

# **A phenomenological study on parents' experiences of their adolescent's substance abuse**

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## ABSTRACT

Adolescent substance abuse is a widely researched area both internationally and nationally. It has been known to affect many problems which are prevalent in most low socioeconomic communities such as crime, school truancy and family fragmentation. It is of particular concern in low socioeconomic communities within the Cape Flats District which continues to be plagued with social ills such as gangsterism, adolescent criminal behaviour, and high rates of school dropout. The problem of adolescent substance abuse cannot be explored in isolation, but rather, in conjunction with all other spheres which it affects such as family relationships, dynamics and functioning. Parents fulfil an important role in managing their adolescent's addiction problem. These parents often feel helpless, hopeless, guilty, and angry, and are inclined to blame themselves for their child's delinquent behaviour. In some cases spouses blame one another for their being too permissive or too stern. However, there is a dearth in research of parents' lived experiences and the ways in which they attribute meaning to their situations. The aim of this study was to explore parents' lived experiences of their adolescent's substance abuse. More specifically the study explored parents' perceptions of the ways in which one family member's substance abuse affects the dynamics and the functioning of the family. At a theoretical level, this study aligned with Bowen's Family Systems theory, as it allowed the researcher to explore the ways in which family roles, dynamics and functioning are affected by a relative's substance addiction. The current study was conducted within the qualitative methodological framework, as the aim was to gain an in-depth understanding of parent's lived experiences of managing their adolescent's substance abuse. Furthermore, this study was positioned within the phenomenological epistemological framework as it aligns well with the aims of this study, which is to acquire an understanding of parents' lived experiences of their adolescent's substance abuse. This epistemological position allowed the researcher to obtain in-

depth, subjective accounts of the participants' reality. Six participants from a low socioeconomic community in Cape Town were the primary data sources for this study. The participants' subjective account of living with their child who was addicted to substances was captured using in-depth interviews which will comprise of semi-structured questions. The data was analysed using the interpretative phenomenological analysis technique, which allowed for the abstraction of themes which capture the participants' experiences and how they made meaning of their experiences. The results of this study were consistent with previous literature which found that parents endure devastating emotional, psychological, physical, familial and financial implications when trying to deal with an adolescent's substance abuse problem. Parents expressed that they used varying coping strategies such as putting their children out of their homes, relying on their spirituality and taking an active stand against their child's substance abuse associates. In spite of the consequences which the parents endured as a result of their children's substance abuse, all of them held onto a ray of hope that their children would one day be free from their destructive addictions.

## DECLARATION

I declare that *A phenomenological study on parents' experiences of their adolescent's substance abuse* is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Cindy Melanie Swartbooi

Signed: .....



July 2013

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I would like to express my gratitude to **God** for granting me with strength, tenacity and insight to see this study through to completion. I am humbled by the grace and favour that I experienced throughout this time.

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Last but not least, **my Master's class of 2012**...My sisters, my confidants and a wonderful source of support through it all. I will treasure our experiences forever.

Love, Cindy.

### ***Dedication***

*I dedicate this mini-thesis to all the parents who willingly shared their experiences with me. Without them this would not have been possible. It was a privilege capturing your struggle.*



# CHAPTER 1

## INTRODUCTION

### 1. Background and rationale

Adolescent substance abuse remains one of the most frequently researched areas worldwide as it is also associated with many other problems such as crime, risky behaviour, school truancy and family problems (Usher, Jackson & O'Brien, 2005). According to Saatcioglu, Erim and Cakmak (2006), alcohol and substance abuse are indicative of a dysfunctional family system. An individual's family essentially provides the initial and most important social context in which they may develop (Sanders, 2000). "The family is a system in that a change in the functioning of one family member is automatically followed by a compensatory change in another member" (Bowen, 1974, p. 115). Substance abuse by one family member ultimately disrupts and alters the development of the family as a holistic system. More often than not, the families of the individuals who abuse substances are left to deal with the consequences of their relative's substance abusing activities. Parents especially are the ones who are forced to deal with the consequences of their adolescent's substance use (Usher et al., 2005). It is thus necessary to explore the lived experiences of parents who have children who are addicted to substances.

Substance abuse is a pandemic which affects the lives of many individuals, regardless of their race, age, sex, or socioeconomic status. In the South African Community Epidemiology Network on Drug Use (SACENDU) report (2012), which includes statistics which were formulated between July 2007 and June 2011, it was found that the most commonly abused substances in the Western Cape are methamphetamine (TIK), alcohol, cannabis (dagga), and heroine. The rate of methamphetamine use in Cape Town has escalated over the years,

particularly among young people in “coloured”<sup>1</sup> communities (Wechsberg et al., 2010). This trend is especially popular to communities which have been historically plagued by social issues such as gangsterism and poverty (Science in Africa, 2005). This substance, which is locally known as “tik” has become a serious social problem as individuals who ingest it are instantly addicted.

Research conducted in South Africa has revealed that adolescent substance abuse continues to be one of the most significant health and social problems (Visser & Routledge, 2007). According to Visser and Routledge (2007), substance abuse can be defined as the improper, excessive, irresponsible or self-damaging use of addictive substances. Furthermore, it is also known to have a significant impact on the parents of the substance addicted individual.

Unfortunately, few studies have been conducted on parents’ lived experiences of having an adolescent who is addicted to substances (Usher et al., 2005). Having a family member who is addicted to alcohol or drugs can be devastating (Evans, 2010). These individuals are often left feeling extremely angry, fearful, helpless, and frustrated with the individual who is addicted to substances. In addition to the aforementioned emotions, family members also experience feelings of guilt and shame about their willingness or refusal to help their substance dependent relative. Furthermore, it has been said that dealing with a relative’s substance abuse problem often requires years of endurance and patience, as dealing with setbacks becomes commonplace (Denning, 2010). This situation is rife in low socioeconomic communities which combat substance abuse and its repercussions on a daily basis.

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<sup>1</sup> “Coloured”: an ambiguous term devised by the architects of apartheid which was given to individuals who are lighter skinned, mixed race (Standing, 2001).

Low socioeconomic “coloured” communities in the Cape Flats district in the Western Cape are characterised by social problems such as gangsterism, domestic violence, child abuse, poverty, unemployment, reduced school attendance, chronic overcrowding and family fragmentation (Standing, 2003). Individuals who inhabit these communities encounter daily struggles in order to survive (Edross, 2011). Adolescents in these communities tend to form part of street gangs. Within these street gangs, adolescents engage in alcohol and cannabis use, gang violence, and public theft. Hesselbrock, Hesselbrock and Epstein (1999) proposed that the development of alcohol and drug related problems are inevitable in communities which are plagued by high levels of neighbourhood disorganisation, high population density and school absenteeism amongst others. Additionally, many of the families living in these communities live in overcrowded homes, as members other than nuclear family members (i.e. cousins, aunts, uncles or grandparents) also inhabit their homes.

Substance abuse has serious effects on the lives of the addicted adolescents, their families, and other significant people in their lives. Due to elevated levels of substance abuse in the low socioeconomic communities in the Western Cape, it is essential to investigate the effects which it has on the parents of substance abusing adolescents. Parents play the supportive role before, during and after rehabilitation, and as such they too need support in order to deal with their experiences (Evans, 2010). There is a paucity of research pertaining to parents’ subjective experiences of having a child who is addicted to substances (Copello, Templeton & Powell, 2010; Usher, Jackson & O’Brien, 2007). The reason for the dearth in research in this area could be due to the sensitive nature of this topic and the fact that families are not comfortable with sharing their experiences as they fear that community members may possibly stigmatise them (Sankaran, 2006). This study explored parent’s lived experiences of their adolescent substance

abuse, more specifically it focused on the relationship between parents and their substance abusing children. The rationale for conducting this study was to elucidate the experiences of parents living with an adolescent who is addicted to substances and the meaning which they assign to their experiences. More so, few studies have focused on parent's lived experiences of their adolescent's substance abuse in low socioeconomic communities in South Africa.

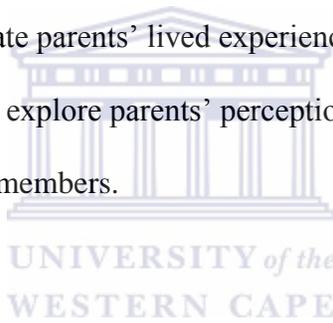
Additionally, this study will also help to inform interventions which will provide the parents and family members of substance abusers in low socioeconomic communities with coping strategies to combat the struggles which they face in trying to manage their adolescent's substance abuse.

### ***1.1 Aim***

The aim of this study is to investigate parents' lived experiences of adolescent substance abuse. More specifically the study aims to explore parents' perceptions of the dynamics and functioning of the relationship between family members.

### ***1.2 Objectives***

- To explore how parents experience their adolescents substance abuse.
- To explore parents' perceptions and experiences of how adolescents' substance abuse affects family functioning and the relationships between family members.



**CHAPTER OUTLINE**  
**LITERATURE REVIEW**

**2.1 Introduction**

**2.1.1 The socio-political landscape of substance abuse in South Africa**

*2.1.1.1 Political Factors*

*2.1.1.2 Social factors*

**2.1.2 Contextualising substance abuse in South Africa**

**2.1.3 Factors influencing substance abuse in adolescents**

**2.1.4 Initial response of family members**

**2.1.5 Effects of adolescent substance abuse on family functioning**

*2.1.5.1 Stigma*

*2.1.5.2 Setting boundaries*

*2.1.5.3 Guilt and self-blame*

**2.1.6 Impact on relationships in the family**

**2.1.7 Siblings experiences of their relative's substance abuse**

**2.1.8 Marital discord between parents**

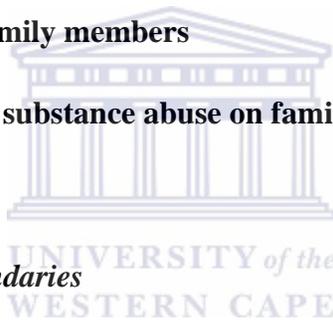
**2.1.9 Co-dependence**

**2.1.10 Relationship between parent and child**

*2.1.10.1 Betrayal and loss of trust*

**2.1.11 Treatment approaches to substance abuse in the family**

**2.1.12 Financial consequences of adolescent substance abuse for parents**



## **2.2 Summary of the Literature**

## **2.3 Epistemological position of this study**

## **2.4 Theoretical considerations**

### **2.4.1 Introduction**

### **2.4.2 Theoretical framework**



## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Introduction

The preceding introductory chapter comprised of an overview of some of the literature on parents' lived experiences of an adolescent's substance abuse. The chapter also included a description pertaining to the issue of substance abuse both internationally and nationally. The following chapter will provide a brief overview of literature pertaining to parents' lived experiences of their adolescent's substance abuse. Additionally, it will also review relevant literature related to parents' perceptions of the effects of adolescent substance abuse on family functioning. The review will follow a thematic approach and will commence with the effects of adolescent substance abuse on family functioning. Thereafter, a brief discussion on the effects of substance abuse on the relationship between the parent and the child will follow. Other important themes which have emerged from the literature will also be discussed below. These include: betrayal and loss of trust, financial consequences for family members and co-dependence.

**2.1.1 The socio-political landscape of substance abuse in South Africa.** "South Africa is a society in transition" (Pelzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010, p. 2). The country has endured many social, economic and political changes both before and after the Apartheid era. Consequently, these changes heightened the country's vulnerability to drug use. In spite of the changes which have occurred since the country's evolution into democracy, South Africa continues to grapple with the deeply entrenched legacy left by Apartheid (Burnhams, Dada & Myers, 2012). The availability and use of drugs in South Africa strongly relates to issues of rapid modernization and the decline of more traditional social relationships and family structures (Pelzer et al., 2010).

Alcohol has and continues to play an imperative role in the social evolution of South Africa. It has devastating direct and indirect effects on the lives of those who abuse it (Setlalentoa, Pisa, Thekisho, Ryke & Loots, 2010). Furthermore, alcohol also plays an important role in socialization between individuals, as well as being indicative of manhood. Dating back to the arrival of Dutch settlers and French Huguenots in the Cape in 1652, many farm workers were remunerated with a salary as well as wine. This was known as the “Dop System” (La Hausse, 1988). This system sparked a culture of heavy drinking among farm workers as well as their families across many generations. Thus, alcohol was used as a means of maintaining their dominance politically, socially as well as economically (Setlalentoa et al., 2010).

An additional factor which contributes toward the burden of substance abuse in South Africa is unemployment. This phenomenon is especially prevalent among the coloured and black population (StatsSA, 2012). The policies which were implemented during the Apartheid era resulted in social injustice and weak bonds between family members. Thus, many of the non-white individuals consumed psychoactive substances as a means of temporarily evading their dreadful social circumstances (Pelzer et al., 2010).

