors, may have also represented a means of managing the adverse feelings aroused within the mothers, towards themselves and towards their children. Externalising responsibility, by displacing feelings on to others, may have prevented the mothers from expressing feelings such as anger, rage and rejection towards their children. It may have also protected the mothers from experiencing guilt and shame; both of which are thought to have related to a sense of failure.

PARTICIPANT 4: Then I thought if // I don't know // I ultimately blamed the other people. I thought okay it is always the other people. I would not allow myself to even think it is my son. Because I thought no; I brought him up with Christian values and I took him to church and he never stole anything from me, he would never steal from me. And I think that is why I blamed everybody else. I wouldn't allow myself to think that he could actually stoop to that level. Never! I would not allow my mind to even go there.

Whilst externalising responsibility for their children's struggles with substance abuse represented a possible means of managing adverse feelings towards the self and their children, it appeared that the mothers often internalised the blame for the etiology of their children's struggles with substance abuse. The mothers appeared to hold the understanding that their specific wrongdoings of failures may have contributed to their children's struggles with substance abuse. The mothers presented a large number of wrongdoings or failures which they felt contributed to their children's struggles with substance abuse, though often also provided accounts of more specific failures, which they felt contributed their children's struggles with substance abuse.

It appeared that the specific failures that the mothers mentioned also related to crises that they had to negotiate. The first of these specific failures appeared to relate to a breakdown of the family structure, be it through divorce or the death of a husband. It appeared that the financial insecurity associated with being a single parent made it difficult for three of the mothers to provide their children with the stability and possibly the resources that they required in order to feel a sense of safety. These mothers held that this lack of a sense of security or stability contributed to their children's struggles with substance abuse.

PARTICIPANT 1: The fact that my kids had no stability, we lived here and then we lived there, I feel like they never knew what was going to happen the next day, where they were going to be and I sometimes wonder; I love the work that I do and [my work] is my heart and my home, but sometimes I wonder if I had not taken on too much. Should I have not got a nice cushy job

and bought them a nice house and given them some stability? So those are the things that I ask myself.

The crises of divorce or the death of a parent, which altered the structure of these families, also appeared to force the families to accommodate and renegotiate roles. The strain associated with these crises may have also altered these mothers' parenting practices; where in some instances, the mothers' boundaries and rules may have become more rigid as a means of coping. It also appeared that the mothers experienced guilt when they reflected back on the way in which they managed the crises that they experienced.

PARTICIPANT 4: I was such a drill sergeant. And I used to hit them. Yes, I used to neek them. They weren't allowed to dirty my house, and // because I worked so long and we didn't have a maid, we were really poor. If I cleaned up they weren't allowed to play there. And a real drill sergeant, I used to hammer them. I remember when [he was] small he used to stand in front of the cupboard and throw the cupboard on the floor – and I said to him you won't go anywhere until you fix your cupboard! You know you have got to pack your cupboard, wash yourselves. They were small, how would they do that? So yes, I felt very responsible for the way that I brought them up in that manner.

Whilst contextual factors such as the death of a husband, being a single parent and financial difficulties were thought to have influenced the mothers' guilt or sense of failure, it was also noted that their internalisation of the ideology of motherhood may have influenced their sense of failure. This ideology may have contributed to the belief that as mothers, it was their duty to be omnipresent; that is, that they should have possessed the ability to anticipate, remove or protect their children from any stressors or impingements, which may have negatively influenced their well-being. In some instances this may have been possible, though in others, it may not have been possible to remove these stressors or impingements. A failure to meet this expectation associated with motherhood seemed to evoke a great deal of guilt and also led to the mothers questioning their ability as mothers.

PARTICIPANT 3: And I hadn't realised there had been an abusive thing. But when he told me the incident I remembered what I had seen, and then I put the two together. And he was little, like four. That was hard. That was // because then this got me thinking, where was I, because that was fairly on-going after that. There had been a couple of other incidents. And I beat myself up about that. But // I don't know how else to put it because I asked myself, where was I? I am his mother, I am his protector? How did this slip by?

The mothers' apparent adherence to the ideology of motherhood also appeared to contribute to their internalisation of the belief, that as mothers, it was a part of their role to ensure their children's general well-being. This seemed to place the mothers in a position where they felt responsible for many of the difficulties that their children experienced. Accordingly, when their children's well-being was put in jeopardy by their struggles with substance abuse, this expectation appeared to place the mothers in a position where they automatically blamed themselves for their children's struggles with substance abuse. It seemed that the unattainable standards associated with the ideology of motherhood had contributed to condition where guilt had become an inherent part of motherhood – a part of the burden that all mothers must bear.

PARTICIPANT 4: So, as a mother, I think the strongest thing for a mom is if your kids don't do so well, you automatically blame yourself. And if your kids aren't doing well it spills over in all your life because now you are not functioning properly.

PARTICIPANT 6: I am sure most parents feel guilty if their kids go wayward or – I am sure that as a parent that is part of your // part of the burden you bear.

While the mothers appeared to experience guilt in relation to previous failures, it also appeared that their children's struggles with substance abuse, in itself, contributed to their experiences of shame. Attributing their children's struggles with substance abuse to their failure as mothers perhaps illustrated the extent to which this sense of responsibility for their children's struggles with substance abuse had been attributed to the self. The mothers' experiences of shame was also thought to have illustrated how influential the role of being a mother was for many of the mothers, where a sense of failure in this aspect of their identity permeated the different aspects of their identity, leaving them feeling worthless or like total failures.

PARTICIPANT 4: So I started to self-question myself. And I started to think; wait, hold on a minute, none of this actually means anything because you failed. I felt like a total failure. And it came through in my work, it came through everywhere. I would just function, that's all.

PARTICIPANT 8: It's painful, you feel worthless. You feel worthless!

This sense of failure or shame also related to the mothers concern as to whether others perceived them as having failed. It is possible that the stigma associated with substance abuse – which is often attributed to an individual's upbringing or family of origin – may have contributed to the mothers' perceptions that others may have blamed them for their children's struggles with substance abuse or viewed them as having failed. It appeared that this sense of

being stigmatised as a bad mother developed from the mothers' self-stigmatisation or identification with a stigmatised group; that is, the mothers of substance abusers. It also seemed difficult for the mothers to determine whether they were experiencing perceived or actual, enacted stigmatisation.

PARTICIPANT 4: They were making me feel that they were judging me. I don't know if that was // maybe only my perception or genuinely how [I thought]. Because I know what they are like, they always talk about other people. So I genuinely feel like they were looking down on me.

This again suggested that the mothers were influenced by and had perhaps internalised the social understanding of substance abuse. This understanding appeared to enter in to the social expectations associated with motherhood, particularly the expectation that mothers are responsible for socialising their children and assisting them in their decision-making. Thus, the mothers may have felt that their children's struggles with substance abuse was perhaps a reflection on their ability as parents, where others would perhaps judge them as having failing to meet the expectations associated with their roles as mothers.

PARTICIPANT 9: I mean it's embarrassing to have a child who is a drug addict. You in a way feel that it is some sort of reflection on you as a parent. I mean what sort of parent are you if you've got a child who is a drug addict? But you come to the // that's initial. I mean that is in the beginning and you realise that it's the wrong way to feel.

It was also held that the mothers' sense of failure contributed to their means of managing their children's struggles with substance abuse. In managing their children's struggles with substance abuse, it was found that the mothers took on the primary responsibility for resolving their children's struggles with substance abuse. This response to their children's struggles with substance abuse appeared to involve the development of an enmeshed relationship with their children. This often involved the mothers becoming primarily preoccupied with their children's struggles with substance abuse, often to the detriment of their families as well as their own well-being.

This pattern of enmeshment was thought to have related to a number of factors; the first of which was thought to relate to the guilt and shame that the mothers experienced. It appeared that the guilt and shame that the mothers experienced contributed to their attempts to bring about reparation for their perceived wrongdoings and to restore their sense of self-worth. In

this instance, reparation appeared to be represented by the mothers' ability to assist their children in moving towards greater success or independence.

Bringing about reparation and being able to move their children towards independence also appeared to provide the mothers with a great sense of meaningfulness. It seemed that the mothers would continue to focus primarily on their children's struggles with substance abuse, until the point where they perceived that their children were able to function independently. That is, the mothers may have only have been able to distance themselves from their children, and focus more on their own needs or well-being, once they perceived that their children were able to function independently.

PARTICIPANT 5: At this point and time of my life it is like I am just going with the flow, I am not going to gain too much. Because emotionally I am already so exhausted that I can't even think of trying to help myself now. That I would leave for later. I would leave that for later. When things come to a point where they've actually sorted out their lives, then I will actually stand up and say you know what, I think now it's time for myself; to pick myself up and really get out of this thing finally.

The second factor which was thought to relate to this pattern of enmeshment related to the balance of responsibility, or the balance of dependence versus independence, in the mother-child relationship. The mothers appeared to hold the understanding that the continuation of their children's struggles with substance abuse stemmed from their children's difficulty with taking responsibility or with functioning independently. This understanding of their children's struggles with substance abuse may have led to the subsequent understanding that their children could not overcome these difficulties by themselves and that they required assistance in order to overcome their struggles with substance abuse. As a result, the mothers, and occasionally the family as a whole, may have managed this perceived irresponsibility by gradually taking on more of their children's responsibilities. This may have paradoxically contributed to a pattern where the children's ability to function independently was undermined by their families actions, as the children did not have to take responsibility for their actions or lack thereof.

PARTICIPANT 9: Everything revolves around this person... and it's only when somebody says to you, listen; what are you doing? Then you sort of go; what am I doing? I am taking away all the responsibility because I don't think she is capable. Yes, she wasn't capable. I mean she wasn't capable. So I am taking all the responsibility away, I'm doing everything for her. But then I get angry because she is not taking responsibility.

The mothers appeared to find it difficult to determine the appropriate balance of dependence versus independence in their relationship with their children. That is, the mothers struggled to determine how much responsibility they should require of their children or to what extent they should assist their children when they experienced difficulties. While this difficulty may have been present prior to their children's struggles with substance abuse, the mothers appeared to become particularly aware of this difficulty during their children's struggles with substance abuse; the onset of which coincided with the developmental phase of adolescence. The mothers aimed to move their children towards independence and greater responsibility, though struggled to determine how best to do this. In many instances, the mothers' efforts appeared to involve taking over their children's age-appropriate responsibilities and attempts to appease their children.

PARTICIPANT 7: I knew I wanted to get him to that point but I didn't know how to do it. So I would offer to do his washing and – you know, 'come and eat here', and 'are you warm enough'? All those things.

A third factor that appeared to contribute to this pattern of enmeshment seemed to be that of the chaos, uncertainty, and unpredictability that the mothers were confronted with during their children's struggles with substance abuse. The mothers appeared to face unrelenting challenges during their children's struggles with substance abuse. These unrelenting challenges appeared to make it difficult for the mothers to develop an understanding of what was happening which, in turn, may have influenced the way that they approached their children's struggles with substance abuse. It seemed that the mothers attempted to manage each of the individual crises that their children experienced. However, it is also possible that the lack of distance, separation or boundaries between the mothers and their children may have contributed to this pattern of chaos, uncertainty, and unpredictability.

PARTICIPANT 5: And as a person I couldn't even keep track of everything. I couldn't. It was something happening so fast that I tried to make sense of it. But you can't. You can't. It's like you are just going with this – this thing he is going with. And it feels like you are pulled in, and you are just going with it.

A fourth factor, which may have related to the chaos, uncertainty, and unpredictability that the mothers were confronted with during their children's struggles with substance abuse, related to the lack of parental agreement with regard to how to approach their children's struggles with substance abuse. This lack of parental agreement appeared to place the mothers in a position

where they felt an even greater sense of responsibility to bring about change and to maintain the stability of the family system.

PARTICIPANT 3: I think what we lacked was – [my husband] and I not always being on the same page. That // you know you are a life partner, I think that's vital that you are in agreement on things and you are not // I often felt like I was going solo, you know. I was the one responsible to keep everything on track.

It appeared that the mothers' family members or husbands often held different understandings of the nature of their children's struggles with substance abuse and how to approach it. It often appeared that fathers were underinvolved in terms of assisting the mothers to bring about change. The mothers' reports suggested that their husbands, or ex-husbands, often either denied the seriousness of their children's use of substances, or favoured a more authoritarian approach to manage their children's use of substances. The parents often appeared to overcompensate for what they may have perceived as their spouses parenting style; that is, when mothers were thought to be too permissive, fathers may have been more dismissive or authoritarian, and vice versa. It is possible that, with time, these differences in understanding their children's struggles with substance abuse and how to manage it, contributed to parental disagreement and perhaps to the mothers attempting to resolve their children's struggles with substance abuse without their husbands' support.

PARTICIPANT 6: I would approach it from a totally less emotional angry way and I would try and approach it more from; 'can you understand how this looks" or "can you understand how this feels"; whereas with him, it's black or it's white. And you either do it or you don't.

While there was a general pattern of parental disagreement with regards to how to approach their children struggles with substance abuse, there were two mothers who reported that they and their husbands, as a parental subsystem, attempted to make joint decisions as to how to approach their children's struggles with substance abuse. However, this appeared to become increasingly difficult as their children's struggles with substance abuse intensified. As with many of the mothers, a lack of clear boundaries or a split in decision-making in the parental subsystem appeared to create opportunities for manipulation or the violation of boundaries.

PARTICIPANT 9: Well I was trying to balance him; he was trying to balance me. It didn't work. And although // in essence we got some of the basics right. I mean we got the basics right where we understood that when she was manipulating us, that we had to actually then move

away from where she was, discuss it between the two of us, come to an agreement and then go back to her and say; yes, no this is the way it is gonna work, whatever. The problem is that when you are so emotionally charged all the time; sometimes it just falls by the way side.

The final factor, which was thought to have contributed to the observed pattern of enmeshment, related to the mothers' use of denial, minimisation and normalisation during their children's struggles with substance abuse. The mothers often appeared to respond to the potentially overwhelming emotions involved with discovering their children's use of substances, by normalising or minimising the seriousness of their children's use of substances. This included attributing the changes in their children's behaviour to substances which were perhaps considered less serious or more socially acceptable, such as alcohol or marijuana. This often also included the understanding that their children's use of substances was a part of adolescence, which itself was deemed to be a phase and a time of exploration, irresponsibility and bad decision-making that their children would grow out of.

PARTICIPANT 8: I didn't really think it was such a big problem because [when] I was younger as well, I smoked dagga as well – and I thought it was just the stage and he would get over it.

It seemed that this normalisation represented a means of managing these overwhelming emotions, including the fear that their children's use of substances was perhaps more serious or life-threatening. It was also held that these mechanisms provided the mothers with a greater sense of manageability or sense that their children's use of substances was within their control as mothers. Perhaps these mechanisms provided the mothers with a sense that they could still ensure their children's well-being or bring about change. However, it may have also contributed to the observed pattern of enmeshment, where the mothers appeared to take on an excessive level of responsibility to bring about change, whilst perhaps also overlooking the seriousness of the problem and the need for assistance. The mothers may have perceived seeking external assistance, in an attempt to manage their children's struggles with substance abuse, as an admission of their failure or inability to insure their children's well-being.

While eight of the mothers appeared to initially deny, minimise or normalise their children's use of substance, an exception to this case appeared to further illustrate the potential function of these mechanisms. Participant 5 reflected on how she felt that many mothers were fortunate, in that they could deny the possibility of their children's use of substances, instead of being confronted with the full and harsh reality of their children's use of substances. It seemed that finding out about her son's use of substances, by walking in to his room and finding him lying

unconscious on his bed with a brown paper bag in front of his face, was a realisation that left Participant 5 feeling overwhelmed, unintregrated or incoherent.

PARTICIPANT 5: Then you actually start realising // but also not everything at once. It's like coming in bits and pieces to you. It's like a slow process that you start getting yourself out of this thing, getting into your own reaction, and start coping with what you just found out. And I think mothers that walk in on their kids, have got to deal with much more than the ones that have actually just heard it from the word of mouth. To see your child actually like that is not a nice thing. It's something that stays with you for the rest of your life.

It thus seemed that this denial, normalisation and minimisation of their children's struggles with substance abuse served an important function. It would seem that coming to a gradual realisation of the full extent of their children's struggles with substance abuse, may have assisted the mothers in maintaining a sense of manageability, or that their children's struggles with substance abuse were within their control as mothers.

This pattern of enmeshment appeared to continue, despite the great difficulties that the mothers experienced, until the mothers or families experienced a crisis. This crisis appeared in various forms and included crises such as witnessing their children's uncontrolled violence and aggression, their children being arrested, or finding their children unconscious. It appeared that in these moments of utter helplessness, the mothers realised that their children's struggles with substance abuse were beyond their control, that their means of managing were ineffective, and that they needed assistance. This crisis was thought of as an existential crisis or crisis of meaningfulness where, feeling completely helpless and exhausted, the mothers perhaps questioned their understanding and means of managing their children's struggles with substance abuse.

PARTICPANT 3: And then I was lying on the bed that afternoon and he came up and laid on the bed with me said, "I need help". And that was the start of his recovery. That was pretty good. But it was hard. That was like seriously hard to do. Because I am not like that // I think, you know what it also is, is admitting that I couldn't do it. I couldn't fix him. He's not just a little boy that you can just put a plaster on and kiss him and say it's okay. It was bigger than I could handle. It was just horrible because no mom wants to admit that.

The crises that seven of the mothers experienced appeared to contribute to their evaluation of the effects that their means of managing their children's struggles with substance abuse had on

their lives. The crises that these mothers experienced appeared to contribute to their realisation that the pattern of enmeshment, or their preoccupation with their children's struggles with substance abuse, had taken over their lives. It seemed that the pattern of enmeshment had contributed to a difficulty with separation or the ability to distinguish between self and other. The crises that these mothers experienced appeared to bring about the realisation of the loss of their separateness and perhaps of their personal needs which had not been met during this time.

PARTICIPANT 2: You know what; I hated my life, because I wanted my own life. And it was // you know, I knew what I was doing was wrong but I just couldn't stop doing it. So, it was hard, it felt like I was // it felt like she took my life. That is what it felt like; like I wasn't entitled to have a life. And I didn't see my own part in it. Well, I blamed her for me leading that kind of life. And I was gatvol, I was tired. I just couldn't do it anymore.

The sense of despondency, helplessness and possibly anger that the mothers experienced after this crisis, appeared to contribute to their challenging or evaluating the expectations associated with motherhood. Post crisis, the mothers appeared to reach a position of greater ambivalence, where they may have been able to accept that they may have failed their children in some respects, though that they had attempted to give their best to their children. In this position of greater ambivalence, the mothers were also able to recognise their children's agency, independence and responsibility to bring about change. The mothers appeared to develop a more balanced view of a shared sense of responsibility for the etiology of their children's struggles with substance abuse and for bringing about change. This ambivalence and sense of a shared sense of responsibility may have reduced the mothers' sense of failure, which in turn, appeared to reduce their preoccupation with bringing about change.

PARTICIPANT 6: But I have said to her, I have done all the things that were asked of me as a parent. I have educated you, I have clothed you and housed you and given you a car. And I have done all the things that any parent is expected to do. You need to understand now the rest of your life is up to you. But it doesn't take away the worry.

It was also noted that the support groups or organisations that the mothers approached, after experiencing a crisis, contributed to their ability to move to a position of greater ambivalence. It appeared that these support groups achieved this by assisting the mothers in developing new understandings of their children's struggles with substance abuse. These alternative understandings may have assisted the mothers to dispute, challenge or reframe their

understanding of their children's struggles with substance abuse as being due to their specific (guilt) or broader failures (shame).

PARTICIPANT 6: You know what; I think as a mother you never stop feeling guilty, you never stop wondering where you went wrong. You never stop wishing that you could turn the clock back and make other decisions. You never stop those questions. They are eternally going on in your brain, you know. But here I am learning to understand that regardless of the decisions I made it became about choice in the end.

This position of ambivalence may have represented a form of maternal ambivalence, in the sense that the mothers questioned the ideal that mothers are primary responsible for their children general well-being, including the decisions that their children make. Two of the mothers appeared to experience an additional form of maternal ambivalence, where they questioned the importance that they placed on motherhood or their identities as mothers. Their perception of the mother-child relationship was one where, as their children became more independent, they would be able to move their attention to the additional dreams or aspirations that they held for their lives.

The crises that these mothers experienced may have alerted them to the sense of stagnation or meaninglessness in their lives. Being a mother did not seem to provide the same level of meaningfulness as it once had. This may have encouraged these mothers to evaluate their lives and to take actions which were perhaps more meaningful. It is possible that a greater emphasis on other aspects of their identity may have also assisted to reduce these mothers' preoccupation with their children's struggles with substance abuse.

PARTICIPANT 1: I am more than a mother. Being a mother is a great thing, it is an honour, it is everything that people tell you it is, but I realised, I don't want to go to my grave unfulfilled because all I wanted to be was a mother. I just realised as humans, we have a role to play for a certain amount of time and we over invest in it. And then we have such expectations and that was where I was falling short.

It appeared that with a greater sense of ambivalence regarding their children's struggles with substance abuse, seven of the mothers were also able to challenge the balance of responsibility in their relationships with their children. These mothers appeared to have a greater desire to create or maintain a relationship where their children were expected to take greater responsibility for their actions. It seemed that the mothers were developing more age-

appropriate expectations of their children, where they perhaps desired a more adult relationship with their children, rather than one of a mother and dependent child relationship. Furthermore, perhaps through their experiences, these mothers were also wary about their children regressing to a position of greater dependency. They also appeared to have a greater awareness of how their ability to maintain boundaries in their relationship with their children would influence the pattern of interactions in their relationships.

PARTICPANT 7: When both of my children come to me they immediately fall back into; 'I am the child and you are the parent. So please make us food and offer us coffee and we will make a mess because we now you will tidy up'. And I am not doing it anymore.

As with the mothers' ability to challenge their sense of guilt and shame, these mothers' involvement in support groups appeared to contribute to their ability to challenge or evaluate the balance of responsibility in their relationship with their children. It was held that the mothers' ability to challenge the guilt and shame that they experienced also allowed them to feel less preoccupied with bringing about change. This in turn created a more balanced sense of responsibility in their relationship with their children. The use of a recovery plan also provided a more concrete representation of their children's responsibilities and the mutually agreed upon consequences that would follow if these responsibilities were not met. This perhaps helped to introduce clearer boundaries in their relationships with their children that were perhaps easier to enforce, as these boundaries were supported by group members in both the mothers' and children's support groups.

PARTICIPANT 9: Whereas now when you do the Recovery Plan and they say to you; for this responsibility…if she doesn't comply what is the consequence? And the consequence doesn't have to be; I am kicking her out and don't ever come back. With [my daughter], the thing that works incredibly well is taking away her cellphone.