**2.1.2 Contextualising substance abuse in South Africa.** Pelzer et al., (2010) conducted a synthesised review of epidemiological data on drug use and substance abuse treatment admissions in South Africa since 1994. Furthermore the study explored how political, economic and social structural changes in South Africa increased its vulnerability to drug use. Results from this study indicate the South Africa is by far the largest market for illicit drug within Sub-Saharan Africa (Nel, 2003). In addition to this, this review also indicated that there has been an increase in drug use, crime and violence which was brought about by the vast influx of international cultural trends.

**2.1.3 Factors influencing substance abuse in adolescents.** An individual's substance abuse problem may have many implications, not only for themselves, but also their broader community and members in their family (Velleman, Templeton & Copello, 2005). There are numerous factors which cause and influence young people's decision to use and misuse substances. Vimpani and Spooner (2003) have stated that an individual's family plays an important role in the aetiology of problem behaviours such as substance abuse. The quality of parenting, together with various other factors such as social support, psychological well-being and life stress were identified as having a significant impact in predicting antisocial behaviour, substance use and misuse (Yoshikawa, 1994). NIDA (1997) formulated a guide which addressed the prevention of drug use among children and adolescents. This guide stipulated that certain social issues which may hinder early development with families for example, a chaotic home environment, ineffective parenting and a lack of mutual attachment between relatives may contribute significantly to an adolescent's level of risk for developing problems with drugs.

**2.1.4 Initial response of family members to their relatives' substance abuse.** Sims (2002) recognised that parents often feel uninformed and ill-prepared upon discovering that their child has a substance abuse problem. The ways in which parents attempt to access help often present as a great challenge. Before attempting to access help, many parents and family members attempt to manage the problem themselves. The manner in which a family copes or manages the problem of having a substance abusing relative has a profound impact on the way others experience the problem as well as the course and severity of the problem (Copello, Orford, Velleman, Templeton & Krishna, 2000).

Barnard (2005) conducted a qualitative study in the greater Glasgow area, which was aimed at investigating the influence which a sibling with a drug addiction problem may exert on

the initiation of a brother or a sister into drug use, and how parents may respond to such a threat. In order to fulfil this aim, it was necessary to explore issues related to family functioning and the variety of responses which family members may have to a relative's drug addiction. Sixty-four semi-structured interviews were conducted with participants, 24 with drug users, 20 with parents and 20 with siblings of the drug users. Findings from this study revealed that upon discovering that a relative has a drug problem, families initially try to contain the situation and find a solution to the problem in the early days. This initial response by the family members creates stress, conflict and arguments between family members. Furthermore, any effort which was made to try and maintain some family cohesion was in vain, as the situation had a devastating effect on the family unit. The general response which parents and siblings of drug users was shock, dismay, utter confusion and panic. Their profound naivety and lack of knowledge about the effects and consequences of drugs perpetuated all these emotional responses. Parents and siblings also described the initial signs which they observed in their relative which prompted their suspicion of the drug problem. They described their drug addicted family member as being "bad-tempered, sleepy, having 'funny eyes' and always asking for money" (p. 8).

In their effort to contain the problem within the confines of the family, parents first opted to consult their general practitioner (GP), who was often not of great assistance to the family (Barnard, 2005). The lack of knowledge and experience which families experienced at the onset of their discovery caused them to respond to the situation in ways which were highly unsuccessful. For example, some parents opted to lock their drug addicted child in a room in the hope that it would detoxify them. Others responded to the problem with physical violence in the hope that it would be a lesson for their relative to stop using drugs. Families reported that they did not understand the extent of their child or sibling's drug problems until they witnessed the

extents to which they would go to in order to get their next drug fix (Barnard, 2005). The parents of the drug abuser reported feeling tattered between their innate inclinations to protect their child from and their need to prevent the chaos which drugs was causing in their family.

In a qualitative study conducted by Bancroft, Carty, Cunningham-Burley & Backett-Milburn (2002) various coping styles were identified. These include “engaged”, “tolerant” and “withdrawn” (p. 34). The first place where parents attempt to seek advice and assistance is a general practitioner (GP) (also known as a house doctor). These parents often present with symptoms of depression or anxiety. The GP subsequently treat their physical symptoms, however the cause of their symptoms is left unexplored.

In a small qualitative study conducted by Butler and Bauld (2005) which was aimed at interviewing parents of heroin users and the support agencies which they accessed, it was found that the way in which parents discovered that their children were abusing drugs varied considerably. Some children voluntarily admitted to wanting help, whereas others were approached by their parents but still denied their addiction. Parents reported that finding out that their child was using drug was very devastating. They expressed that they felt a sense of failure and they reflected and questioned they were to blame for their child’s addiction. Most parents also felt a deep sense of guilt which was related to their inability to have noticed the problem at an earlier stage. Furthermore, they expressed feelings of shame about what other people would think of their child’s addiction.

**2.1.5 Effects of adolescent substance abuse on family functioning.** A quantitative study conducted by Arcidiacono, Velleman, Procentese, Albanesi and Somantico, (2009), aimed to examine the overall impact which alcohol and drug problems had on a sample of 113 Italian

family members, 85 of which were female and 28 male. Participants were selected from three distinctly different areas within Italy. The study further aimed to replicate and test the work which was conducted in countries which employed the stress-strain-coping-support (SSCS) model and then draw comparison between Italy and the UK and Mexico and Australia. A set questionnaire and semi-structured interviews were used to fulfil the aims of the study. Four questionnaires were used in this study namely, the Family Member Impact (FMI) scale, the Symptom Rating Test (SRT), the Coping Questionnaire (CQ) and the Hopefulness-Hopelessness (HOPE) scale. The findings from this indicated that relatives with serious substance misuse problems had a profound impact on the lives of their family members, with female's family members having higher levels of symptoms than males. Families also reported having employed various coping strategies. Furthermore, families also reported high levels of hope.

Substance abuse is an issue which is often viewed as being an individual problem, when in fact its effects are felt by the entire family. In an international study conducted by Arcidiacono et al. (2009) which was aimed at investigating the impact and coping of Italian families of individuals who are addicted to substances, it was found that substance abuse had a similar effect on families throughout the world. According to Prinsloo (2009), drug addicted individuals do not constitute a single entity, but rather, they form part of numerous sub-systems such as their nuclear family, school, and peer groups. A qualitative study conducted by Usher et al. (2005) was aimed at understanding the development of resilience within families which were affected by substance abuse. This study found that parents often contend with consequences such as violent behaviour, criminal activity, and threats from their child who is abusing substances and their child's substance abusing associates. These consequences place a considerable amount of pressure on the parents to try and control and eventually eradicate the problem. Furthermore the

aforementioned study also found that parents and siblings deal with the problem of substance abuse in one of three ways: they take a directive approach in dealing with the issue, tolerate it, or completely withdraw from the family member who has the addiction problem resulting in little social support for the substance abusing individual. The two latter options may have adverse complications for the substance abusing individual as it can push them further into their addiction. This situation is common in low socioeconomic communities which are plagued by substance abuse (Usher et al., 2005).

A phenomenological study conducted by Usher et al. (2007) aimed to achieve an interpretation of the lived experiences of parenting an adolescent who abuses illicit substances. Results from this study highlighted eight themes which were extracted from the interviews which were conducted with 18 parents of substance abusing adolescents. These themes were, “confronting the lies, deceit and suspicion; struggling to set limits; dealing with the consequences; living with the blame and shame; trying to keep the child safe; grieving the child that was and living with the guilt and choosing self-preservation” ( p. 422). Furthermore, the results from the aforementioned study found that parents have difficulty managing the problem as they have little support from those around them. Some parents also reported feeling emotionally exhausted. They also acknowledged that they allowed their adolescents to manipulate them at times. This enabling then led to quarrels between spouses and siblings of the substance abuser (Ferguson, 2011).

Similarly, a qualitative, descriptive case study was conducted by September (2008) with the aim of describing the personal experiences of a methamphetamine addict and the effects of this addiction on communication within the family and their ability to solve problems. This study found that methamphetamine addiction by one relative had negative effects on the family

dynamics. Furthermore, the aforementioned study also found that the increased levels of aggression in individuals who abused the substance had a profound impact on the breakdown of communication between family members. This was attributed to the fact that members within the family had difficulties in addressing their issues and challenges as a unit. The results also indicated that the addicted individual and the members in their immediate family received virtually no social support from their extended family and members in their broader social environment.

**2.1.5.1 Stigma.** Myers, Fakier and Louw (2009) conducted a qualitative study which aimed to explore the extent to which stigma towards substance abusers and negative beliefs about treatment has an influence on the use of substance abuse treatment in historically disadvantaged communities in the Cape Town metropole. Semi-structured interviews were conducted with 20 key informants to uncover their perceptions of substance abuse treatment. Additionally, the study sought to explore individual, structural and contextual barriers which people need to overcome in order to access treatment. An important finding was the degree to which stigma attached to substance abuse had an impact on the family. Participants reported that the stigma which is attached to “addicts” hindered their families from seeking treatment for their problem. “They reflected that families internalised drug-related stigma and were often ashamed of the problem within their family structures. This shame seems related to fears of ostracism should the drug problem become common knowledge” (Myers et al., 2009, p. 219).

**2.1.5.2 Setting boundaries.** In a study by Usher et al., (2007) parents reported that they made numerous attempts through constant trial and error to try and set boundaries on their adolescent’s behaviour which was associated with substance abuse. Parents reported that they engaged with the police services in the hope that it would encourage their child to change their

delinquent behaviour. Although parents admitted to submitting to the needs and behaviour of their adolescent, they acknowledged that there was a point when they could not endure it anymore. This was when they distanced themselves from their adolescent and their substance abuse associated behaviour, despite the fact that this was a difficult process. Furthermore, parents reported feeling a sense of guilt from withdrawing from their child.

**2.1.5.3 Guilt and self-blame.** McDonald, O'Brien and Jackson (2007) conducted a qualitative study which was framed within the hermeneutic phenomenological framework. This study was conducted with six parents and was aimed at gathering an in-depth understanding of parents' experiences of their adolescent's self-harming behaviour. This study defined self-harming behaviour as being inclusive of bodily mutilation, overdosing on prescribed or household medication and using alcohol or other drugs. The results from this study indicate that mothers experienced an intense sense of care and concern about their adolescent's well-being. The majority of the parents held the belief that their adolescent's self-harming behaviour had occurred as a result of negative family events such as the loss of a family member who fulfilled a significant role in their adolescent's lives or breakdown within the family. In sharing their experience, parents placed a considerable amount of emphasis on the process whereby they searched for reasons which would inform their understanding of the self-harming phenomenon, how they tried to attach meaning to it. All these processes contributed to the development of intense feelings of guilt and self-blame in parents. Some mothers reported that they felt responsible for their adolescent's behavioural problem. Participants also reported that their adolescent's self-harming behaviour had caused immense strain within the family's communication and functioning.

Furthermore the study by Usher et al., (2007) revealed that parents reported feeling that society perceived them as be primarily responsible for their adolescent's drug problem. This stigma specifically fell on mothers which in turn caused them to withdraw from the health-care delivery process. There is a considerable amount of shame attached to the having a relative in the family who abuses substances. Apart from the blame which parents deal with caused by their child's problem, they also feel rejected by society due to society's perception that they are the cause of their child's problem. One mother reported that her profession (being a nurse) had perpetuated the level of shame and scrutiny which she had to endure.

**2.1. 6 Impact on relationships in the family.** A relative's substance abuse problem may have negative implications for the relationships which were long-standing between family members. Orford, Velleman, Copello, Templeton and Ibanga, (2010) conducted a review of literature which was generated over two decades. The results from this review revealed that relationships which were once characterised by love, deteriorated as a result of a relative's substance addiction. The relationship became characterised by a lack in communication as a result of the substance addicted individual isolating themselves from family life. The substance abusing individual displayed drastic changes in their mood. They became more irritable, rude, critical and even verbally abused members of their family. This process of deterioration may be attributed to disputes about money.

**2.1.7 Siblings experiences of their relative's substance abuse.** Barnard (2005) found that siblings of substance abusers felt that they were being ignored by their parents as their relative's substance abuse problem was a priority. One mother reported that she had become so obsessed with her substance abusing son, to the extent where her other non-drug-using sons were becoming estranged from her. Furthermore, siblings also felt that their parents were not

interested in the effects which their relative's substance abuse had on them. Feelings which were raised during the interviews were sadness, anger and rejection. Despite what they were feeling, siblings still felt obligated to fulfil a protective or supportive role, either with their parents or their drug addicted relative.

**2.1. 8 Marital discord between parents.** In the aforementioned study conducted by Barnard (2005) parents reported that their child's addiction had a profound effect on their marriages. Mothers and fathers were in disagreement about how to deal with their child. Fathers reported feeling powerless and mothers reported that they felt that they had a maternal responsibility to lessen the effects of the drugs. These differing inclinations resulted in differences in choices as to how they needed to respond to their child's problem. For example, while mothers expressed a strong preference to keep their child in the family home, fathers felt outraged to the point where they were adamant to put their child out of the family home. This was the reason behind many of the arguments between parents. One father reported that he and his wife were becoming strangers to one another.

**2.1.9 Co-dependence.** Co-dependence is constituted of two components namely "failure of self-care" and "protecting /enabling the drug user" (Denning, 2010, p. 166). Saatcioglu, Erim & Cakmak, (2006) conducted a qualitative study which was aimed at reviewing family systems in terms of alcoholism and substance abuse. This study found that mothers tend to develop extreme emotional ties with their substance abusing sons, which may present as a problem to other members within the family. More often than not, these mothers become obsessed with their role of being their substance addicted son's "life saver" or "only hope". This relationship may then have the potential to cloud the mother's ability to assess the situation accurately. It also affects them on a personal level, in that the mother's happiness was dependent on her son's

happiness (Saatcioglu et al., 2006). A study conducted by Copello et al. (2010) investigated the ongoing development of treatment in assisting families and friends of drug users with harm reduction. The results from this study indicated that the family members of individuals who have substance dependence problems were more likely to be diagnosed with problems such as depression. Often the co-dependent individual stood in the way of the substance abuser suffering harm. Thus Copello et al. (2010) postulated that there is essentially a fine line between healthy caretaking and destructive helping.

**2.1.10 Relationship between parent and child.** The dynamics within the relationship between parent and child has an immense impact on the adolescent's development and later decisions regarding substance use. Many adolescents in low socioeconomic communities are raised in single-parent homes or in homes where there is an absent father. This unstable relationship, coupled with numerous external influences and circumstances, such as gangsterism, can increase an adolescent's vulnerability towards substance abuse. A qualitative study which was conducted by Seivewright (2000) which investigated community approaches to drug misuse, it was found that individuals who were addicted to substances found it increasingly difficult to maintain healthy relationships with family members and others in their immediate environment. This difficulty may be attributed to the lifestyles which substance abusers adopt in order to feed their habits.

**2.1.10.1 Betrayal and loss of trust.** Individuals who are addicted to substances are often characterised as being agitated and secretive (McVie & Holmes, 2005). This in turn affects the trust which is imperative in the relationship between a parent and their child. Jackson, Usher and O'Brien (2006) conducted a qualitative study which was aimed at developing an understanding of the effects of adolescent drug use on family life. One of the pertinent themes which had

emerged from the interviews was “betrayal and loss of trust”. Parents described their family relationships as being characterised by deceit, broken promises and dishonesty. They also described how changes in the behaviour of their substance dependent child had affected the trust in the relationship. Parents recalled that their valued possessions were stolen from their homes and then having to go to all the “hock shops” in their area in order to try and regain their possessions back with much difficulty. Some parents reported that they placed locks on all their cabinets, doors, and windows in order to prevent their child from stealing and selling their belongings (Holmia, 1997).

**2.1.11 Treatment approaches to substance abuse in the family.** The Community Intervention Centre in Cape Town coined drug addiction as being a family illness. According to Parker, Wills and Wills (2010), “relatives suffer bio-psycho-social stresses as a result of living in a drug user’s environment...” (p. 2). This particular kind of stress has adverse effects on the physical and mental well-being of both the drug using individual and their family members. Therefore it is important to take a collaborative approach to the treatment of substance abuse which involved the family of the substance abuser. This process whereby the community and family members are included in the treatment process is called “co-operative counselling” (Velleman & Templeton, 2002, p.60). Co-operative counselling was used in a longitudinal study which was conducted in the United States of America (Dumaret, Constantin & Titran, 2009). Dumaret et al. (2009) aimed to test the effectiveness of this model among 22 families with social problems. One-o-one support was offered to members within these families over a period of seven years. Results from this study indicated that co-operative counselling yielded positive outcomes for families in crisis. However, this mode of treatment is not cost effective and is thus not available in countries who prescribe high costs to health care.

**2.1.12 Financial consequences of adolescent substance abuse for parents.** Apart from the emotional distress which parents and family members need to endure when coping with a substance addicted relative, they also face devastating financial consequences. A qualitative study conducted by Copello et al. (2010) investigated the impact of addiction on the family's financial wellbeing. Results from this study indicated that costs which family members incur, whether economic or not was extensive and significant (Copello et al., 2010). Usher et al. (2007) confirmed this as they also found that addicted individuals often stole from their parents in order to sustain their addictions. Substance abuse has a crippling effect on the family system. Parents often exhaust all their available financial resources in order to ensure that their child gets the necessary treatment, leaving them in difficult financial positions (Saatcioglu et al., 2006). If the family does not seek the necessary help and if they experience a lack of support, the outcome may be detrimental for both the substance abusing individual and the members of their family.

In the study by Barnard (2005) participants reported that their drug using relative was constantly stealing goods and money from the family home. This caused distress among members in the family, as it meant that all their possessions had hidden? Parents also reported that their drug using child had stolen everything which had monetary value to it. Even mundane things such as frozen foods and toiletries were not safe. One mother highlighted the fact that she was driven to buy double locks which she put on her room's door. The families of drug users had to become more vigilant. In addition to this, parents and siblings reported that their refusal to give their drug using relative money would often result in emotional and physical abuse and distress. In one instance a drug using girl physically attacked her mother in order to grab hold of her purse.

These findings were reiterated in the study by Jackson et al., (2006). Parents reported that their families were becoming increasingly infiltrated with violence, threats and abuse. The abuse ranged from verbal to physical and emotional abuse and was occurring to such an extreme extent that some of the family members left the family home. Furthermore, participants expressed that their substance abusing children became aggressive and demanding when it came to money. One of participants recalled an incident in which her son threatened her with a weapon. Even though he did not cause any harm to her, he did cause considerable damage to the family home. Participants also reported that they were forced to change their telephone numbers as the threats made against her son were becoming unbearable.



## 2.2 Summary of the Literature

A review of the literature pertaining to parents' experiences of their child's substance abuse revealed that the impact that adolescents' substance abuse has on parents and other family members have been found to be similar across the world. However, this view may be problematic as individuals in different countries, social settings and from different socioeconomic communities are faced with different social problems which exacerbate the consequences of substance abuse for the family. It is thus necessary to consider the social setting in which the problems associated with substance abuse manifests. A significant finding which was identified by previous researchers is that substance abuse is a problem which impacts the family as a whole. For this reason, it is imperative to take a holistic approach toward understanding the impact of substance abuse. This study employed Bowen's family systems theory as a means of understanding the ways in which a relative's substance abuse problem brings about marked changes in the family system. Using this theoretical perspective enabled the researcher to understand the meaning which parents attributed to their lived experiences of living with a child who was addicted to substances.

Previous research pertaining to the topic of parents' experiences of their adolescent's substance abuse has explored issues relating to the emotional effects which this problem has on the parents. Researchers have identified emotional responses such as guilt, shame, anger and self-blame. These emotional responses prompt parents to respond in a manner which it often not in the best interest of their child, themselves or other members in the family. The development of resilience within families who are impacted by a family member's substance abuse problem serves as a significant coping mechanism when they bear the consequences their child or sibling's substance abuse problem. Often parents are forced to choose self-preservation above

their need to rescue their child. This decision within itself may be emotionally taxing to the point where it manifests in physical ailments. Although previous studies acknowledged the presence of resilience factors, the level of exploration of these factors were minimal. It is imperative to identify these factors as it may inform treatment approaches that are tailored to assist parents in dealing with this devastating problem.

Furthermore, mothers and fathers tend to respond differently toward their children's substance abuse problem. The development of co-dependent relationships between mothers and a substance dependent child is a factor which may have a rippling effect on the other relationships within the family. In single-parent families, substance abuse is deemed to have a severe impact. Given the fact that the Cape Flats<sup>2</sup> district is plagued by gangsterism and other social ills, the issue of substance abuse cannot be investigated in isolation. Many individuals who grow up in the midst of the aforementioned circumstances find refuge in activities which are more often than not to their detriment. With the escalating rates of crime, substance abuse and neighbourhood disorganisation in the Cape Flats district, it is considerably challenging for parents to gain control over their child's activities outside of the home. The literature has also revealed that the parents of individuals who abuse substances are subjected to severe financial difficulties as a result of their child's deviant behaviour. Within the context of the Cape Flats district, which is already characterised as a low socioeconomic environment, parents are forced to manage and contain the problem themselves. The costs and constraints associated with accessing rehabilitation for substance abuse is one of the factors which contribute significantly toward the problem of substance abuse.

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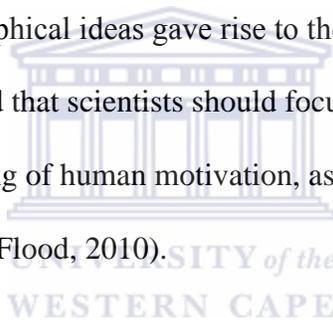
<sup>2</sup> "Cape Flats": "a sprawling and impoverished area of Cape Town that was used to accommodate so-called coloured people under apartheid" (Standing, 2006, p. 9).

The aforementioned literature has revealed important details pertaining to the impact of substance abuse on parents, however, most of the studies have neglected to understand how parents make sense of what they experienced. Uncovering the meaning and sense-making process which parents undergo while enduring this life-changing dilemma is imperative in light of the varying social contexts in which substance abuse manifests itself. Hence, it becomes increasingly important to understand the process and factors which buffer a parent's decision to give up hope completely. The complexity of the impact of substance abuse requires an in-depth understanding which can be accessed through parent's subjective live experiences. This was the aim of the current study.

### **2.3 Epistemological position of this study**

Epistemology relates to the nature of the relationship between the researcher and that which can be known (Terre Blanche, Durrheim & Painter, 2006). Aligned with the aim and theoretical framework of this study, a phenomenological epistemological framework was employed in order to gain insight and understanding into the lived experiences of parents with substance addicted adolescents. Dowling (2004) defined phenomenology as having "its focus on a person's lived experiences and obtained commonalities and shared meanings" (p. 32). Edmund Husserl is known as the founder of phenomenology (Koch, 1995). The philosophy of phenomenology was initiated by Husserl in 1900. It is imperative to note that phenomenology is an epistemology which has its origins and goals in philosophy (Giorgi, 2010). Husserl's motivation for developing the phenomenological movement was his belief that empirical research could not adequately capture the essence of all human phenomena. He aimed to establish a rigorous science which could capture the truth in lived experience (Mapp, 2008) and in order to access the theory of experience (Mortari & Tarozzi, 2010).

Husserl first conceptualised the ideas behind phenomenology in his book *“Logical Investigations”*. He presented phenomenology as a means of enquiry and “the science of essence of consciousness”. Husserl was interested in a type of pure, non-empirical discipline which gave rise to fundamental concepts and laws of pure logic flow. Husserl began his enquiry from a methodological standpoint to view philosophical tradition as a genuine problem (Ferencz-Flatz, 2011). He was also interested in defining “intentionality” and the way in which individuals interpreted their lived experiences. Furthermore, Husserl held the belief that a researcher could only access the meaning of lived experience through one-on-one interaction with the object of research during which the researcher is required to listen attentively and be observant (Wojnar & Swanson, 2007). Husserl’s philosophical ideas gave rise to the descriptive phenomenological approach. Furthermore, he believed that scientists should focus on subjective information in order to grasp a better understanding of human motivation, as human actions influences what individuals perceive as being real (Flood, 2010).



The researcher is also expected to abandon his/her personal lived experience in order to provide a pure, universal account of the phenomenon which they are investigating. Husserl called this abandonment of personal lived experience “bracketing” or epochē. Husserlian phenomenology also allows for a greater degree of flexibility. This may be attributed to the fact that the researcher is not required to possess detailed, in-depth knowledge regarding the phenomena which he or she wishes to explore. The researcher is still able to present a vivid picture description of the participant’s experiences (Mapp, 2008).

The key purpose of phenomenology is to provide a collective description which captures the real meaning of individual experiences with a particular phenomenon (Creswell, 2007).

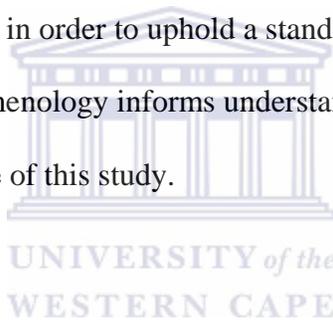
Flood (2010) proposed that “the epistemology of phenomenology focuses on revealing meaning

rather than on arguing a point or developing abstract theory” (p. 7). This necessitates the researcher to uncover meaning based on the participant’s experience. There are three important principles which underlie is epistemological position. Firstly, knowledge is essentially located conscious experience. This implies that as there is an engagement with the world, knowledge is discovered. Secondly, the meaning which an individual ascribes to a specific phenomenon encompasses the potential of the phenomenon in that individual’s like. Lastly, meaning is revealed through language. Language reveals the different concepts and labels which individuals assign to a phenomenon (Cerbone, 2006).