It also appeared that children being sent to a long-term drug rehabilitation centre contributed to a shift in the mothers' patterns of interaction with their children. It is possible that the children's admittance to a rehabilitation centre created greater distance between the mothers and their children, which perhaps reduced their preoccupation with their children's struggles with substance abuse. This distance, and perhaps the sense that there was someone else who was responsible for bringing about change, may have allowed the mothers to prioritise their own concerns or well-being. The change in this pattern of interaction with their children also appeared to make it possible for the mothers to restore their relationships with other family

members, such as their husbands and other children. Where these relationships had generally been more distant or occasionally focused on the children who struggled with substance abuse, these relationships appeared to become more engaged and seemingly less conflictual.

PARTICPANT 2: But when she was in rehab that is when I really // me and my husband's relationship got better, we did things again. We started going out again without feeling guilty or anything like that. That is when I started putting practical things for me…Things that keep me // you know that puts me in a better mood, reading motivational books, listening to gospel music. All those things that I did. And that's also when I said I wouldn't // I don't ever wanna go back there again.

4.2. Spiritual beliefs

Spiritual beliefs also appeared to play an important role in the way in which five of the mothers understood, managed and made meaning of their children's struggles with substance abuse. For two of the mothers, it appeared that their spiritual beliefs assisted them to manage the crises that they experienced. It seemed that, as a means of managing the crises that they experienced, the mothers handed over their sense of responsibility for their children's well-being to God. Perhaps at this crisis point, feeling overwhelmed and helpless to bring about change, these mothers may have handed over their sense of responsibility to God as a means of preserving their sense of self or Sense of Coherence. Handing over this sense of responsibility to an omnipotent and omnipresent God, may have reduced the mothers' guilt about distancing themselves from their stressful and enmeshed relationships with their children. This in turn may have made it easier for the mothers to be less preoccupied with their children's struggles with substance abuse and to focus more intently on their own needs and well-being.

PARTICIPANT 1: I just said to God, as much as I try, I feel like I am not in the very situation I should be in, I surrender, I surrender everything. I have had [my son] for this amount of time and I give him back to you. I don't know what to do. I am now going to live my life. I am going to pick up my dreams, I am going to work hard, I am going to buy myself clothing, I am going to stop crying...

In terms comprehensibility, these mothers occasionally understood their children's struggles with substance abuse as a situation that required hope or faith in God and his promises. The mothers attempted to hold on to the belief that whilst their children's struggles with substance

abuse did not make sense at the time, they would come to understand this difficulty in time. This understanding also appeared to provide the mothers with a source of meaningfulness, where their children's struggles with substance abuse was a part of God's master plan for their children's lives, which they could recognise by reflecting back on their journeys or experiences.

PARTICIPANT 3: This is it! You cannot just understand everything. You are not expected to. And I think that is the frustrating thing because you want to know why these things happen…

PARTICIPANT 7: No, if I would have been // you see, everything had to //. You know everything has a purpose and I had to be here. You know if I was [not here], I would have had a lovely life, but I wouldn't have the knowledge that I have now.

At times it was difficult for the five mothers to maintain their faith in God and his promises. The difficulties that the mothers encountered may have made them feel that their children's struggles with substance abuse were tests of their faith. When three of the mothers were faced with substantial difficulties, their children's struggles with substance abuse appeared to move beyond a test of their faith. Instead, their children's struggles with substance abuse were experienced as a form of punishment. This punishment appeared to be understood either as punishment for their potential failures as mothers or due to a lack of faith. However, it is also possible that this test of faith or sense of punishment may have related to meaningfulness, or a test of the mothers' emotional energy and ability to support their children despite the difficulties that they encountered.

PARTICIPANT 1: I asked myself so many questions, am I being punished, what is this, is this a test, is it God testing me because I didn't feel strong enough to pass the test. I felt like I wanted to check out. I didn't want to know, I didn't want to help him because I was just exhausted.

CHAPTER FIVE – DISCUSSION OF THE RESULTS

Aligned with the three components of Antonovsky's (1987) concept of Sense of Coherence, this study asked how mothers understood, managed and made meaning of their children's struggles with substance abuse. While Orford et al.'s (2010) study suggested that mothers may have struggled to understand their children's struggles with substance abuse, the results of this study suggested that the mothers appeared to move between different understandings regarding the etiology of their children's struggles with substance abuse. The mothers initially externalised responsibility, where their children's struggles with substance abuse were attributed to peer pressure, their husbands or broader social factors. This understanding appeared to occur in unison with the mothers' internalisation of responsibility, where the mothers appeared to understand their children's struggles with substance abuse as stemming from their specific failures or broader failures as mothers.

The mothers' apparent externalisation of responsibility appeared to be aligned with Arcidiacono et al.'s (2009) study, which highlighted how family members often externalised the etiology of their family members' drug problem, away from their family members to external, environmental or social influences. Whilst noting this externalisation of responsibility, Arcidiacono et al. (2009) utilised this finding to support the development of a model and perhaps failed to offer an explanation for this finding in itself.

In the context of this study, whilst attributing responsibility to others was thought to represent a legitimate understanding of the children's struggles with substance abuse, the prevalence of this initial understanding was also thought to serve a function. This function was thought to relate to the concept of defence mechanisms, or the strategies that the ego or self utilises, in order to defend itself against overwhelming anxiety stemming from intrapsychic conflict (Meyer, Moore & Viljoen, 2003). Externalising responsibility may have represented the utilisation of the defence mechanism of projection (McWilliams, 2011), where the mothers' feelings of guilt or shame were reduced by attributing responsibility to others. It is also possible that the externalisation of responsibility may have also represented the utilisation of displacement, where the mothers redirected adverse feelings away from their children towards others, possibly because the expression of hostile or adverse feelings towards their children was more anxiety-provoking.

The function of the externalisation of responsibility and the potential use of defence mechanisms would perhaps align with Antonovsky's (1979) conceptualisation of generalised resistance resources (GRRs). Both would perhaps represent cognitive or psychological resources that may have been effective in avoiding or combating the potentially high levels of stress associated with feelings of anger, guilt and shame. These potential GRRs may have also contributed to positive health outcomes in that they may have balanced what appeared to be the mothers' predominant internalisation of responsibility for their children's struggles with substance abuse. However, as was suggested by subtheme of denial and normalisation, an overreliance on these resources or a lack of alternative resources may have compounded the stress that the mothers experienced.

While it was initially held that guilt could potentially contribute to meaningfulness, the results of this study suggested that the mothers' internalisation of responsibility contributed to the way in which they understood, managed, and made meaning of their children's struggles with substance abuse. The mothers' understanding that they were responsible or to blame for their children's struggles with substance abuse was thought to relate to the ideology of motherhood and the level of energy that the mothers had invested in their roles as mothers.

Aligned with the concept of mother-blaming (S. B. Boyd, 1999, 2004; Eliason & Skinstad, 1995; Jackson & Mannix, 2004; Ladd-Taylor & Imansky, 1998), when the children's well-being appeared to be jeopardised by their struggles with substance abuse, the idealised standards associated with motherhood appeared to contribute to the mothers automatically blaming themselves for their children's struggles with substance abuse. The results illustrated that the mothers appeared to reflect on specific incidents which they felt contributed to their children's struggles with substance abuse. The mothers' tendency to recognise these incidents as causes for their children's struggles with substance abuse, whilst generally neglecting the difficulties that they faced at the time, appeared to illustrate the implicit dominance of the ideology of motherhood; where mothers are often held primarily responsible for ensuring their children's well-being and development, often with limited support (Richardson, 1993; Ruddick, 1980). The mothers' adherence to or internalisation of the expectations associated with the ideology of motherhood were also thought to be illustrated in their beliefs that their failures to anticipate, identify or remove potential impingements (traumas) from their children's environments, contributed to their children's struggles with substance abuse. This was thought to relate to the expectation that mothers should be omnipresence or attentive to each aspect of their children's lives (Henderson, Harmon & Houser, 2010).

The influence of the ideology of motherhood on the mothers' sense of failure was also thought to have been illustrated by the mothers' broader sense of failure or shame. In these instances, the mothers attributed their children's struggles with substance abuse not to their specific wrongdoings or failures, though rather to their failure as mothers. Various definitions of shame suggested that this shame may have developed from the mothers sense of failure to live up to social expectations (Pulver, 1999), or a sense of failure to live up to one's ideals and aspirations (Lansky, 2005). It was held that the shame that the mothers experienced, developed not only from their sense of failure to live up to the expectations associated with motherhood, though also from the extent to which these expectations contributed to the their ego-ideals.

The results suggested that the expectations associated with motherhood contributed greatly to the mothers' ego-ideals, or the ideal image of self that the mothers strived to achieve (Wurmser, 2004). This finding was perhaps aligned with Francis-Connolly's (2010, p. 281) assertion that being a mother "is the role that women rate as being most salient in their lives", which would in itself relate to the ideology of motherhood, where womanhood is often conflated with motherhood (Weaver & Ussher, 1997). Perhaps due to the centrality of motherhood to the mothers' ego-ideals, a perceived failure to meet the expectations associated with motherhood may have contributed to the more global sense of a failure or personal worthlessness.

The mothers' perceived failure to live up to the ideology of motherhood was thought to have represented a factor that contributed to the mothers' stress and possible negative health outcomes during their children's struggles with substance abuse. This potential relationship between a shame, a perceived failure to live up to social standards and negative health outcomes was observed in a study by Dickerson, Greunewald, and Kemeny (2004). These authors found that chronic threats to the social self and persistent feelings of failure related to higher levels of cortisol production and inflammation (pain and edema). This relationship between perceived failure and health outcomes was also observed in a study by Pulkkinen, Kokkonen, and Mäkiaho (1998). The results of their longitudinal study (n= 292), over the course of ten years, illustrated that negative affectivity and a sense of failure related to poor self-assessed health. The results of this study also suggested that the mothers' shame and perceived stigmatisation may have reduced their ability to access resources within their communities, which may have improved their ability to manage their children's struggles with substance abuse.

This difficulty in accessing resource, perhaps due to guilt and shame, was noted in the way that the mothers attempted to manage their children's struggles with substance abuse. The mothers'

primary means of managing their children's struggles with substance abuse appeared to be represented by the enmeshed relationship that developed between the mothers and their children. Whilst the emergence of this pattern of enmeshment was related to a number of factors, it was held that the guilt and shame that the mothers experienced contributed to this pattern, by way of the mothers' attempts to bring about reparation for their perceived failures. Reparation for these failures may have been represented by the mothers' ability to assist their children in moving towards greater success or independence, as a child's ability to function independently is often the primary goal of socialisation, and perhaps also the standard by which a parent's success is measured (Da Rocha Lordelo, Roethle & Mochizuk, 2012; Keller, 2007; Park, Coello & Lau, 2014). However, these attempts at reparation often emerged in an enmeshed relationship, where the mothers took on a large amount of their children's responsibilities. This may have also included the mothers being preoccupied with their children's struggles with substance abuse.

This pattern of enmeshment may have also related to the expectations associated with the ideology of motherhood. The expectation that mothers should be selfless and prepared to sacrifice their needs for those of their children (Breen, 1975; Hays, 1996; Richardson, 1993; Weaver & Ussher, 1997), may have contributed to the mothers' focusing on their children's difficulties, whilst neglecting their own needs and well-being. Together with the expectation of a mother's omnipresence, this expectation may have contributed to the expectation of enmeshment in the mother-child relationship.

The notion that the ideology of motherhood promotes enmeshment in the mother-child relationship, would perhaps be aligned with Minuchin's (1974) observation that the mother-child subsystem may tend towards enmeshment, when children are in childhood. The notion is perhaps further supported by Parker's (1995, p. 37) assertion that social and institutional structures mobilise to create a maternal ideal, "based on the representation of mother and child as a fused unit."