There are seven variations of phenomenology namely: transcendental constitutive phenomenology, naturalistic constitutive phenomenology, existential constitutive phenomenology, generative constitutive phenomenology, genetic constitutive phenomenology, hermeneutical constitutive phenomenology and realistic constitute phenomenology. For the purpose of this study, the hermeneutic constitutive phenomenology was employed as the researcher aimed to interpret the internal structures which refer to the ways in which individuals engage in and understand the things which are located in their life worlds (Smith, 2009).

Phenomenological research is conducted when the researcher wishes to identify phenomena and understand it as it is perceived by the research participants (Lester, 1999). The researcher does this by analysing the descriptions provided by the participants (Dowling, 2004; Mortari and Tarozzi, 2010). Furthermore, this framework seeks to describe, rather than explain the experiences of the participants in such a manner that it reflects the subjective ideas of the participants. The basic assumption within phenomenology is that truth can be accessed through inner subjectivity (Flood, 2010). This type of inquiry also emphasises the fact that individuals constantly engage in the process whereby they try to make sense of their own lives (Babbie &

Mouton, 2010). This epistemological framework aligns well with the aim of this study, which is to gain insight into the lived experiences of parents who have adolescents who are addicted to substances. It allows the researcher to gather data from the participants regarding their lived experiences and to capture their experiences in a manner which captures its essence. Employing a phenomenological epistemological framework allows the researcher to understand the meanings which parents attribute to their experiences of managing their adolescent's substance addiction problem. An important concept within phenomenology is epochē, which requires the researcher to separate their personal biases, beliefs, and attitudes from the research process in order to arrive at the essence of a participant's lived experiences (Mortari & Tarozzi, 2010). This process was important in this study in order to uphold a standard of reflexivity. Knowledge which is generated through phenomenology informs understanding and action (Flood, 2010). This is consistent with the rationale of this study.



## **2.4 Theoretical considerations**

This study was positioned within the framework of Bowen's Family Systems Theory. This theory is consistent with the aims and objectives of this study as the researcher wishes to obtain a systematic understanding of the impact which an adolescent's substance abuse problem has on their parents as well as other members of their family. This theory allowed the researcher to understand the ways in which a family member's substance addiction impeded on important relationships within the family system. These include: the relationship between a parent and their child; the relationship between the substance addicted relative and their siblings; as well as the relationship between parents and their other children.

Bowen's theory suggests that an individual cannot be completely understood in isolation from those around him or her, but rather that the family forms a system which comprises of independent individuals who can only be understood in conjunction with their broader system. According to Dallos and Daper (2000), a system could be defined as "any unit structured on feedback, made up of a set of interacting parts which mutually communicate with, and influence each other" (p. 24). According to Brown (1999), the main focus of this theory is the patterns which develop in families in order to defuse anxiety. This anxiety is brought about by current levels of external stress and sensitivities. Furthermore, he postulated that anxiety develops when a perception of either too much closeness, or too great a distance in relationships persist.

Adelson (2009) proposed that this theory is concerned with the adjustments and accommodations which families put in place in order to maintain a sense of normality in the face of substance abuse. Furthermore, it also highlights the importance of functional roles and emotional relationships among members of the family. For example, each member within a given family fulfills a specific role such as "father" or "brother". In addition to these roles, each member within this system also takes on additional roles such as the "peace keeper" or the "emotional one". Each individual within the family plays an important role in the resolution of family strife and stresses. This theoretical framework has been implemented by previous studies conducted by Saatcioglu et al. (2006) which aimed to explore the role which family play in alcohol and substance abuse. This framework was used as a point of reference to explain the functioning of a family system affected by substance abuse and the roles which parents adopt in order to cope with their adolescent's substance abuse.

Bowen proposed eight theoretical concepts which form the basis for his theory namely: Emotional cutoff and emotional fusion and differentiation of self, Sibling positions, Triangles,

Nuclear family emotional system, Family projection process and societal emotional process. For the purpose of this study, only six of these concepts were used.

Firstly, emotional fusion, which is otherwise known as “lack of differentiation” relates to an individual’s decision to set aside personal interests in order to assist in achieving harmony within their family. It also pertains to the reactions of each individual within the family system. Bowen conceptualised this concept after observing the patterns of interaction which were established between families with a schizophrenic member. He proposed that the level of intensity of these patterns of interaction were influenced by the degree of anxiety brought about by the experience, rather than the actual diagnosis. Bowen further defined this concept as comprising of two systems namely the emotional and intellectual systems. Together these systems constitute the feeling system (Levant, 1984). Bowen further suggested that there were two extremes of this concept. Firstly, undifferentiated individuals experience their emotional and intellectual systems as being extremely infused to the extent that their emotional functioning is completely automatic. Such individuals lack the ability to adapt, are overly dependent of those around them and tend to become dysfunctional when faced with low levels of stress and anxiety. On the contrary, individuals who are differentiated are able to adapt and they are more emotionally independent (Levant, 1984).

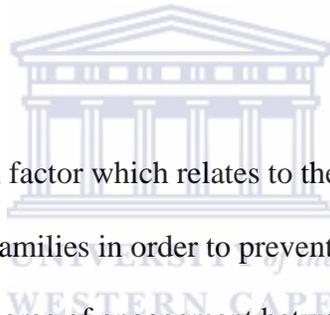
The second factor namely, triangles, relates to the interference by an external individual in the relationship between two people (Brown, 1999). For example, within the family, the siblings of the substance addicted individual often become involved in arguments which may arise between a parent and the addicted relative. Triangles relate to dyadic relationships that are dysfunctional. Bowen postulated that a third person becomes involved in a dyad when there is a high degree of tension. Furthermore, the outsider (third person) becomes most desirable and

increasingly difficult to maintain in the face of great stress. It is at this point where a fourth person may be drawn in to deal with the conflict. This then results in the development of a series of interlocking triangles. The fourth person may be the police or social services (Levant, 1984).

The third factor is nuclear family emotional system, which encompasses the emotional fusion which can occur within a family system. The level of analysis which will be explored in this study is the dysfunction in a child (Brown, 1999). This concept also represents a mechanism which may be used in a nuclear family when they are faced with intense anxiety. In order for members of the family to survive intense relationships, they develop four patterns within the nuclear family. Firstly, *emotional distance* occurs in a tightly fused family who may be experiencing high levels of anxiety. As a result of the close fusion and elevated levels of anxiety, a member of the family may create interpersonal distance as a means of managing emotional reactivity (Bowen, 1978 as cited in Rasheed et al., 2011). Secondly, *marital conflict* may occur on varying levels of intensity. Thirdly, the *transmission of the problem to a child* is brought about by a family's basic level of differentiation and chronic anxiety. This process results in one or more children in the family developing physical, emotional and social symptoms. A common scenario is parents who shift most of their focus to one or more children in order to avoid marital problems and anxiety (Rasheed, Rasheed & Marley, 2011). More specifically, a study conducted by Walsh and McGraw (2002) found that a mother invests most of her emotional energy on their children, while the father distances himself. Finally, *dysfunction in a spouse* relates to the manner in which spouses react to one another. Kerr and Bowen (1988) (as cited in Rasheed et al., 2011) proposed that a healthy marriage comprised of spouses who yield to one another in order to reach consensus. However, on the other hand, in a dysfunctional marriage the yielding

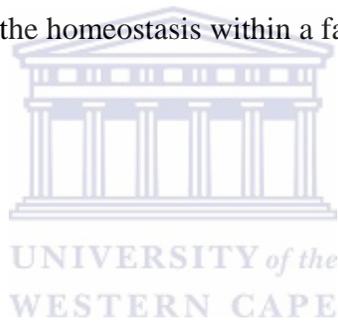
patterns become fixed resulting in a decline in the level of functioning in one spouse and over functioning in the other. Nuclear families that experience great levels of fusion are more inclined to employ the aforementioned patterns in their interactions with one another.

The fourth factor, namely family projection process relates to the ways in which a child may respond to tension which exists in their parent's relationship. Children tend to internalise problems which may be evident in their parent's marriage or in their family functioning (Brown, 1999). Bowen proposed that this concept represented the way in which level of differentiation is passed on from a parent to one or more children. As a result of this projection process, the child may end up being either more, less or equally as differentiated as his or her parents (Rasheed et al., 2011).



Emotional cutoff is the fifth factor which relates to the abrupt breakaways which individuals make away from their families in order to prevent confrontation and interrogation. Furthermore it also relates to the degree of engagement between a parent and a substance abuser (Brown, 1999). This concept describes “the manner in which people deal with the emotional intensity that exists between generations and the way some people handle their unresolved emotional attachment to their parental family” (Rasheed et al., 2011, p. 185). Individuals use denial to handle their unresolved attachments. The sixth factor namely, multigenerational transmission processes relates to the ways in which patterns, themes and roles are transmitted from generation to generation through parent-child interactions. Furthermore, it is said that the transmission process is different for each child within the family system as they have different degrees and patterns of engagement with their parents (Brown, 1999).

Lastly, sibling positions relates to the roles which people adopt within relationships and how these roles may provide useful information for understanding the functioning of the family as a system (Brown, 1999). For the purpose of this study there will be a focus on emotional fusion and differentiation of self, nuclear family emotional system, family projection process and emotional cutoff. An analysis of these themes will aid in understanding the ways in which parents and siblings deal with their experiences of living with an adolescent who is addicted to substances. This theory has been used in numerous studies such as the one conducted by Saatcioglu et al. (2006) which investigated family functioning and dynamics in conjunction with an external factor, such as substance abuse. This theory will be useful in understanding how adolescent substance abuse affects the homeostasis within a family system.



## **CHAPTER OUTLINE**

### **METHOD**

**3.1 Introduction**

**3.2 Research design**

**3.3 Participants**

**3.4 Data collection**

**3.5 Data analysis**

**3.6 Procedure**

**3.7 Ethical considerations**

**3.8 Validity and reflexivity**



## CHAPTER 3

### METHOD

#### 3.1 Introduction

The previous chapter detailed the available literature relevant to the present study. Furthermore, details pertaining to the philosophical underpinnings of this study, as well as the theoretical considerations were also included. The following chapter will include a detailed description of the methodological proponents of the present study. The chapter will outline details of the research design, participants, data collection, data analysis, procedure, ethical considerations, validity and reflexivity of this study.

#### 3.2 Research design

This study was conducted within the qualitative methodological framework. Due to the subjective nature of the topic of this study, it was necessary to gather qualitative information from the participants in order to gain an in-depth understanding of their lived experiences. Qualitative research deals primarily with meaning and is concerned with how people make sense of the world and how they experience events (Willig, 2008). Furthermore, the current study was conducted within a phenomenological design, which allowed the researcher to gain an understanding of the essence of the participant's experiences (Creswell et al., 2007). This design aligns well with this study as it aims to gain an understanding of how parents experience living with their adolescent child who is addicted to substances and how they manage this situation. This research design has been used in studies by Jackson et al. (2007), Usher et al. (2005) and Saatcioglu et al. (2006) which were all aimed at investigating parents' lived experiences of their adolescent's substance abuse. This design yields in-depth accounts of the participant's

experiences and allows the researcher to understand the ways in which adolescent substance abuse affects them.

### **3.3 Participants**

This study was conducted in two low socioeconomic communities, which falls under the umbrella of the Cape Flats. It is situated between many other low socioeconomic areas. These communities are plagued by social issues such as poverty, unemployment and gangsterism (Florence & Koch, 2011; Ward, 2007; Standing, 2005 & Standing, 2003) to mention a few. All the aforementioned social issues are maintained by the high prevalence rates of substance abuse in these areas (Standing, 2005). Data was collected from six participants from low socioeconomic communities in the Western Cape. A sample size of 6 was sufficient in order for saturation to be reached. Four of the six participants were married and the remaining two were single parents. The participants were all coloured, middle-aged individuals. The substance abusing adolescent of four of the six participants was the eldest child in the family and the remaining two were the youngest. Five of the six study participants were female and one was male.

The selection criteria for this study were: The participant has an adolescent child who has been abusing a substance for at least one year; they needed to live in a low socioeconomic area demarcated in the Cape Flats and Agreement to voluntary participation. Purposive sampling was used to select the participants. Furthermore, this sampling technique was appropriate as the researcher believes that it will yield a comprehensive understanding of parent's lived experiences of their adolescent's substance abuse (Rubin & Babbie, 2008). This sampling technique was employed as the purpose of this study was to gain an in-depth understanding of the participants' lived experiences (Babbie & Mouton, 2010).

### 3.4 Data collection

Data was gathered using individual in-depth interviews, using a semi-structured discussion guide (*refer to Appendix C*). Phenomenological studies are generally associated with unstructured interviews. However, Kvale (2007) stated that the use of a semi-structured interview is allowed. This method of data collection was appropriate owing to the sensitive nature of the topic. A semi-structured interview guide was used in order to ensure that the researcher gathered the necessary information from the participants. Furthermore, the use of a semi-structured discussion guide allows the phenomenological researcher sufficient guidance when conducting the interviews, while still allowing a certain degree of freedom to explore areas of interest raised by the participant during the interview (Kvale, 2007). This allowed the researcher to probe into the participants' experiences of managing their adolescent's substance abuse.

The participants who were interviewed for this study all live in low socioeconomic communities in the Cape Flats. All the participants were interviewed at a local rehabilitation centre. Three of the participants were interviewed at the Michell's Plain branch and three were interviewed at the Hanover Park branch. All the interviews were conducted in English. The duration of the six interviews ranged from 25 minutes to 90 minutes. According to Liamuttong (2011) saturation occurs when additional information no longer generates new understanding. Saturation depends on the variability and diversity of participants in the group. Data was collected until saturation was reached. With the consent of the participants, the interviews were audiotape recorded and transcribed in order to ensure that no data was lost during the interviewing process.

### 3.5 Data analysis

Data was analysed using the interpretative phenomenological analysis (IPA) technique. This technique allows for the exploration of the personal and social world of the participants in great detail. More specifically, the interest of the researcher is the meanings which participants ascribe to an object or event. The primary concern of this analysis technique is the individual's personal perception. IPA is a two-stage interpretation process, also known as a double hermeneutic. Firstly, the participants engage with their experiences and try to make sense of it. Secondly, the researcher makes sense of the participant's understanding of their experience (Smith & Osborn, 2007). IPA further allows the researcher to detect issues which the participant does not make explicit or which they are not aware of. "IPA has a theoretical commitment to the person as a cognitive, linguistic, affective and physical being and assumes a chain of connection between people's talk and their thinking and emotional state" (Smith & Osborn, 2007, p. 54).

Howitt (2010) outlines six steps which need to be followed when conducting IPA. The first step, namely "initial case familiarising and initial comments" requires the researchers to familiarise themselves with the data and make initial comments about aspects of the data which appear to be interesting. The researcher uses the left margin to do this. The second step, "preliminary theme identification", involves making notes of the major themes which emerge from the data. These initial themes are summarised in a few words in the right-hand margin, against the appropriate texts which relate to the themes. Furthermore, these initial themes are articulated in theoretical and abstract terms. The third step, "search for theme interconnections", entails grouping themes into clusters which constitutes broader superordinate themes. Inclusive titles which are truly reflective of the underlying content are assigned to the themes. At this stage, the researcher proceeds with the interpretation of the data. The fourth step, "systematic

table of themes”, requires the researcher to formulate a visual representation of the superordinate and subordinate themes. The fifth, “analysis of further cases” involves the researcher analysing all the cases in a similar manner. Similarities and differences between the participants are identified and then tabulated. Lastly, “writing up the analysis”, requires the researcher to report on all the important themes which were identified throughout the process. Each theme was described in a sufficient amount of detail and also supported with exact quotes from the participants’ transcripts.

### **3.6 Procedure**

The research was conducted at a community support centre in two low socioeconomic communities. Consent was obtained from the director of the community support centres in order to gain access to the parents of the substance abusing adolescents who present for counselling. Participants were given an information sheet (*refer to Appendix B*) which clearly outlines the purpose, aims and objectives of the study. This information was verbally communicated to the participants in their language of choice, either English or Afrikaans. Once the potential participants fully understood the nature of the study, and agreed to participate voluntarily, they were then issued with a consent form (*refer to Appendix A*) which clearly elucidated the issue of confidentiality and the voluntary nature of their participation. Participants were assured that they may withdraw from the study at any point without consequences. The interviews were conducted in a quiet, comfortable and undisturbed area.

### **3.7 Ethical considerations**

Permission to conduct this study was sought from the Senate and Higher Degrees Committee of the University of the Western Cape. Participants were fully informed about the purpose of the study and if they agreed to participate they needed to give informed consent.

Participants were informed about the voluntary nature of their participation and hence, their right to withdraw from the study at any given point without consequence. Participants were assured that their identities would be kept strictly anonymous, and that confidentiality was upheld throughout the research process. All data was kept in a secure environment. Due to the sensitive nature of this topic, optional debriefing sessions were made available to participants after the in-depth interviews to ensure that they were able to reflect on their experiences of sharing their stories. Furthermore, counselling was made available to the participants if required. None of the participants indicated that they required additional counselling.

### **3.8 Validity and reflexivity**

Golafshani (2003) proposed that validity is directly affected by the researcher's views on the validity in their study and the paradigm assumption with which they aligned their study. An important concept which was incorporated into this study is trustworthiness. In the quest to search for truth in qualitative research, concepts such as validity and reliability are replaced by trustworthiness (Golafshani, 2003). According to Babbie and Mouton, (2010) trustworthiness is related to issues of credibility, transferability, dependability and confirmability. Credibility was achieved by conducting member checks, which allowed the participants to review the researcher's summary of the findings. Furthermore, transferability was achieved through the implementation of the purposive sampling technique the researcher ensured that all these concepts were well executed by constantly reflecting of the descriptions provided by the participants (Babbie & Mouton, 2010).

According to Willig (2008), "reflexivity requires an awareness of the researcher's contribution to the construction of meanings throughout the research process..." (p. 10). A critical reflection and awareness of preconceived notions and ideas about the subject matter in

question was essential before, during, and after the execution of this study. In order to uphold the standard of reflexivity in this study it was important for me to avoid personal subjectivity throughout the research process by reflecting and becoming aware of preconceived notions. This was managed throughout the research process to avoid research bias and to respect the sensitivity of the nature of the topic. It was imperative for the researcher to keep a reflective journal in which all perceptions, views, impressions, events and occurrences was documented throughout the research process (September, 2008).



**CHAPTER OUTLINE**  
**ANALYSIS AND DISCUSSION**

**4.1 Introduction**

**4.2 Thematic Categories**

**Thematic category 1: Parents' lived experiences of adolescents' substance abuse.**

**1.1 Initial reaction to the child's substance abuse problem**

*Identifying the signs*

*The substance abusers cry for help*

*Parents' efforts to seek help (Self-reflection)*

*When a parent can endure no more (Taking matters into their own hands)*

*Coping styles (Relying on spirituality)*

**1.2 Adjusting personal lives to accommodate the problem**

*Impact on their job*

**1.3 Parents' emotional experiences of their child's substance abuse**

*Devastation of finding out about your child's problem*

*Manipulation*

*Finding out too late*

*Hopelessness*

*Internalising the problem (physical manifestations of the problem)*

**Thematic category 2: Parents' perceptions and experiences of the impact of their child's substance abuse on the relationships in the family**

**2.1 The relationship between the parent and their child**

*General perceptions of the relationship between the parents and their substance abusing children*

*Loss of communication*

## **2.2 Fragmented families**

*Betrayal and loss of trust*

*Different roles*

### **2.2.1 Implications of substance abuse for family dynamics and functioning**

## **2.3 Siblings' initial responses to their relative's substance abuse**

*General responses to a relative's substance abuse problem*

*The manifestation of rejection*

## **2.4 Impact on marital relationships**

*Competing Roles*

*Becoming estranged from one another*

## **2.5 The responses of external family members**

*Dealing with the stigma*

## **2.6 Financial implications of the child's substance abuse**

*Selling personal possessions to maintain their habit (Stealing and selling their family members' possessions to maintain their habit)*

*Tragic incidences*

*Implementing physical measures to prohibit stealing*

*Getting back personal possessions*

## **3. Discussion/Summary of the findings**

## **4. Conclusion**

## CHAPTER 4

### ANALYSIS AND DISCUSSION

#### **4.1 Introduction**

The previous chapter provided a description of the methodological aspects of the present study. The findings of the study were analysed using interpretative phenomenological analysis. Six steps constitute this analysis process namely: initial case familiarising and initial comments; preliminary theme identification; search for theme interconnections; systematic table of themes; analysis of further cases and writing up the analysis. This chapter will provide a detailed analysis and discussion of the findings of the transcribed semi-structured interviews conducted in the study.

The analysis revealed numerous themes which emerged inductively from the interviews with the participants. These themes were then grouped into two thematic categories, aligned to the objectives of the study. The thematic categories are as follows: 1) parents' lived experiences of adolescents' substance abuse and 2) parents' perceptions and experiences of how adolescents' substance abuse affects family functioning and relationship between family members. Several themes emerged under each thematic category. Following is a discussion of the emerging themes.

#### **4.2 Thematic category 1: parents' lived experiences of adolescents' substance abuse**

This thematic category will address findings which are related to parents' lived experiences of having an adolescent child who is addicted to substances. The themes discussed in this category, as raised by the participants are: Initial reaction to the child's substance abuse problem,

Adjusting personal lives to accommodate the problem, Parents' emotional experiences of their child's substance abuse and the Impact on marital relationships.

#### **4.2.1 Initial reaction to the child's substance abuse problem.**

A number of issues were identified by parents related to their initial experiences of their children's substance abuse problem. These issues are: Identifying the signs, the process of self-reflection that parents undergo when trying to make sense of the problem as well as their initial efforts to seek help. An additional issue which emerged was the copying styles that parents employed during the period when their children were abusing substances.

*Failure to identify the substance abuse problem.* An important issue which was raised in the interviews with parents was a lack of knowledge of substance abuse and the signs associated with it. This is evident in the following extract:

<sup>3</sup>FP: *"I'm not actually familiar with substance abuse although I know it exists. But I never actually knew what to look out for... I didn't know the signs"*.

One female participant reported that she had no knowledge about substance abuse, as the problem had never occurred in her family. Her lack of knowledge about substance abuse and her repeated expressions of lack of knowledge presents as a concerted attempt to distance her from a sense of accountability or responsibility. While this 'distancing' can be seen as a 'repudiation of responsibility', it may also be seen as a defence mechanism to alleviate the sense of guilt that invariably emerged during the discussions. Although the participant's husband suspected that their child was using substances, her inability to identify the signs posed a challenge to her

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<sup>3</sup> FP: Female participant; MP: Male participant

identifying and acknowledging that her child has a problem. Furthermore, she acknowledged that her inability to identify that her child had a substance abuse problem exacerbated her feelings of shock and dismay when she finally came to the realisation that her child had a substance abuse problem. The participant continuously reinforced her disappointment in her son for developing a substance abuse habit, in spite of his strict upbringing. She may have felt conflicted to acknowledge her son's substance abuse problem as a result of this disbelief, as well as her high level of religiosity. The participant presented with a high level of religiosity, therefore discovering that her son has a substance abuse problem caught her off guard. The participant's response also suggests that she is trying to exonerate herself and protect her identity as a good parent by disclaiming herself from the familiarity of drugs. The participant's need to maintain the discourse of being a good, God-fearing parent resulted in her being caught between her unconscious denial of self-blame and her feelings of guilt. These findings are corroborated by a qualitative study conducted by Barnard (2005) who found that parents' experience of intense naivety and lack of knowledge regarding the effects of drugs exacerbates all the emotions which they experienced upon learning that their child has a substance use problem. Sims (2002) further found that parents often feel ill prepared and uninformed upon learning that their child has a substance abuse problem. Many parents enter into a state of denial as it delays the problem from becoming a reality. This in turn makes the situation more bearable for the parent. Butler and Bauld (2005) confirmed these findings as they too found that many parents experience feelings of guilt and shame which is attributed to their inability to have identified that their child has a substance abuse problem.

***Identifying the signs.*** Some of the participants reported that they were able to identify the signs that their child had a substance abuse problem. Their experiences were as follows: their

child would stay out late, avoid contact with their parents and siblings, “weird-looking” eyes, aggressiveness towards siblings, associating with friends who had a bad influence on them and manipulating their parents and sibling for money to support their habit. Another female participant reported that she could not initially identify the signs of her daughter’s substance abuse problem. Even though she had a sibling who had previously abused substances, it was only until she noticed the changes in the manner in which her daughter dressed and her perceived permanent intoxicated state that the reality sunk in. In spite of the fact that the participant had exposure to substance abuse, her daughter presented with signs of substance abuse with which she was unfamiliar. This extract is evidence of this finding:

*FP: “how they begin to dress like, the dresscode...that made me aware of her. And the way she look when she come home at night. So a bit drunk”.*

She asked her daughter whether she was on drugs numerous times, however she always denied it. The participant believed that this denial may have been attributed to the strict upbringing to which her daughter had grown accustomed to. She reported this as follows:

*FP: “She knew...if I have to tell my mother that I smoke drugs then she will probably hang me”.*

The participant believed that her daughter did not willingly admit that she was taking drugs because she knew what the repercussions would be. In this excerpt the participant is again attempting to present herself as a good parent with strict values that would not accept that type of behaviour. However, this did not stop her from abusing substances. She experienced her daughter’s actions to be a wilful breach of trust. These findings are consistent with those of a study conducted by Butler and Bauld (2005). They found that there were variations in the ways

in which parents discovered that their child had a substance abuse problem. Some children voluntarily admitted to their problem, whereas others continuously denied their addiction. The aforementioned findings also relate to a theoretical concept proposed by Bowen's Family Systems theory namely "emotional cutoff". Bowen proposed that individuals often break away from their families abruptly as they try to avoid any confrontation or interrogation.