Encompassed in this pattern of enmeshment was the mothers' apparent difficulty in determining the appropriate balance of dependence versus independence (balance of responsibility) in their relationships with their children. While the results suggested that two of the mothers were aware of the difficulty in determining the appropriate balance of responsibility in their relationships with their children, when their children were in childhood, the mothers generally appeared be become more aware of this difficulty during their children's

struggles with substance abuse – the onset of which coincided with the developmental phase of adolescence.

This finding perhaps coincided with various theorists' premises regarding the importance of determining the appropriate balance of dependence versus independence throughout the lifespan (Erikson, 1963; McGoldrick & Carter, 2001; Minuchin, 1974). These theorists would perhaps all agree that in the course of their life cycles, families are confronted with expected and unexpected crises that they must negotiate, in order to remain functional. During the developmental phase of adolescence, both parents and children would be confronted with the task of renegotiating the balance of dependence versus independence in their relationships, towards a relationship which offers adolescents' greater independence and responsibility.

Minuchin's (1974) conceptualisation of enmeshment would suggest that the mothers' taking on of their children's responsibilities, possibly in an attempt to bring about reparation, may have influenced the balance of dependence versus independence in their relationships with their children. In this enmeshed relationship, the mothers may have done too much for their children, who may have become overly reliant on their mothers' assistance and lacked confidence in their own abilities. Minuchin's (1974) work would also suggest that there may have been an absence of the necessary changes in the mother-child relationship, which would have required or allowed the children to take on appropriate increases in responsibility or independence (Becvar & Becvar, 2006).

Focusing on the broader structure of the family, structural family therapy may have viewed the symptom of the children's substance abuse as the families' difficulties with adapting to the demands associated with the phase of adolescence. This may because the boundaries within these families were either too rigid or diffuse (enmeshed), prior to the children's struggles with substance abuse. Aligned with the results, where the mothers and their husbands appeared to have different approaches to their children's struggles with substance abuse, Minuchin's (1974) approach would focus on how breaks in the hierarchy of the family may have contributed to the etiology or continuation of the children's struggles with substance abuse. While the classic pattern of overinvolvement from mothers and underinvolvement from fathers was noted (Kaufman, 1981, 1985; Stanton, 1985), it was difficult to determine the origin of this pattern. The apparent break of the parental subsystem appeared to make it more difficult for the parents to hold a shared understanding of how to approach their children's struggles with substance abuse. This may have further contributed to the mothers' enmeshment and fathers'

disengagement from their children's struggles with substance abuse. The break in the parental subsystem also appeared to expose the parental subsystem to manipulation and the possible development of coalitions within the family.

The concept of boundaries and enmeshment appeared to be valuable in terms of its potential contribution to understanding the mothers' health or well-being during their children's struggles with substance abuse. As a potential emotional or interpersonal resource, Minuchin's (1974) conceptualisation of boundaries would suggest that a balance between meeting needs for dependence and allowing for independence contributes to positive health outcomes. This conceptualisation may have suggested that during their children's struggles with substance abuse, the mothers' preoccupation with their children's needs and well-being may have contributed to the neglect of their own needs and well-being.

Furthermore, the broader focus on the family suggested that the apparent disengagement in the parental relationship and father-child relationship may have contributed to the mothers' stress and apparent difficulty in managing their children's struggles with substance abuse. This may have also suggested that social support and joint decision-making represented interpersonal resources that may have contributed to the mothers' ability to manage the difficulties associated with their children's struggles with substance abuse.

Whilst developing from a different branch of family therapy, that is natural systems theory (Bowen, 1976, 1978), McGoldrick and Carter's (1982, 2001) family life cycle model was similar to that of Minuchin's (1974) structural family therapy, in that it promoted a focus on the temporal or enduring nature of the family. The most important contribution of the family life cycle perspective was the view that many symptoms and forms of dysfunction within the family were normal at different stages of family development (McGoldrick & Carter, 1982). The difficulties that families faced were understood within the developmental processes of the family. Symptoms or dysfunction indicated that the family was stuck or struggling to make the transition to the next developmental stage of the family life cycle.

The fifth stage of the family life cycle, namely the stage of launching children and moving on, would suggest that the mothers or families may have struggled with the developmental task of negotiating their young adult children's exit from the family. McGoldrick and Carter's (1982) discussion of this stage would suggest that the mothers may have struggled to find the appropriate balance of responsibility, in their relationship with their children, as they may have struggled with their children's possible departures from their homes. This difficulty would

perhaps be understandable, as many mothers have devoted decades of their lives to raising their children and their children's greater independence or departure from the family would represent a great shift in these mothers' roles and sense of self (McGoldrick & Carter, 1982).

Additionally, the mothers' former devotion to their children and their imminent departure from the family, often contributes to parents having to rediscover or redefine the spousal relationship during this developmental stage. Aligned with the results, the apparent break in the parental subsystem would suggest that this may have been a difficult task. This apparent break in the parental subsystem may have represented a factor that made it difficult for the mothers, or family as a whole, to make the transition to the next stage of the family life cycle. McGoldrick and Carter's (1982) family life cycle model would perhaps also suggest that supportive and meaningful relationships with husbands and friends, connections within communities, and work, could all represent GRRs that could assist with this transition.

The difficulty with determining the appropriate balance of responsibility in the mother-child relationship also appeared to relate to various psychoanalytically-informed theories of individual development (Erikson, 1963; Mahler, 1985; Winnicott, 1965). The broader focus of Erikson's (1963) theory of individual development, namely the movement towards independence and the development of a sense of self (identity), appeared to offer some insight in to the mothers' apparent difficulty with determining the balance of responsibility in the mother-child relationship.

Erikson's (1963) theory of individual development would suggest that individuals are confronted with expected developmental crises that they are required to negotiate as they move towards independence. During the developmental stage of identity formation versus role confusion, families are confronted with the task of allowing for greater negotiation regarding boundaries and rules which govern interactions within the family as well as outside of the home. The results of this study would perhaps suggest that this task may have been complicated by the potential lack of boundaries between the mothers and their children as well as their husbands' rigid boundaries or disengagement from the family. As with the transitions between stages of the family life cycle, the boundaries within a family would perhaps represent an interpersonal GRR which would bolster the mothers' ability to manage the difficulties associated with their children's struggles with substance abuse.

Erikson (1963) also suggested that during this developmental stage, adolescents were forced to re-examine earlier certainties, which would perhaps refer to the way in which they negotiated

former developmental crises. It is possible that this may contribute to adolescents regressing or moving back in an attempt to renegotiate a previous developmental crisis. It is possible that the children's struggles with substance abuse may have related to a difficulty with various developmental stages and not just that of identity formation versus role confusion. Based on the strong presence of guilt and shame in the results, it is likely that the children's struggles with substance abuse may have also related to the developmental phase of autonomy versus shame and doubt. In this stage, Erikson's (1963) reference to how parents should encourage their children's autonomy, whilst protecting their children from unnecessary failure and feelings of inadequacy, seemed to be particularly relevant to the mothers' difficulty with the balance of responsibility, as well as their concern about their children's potential failures. Perhaps the mothers' fear of failure may have made it difficult for them to allow their children to fail, without feeling that they themselves had failed. This in turn may have influenced their children's ability to act autonomously.

The results suggested that this pattern of enmeshment, which included the mothers' difficulties with determining the appropriate balance of responsibility in their relationship with their children, was perpetuated by the mothers' denial of the seriousness of their children's struggles with substance abuse. While a great deal of literature has focused on the prevalence of denial in substance abuse; most of which focuses on the individual who struggles with substance abuse (Fishman, Bruner, & Adger, 1997; Prochaska & DiClemente, 1986; Segal & Stewart, 1996), the results of this study moved further by suggesting that the mothers' denial or minimisation of their children's struggles with substance abuse served a function. It would seem that coming to a gradual realisation of the full extent of their children's struggles with substance abuse may have assisted the mothers in maintaining a sense of manageability or the sense that their children's struggles with substance abuse were within their control as mothers. It is possible that the mothers' admittance of their difficulty in managing their children's struggles with substance abuse may have also been perceived as an admittance of their failure or inability to insure their children's well-being. The mothers may have felt that they could still bring about reparation, for their specific or broader failures, as long as they felt that they were in control of their children's struggles with substance abuse.

The notion that denial and normalisation served an important function was aligned with the concept of defence mechanisms. As a potential psychological resource, it is possible that denial and normalisation may have assisted the mothers in coping with the stress associated with their children's struggles with substance abuse. This would suggest that the use of a confrontational

approach to substance abuse, which attempts to breakdown denial (Polcin, 2003), could eliminate what could be a useful or necessary psychological resource which promotes health. However, as Kearney (1996) illustrated, the rigid and maladaptive use of this psychological resource may also have had serious ramifications for both the mothers and their children.

It appeared that the mothers attempted to manage their children's struggles with substance abuse by themselves, until they experienced a crisis. These crises appeared to represent crises of meaningfulness, where the mothers perhaps questioned their means of understanding and managing their children's struggles with substance abuse. These crises were also thought to represent existential crises (Frankl, 1982), where the mothers questioned the very meaning of their lives. This introspection and questioning was represented in the ambivalence that the mothers' experienced regarding their sense of responsibility for their children's struggles with substance abuse as well as their responsibility for bringing about change. As a result of these crises, the mothers realised that their children's struggles with substance abuse were beyond their control, that their means of managing were ineffective, and that they needed assistance in order to bring about change. This motivated the mothers to access resources which appeared to greatly improve their means of understanding, managing, and making meaning of their children's struggles with substance abuse.

This pattern where mothers attempted to manage by themselves, until they experienced a crisis, appeared to relate to findings by ADFAM National – a British organisation that supports the families and friends of individuals who struggle with substance abuse. Marshall (1993) referred to a pattern where family members often only contacted the organisation after they had spent a considerable amount of time attempting to manage their family members' struggles with substance abuse by themselves. The family members appeared to feel that they had always managed to cope with problems by themselves and that asking for help represented a failure. By the time the family members had contacted the organisation, they had realised that their means of coping had been ineffective. It appeared that in their desperation, the family members became more flexible and open to trying different means of coping.

Together with Marshall's (1993) observations, the findings from this study again reinforced the negative impact that guilt and shame may have had on the way that the mothers' attempted to manage their children's struggles with substance abuse. The isolating effects of the shame and stigma associated with substance abuse (Bancroft et al., 2002; Butler & Bauld, 2005), may have made it difficult for the mothers to access resources which may have strengthened their

Sense of Coherence; that is, resources which may have influenced the ways in which the mothers' understood, managed, and made meaning of their children's struggles with substance abuse.

This pattern, though most particularly the crises that the mothers experienced, also appeared to relate to Stanton and Todd's (1982) work on the addiction cycle and family crises. Stanton and Todd (1982) proposed that during the crises that families experienced, the symptomatic behaviour of substance abuse served to detour attention away from parental conflict and possible parental separation. This conceptualisation would perhaps relate to the results, though it was difficult to know whether the children's struggles with substance abuse contributed to the consolidation of the parental dyad or its potential separation. In contrast to Stanton and Todd's (1982) premise, rather than strengthen the parental dyad, the results suggested that the children's struggles with substance abuse tended to contribute to the splitting or potential separation of the parental dyad.

This consolidation of the parental subsystem was noted post-crises, particularly when children were sent to long-term substance abuse rehabilitation centres. Together with financial resources, the availability of these centres represented resources which positively influenced the mothers' Sense of Coherence during their children's struggles with substance abuse. Related to structural family therapy (Minuchin, 1974), a change in the structure of the family, where the children were absent, may have enforced greater distance in the mother-child relationship, which represented a shift from a previously enmeshed pattern of interaction. A shift in this pattern of interaction appeared to contribute to a restructuring of the family. The children's absence appeared to allow the mothers to focus on their needs and well-being and, depending on the structure of the family, their relationships with their husbands and other children.