***The substance abuser's cry for help.*** Many of the participants reported experiencing at least one occasion when they realised the severity of their child's substance abuse problem. The following extracts are evidence hereof:

*FP: "He even tried to kill himself. At this stage he was hanging himself on the window-sill right on top on the burglar bar with a tie and then I got him in time".*

*FP: "The day that he turkied was the worst day of my life..."*

*FP: "After she left she took an overdose".*

The participants expressed a deep sense of sadness when they realised the extent of their children's problems. They reported events such as an attempted suicide, overdose and witnessing a child experiencing withdrawal symptoms as being a cry for help. The participant who came across her son's attempted suicide reported that he had done this after the two of them had an argument about money. She reported that the communication between herself and her son was tarnished to the extent where their few interactions were characterised by disagreements which were often marked by volatile and aggressive exchanges. The participant claimed that she experienced her son's suicide attempt as a means to get her to give into his demands. While the suicide attempt was described as real and credible it was strange that even on the brink of losing

her son permanently, the participant still experienced her son's actions as attempts at manipulation.

The participant who witnessed her son experiencing the withdrawal symptoms reported that he still tried to manipulate her into buying drugs for him, in spite of his weak state. She expressed that she felt pity on her son for what he was experiencing. She believed that this was the worst day of her life, as she felt helpless. Even though her son begged her for money to buy drugs, she did not give in to his demands. She felt that he needed to endure the consequences of his actions. These participants experienced traumatic events that forced them to seek help for their children. Even though the participants felt conflicted to help their children, they believed that the circumstances of the aforementioned events forced them to take these actions. These findings are consistent with the study by Barnard (2005) who found that parents often reported underestimating the extent of their child's substance abuse problem until they witnessed the extents to which the child would go in order to maintain their habit.

***Parents efforts to seek help.*** A female participant reported that she consulted her local doctor as an initial means to get help with her son's substance abuse problem. The following extract is evidence hereof:

*FP: "I still go to doctor's office...but his of that attitude...throw him out of the house. I always explain to people, you can't throw your child out of the house".*

The participant had established a trusting relationship with her local doctor as a result of their many years of interaction. Hence she felt comfortable to reach out to him to help with her son's addiction. Additionally, she had no knowledge about rehabilitation centres in her community and

he was the first professional she thought of to seek advice. However, in this particular case, she believed that her visits to her local doctor were not very helpful as the doctor had no concrete knowledge about substance abuse. Apart from prescribing medication to suppress her son's cravings for drugs, the doctor always encouraged her to get rid of the problem by forcing her child to leave their home. The participant believed that she could not put her son out of their house regardless of how unbearable the situation became. She believed that she needed to help her son because she believed that his need to fit in with his peers increased his vulnerability to substance abuse. Barnard (2005) confirmed this as this study found that parents often turn to their general practitioner (GP) first. However, GP's are often not adequately equipped with the necessary knowledge to manage substance abuse problems within the family.

***Self-reflection.*** Many of the participants reported their experience of a process of self-reflection upon learning about their child's substance abuse problem. In trying to understand the cause of their child's substance abuse problem, these parents questioned their parenting styles, as well as personal choices which they had made during the course of their lives.

A female participant expressed this in the following extract:

*FP: "Did I raise my child right? Didn't I teach her right...why my child? What did I do wrong...did I fail as a parent...it really hurts ... This is a blame-game that they play with you".*

This participant's process of self-reflection and constant questioning reveals the psychological distress and emotional pain that she experienced. Furthermore, the process of self-reflection perpetuates feelings of blame and guilt. It is strange, however, that the participant experiences these emotions as a manifestation of the child's agenda or "blame game". This, the

above participant believed, was a conscious act of manipulation on the part of the child. She is therefore claiming that the blame and guilt was consciously projected onto the parent by the child. The participant believed that her daughter tried to place the responsibility of owning up to her substance abuse problem onto her as she was too ashamed to admit that she had a problem. She further reported experiencing intense feelings of guilt as a result of this “blame-game” in which she continuously found herself. The participant expressed that her daughter often blamed her for things which she was not even aware of. She believed that, in spite of being a single parent, she had always done the best that she could. She felt that her daughter may have been rebelling against her with the intension to hurt her.

The aforementioned findings correspond with those of a study conducted by Butler and Bauld (2005) who found that parents expressed that they felt a sense of failure as they reflected and questioned whether they may be to blame for their child’s problem. Furthermore, a study by McDonald et al., (2007) confirmed that finding that parents often search for reasons as to why their child would engage in such harmful activities. This informed the meaning-making process after learning that their child has a substance abuse problem. This process resulted in parents feeling guilty and blaming themselves for their child’s problem. As a result, parents who find themselves in this situation end up becoming overly involved in their substance abusing child’s process to the extent where they begin to neglect their other children. Alternately, parents may become emotionally detached from their child’s problem (Orford et al., 2010).

***When a parent can endure no more.*** As a means of temporarily absconding from the situation in which their children placed them, most of the participants resorted to putting their children out of their homes. They did this when the situation reached a peak. This extract is evidence of this:

*FP: “there was a time in my life that I needed to put him even out, because he went too far”.*

The participant felt that she needed to put her son out of their home as his substance abuse related activities caused too many emotional and financial problems in her family. Although this was very difficult for the participant, she expressed that it was the only way that she could maintain her sanity during this difficult time. These findings are consistent with a study by Usher et al., (2007) which found that parents often made attempts at setting boundaries to their child’s delinquent behaviour. This study further found that although parents admitted to indulge their child’s needs, they reach a point where they could not tolerate the problem any longer. It is at this point when the parents created some form of distance between themselves and their substance abusing child, regardless of how hard it may have been for them to do so. The aforementioned issue can be explained by one of Bowen’s theoretical concepts namely, the nuclear family emotional system. This concept relates to the implementation of emotional distance in order to temporarily diffuse tension within the family system. Hence, putting the substance abusing child out of the house allows the parent to gain a sense of control over their emotional reactivity to the problem (Bowen, 1978 as cited in Rasheed, Rasheed & Marley, 2011).

***Taking matters into their hands.*** As a means to gain some sense of control over their child’s substance abuse problem, many parents reported that they resorted to physically restraining their child from doing drugs or as a means of detoxification. A female participant reported her experience of this as follows:

*FP: “We have tried everything...we chained him to his bed with a chain and a lock and we would only loosen it to take a shower”.*

The participant relayed that she and her husband had been struggling to keep their son drug-free for at least one year. They had exhausted all their financial resources to get their son the necessary professional help. After all their failed attempts, her husband physically restrained their son to prevent him from going out and doing drugs. She believed that this was the only means whereby they could control their son as he was much stronger than they were. She further reported that her son was extremely aggressive and would use any opportunity to escape from the house to feed his addiction. Findings by a study conducted by Barnard (2005) revealed that parents often opt to restrain their substance abusing child by locking them up in a room as a means to detoxify them. This is a means of gaining control over the situation and denying their unconscious self-blame. The aforementioned issue can be explained by one of Bowen’s theoretical concepts namely, nuclear family emotional system. This concept relates to the implementation of emotional distance in order to temporarily diffuse tension within the family system. Hence, putting the substance abusing child out of the house allows the parent gain a sense of control over their emotional reactivity to the problem (Bowen, 1978 as cited in Rasheed, Rasheed & Marley, 2011).

***Coping styles.*** Most of the participants reported that every member in their household used varying styles in order to cope with the problem. All the participants reported that they were very active during the period when their children were on substances. They felt a need to help their child abstain from illicit substances. This is demonstrated in the following quote:

*FP: “I need to help him”.*

The participant felt compelled to help her son through his struggle. Even though she endured countless disappointments, emotional and financial losses as a result of her son's addiction, the participant believed that her son was still her responsibility. Her maternal instincts often overshadowed her ability to make decisions which would be beneficial to her and her son in the long term. In the above extract it is evident that the participant became too emotionally invested in their child's substance abuse problem to the extent where she was unable to make decisions which are in the best interest of herself, her child and the rest of her family. Her over-involvement in her son's problem affected the way she coped during this difficult time. She ended up feeling emotionally drained and her physical well-being suffered as a result. This issue can be understood in light of Bowen's theoretical conception of differentiation and emotional fusion. He deemed that when families are faced with high levels of stress and anxiety, they cope using one of these emotional extremes (Levant, 1984). In the aforementioned extract, it is evident that the participant was unable to differentiate herself from her son's struggle because she was overwhelmed by her maternal responsibility to help her child.

Another female participant felt that her feelings of disappointment and sadness caused her to become disengaged from the whole process at the time when her daughter was abusing substances. She reports this as follows:

*FP: "I just felt dead, I felt like I felt nothing. Because she's nothing of me, that's the way I felt".*

The participant's emotional responses to her daughter's substance abuse problem resulted in her experiencing 'numbness' toward everything her daughter was struggling with. She felt that she had invested so much into rearing her daughter in a manner which would protect her from

becoming vulnerable to outside influences. Hence, the disappointments were too much for her to endure. She believed that her daughter needed to take responsibility for her decision to abuse substances. By positioning herself apart from what was happening with her daughter, allowed the participant to gain a measure of control over her own emotional reactions. It is evident that her feelings of disappointment and despair caused her to be unresponsive to the situation. Studies by Orford et al., 2010, Usher et al., (2005) and Bancroft et al., (2002) corroborated the aforementioned findings. They found that parents use various means of coping when dealing with their child's problem. These coping styles range from being very engaged, being tolerant or being very withdrawn from the process. This issue further relates to Bowen's idea of the emotional fusion or lack of differentiation which occurs within the family when they are faced with a relative's substance abuse problem. He proposed that family members either become very emotionally invested in or withdrawn from their relative's struggle.

***Relying on spirituality.*** Two of the parents reported that they relied on their spirituality as a means of coping during the time when their children were caught in their struggle with substances. The following extracts demonstrate this:

*FP: "I had my spirituality, I had my Islamic studies, I had things that I could occupy myself with to help me with this breakdown.*

*FP: "God doesn't give you tests that you cannot carry...I believe that I was tested".*

*FP: "God was the only thing that really helped a lot...spirituality is a very very important thing in my life because otherwise I would have been in Lentegeur. I think most of the people that are in that hospitals because of stress and this drug stress is terrible".*

The participants believed that they had raised their children in good, spiritual families. They also believed that substance abuse would not infiltrate their families, given their strong religious beliefs. Hence, when they were confronted with their child's substance abuse, they positioned themselves externally to the problem by deflecting their time to spiritual activities. These parents did this as a means of absconding from taking responsibility for their children's substance addictions. The participants believed that their spirituality was the only thing that kept them sane during their struggle. They relayed a deep sense of relief whenever they spoke about the manner in which their beliefs helped them in trying to understand their adolescents' substance abuse problems. The participants further expressed that they turned to religious practices such as prayer and religious studies when their struggles became too overwhelming. These findings corroborates with previous studies pertaining to the use of religion and spirituality as a coping mechanism during a challenging period (Kendler et al., 1997 & Pardini et al., 2000). Findings of these studies revealed that relying on religion and spirituality during a time distress has many positive outcomes for individuals.

## **1.2 Adjusting personal lives to accommodate the problem**

This theme will address issues relating to the adjustments which parents make in order to accommodate their child's problem.

***Impact on their job.*** Some of the participants reported that they had to make many personal adjustments and sacrifices in order to accommodate the problem with which they were presented. One of the adjustments or sacrifices was taking a leave of absence from work on a frequent basis. This is evident in this extract:

*FP: "I took leave...I had to leave my work early and it was like somebody died at home".*

The participant expressed her experiences of intense feelings of concern for what her child was doing while she was at work. She also relayed a sense of disjointedness, because she was not able to do anything besides worrying about her child's activities. Furthermore, the participant equated the accommodations that she had to make in order to deal with her son's substance abuse to the experience of death in the family. She expressed the unpredictability of the situation at the time and how she had to sacrifice her own needs in order to help her son. Many of the other participants shared these sentiments. Another participant expressed her experiences as follows:

*FP: "I almost lost my job...I had to change jobs because I was told it had a very very bad impact on my work. Once people know about you, they start treating you differently".*

Furthermore, a female participant reported that her son's substance abuse problem resulted in many problems at her place of work. Given that she was a nurse and was expected to work varying shifts, she was forced to negotiate with her superiors on numerous occasions. The participant also reported that she neglected her personal appearance during the time when her son was addicted to substances. It is for this reason that she had to endure her colleagues gossiping about her state of well-being. These adjustments and sacrifices eventually forced the participant to change her place of work. She felt that she needed a fresh start, away from all the gossiping. This issue can be understood using Bowen's theory as it relates to the accommodations that family members are forced to make when faced with anxiety and stress as a result of deviant behaviour in a relative. Adelson (2009) proposed that Bowen's theory further relates to the functional roles that family members take on in order to maintain a sense of normality during a stressful event.