While Stanton and Todd's (1982) premise would relate the changes in the family, post-crises, to the crises themselves, the results suggested that these changes could also be attributed to the ambivalence that the mothers appeared to experience post-crises. This position of greater ambivalence was thought to have developed through the mothers' ability to challenge the expectations associated with motherhood. The mothers may have realised that while they may have failed their children in certain ways, they had also attempted to meet their children's needs to the best of their abilities. This ability to challenge their perceived failure to live up to the expectations associated with motherhood appeared to reduce the levels of guilt and shame that

the mothers experienced. This in turn may have allowed the mothers to distance themselves from their enmeshed relationship with their children without feeling guilty or ashamed. This reduced sense of guilt and shame may have also allowed the mothers to allow their children to take greater responsibility for their actions and to function more independently; part of which included allowing their children to recover from their failures.

The mothers' arrival at a position of greater ambivalence, post-crises, was thought to relate to Stanton and Todd's (1982) description of substance abuse treatment. Stanton and Todd (1982, p. 191) held that the course of successful treatment included a shift in the family's understanding of problem, from one where the family views the addict as responsible for the family's instability, "to an eventual position of shared responsibility." However, the results would suggest that the mothers may have held themselves responsible for their children's struggles with substance abuse, and that a shift in the children's struggles with substance abuse, may have required the mothers' ability to move to an understanding of shared responsibility.

The results also suggested that the support groups that the mothers attended may have contributed to their movement to a sense of shared responsibility. This may have been due to the support groups' emphasis on substance abuse as a choice, which may have motivated the mothers to recognise their children's contribution to their struggles with substance abuse. The mothers may have also been able to challenge their sense of failure within a context that acknowledged a shared sense of responsibility for their children's struggles with substance abuse. This, in turn, may have reduced the pattern of enmeshment in the mother-child relationship, as the mothers developed a reduced sense of responsibility for bringing about change.

Davison, Pennebaker and Dickerson (2000) would perhaps suggest that the shift in understanding may have unfolded in the support groups, as they represent a context of social learning, where group members develop new understandings through their interactions. It is also possible that a sense of a shared experiences within the support groups (Davison et al., 2000; Orford et al., 2010), developed the mothers' confidence in attempting new means of managing or approaching their children's struggles with substance abuse. This would perhaps relate to Bandura's (1977) concept of self-efficacy and the factor of vicarious experience, where the mothers' observations of other parents' success increased their sense of their ability to succeed.

The ambivalence that the mothers experienced was also thought to relate to the concept of maternal ambivalence. While maternal ambivalence generally referred to the experience shared by all mothers, where "loving and hating feeling for their children exist side by side" (Parker, 1995, p. 1), the results suggested a broader view of maternal ambivalence, where two of the mothers experienced ambivalence regarding their identities as mothers. They appeared to have loved or cherished motherhood, though through their experiences during their children's struggles with substance abuse, they came to question the centrality of this relationship to their sense of self. This notion of maternal ambivalence may have also been related to Parker's (1995) description of the task of separation, where after decades of selflessness and focusing on their children's needs, these mothers may have attempted to reclaim their sense of separateness by challenging the level of importance that they placed on motherhood. This ambivalence towards motherhood may have represented "an appropriate and productive move towards separation" (Parker, 1995, p. 102).

Related to the theme of spiritual beliefs, the results of this study were aligned with Strang and Strang's (2001) research, which positioned spirituality as a generalised resistance resource that provided brain tumour patients with a greater Sense of Coherence. This was perhaps possible as spiritual beliefs influenced all three components of Sense of Coherence. When two of the mothers experienced a crisis, their spiritual beliefs assisted them in managing a potentially overwhelming sense of responsibility for their children's well-being, by allowing them to hand over this sense of responsibility to God. This ability to hand over responsibility was also thought to relate to Rotter's (1966) concept of locus of control. These mothers appeared to move from a firmly internal locus of control, where the mothers had previously believed they could control all events affecting their lives, to a more external locus of control, where they perhaps realised that their children's well-being was beyond their control. This more balanced locus of control appeared to reduce the mothers' levels of guilt and shame and promoted their ability to focus on their needs and well-being.

The mothers' spiritual beliefs also appeared to contribute to their understanding that their children's struggles with substance abuse were events that required faith. This understanding, in turn, appeared to provide the mothers' with the emotional energy to carry on despite the difficulties that they were facing. Frankl's (1982) concept of the will to meaning would perhaps suggest that the mothers' spiritual beliefs provided them with the impetus to look beyond the difficulties that they experienced and to look for a higher or ultimate meaning in their experiences. This greater meaningfulness appeared to be represented in the mothers' ability to

reflect on their children's struggles with substance abuse and to feel that the difficulties that they faced were worth it, knowing that their children's well-being and relationship with God had improved.

CHAPTER SIX - CONCLUSION

The rationale for this study emerged from a relative dearth of literature which focused on family members' experiences of a family member's struggle with substance abuse. A review of the existing literature on family members' experiences of a family member's struggle with substance abuse suggested a possible link between the theme of ill-health found in mothers' experiences of living with a child who struggled with substance abuse and the concept of Sense of Coherence. This linked suggested that it could be important to attain a better understanding of how mothers understood, managed and made meaning of their children's struggles with substance abuse, as this may have influenced their physical and psychological well-being.

The results suggested that the mothers moved between various understandings of their children's struggles with substance abuse. The externalisation of responsibility for their children's struggles with substance abuse was thought to have served the function of reducing the potentially high levels of stress associated with feelings of anger, guilt and shame. In contrast, the internalisation of responsibility illustrated the mothers' predominate understanding that their specific failures or broader failures as mothers may have contributed to their children's struggles with substance abuse. The mothers' sense of failure was thought to have stemmed from their perceived failure to live up to the ideology of motherhood, which appeared to develop an unhealthy, idealistic and unachievable standard for these mothers.

The guilt and shame that the mothers experienced also appeared to contribute to their potential need to bring about reparation for their perceived failures. Reparation, as a source of great meaningfulnes, appeared to be represented by the mothers' ability to move their children towards independence. This need to bring about reparation appeared to contribute to the development of an enmeshed relationship between the mothers and their children – a relationship which was thought to have represented the mothers' primary means of managing their children's struggles with substance abuse.

In this relationship, the mothers were preoccupied with their children's struggles with substance. The mothers appeared to struggle to develop an appropriate balance of dependence versus independence in their relationship with their children and took on an increasing amount of their children's responsibilities. This potential difficulty was related to the work of a number of theories of individual development. The discussion of this means of managing also illustrated how the pattern of enmeshment contributed to the mothers neglecting their own

needs and well-being. This pattern also illustrated the isolating effects of shame and stigma and how these factors potentially reduced the mothers' ability to access resources which may have bolstered their Sense of Coherence.

The mothers' preoccupation with and attempts to manage their children's struggles with substance abuse by themselves appeared to continue until they experienced a crisis. The crises that the mothers experienced appeared to represent a crisis of meaningfulness, where the mothers questioned their means of understanding and managing their children's struggles with substance abuse. Where the mothers had previously denied the seriousness of their children's struggles with substance abuse, post-crises, the mothers recognised that their children's struggles with substance abuse were beyond their control and that they required assistance in order to bring about change.

While the crises that the mothers experienced were accompanied by high levels of distress, post-crisis, the mothers' sense of well-being appeared to improve. The mothers' attendance of support groups appeared to provide resources of social support and vicarious experience, which contributed to the mothers' willingness to attempt new means of understanding and managing their children's struggles with substance abuse. Long-term substance abuse rehabilitation centres also appeared to create distance in the mother-child relationship. This, in turn, appeared to contribute to grater family functioning and allowed the mothers to focus on their own needs and well-being.

This study also illustrated how spiritual beliefs represented a generalised resistance resource which contributed to all three components of the mothers' Sense of Coherence. The mothers' spiritual beliefs assisted them in understanding that their children's struggles with substance abuse were experiences that they would come to understand with faith and in time. Meaningfulness was also found in the mothers' ability to reflect on their children's struggles with substance abuse and to feel that the difficulties that they faced were worth it, knowing that their children's well-being and relationship with God had improved.

5.1. Limitations

It is noted that the design of this research, which utilised a small sample size, limited the generalizability of this study. The results of this study should perhaps be viewed as an attempt to develop a deeper understanding of how mothers may make meaning of their children's

struggles with substance abuse, though generalizability would require the replication of these findings in a number of studies utilising a similar population. Furthermore, the background characteristics of the participants, limit the applicability of the findings to a number of sub-populations which contribute to the broader South African population. Factors such as race, culture, religion and socioeconomic status could influence how mothers understand, manage and make meaning of their children's struggles with substance abuse.

While the basic interpretive approach viewed meaning as being co-constructed through interaction, the researcher acknowledges his contribution to the interpretation of the data. It is also noted that the researcher's relative inexperience and the emergent nature of the research process may have contributed to the researcher missing information which may have influenced his ability to fully capture the mothers' experiences.

Whilst the researcher attempted to present the results according to the mothers' understanding, there was a conflicting need to relate this understanding to the field of psychology. This conflict may have come through in the concepts that the researcher utilised in order to make meaning of the mothers' experiences. This conflict was also noted in the work of various authors (Arcidiacono et al., 2009; McDonald, O'Brien, & Jackson, 2007; Orford et al., 2010), who perhaps strayed away from utilising existing psychological constructs, in attempt to maintain a non-pathologising perspective of their participants' experiences. This difficulty with language was also noted in the way that the researcher presented the findings. The results suggested that the mothers' struggled to develop an appropriate balance of dependence versus independence in their relationships with their children, though it was difficult to know who really struggled with this balance.

The context that the participants were selected from should also be considered when considering the results of this study. Firstly, the mothers were selected from an outpatient drug rehabilitation centre. While the results illustrated the important influence that the organisation and support groups may have had on how the mothers understood and made meaning of their children's struggles with substance abuse, the research may have not attained sufficient information on how the mothers' interactions with organisations influenced their experiences. The children were also in the process of recovering from substance abuse. It was perhaps difficult to determine whether this, and the mothers' interactions within this recovery context, influenced the results and particularly the way in which they responded to the crises that they experienced.

The characteristics of the researcher were also thought to have influenced the results obtained in this study. The researcher noted that two of the mothers asked the researcher whether he was a Christian. While the researcher attempted to encourage the mothers to share whatever it was that they felt they wanted to share, he was also aware of how his responses to these more personal questions may have influenced the way in which the mothers responded.

The researcher was a young male, perhaps not much older than the mothers' children. This may have contributed to transferences towards the researcher during the interviews. This was thought to have been illustrated during an interview where, despite her apparent emotional discomfort, a mother insisted on continuing the interview in order to assist the researcher. This was thought to replicate the mother's selflessness in her attempt to bring an end to her child's struggle with substance abuse. The researcher was also aware of his countertransferences during the interviews. While the researcher was aware of how this may have impacted the results, he attempted to understand this countertransference as it related to the mothers' experiences. This was noted during an interview where the researcher became aware of his confusion regarding a mother's desire to live away from her children. This was thought to relate to the findings of a difficulty determining the appropriate balance of dependence versus independence and a difficulty with separation.

5.3. Implications for future research

The findings of this study contribute to what is a relative dearth off literature that focuses on family members' experiences of a family member's struggles with substance abuse. Such studies are required in order to develop a more detailed and personal account of family members' experiences. It is likely that the findings of this study may vary in different contexts and that further research is required in order to assess the credibility of this study's findings.

This study suggested that guilt and shame are factors which may influence mothers' Sense of Coherence and the ways in which they understand, manage and make meaning of their children's struggles with substance abuse. This finding, together with a potential difficulty in determining the appropriate balance of dependence versus independence in the mother-child relationship, could potentially inform substance abuse treatment programmes and support groups.

Research utilising a systemic perspective of the family could be utilised in order to determine how different family members understand, manage and make meaning of a family member's struggle with substance abuse. Studies which adopt this perspective could also be valuable in identifying whether means of understanding, managing and making meaning of a family member's struggle with substance abuse are influenced by the interactions within and between systems.

Aligned with the research design utilised in this study, it could be beneficial to adopt more participatory research designs which could contribute to a more equitable co-construction of meaning. Focus groups could also be utilised in order to allow meaning to emerge through the interactions of individuals who have shared experiences.

REFERENCES

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd Ed, text revision). Washington, DC: American Psychiatric Association.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th Ed, text revision). Washington, DC: American Psychiatric Association.

Antonovsky, A. (1979). *Health, stress & coping*. San Francisco: Jossey-Bass.

Antonovsky, A. (1984). The Sense of Coherence as a determinant of health. In J. D. Matarazzo, S. M. Weiss, J. A. Herd, & M. E. Miller (Eds.), *Behavioral health: A handbook of health enhancement* (pp. 114-129). New York, Wiley.

Antonovsky, A. (1987). *Unravelling the mystery of health: how people manage stress and stay well*. San Francisco: Jossey-Bass.

Antonovsky, A. (1998). The Sense of Coherence: An historical and future perspective. In H. I. McCubbin, E. A. Thompson, A. I. Thompson, & J. E. Fromer (Eds.), *Stress, coping, and health in families: Sense of Coherence and resiliency* (pp. 3-30). California: Sage.

Arcidiacono, C., Velleman, R. Procentese, F., Albenesi, C., & Sommantico, M. (2009). Impact and coping in Italian families of drug and alcohol users. *Qualitative Research in Psychology*, 6(4), 260-280.

Arendell, T. (2000). Conceiving and investigating motherhood: the decade's scholarship. *Journal of marriage and family*, 62(4), 1192-1207.

Bancroft, A., Carty, A., Cunningham-Burley, S. & Backett-Milburn, K. (2002). Support for the Families of Drug Users: a review of the literature. Edinburgh: Scottish Executive Effective Interventions Unit.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215.

Barnard, C. P. (1994). Resiliency: A shift in our perception?. *The American Journal of Family Therapy* 22(2), 135-144.

Barnard, M. (2005). *Drugs in the family: the impact on parents and siblings*. York: Joseph Rowntree Foundation. Retrieved from http://www.jrf.org.uk/sites/files/jrf/1859353207.pdf

Barnes, G. M., & Farrell, M. P. (1992). Parental support and control as predictors of adolescent drinking, delinquency, and related problems. *Journal of Marriage and Family*, 54(4), 763-776.

Barnes, G. M., Reifman, A. S., Farrell, M. P., Utheg, L., & Dintcheff, B. A. (1994). Longitudinal effects of parenting on alcohol misuse among adolescents. *Alcoholism: Clinical and Experimental Research*, 18, 507.

Bassin, D., Honey, M. & Kaplan, M. (1994). Introduction. In D. Bassin, M. Honey, & M. Kaplan (Eds), *Representations of motherhood* (pp. 1-25). New Haven: Yale University Press.

Becvar, D. S. & Becvar, R. J. (2006). *Family therapy: A systemic integration (6th Ed.)*. Boston: Pearson Education, Inc.

Billings, J. (1995). Bonding theory – tying mothers in knots? A critical review of the application of a theory to nursing. *Journal of Clinical Nursing*, 4(4), 207-211.

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Aronson.

Bowen, M. (1976). Theory in the practice of psychotherapy. In P. J. Geurin (Ed.), *Family therapy: Theory and practice* (pp. 42-90). New York: Gardner Press.

Boyd, S. B. (2004). Demonizing mothers: Fathers' rights discourses in child custody law reform processes. *Journal of the Association for Research on Mothering*, 6(1), 52-74.

Boyd, S. B. (1999). *Mothers and illicit drugs: Transcending the myths*. Toronto: University of Toronto Press Incorporated.

Boyd, M., & Norris, D. (1999). The crowded nest: Young adults and home. *Canadian Social Trends*, Catalogue No. 11-008, Spring. Ottawa: Statistics Canada.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Breen, D. (1975) *The birth of the first child – Towards an understanding of femininity*. London: Tavistock.

Butler, R., & Bauld, L. (2005). The parents' experience: coping with drug use in the family. *Drugs: education, prevention and policy*, 12(1), 35-45.

Cannon, W. B. (1963). The wisdom of the body. New York: Norton (Original work published 1939).

Caplan, P. J., & Hall-McCorquodale, I. (1985). Mother-blaming in major clinical journals. *American Journal of Orthopsychiatry*, 55(3), 345-353.

Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues*, 54(2), 245-266.

Central Drug Authority. (2011). *Substance use and abuse in South Africa. Central Drug Authority Briefing*. Retrieved from http://www.pmg.org.za/print/28331

Chassin, L., Presson, C., Il-Cho, Y., Lee, M., & Macy, J. (2013). Developmental factors in addiction: Methodological considerations. In J. MacKillop & H. de Wit (Eds), *The Wiley-Blackwell handbook of addiction psychopharmacology* (pp. 7-26). Sussex: John Wiley & Sons, Ltd.

City Press. (2010, April 01). *R5.4m Benoni drug lab bust*. City Press. Retrieved from http://www.citypress.co.za/news/r54m-benoni-drug-lab-bust-20100401/

Clark, D. B., Neighbors, B. D., Lesnick, L. A., Lynch, K. G., & Donovan, J. E. (1998). Family functioning and adolescent alcohol use disorders. *Journal of Family Psychology*, 12(1), 81-92.

Cresswell, J. W. (2007). Qualitative inquiry & research design: Choosing among five approaches (2nd Ed.). London: Sage Publications.

Da Rocha Lordelo, E., Roethle, M., & Mochizuki, A. B. (2012). Socialization goals in different contexts. *Paidéia (Ribeirão Preto)*, 22(51), 33-42.

Davison, K. P., Pennebaker, J. W., & Dickerson, S. S. (2000). Who talks? The social psychology of illness support groups. *American Psychologist*, 55(2) 205-217.

Day, B. R. (1961). Alcoholism and the family. *Marriage and Family Living*, 23(3), 253-258.

Denzin, N. K., & Lincoln, Y. S. (2005). *The SAGE handbook of qualitative research*. Thousand Oaks: Sage Publications.

Dickerson, S. S., Gruenewald, T. L., & Kemeny, M. E. (2004). When the social self is threatened: Shame, physiology, and health. *Journal of Personality*, 72(6), 1191-1216.

Dubos, R. J. (1968). *Man, Medicine, and Environment*. New York: Praeger.

Edwards, M. E., & Steinglass, P. (1995). Family therapy treatment outcomes for alcoholism. *Journal of Marital and Family Therapy*, 21(4), 475- 509.

Eliason, M. J., & Skinstad, A. H. (1995). Drug/Alcohol addictions and mothering. *Alcoholism Treatment Quarterly*, 12(1), 83-96.

Erikson, E. H. (1963). *Childhood and society* (2nd Ed.). New York: Norton.

Eriksson, M. (2009, May 14-16). *The evidence base of salutogenesis: An update on the state of art*. Paper presented at the 2nd International Research Seminar on Salutogenesis, Helsinki, Finland. Retrieved from http://www.salutogenesis.hv.se/files/dr_monica_eriksson_finland__part_2.pdf

Field, A. (2009). *Discovering statistics using SPSS* (3rd Ed.). London: Sage Publications Limited.

Fishman, M., Bruner, A., &Adger, H. Jnr. (1997). Substance abuse among children and adolescents. *Pediatrics in Review*, 18(11), 394-403.

Flensborg-Madsen, T., Ventegodt, S., & Merrick, J. (2006). Sense of Coherence and health. The construction of an amendment to Antonovsky's Sense of Coherence scale (SOC II). *The Scientific World Journal*, *6*, 2133–2139. doi:10.1100/tsw.2006.342

Fotopoulou, M. (2012). *Families and drug use in Greece*. Unpublished doctoral thesis. University of Glasgow, Glasgow. Retrieved October 23, 2013, from http://theses.gla.ac.uk/3710/

Frankl, V. E. (1982). *The will to meaning: Foundations and applications of logotherapy*. New York: New American Library. (Original work published 1969).

Francis-Connolly, E. (2000). Toward an understanding of mothering: A comparison of two motherhood stages. *American Journal of Occupational Therapy*, 54, 281–289.

Freeman, M., & Parry, C. (2006). *Alcohol use literature review*. Retrieved from http://www.soulcity.org.za/projects/soul-city-series/soul-city-series-8/literature-review/alcohol-use-literature-review

Friedman, A. S., Utada, A., & Morrissey, M. R. (1987). Families of adolescent drug abusers are "rigid": Are these families either "disengaged" or "enmeshed," or both?. *Family Process*, 26(1), 131-148.

Geyer, S. (1997). Some conceptual considerations on the Sense of Coherence. *Social Science and Medicine*, 44(2), 1771-1779.

Goldenberg, H., & Goldenberg, I. (2008). *Family Therapy: An Overview*. Belmot, CA: Thomson.

Goldscheider, F. (1997). Recent changes in U.S. young adult living arrangements in comparative perspective. *Journal of family issues*, 18(6), 708-724.

Griffiths, C. A., Ryan, P., & Foster, J. H. (2011). Thematic analysis of Antonovsky's Sense of Coherence theory. *Scandinavian journal of psychology*, *52*(2), 168–73. doi:10.1111/j.1467-9450.2010.00838.x

Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology Journal*, 29(2), 75-91.

Hansen, J. T. (2004). Thoughts on knowing: Epistemic implications of counseling practice. *Journal of Counseling & Development*, 82(2), 131-138.

Hastings R. P. & Taunt H. M. (2002). Positive perceptions in families of children with developmental disabilities. *American Journal on Mental Retardation*, 107, 116–127.

Hays, S. (1996). *The cultural contradictions of motherhood*. New Haven: Yale.

Henderson, A. C., Harmon, S. M., & Houser, J. (2010). A new state of surveillance? Applying Michel Foucault to modern motherhood. *Surveillance & Society*, 7(3-4), 231-247.

Ickovics, J. R., & Park, C. L. (1998). Paradigm shift: Why a focus on health is important. *Journal of Social Issues*, 54(2), 237-244.

Jackson, D., & Mannix, J. (2004). Giving voice to the burden of blame: A feminist study of mothers' experiences of mother blaming. *International Journal of Nursing Practice*, 10(4), 150-158.

Jackson, D., Usher, K., & O'Brien, L. (2006). Fractured families: Parental perspectives of the effects of adolescent drug abuse on family life. *Contemporary Nurse*, 23(2), 321-330.

Jacobson, K. C., & Crockett, L. J. (2000). Parental monitoring and adolescent adjustment: An ecological perspective. *Journal of Research on Adolescence*, 10(1), 65-97.

Johannsson, A., Anderzen-Carlsson, A., Ahlin, A., & Andershed, B. (2010). Mothers' everyday experiences of having an adult child who suffers from long-term mental illness. *Issues in Mental Health Nursing*, 31(11), 692-699.