Another participant reported that her son's substance abuse problem forced her to quit her job. The following extract demonstrates this point:

*FP: "When you work, there's certain things you overlook. I couldn't even function in my work...I gave up my job".*

The participant acknowledged that her job impeded on her ability detect certain signs that were indicative of substance abuse. The participant had to sacrifice her job as she felt that she needed to gain a better sense of control over that which was happening in her home. This decision had further financial repercussions as she was a single mother. These findings strongly correlate with a concept coined by Denning (2010) namely co-dependence which encompasses parents neglecting to self-care as a result of their obsession to help their children. Parents who engage with their substance abusing children in this manner, experience periods of unstable emotional states. Furthermore, Bowen suggested that family members often become emotionally infused with their relative's problem to the extent where they neglect their personal needs and responsibilities in order to help their relative (Levant, 1984).

### **1.3 Parents' emotional experiences of their child's substance abuse**

This theme refers to issues which were raised by the parents related to their emotional experiences of their child's substance abuse problem. The issues which will be addressed are: Devastation, Manipulation, The consequences of discovering the problem too late, Hopelessness and Internalising the problem.

***Devastation of finding out about your child's problem.*** A general emotion which was expressed by all the participants was their experience of utter devastation upon learning that their child had a substance abuse problem. The following extract demonstrates this finding:

*FP: "I was completely devastated".*

*FP: "the moment you come to that realisation, that your child is on substance abuse and that he will never be the same like he was before, it actually cuts you in half".*

These participants attributed this feeling of devastation to the fact that they never anticipated that their child would succumb to substances. These feelings of devastation were intensified by the fact that their children would be changed forever as a result of their substance addiction. The second participant expressed her experience of feeling scattered because she knew that her child had opened up himself, and his family to something that would change their lives for the worst. Butler and Bauld (2005) corroborate these findings as they also found that parents experience intense feelings of devastation when discovering that their child has a substance abuse problem. The parents' experience of devastation and emotional instability has implications for family functioning as their ability to attend to the needs of other members in their family is directly affected. Emotionally unavailability of parents may result in other children feeling neglected, thus causing them to find other ways of gaining the attention of their parents. These ways may result in further devastation and emotional disgruntlement in the family Orford et al., 2010.

Another participant equated her son's substance abuse problem to the experience to grieving. This was evident in the following extract:

*FP: "It's like you're going through death grieving...like somebody's dead in your family and you're in that grieving process".*

The participant reported that she experienced an intense sense of loss during the period when her son was addicted to substances. Furthermore, this participant expressed the fact that she felt "down and out". She reported that she neglected to take care of her personal appearance during

this difficult time due to internalising her son's problem. These findings are corroborated by a study conducted by Butler and Bauld (2005). They found that the parents of heroin addicts experienced devastation upon learning that their child had a substance abuse problem.

Two of the participants reported that they "*felt torn in two*" when they learnt that their child had a substance abuse problem. The following demonstrates this point:

*FP: "I couldn't understand why he could do this to me, when I actually gave up everything to steer him in the right direction, to support him in whatever decision he makes in life".*

The participant felt that she had invested so much time and patience into rearing her son in the correct manner. She related this to feeling a deep sense of disappointment in her child for acting out against everything which she had instilled in him. Hence, she took it personally, believing that it was an act against her. Jackson et al., (2006) corroborates these findings as they too found that parents experienced feeling betrayed by their child.

***Manipulation.*** All of the female participants believed that they were shamelessly manipulated by their substance abusing children for money to support their habits. The following extract demonstrates this point:

*FP: "He could still manipulate me you know. I was still enabling him".*

The participant explicitly acknowledged that she was enabling her son's addiction to substances by giving in to his demands for money. Furthermore, she believed that her inability to identify that her son had a substance abuse problem meant that he could still manipulate her for money. Hence, before she was even aware that her son was abusing substances, she was unwittingly enabling him during the early stages of his addiction. Furthermore, the fact that the participant

was still enabling her son sparked many quarrels between herself and her husband. This may be attributed to the fact that the participant did not believe her husband, even though he made numerous attempts to show her that their son was addicted to substances. These findings relate to a study by Saatioglu et al., (2006) who found that mothers often form extreme emotional ties with their substance abusing child. These emotional ties in turn inhibit their ability to accurately assess the situation. Mothers also tend to become overly involved in their children's addiction. Bowen's theoretical concept namely, differentiation provides a meaningful way for understanding this issue. Bowen proposed that individuals who are undifferentiated experience their emotional and intellectual systems as being infused. Thus, the individual is unable to make rational decisions (Levant, 1984). The evidence provided above shows that the mother's emotional state resulted in her enabling her son's addiction to substances. She was unable to take a firm stance and make decisions which would benefit herself, as well as her son.

Another participant reported that her daughter manipulated her father for money to support her habit, as the participant was separated from the father of her daughter. Her daughter's actions were the cause of many arguments and misunderstandings between the participant and the father of her child. Ferguson (2011) found that parents acknowledged that their children manipulated them, and this enabling of their children often resulted in arguments between themselves and their spouses.

***Finding out too late.*** A female participant believed that it was already too late when she discovered that her son has a substance abuse problem. The following extract is evidence hereof:

*FP: "when you find out that your child is on drugs...your child is already an addict".*

The participant reported that by the time that she could concretely identify that her son had a problem with substances, it was already too late. She attributed this late discovery to the fact that she had to work long hours in order to provide for her family as she is a single mother. The participant further expressed that most of her son's substance abuse related activities occurred while she was at work, leaving him with no supervision. The participant also reported that she had to contend with neighbours who were gossiping about her son's problem even before she had known about it. She reported feeling a deep sense of shame because of what others in their community were saying. Butler and Bauld (2005) confirmed these findings as they too found that many parents experience feelings of guilt and shame which is attributed to their inability to have identified that their child has a substance abuse problem.

***Hopelessness.*** All of the study participants reported that their experiences with their adolescents' substance abuse problem had reached a point of hopelessness at one stage or another. The parents further expressed a loss of concern for their child's situation. The following extracts demonstrate this finding:

*FP: "I gave you life, I will take your life. God will forgive me for what I've been through with you"*

This mother contemplated taking her son's life, after she exhausted all her resources and possibilities to help her child. Her psychological state which was fuelled by feelings of hopelessness and helplessness pushed her to a point of utter despair. The participant believed that taking her child's life would be a means of ending the struggle which they had been facing. In contemplating her decision, the participant drew on religious conviction which actually buffers her decision to execute her decision. She also deemed that her God would be merciful upon her

as she had already endured so much with her son's substance abuse problem. She carefully thought through the repercussions of taking such action, and she eventually decided against it.

The emotional experiences which parents reported are in line with Bowen's theoretical concepts namely emotional cutoff, nuclear family emotional system, emotional fusion and triangles. Firstly, parents became emotionally estranged from their substance abusing children due to the devastating impact which their behaviour had on themselves as well as their other children. Furthermore, some of the parents felt that the adjustments and accommodations that they had to make was ineffective as their children still continued to cause discord in their homes. Secondly, nuclear family emotional system relates to the fact that a child's substance abuse problem caused parents to react and cope with the challenge in varying ways. This often led to arguments and relationship strife between mothers and fathers. This concept strongly relates to the final one namely, emotional fusion. Most of the participants reported that they became very emotionally invested in their child's substance abuse problem to the extent that they could no longer identify when they were being manipulated. Thirdly, Bowen's concept of '*triangles*' explains the split which occurred in parent's marriages. When parents could not reach consensus about how best to deal with the consequences of their child's substance abuse problem, they encountered many arguments. Pressure is put on the relationship between the spouses. This is further elaborated on in the next theme.

***Internalising the problem: Parents experiences of the physical manifestations of their children's substance abuse problem.*** Two of the participants reported having experienced a physical manifestation of their children's substance abuse problem. The following extract demonstrates this finding:

*FP: "I landed up in hospital. I had a nervous breakdown".*

The participant believed that her son's substance abuse problem was the underlying reason for her ending up in hospital. She reported that the stress she endured during her son's substance abuse problem resulted in her experiencing physical symptoms.

Another participant recalled her experience of a physical manifestation as follows:

*FP: "I had this constant pain on my heart that they thought I had a heart problem".*

The participant reported being very ill during the time when her son was addicted to substances. She reported to her local doctor with chest pains, which led the doctors to believe that she was having heart problems. Furthermore, she believed that the constant arguments which she was engaging in with her husband and the struggle of coming to terms with her son's substance abuse problem, was the cause of her illness. When the participant's son recovered from his addiction, she noticed that the chest pains had disappeared. Thus, the participant attributed her physical ailment to the emotional strain caused by her son's substance abuse problem. All the participants also reported having sleepless nights because they constantly worried about their children's whereabouts. These findings relate to the idea of co-dependence, whereby a parent becomes overly involved in their child's substance abuse problem. More specifically, mothers who form close emotional ties with their son's experience the process with them (Saatcioglu et al., 2006).

**Thematic category 2: Parents' perceptions and experiences of the impact of their child's substance abuse on family functioning and relationships in the family**

This thematic category addresses issues related to the perceptions that parents have of the impact which their child's substance abuse had on family relationships. The themes that have been grouped within this thematic category are: a) The impact on the relationship between the

parent and the child, b) siblings' initial responses to the problem and c) the responses of external family members.

## **2.1 The relationship between the parent and their child**

Issues discussed in this theme include: parents' general perceptions of the impact on the relationship between themselves and their substance abusing child and loss of communication.

***General perceptions of the relationship between the parents and their substance abusing children.*** All the participants reported that they had no form of relationship with their children when they were addicted to substances. The following extracts are evidence hereof:

*FP: "We didn't have a relationship anymore...he was wild and rude and he even fight with you".*

*FP: "There was just swearing and scolding...he was too scared to speak to you".*

*FP: "There was a time that I hated him...I was angry...that was my defence".*

The female participants expressed a sense of disappointment in their children for choosing the lifestyle which they did. The participants reported that their relationships with their children were characterised by the use of physical violence, foul language and reprimands for money to buy drugs. Most participants also believed that the relationship was further damaged by the child's absence from the home due to their new substance abusing lifestyle. This supports that argument put forward by Seivewright (2000) that individuals who are addicted to substances found it difficult to foster healthy relationships with family members. This difficulty was attributed to their habitual lifestyles that they adopt in order to sustain their substance abuse habit. One of the participants expressed that she used her anger toward her son as a defence mechanism.

A male participant reported that the relationship with his son was extremely distant and cold. The following extract demonstrates the participant's perception of this relationship:

*MP: "Terrible. I couldn't see me fight with him because I just ignored him...for me it was just about killing him before the drugs kill him".*

The participant believed that the only way that he could prevent himself from physically attacking his son was by ignoring him. This participant did not want to engage in any sort of relationship with his son as he feared what he was capable of doing.

***Loss of communication.*** All the participants reported that their child's substance abuse problem had serious repercussions for the communication between themselves and their children. A female participant expressed that she experienced a sense of intense sadness because of the manner in which the relationship was affected. She also reported a sense of numbness toward her daughter. This is captured in this extract:

*FP: "It was very sad...there was no communication. I just felt dead, I felt like I felt nothing. Because she's nothing of me, that's the way I felt.*

Furthermore, the participant reported that her daughter refused to communicate with her siblings. Even though they continued to show love for their sister, she failed to show any interest in her siblings while she was on substances. Another participant reported that her children were extremely devastated when they found out that their relative was using substances. Additionally they were angry at their brother and as a result they ignored him. Orford et al., (2010) corroborate these findings as they too found that siblings of substance abusers often distance themselves from the situation in their homes as a means of protecting themselves.

## 2.2 Fragmented families

Many of the participants reported that there was separation in the families as a result of their children's substance abuse problem. This extract is evidence hereof:

*FP: "the family...split up once the drugs come in. You lose everything".*

This participant believed that her son's problem brought about many unpleasant changes in her family's functioning. She reported that the family had to make many sacrifices in order to accommodate what was happening in their home at the time. The participants also expressed that the losses which they suffered during the period when her son was addicted to substances caused financial strain, communication difficulties and relationship strife. These findings are corroborated by a study conducted by Orford et al., (2010). They too found that families suffered great losses as a result of a family member's substance abuse problem. More specifically, they found that families which were once bound by love were now characterised by communication and relationship breakdowns.

Apart from threat which a family member's substance addiction poses to the financial, physical and psychological wellbeing of the family, it also has devastating implications for the physical integrity and security of the home. Orford et al., (2010) further confirms that families end up feeling disgruntled and unsettled as they are uncertain about the extent to which their substance abusing family member will go to in order to sustain their addictions.