Kaufman, E. (1981). Family structures of narcotics addicts. *International Journal of the Addictions*, 16, 273-282.

Kaufman, E. (1985). Family systems and family therapy of substance abuse: An overview of two decades of research and clinical experience. *The International Journal of the Addictions*, 20 (6-7), 897-916.

Kaufman, E., & Kaufman, P. (1979). *Family therapy of drug and alcohol abuse*. New York: Gardner Press.

Kearney, R. J. (1996). *Within the wall of denial: Conquering addictive behaviors*. New York: W. W. Norton & Company.

Keller, H. (2007). *Cultures of infancy*. Mahwah, NJ: Lawrence Erlbaum Associates.

Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, 37(1), 1- 11.

Kobasa, S. C. (1982). The hardy personality: Toward a social psychology of stress and health. In G. S. Sanders & J. Suls (Eds.), *Social psychology of health and illness* (pp. 3-32). Hillsdale, NJ: Lawrence Erlbaum Association.

Kobasa, S. C., Maddi, S. R., & Courington, S. (1981). Personality and constitution as mediators in the stress-illness relationship. *Journal of Health and Social Behavior*, 22(4), 368-378.

Kuhn, T. (1970). *The structure of scientific revolutions* (2nd Ed.). Illinois: University of Chicago Press.

Ladd-Taylor, M. & Umansky, L. (1998). *"Bad" mothers: The politics of blame in twentieth-century America*. New York: New York University Press.

Langa, M. (2012). *Becoming a man: Exploring multiple voices of masculinity amongst a group a young adolescent boys in Alexandra Township, South Africa* (Unpublished doctoral thesis). University of the Witwatersrand, Johannesburg, South Africa. Retrieved from http://mobile.wiredspace.wits.ac.za/bitstream/handle/10539/11759/Malose%20Langa%20Final%20PhD%20report%20%282012%29.pdf?sequence=2

Lansky, M. R. (2005). Hidden shame. *Journal of the American Psychoanalytic Association*, 53(3), 865-890.

Lazarus, R. S., & Cohen, J. B. (1977). Environmental Stress. In I. Altman & J. F. Wohlwill (eds.), *Human behaviour and environment* (Vol. 2, pp. 90-127). New York: Plenum.

Levine, B. L. (1985). Adolescent substance abuse: Toward an integration of family systems and individual adaptation theories. *The American Journal of Family Therapy*, 13(2), 3-16.

Levine, H. G. (1978). The discovery of addiction: Changing conceptions of habitual drunkenness in America. *Journal of Studies on Alcohol*, 15, 493-506.

Lewis, C. (2012, October 25). *Randburg police station officers face probe*. SABC News. Retrieved November 02, 2013, from http://www.sabc.co.za/news/a/30997f004d3437de8a9cfbe570eb4ca2/Randburg-police-station-officers-face-probe-20122510

Liddle, H., & Dakof, G. (1995). Family-based treatment for adolescent drug use: State of the science. In E. Rahdert & D. Czechowics (Eds.), *Adolescent Drug Abuse: Clinical Assessments and Therapeutic Interventions* (pp. 218-254). Rockville, MD: National Institute on Drug Abuse.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills: Sage.

Mackey, S., & Goddard, L. D. (2006). The experience of health and wellness in mothers of young children with intellectual disabilities. *Journal of Intellectual Disabilities*, 10(4), 305-315.

Mahler, M. S. (1985). *The psychological birth of the human infant: Symbiosis and individuation*. London: Karnac Books. (Original work published in 1974).

Mak, W. W. S., Ho, A. H. Y., & Law, R. W. (2007). Sense of Coherence , Parenting Attitudes and Stress among Mothers of Children with Autism in Hong Kong. *Journal of Applied Research in Intellectual Disabilities*, 20 (2), 157–167.

Margalit, M., Raviv, A., & Ankonina, D. B. (1992). Coping and coherence among parents with disabled children. *Journal of Clinical Child Psychology*, 21(3), 202-209.

Matsimela, M. (2013, July 08). *Police arrest 138 for drugs*. Benoni City Times. Retrieved November 02, 2013, from http://benonicitytimes.co.za/20686/police-arrest-138-for-drugs/

McGoldrick, M. & Carter, E. A. (1982). The family life cycle. In F. Walsh (Ed.), *Normal family processes* (pp. 167-195). New York: The Guilford Press.

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process* (2nd Ed.). New York: The Guilford Press.

Meyer, W., Moore, C., & Viljoen, H. (2003). *Personology: From individual to ecosystem* (3rd Ed.). Johannesburg: Heinemann Publishers (Pty) Ltd.

Milberg, A., & Strang, P. (2004). Exploring comprehensibility and manageability in palliative home care: An interview study of dying cancer patients' informal carers. *Psycho-Oncology*, 13(9), 605-618.

Minuchin, S. (1974). *Families & family therapy*. Cambridge: Harvard University Press.

O'Brien, C., Volkow, N., & Li, T. K. (2006). What's in a word? Addiction versus dependence in DSM-V. *The American Journal of Psychiatry*, 163(5), 764-765.

O'Leary, V. E. (1998). Strength in the face of adversity: Individual and social thriving. *Journal of Social Issues*, 54(2), 425-446.

O'Leary, V. E., & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women's health. *Women's Health: Research on Gender, Behavior, and Policy*, 1(), 121-142.

Olsen, D. H., Portner, J., & Levee, Y. (1985). *FACES III*. St. Paul, MN: Family Social Science, University of Minnesota.

Orford, J., Natera, G., Davies, J., Nava, A., Mora, J., Rigby, K., et al. (1998a). Stresses and strains for family members living with drinking or drug problems in England and Mexico. *Salud Mental* (Mexico), 21, 1–13.

Orford, J., Natera, G., Davies, J., Nava, A., Mora, J., Rigby, K., et al. (1998b). Social support in coping with alcohol and drug problems at home: Findings from Mexican and English families. *Addiction Research*, 6, 395–420.

Orford, J., Natera, G., Davies, J., Nava, A., Mora, J., Rigby, K., et al. (1998c). Tolerate, engage or withdraw: A study of the structure of family coping in England and Mexico. *Addiction*, 93, 1799–1813.

Orford, J., Natera, G., Velleman, R., Copello, A., Bowie, N., & Bradbury, C. (2001). Ways of coping and the health of relatives facing drug and alcohol problems in Mexico and England. *Addiction*, 96(5), 761-774.

Orford, J., Rigby, K., Miller, T., Tod, A., Bennett, G., & Velleman, R. (1992). Ways of coping with excessive drug use in the family: A provisional typology based on the accounts of 50 close relatives. *Journal of Community & Applied Social Psychology*, 2(3), 163-183.

Orford, J., Velleman, R., Copello, A., Templeton, L., & Ibanga, A. (2010). The experiences of affected family members: A summary of two decades of qualitative research. *Drugs: Education, Prevention, and Policy*, *17*(s1), 44–62. doi:10.3109/09687637.2010.514192

Orford, J., Velleman, R., Natera, G., Templeton, L., & Copello, A. (2013). Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Social science & medicine (1982)*, *78*, 70–7. doi:10.1016/j.socscimed.2012.11.036

Park, H., Coello, J. A., & Lau, A. S. (2014). Child socialization goals in East Asian versus Western nations from 1989 to 2010: Evidence for social change in parenting. *Parenting: Science and Practice*, 14(2), 69-91.

Parker, R. (1995). *Torn in two: The experience of maternal ambivalence*. London: Virago.

Parry C, Plüddemann A, Bhana A. 2009. Monitoring alcohol and drug abuse trends in South Africa (1996– 2006): reflections on treatment demand trends. *Contemporary Drug Problems*, 36(3/4), 685–703.

Pasche, S., & Myers, B. (2012). Substance misuse trends in South Africa. *Human Psychopharmacology*, 27(3), 338–341. doi: 10.1002/hup.2228

Patton, M. (1990). *Qualitative evaluation and research methods* (pp. 169-186). Beverly Hills, CA: Sage.

Peltzer, K., & Ramlagan, S. (2010). Illicit drug use in South Africa: Findings from a 2008 national population-based survey. *South African Journal of Psyciatry*, 16(1), 8-15.

Peterson, P. L., Hawkins, J. D., Abbott, R. D., & Catalano, R. F. (1994). Disentangling the effects of parental drinking, family management, and parental alcohol norms on current drinking by black and white adolescents. *Journal of Research on Adolescence*, 4(2), 203-227.

Phares, V. (1992). Where's poppa? The relative lack of attention to the role of fathers in child and adolescent psychopathology. *American Psychologist*, 47 (5), 656-664.

Polcin, D. L. (2003). Rethinking confrontation in alcohol and drug treatment: Consideration of the clinical context. *Substance Use & Misuse*, 38(2), 165-184.

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126-136.

Pozo, P., Sarriá, E., & Brioso, A. (2011). Psychological adaptation in parents of children with autism spectrum disorders. In M. R. Mohammadi (Ed.), *A Comprehensive Book on Autism Spectrum Disorders* (pp. 107-130). Retrieved from http://www.intechopen.com/books/a-comprehensive-

book-on-autism-spectrum-disorders/psychological-adaptation-in-parents-of-children-with-autism-spectrum-disorders

Prendergast, T. J., & Schaefer, E. S. (1974). Correlates of drinking and drunkenness among high-school students. *Quarterly Journal of Studies on Alcohol*, 35(1-A), 232-242.

Prochanska, J. O., & DiClemente, C. C. (1986). Toward a comprehensive model of change. *Applied Clinical Psychology*, 13(1), 3-27.

Pulkkinen, L., Kokkonen, M., & Mäkiaho, A. (1998). Positive affectivity, self-mastery, and a sense of failure as predictors of self-assessed health. *European Psychologist*, 3(2), 133-142.

Pulver, S. E. (1999). Shame and guilt: A synthesis. *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals*, 19(3), 388-406.

Richardson, D. (1993). *Women, motherhood and childrearing*. Basingstoke: MacMillan Press.

Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs*, 80(1, Whole No. 609).

Ruddick, S. (1980). Maternal thinking. *Feminist Studies*, 6(2), 343-367.

Ruddick, S. (1989). *Maternal thinking: Towards a politics of peace*. New York: Ballantine Books.

Ryff, C. D., Schmutte, P. S., & Lee, Y. H. (1996). How children turn out: Implications for parental self-evaluation. In C. D. Ryff & M. M. Seltzer (Eds.), *The psychological experience of midlife* (pp. 383-422). Chicago: University of Chicago Press.

Segal, B. M., & Stewart, J. C. (1996). Substance abuse and abuse in adolescence: An overview. *Child Psychiatry and Human Development*, 26(4), 193-210.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive Psychology: An introduction. *American Psychologist*, 55(1), 5-14.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, 22(2), 63-75.

Silverman, D. (2000). *Doing qualitative research: a practical handbook*. London: Sage.

Skärsäter, I., Dencker, K., Bergbom, I., Häggström, L., & Fridlund, B. (2003). Women's conceptions of coping with major depression in daily life: A qualitative, salutogenic approach. *Issues in Mental Health Nursing*, 24(4), 419-439.

Stanton, M. D. (1977). The addict as savoir: Heroin, death, and the family. *Family Process*, 16(2), 191-197.

Stanton, M. D. (1985). The family and drug abuse. In T. E. Bratter & G. G. Forrest (Eds.), *Alcoholism and substance abuse: Strategies for clinical intervention* (pp. 398-430). New York: The Free Press.

Stanton, M. D., Todd, T. C., & Associates. (1982). *The family therapy of drug abuse and addiction*. New York: Guilford.

Stanton, M. D., Todd, T. C., Heard, D. B., Kirschner, S., Kleiman, J. I, Mowatt, D. T.,…CanDeusen, J. M. (1978). Heroin addiction as a family phenomenon: A new conceptual model. *American Journal of Drug and Alcohol Abuse*, 5 (2), 125-150.

Statistics South Africa. (2012). *Statistical release (revised). P0301.4. Census 2011*. Pretoria: Statistics South Africa. Retrieved November 02, 2013, from http://www.statssa.gov.za/publications/p03014/p030142011.pdf

Steinberg, L., Fletcher, A., & Darling, N. (1994). Parental monitoring and peer influences on adolescent substance abuse. *Paediatrics*, 93(6), 1060-1064.

Strang, S., & Strang, P. (2001). Spiritual thoughts, coping and 'sense of coherence' in brain tumour patients and their spouses. *Palliative Medicine*, 15(2), 127-134.

Strümpfer, D. J. W. (1995). The origins of health and strength: from 'salutogenesis' to 'fortigenesis'. *South African Journal of Psychology*, 33(2), 69-79.

Szasz, T. S. (1970). *Ideology and insanity: Essays on the psychiatric dehumanization of man*. New York: Anchor Books.

Usher, K., Jackson, D., & O'Brien, L. (2007). Shattered dreams: parental experiences of adolescent substance abuse. *International journal of mental health nursing*, *16*(6), 422–30. doi:10.1111/j.1447-0349.2007.00497.x

Van Breda, A. D. (2001). *Resilience theory: A literature review*. Pretoria, South Africa: South African Military Health Service.

Van Heerden, M. S., Grimsrud, A. T., Seedat, S., Myer, L., Williams, D. R., & Stein, D. J. (2009). Patterns of substance use in South Africa: results from the South African Stress and Health study. *South African Medical Journal*, 99(5 Pt 2), 358–66. Retrieved from http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3203645&tool=pmcentrez&rendertype=abstract

Volk, R. J., Edwards, D. W., Lewis, R. A., & Sprenkle, D. H. (1989). Family systems of adolescent substance abusers. *Family Relations*, 38(3), 266-272.

Velleman, R., Bennett, G., Miller, T., Orford, J., Rigby, K., & Tod, A. (1993). The families of problem drug users: a study of 50 close relatives. *Addiction*, 88(9), 1281-1289.

Walsh, F. (2012). Clinical views of family normality, health, and dysfunction: From a deficits to a strengths perspective. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (pp. 27-54). New York: Guilford Press.

Walsh, F (2011). Family therapy: Systemic approaches to practice. In J. Brandell (Ed.), *Theory and practice of clinical social work* (pp. 153-178). Thousand Oaks, CA: Sage.

Wassenaar, D. R. (2006). Ethical issues in social science research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences*. Cape Town: UCT Press.

Weaver, J., & Ussher, J. (1997). How motherhood changes life – A discourse analytic study with mothers of young children. *Journal of Reporductive & Infant Psychology*, 15(1), 51-.

White, W. L. (2004). Recovery: The next frontier. *Counselor*, 5(1):18-21.

White, W. L. (2005). Recovery: Its history and renaissance as an organizing construct concerning alcohol and other drug problems. *Alcoholism Treatment Quarterly*, 23(1), 1- 15.

White, W. L., & Kurtz, E. (2006). The varieties of recovery experience. *International Journal of Self Help and Self Care*, 3(1-2), 21-61.

White, W. L., & Savage, B. (2005). All in the family: Alcohol and other drug problems, recovery, advocacy. *Alcoholism Treatment Quarterly*, 23(4), 3-37.

Winnicott, D. W. (1965). The theory of the parent-infant relationship. In D. W. Winnicott, *The maturational processes and the facilitating environment*: studies in the theory of emotional development (pp. 37-55). London: Karnac Books. (Original work published 1960).

World Health Organisation. (2011). *International statistical classification of diseases and related health problems (10th Revision, Vol. 2, 2010 Edition)*. Geneva: World Health Organisation. Retrieved from http://www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf

Williams, J. G., & Smith, J. P. (1993). Alcohol and other drugs among adolescents: Family and peer influences. *Journal of Substance Abuse*, 5(3), 289-294.

Wurmser, L. (2004). Superego revisited – relevant or irrelevant?. *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals*, 24(2), 183-205.

Young, S. L., & Ensing, D. S. (1999). Exploring recovery from the perspective of people with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 22(3), 219-231.

APPENDIX A – INFORMATION LETTER

Psychology
School of Human & Community Development
Private Bag 3, Wits 2050, South Africa. Telephone: +27 11-717-4500/2/3/4. Fax: +27-11-717-4559

Dear participant

Hello. My name is Steven Rebello and I am conducting research for the purpose of obtaining a Master's degree in Community-Based Counselling Psychology from the University of the Witwatersrand (WITS). The study that I am conducting focuses on mothers' experiences of living with a child who struggled with drug addiction. The purpose of this letter is to offer you the opportunity to participate in this study.

Participation in this study would involve you being willing to be interviewed with regard to your experiences as the mother of a child who struggled with addiction. This interview will take approximately one hour to complete. With your permission, the interview will be audio-recorded in an effort to accurately capture the information that you provide in the interview. Together with this recording, all of the information that you provide in this interview will remain confidential, in other words, no one other than my supervisor (Dr. Vinitha Jithoo) and I will be able to access the information that you provide in the interview. Once the research has been completed, the audio-recording of your interview will be deleted.

As it is necessary for me to provide direct quotes from the interviews in order to support the results of my study, I may include some of your direct words in the write-up of my results. However, in such a case, I will use pseudonyms (made up names) to ensure that I protect your identity and the identity of any person that you may refer to in your interview.

The interviews for this study will take place at Mighty Wings Life Centre (MWLC) between the 27th of June and the 14th of July. As I am aware that you are likely to attend MWLC on a Wednesday, Thursday or a Sunday, it is possible to arrange an interview for either a Wednesday or Thursday evening or Sunday afternoon. However, an interview can be arranged at a time which you find convenient.

Once I have completed my study by the end of November 2013, I will be required to publish the research in the form of a research report. I will provide you with a brief summary of what the mothers who participated in the study said with regard to their experiences of being the mother of a child who struggled with addiction. Furthermore, the completed dissertation will be freely available to the public on WITS' website.

Your participation in this study will be voluntary and you will have the right to withdraw from the research at any time without facing any consequences. No risks or benefits are anticipated by participating in this study. If participation in the study does cause you any emotional distress, you can contact Lifeline (0117281347).

Please note that there two selection criteria for any mother who would be interested in participating in this study. Firstly, you must be the biological mother of a child who struggled with addiction. Secondly, as this study focuses particularly on mothers whose young adult children struggled with addiction, your child must currently be between the ages of 19 and 26.

If you are interested in participating in this study, please contact me directly via any of the contact details below so that we can arrange a date and time to meet for an interview.

Thank you for taking the time to attend to this letter, kind regards

Steven Rebello

Cell no: 079 493 4118
email: stevierebello@gmail.com

Dr Vinitha Jithoo

011 717 4523
vinitha.jithoo@wits.ac.za

APPENDIX B – TRANSCRIPTION CONVENTIONS

/ indicates a correction or stumbling speech

e.g.
I: And are/were you angry?
P_A: Ja/wel/wel/not really

(4) Numbers in parenthesis indicate elapsed time in silence in seconds
e.g.
P_C: Ja (2) its okay (1) it hard being a boy (2)

(.) A dot in a parenthesis indicates a tiny gap, no more than half a second.
e.g.
P_A: Ja (.) I'm doing better now.

___ Underscoring indicates some form of stress, via pitch or amplitude.
e.g.
P_D: Its tough very <u>tough</u>

:: Colons indicate the prolongation of a sound. The length of the row of colons indicates the length of the prolongation.
e.g.
P_A: Um::::: I'm not sure

(( )) Double parentheses contain the author's descriptions rather than transcriptions
e.g.
P_B: Ja ((laughter)) it was so funny

( ) Empty parentheses indicate the transcriber's inability to hear what was said.
e.g.
P_C: Everyone said that about ( ) but I don't feel like that

(3 words) or (2 turns) indicates the amount of speech that is inaudible

(probably) Speech that the transcriber is unsure of should be placed in single parentheses

e.g.
P_A: You know (when I mumble like this) it's difficult to hear me

APPENDIX C – INTERVIEW SCHEDULE

Possible questions related to comprehensibility

How did you understand what was happening in your life during your child's struggle with substance abuse?
How did your child's struggle with substance abuse affect the way you seen yourself?
How did your child's struggle with substance abuse affect your understanding of yourself?

Possible questions related to manageability

What was your life like during the time of your child's struggle with substance abuse?
How did you cope with your child's struggle with substance abuse?
How did your child's struggle with substance abuse affect your life?
What kinds of things did you have to deal with during your child's struggle with substance abuse?
What did you do to try and cope with these things?
What are some of the things that you found difficult to cope with?
How manageable was your life?

Possible questions related to meaningfulness

What motivated you to keep going despite the difficulties that you were facing?
How did you make meaning of being the mother of a child who was struggling with substance abuse?
How did you make meaning of your role as a mother during your child's struggle with substance abuse?

APPENDIX D

INFORMED CONSENT FORM

This informed consent form provides you with information about your rights as a participant, should you choice to participate in this study. Please read through each point and if you understand and agree to the points mentioned, please sign at the bottom of the form.

As a participant in this study:

- I am aware that I will be interviewed by Steven Rebello with regard to my experiences as the mother of a child who struggled with substance abuse
- I am aware that the interview will take approximately one hour to complete
- I am aware that my participation in this study is voluntary and that I have the right to withdraw from the study at any time without facing any consequences. I also understand that if I do withdraw from the study, the information that I provide in my interview will not be used in the study
- I am aware that only the researcher (Steven Rebello) and his supervisor (Dr Vinitha Jithoo) will have access to the information that I provide in the interview
- I am aware that the researcher will be required to provide brief direct quotes from my interview in order to support the results of his study. However, I am aware that the researcher will use pseudonyms (false names) in order to protect my identity and the identity of any person that I may mention in my interview
- I am also aware that before the researcher finalises his study, I will be able to read through the write-up of his results to ensure that he has protected my identity and the identity of any person that I may mention in my interview
- I am aware that once the researcher has completed his study, he will provide me with a brief summary of the results of the study – what the mothers who participated in the study said with regard to their experiences of being the mother of a child who struggled with substance abuse
- I am aware that the researcher will be publishing the findings of this study in the form of a research report (dissertation), as this is a requirement for the completion of his degree. I am aware that if I wish, I will have access to the researcher's dissertation

I _____ hereby consent to participating in Steven Rebello's research which focuses on mothers' experiences of living with a child who struggled with substance abuse. I have read and understand what my participation in this study entails and agree to participate in this study.

Signed: _____

Date: _____

APPENDIX E

CONSENT FORM FOR AUDIO RECORDING OF INTERVIEW

This consent form provides you with information with regard to the audio-recording of your interview. Please read through the document and if you agree to the points mentioned below, please sign in the space provided below.

- I understand that I will be interviewed by the researcher (Steven Rebello) with regard to my experiences as a mother of a child who struggled with substance abuse
- I understand that the interview will be audio-recorded by the researcher in order to ensure that he accurately captures the information that I provide in my interview
- I understand that the researcher will keep this information safely secured and that only the researcher and his supervisor (Dr Vinitha Jithoo) will be able to access the information that I provide in my interview
- I understand that once the researcher has completed his research, he will delete the audio-recording of my interview

I _____ have read through the above-mentioned points and I agree to having my interview audio-recorded.

Signed: _____

Date: _____