### 2.3 Implications of substance abuse for family dynamics and functioning

*Betrayal and loss of trust.* A female participant reported that her children were devastated when they learnt that their relative was abusing substances. This extract represents this point:

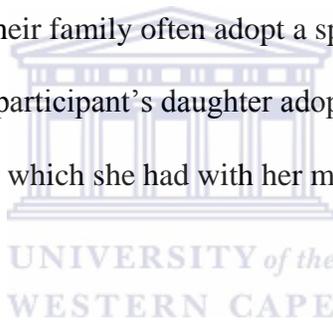
*FP: “my children were very very devastated...my children were cross, they didn’t talk to him”.*

The participant believed that her other children felt betrayed and disappointed in their brother because he was supposed to be their role model as he was the eldest child. She explained how her children ignored him during the few times when he was home. Her children resented their relative for disrespecting their family values and morals. As a result, they steered clear of their sibling and lashed out in anger when he was at home. The participant further expressed that her other children bore the consequences of an intense sense of loss as a result of her son stealing from them to sustain his habit. This finding relates to Bowen’s theoretical concept called family projection process whereby children in the family react to tension in their family in a specific manner. Furthermore, it also relates to the concept of sibling positions which proposes that siblings adopt different roles in order to deal with tension in their family. In the abovementioned scenario the siblings withdrew from their substance abusing brother because they felt hurt and disappointed.

Another participant reported that she could rely on her other children to support her during this difficult time. This extract is evidence hereof:

*FP: “My daughter...thankfully we have a strong bond as well...she’s always there to support me. She supports him as well, but she looks after herself first.”.*

Another participant explained that her daughter felt very protective of her as they witnessed the impact that their sibling's substance abuse problem had on her. Furthermore, her daughter always stepped in when she saw that her mother was being too harsh on her brother. These findings are corroborated by Barnard (2005) who found that the siblings of the substance abuser experience feeling of anger and rejection, however they still felt supportive of their parent and protective of their substance abusing relative. This finding further relates to Bowen's theoretical concepts called multigenerational transmission process as well as sibling positions. The former proposes that children adopt roles which are enacted in the interaction between themselves and their parents (Adelson, 2009). The former concept proposes that children who experience an ordeal such as substance abuse in their family often adopt a specific role which helps them cope. In the aforementioned finding, the participant's daughter adopted the role of a "caretaker", which was enacted during the interactions which she had with her mother. She felt very protective of her mother as well.



***Different roles taken on by siblings.*** The participants reported that their other children took on various roles during the period when their child was addicted to substances. The participant's relayed that some of their children became extremely withdrawn from the family unit, whereas other children were very involved and concerned about what was happening in their homes. A female participant reported that her substance abusing son avoided all contact with his sibling who was involved in the process. She recalled this as follows:

*FP: "He was scared that he will have confrontation with his sister...cause she was the one that would just go for him".*

The participant believed that her son separated from his siblings because he knew what impact it was having on them. However, he still did not care about anyone other than himself and the drug dealers who supplied him with the substances.

#### **2.4 Siblings' initial responses to their relative's substance abuse**

The following theme addresses issues related to the siblings of substance abusers. An overview of the general responses to a relative's substance abuse problem will be discussed, as well as the manifestation of rejection.

*General responses to a relative's substance abuse problem.* All the participants reported that the relationship which their substance abusing children had with their siblings suffered a lot of damage. They further explained that there were major breakdowns in communication between their children, as their non-substance abusing children felt that their substance abusing relative was putting strain on their entire family. The siblings consequently ignored their relative. Furthermore, many of the participants explained that their non-substance abusing children expressed their anger toward their substance abusing relative because of the great loss which they suffered as a result of their sibling stealing from them. Additionally, many of the participant's reported that their other children showed concern for their parent's suffering or their sibling's struggle with substances.

*The manifestation of rejection.* Two of the participants believed that their other children felt neglected as a result of their sibling's substance abuse problem. The following extracts are evidence hereof:

*FP: "my daughter, she was in matric and she thought that I was neglecting her because of my son".*

*FP: "I had a daughter....who tried to commit suicide when she was in matric...the second time she tried to commit suicide was the first time we found out because I saw the tablets".*

The participants believed that their daughters were suffering as a result of their sibling's substance abuse problem. They also admitted that their substance abusing child was consuming most of their time, leaving the rest of their children having to fend for themselves. The latter extract entails the participant's discovery of her daughter's suicide attempts. The participant believed that her daughter was strong enough to process her brother's substance abuse problem as well as do well in school. However, this was not the case. These findings confirm those findings by Barnard (2005), that the siblings of a substance abuser often feel neglected and ignored as their parents, more specifically, their mother became obsessed with their sibling's problem. This finding further relates to the notion of co-dependence, whereby a parent becomes too emotionally invested and obsessed with being their child's "only hope" (Saatcioglu et al., 2006). This threatens family functioning as the other children in the family find other ways to gain the attention of their parents, which may have further implications.

## **2.5 Impact on marital relationships**

This theme entails a discussion of the findings related to the impact which a child's substance abuse impacts the parents' marriage. Issues that will be discussed include: competing roles and estrangement between spouses.

***Competing Roles.*** A female participant reported that her son's substance abuse problem caused many problems in her marriage. The following extract demonstrates this point:

*FP: “my husband put him in jail and that also made a big impact on our life...really separates you from your husband because the mother has a soft heart and the husband is the one that’s strong”.*

*FP: “It was very painful, because I just wanted my son back. That’s why I actually...even if I must give my marriage price for the way the drugs affected my child...I’d prefer my child back”.*

The participant recalled an instance where her husband had their son put in jail for stealing and selling their valuable possessions. Her husband’s decision to do this resulted in contention between the two of them as she felt that her husband was being too harsh on their son. She believed that she had a better understanding of what her son was going through than her husband. It is for these aforementioned reasons that the participant felt that she was already running her household as a single parent. The effect of a child’s substance abuse problem on parent’s marriage was confirmed by a study conducted by Barnard (2005). He found that parents often struggle to reach consensus about the best manner to deal with their child’s problem. Furthermore, mothers reported that they experienced an instinctual maternal sense of responsibility to help their children through the problem, whereas fathers reported experiencing a sense of powerlessness. This issue further relates to Bowen’s Family Systems theory in that, he proposed that parents take on certain roles when they are confronted with an issue such as substance abuse. In the aforementioned scenario, the mother adopted the role of a rescuer, whereas the father was the disciplinarian.

On the contrary, a male participant reported that his son’s substance abuse problem did not cause any strife between himself and his wife. The following extract demonstrates this point:

<sup>4</sup>MP: *“I tried to steer away from these arguments...there wasn’t a split between my wife and myself because we were always talking about it”.*

The participant believed that his marriage suffered no harm because he always strived to keep the lines of communication open with his wife. He further reported that he always made his wife aware of the fact that their son was manipulating her in subtle ways.

***Becoming estranged from one another.*** Furthermore, the participants who are married believed that their children’s lives and well-being was more imperative than their marriages. One of the female participants stated the following:

*FP: “Her child is important...that child coming out of her and her husband she sees along the way. So for me it’s more about gaining my child’s life back again than having my marriage restored”.*

The participant placed more value on the relationship which she had with her son, than her marriage. She attributed this to the fact that the maternal bond which was established between her and her son was worth salvaging. Furthermore, she felt that her marriage was already past the point of redemption. However she could still redeem her son from his addiction. Additionally, she reported that her husband also developed a substance use problem which further exacerbated the damage that was already done to their marriage. The participant believed that her son’s problem resulted in additional problems. Barnard (2005) confirms this as he also found that mothers and fathers become estranged from one another as they are unable to agree on how they should handle their child’s substance abuse problem. Bowen, 1978 (as cited in Rasheed, Rasheed

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<sup>4</sup> MP: Male participant

& Marley, 2011), further proposed that spouses often experience marital conflict when faced with high levels of anxiety. This may result in interpersonal emotional distance between spouses.

## **2.6 The responses of external family members**

*Dealing with the stigma.* Some of the participants reported that they did not receive support from their extended family. The following extracts are evidence of this:

*FP: “No family supported me. It was only the Lord”.*

*FP: “You know, it’s like I overreact, it’s not so bad whatever but you know they don’t know what I must go through”.*

*FP: “...we’re struggling from the inside and we can’t break this”.*

The participants expressed that they received no support from their external family members. They were left to deal with the emotional, psychological and financial consequences of their children’s substance abuse. Furthermore, the participants believed that the problem was contained within their immediate family home. It was their struggle. Instead of supporting them, their external family posed judgement on them for their children’s substance addictions. Family members such as grandparents and aunts, who were once very supportive of their children, rejected them during the time when they were addicted to substances.

## **2.7 Financial implications of the child’s substance abuse**

This theme will focus on issues such as: selling personal possessions to maintain a substance abuse habit, selling family members’ possessions, tragic incidences and implementing physical boundaries to inhibit children from stealing from the family.

***Selling personal possessions to maintain their habit.*** Two of the parents reported that their children never stole any of the possessions in their homes, but rather sold their own possessions. These parents deemed that their children did not resort to stealing from their homes, as they made the implications of such action very clear. Even though their children did not steal from their homes, they were still manipulated into giving their child money. For example, a female participant explained the manner in which her daughter manipulated the relationship which she had with her father in order to sustain her habit. Given the fact that the participant had been separated from the father of her daughter, the daughter saw this as an opportunity to gain money in order to maintain her habit. Another participant reported that her son sold his own possessions such as name brand clothing and cell phones. Her son sold his possessions in order to obtain money to buy the substances. This extract is evidence of this:

*FP: “hulle sit dit in die pan”. (“They pawn their things”).*

Additional financial sacrifices which were mentioned by the participants were travelling expenses, rehabilitation services and payments for specific activities such as workshops as well as drug testing at the community support centre. Saatcioglu et al. (2006) corroborates these findings as they too found that parents often exhaust their financial resources in order to ensure that their child receives the best treatment. Furthermore, these financial sacrifices often left parents in compromising financial situations.

***Stealing and selling their family members’ possessions to maintain their habit.*** On the contrary, the majority of the participants reported that they suffered great losses as a result of their children had stolen many of their personal and most valuable possessions in order to maintain their substance addiction. These extracts demonstrate this point:

*FP: “he was stealing a lot of our stuff, valuable stuff”.*

Among the valuable items which her sons stole from her home and her other children were hairstyling appliances, jewellery, computers, pots, DVDs, televisions and name brand clothing and shoes. The participant further expressed that her son’s substance abuse activities had many devastating effects in her family’s financial situation as they are a very big family. She expressed that her religious beliefs taught her not to cling to valuable possessions. However, those things which her son stole from her and her family caused them to suffer a deep sense of loss. These findings confirm those found in a study conducted by Copello et al., (2010) that a family member’s substance abuse problem has extensive and devastating effects on a family’s financial situation. Furthermore, Usher et al., (2007) found that substance abusing children often steal from their parents in order to sustain their habits.

***Implementing physical measures to prohibit stealing.*** Another participant reported on the measures which she put in place in order to prohibit her son from stealing her belongings.

This extract captures this point:

*FP: “I used to walk with the keys in my pocket or around my neck or anywhere he never got the key for any of the doors cause they got gates on. Financially...I’m crippled because of him”.*

The participant reported having to place safety gates on all the bedrooms in her house, as well as the cupboards and freezer to prevent her son from selling their belongings. Furthermore, she reported that she did not have anything of value in her house during the time when her son was addicted to substances. Being that she was a single parent, her son’s problem exacerbated her financial situation. She reported that her son stole things such as personal toiletries, groceries,

meat, handbags, cleaning detergents and money. Holmia (1997) corroborates these findings as he also found that parents often resorted to placing locks on their cabinets, doors and windows as a means of preventing their children from stealing and selling their possessions.

***Getting back personal possessions.*** Most of the participants reported having to contend with their child's substance abusing associates such as drug merchants or their local pawn shop in their neighbourhoods. The following extract is evidence hereof:

*MP: "He'd taken my GPS. He then took me to the van and he actually showed me where he went to sell it. He said please don't go there, these guys will kill me. I said, if they kill you that's fine".*

The participant believed that he needed to take control of the situation by personally confronting the people to whom his son had sold his GPS. He expressed a sense of fearlessness as he knew that this problem was not only affecting himself and his family, but also other families in their community. He also threatened to involve the police if the drug dealers did not cooperate with him. The participant thus deemed that he was doing his community a favour by confronting the people who had a hand in causing havoc in their homes. A study conducted by Jackson et al., (2006) confirmed these findings. They also found that parents reported going to the "hock shops" in their community in order to regain their valuable possessions.

***Tragic incidences.*** Many of the participants shared experiences of seeing their adolescent children in a very battered state as a result of their substance abuse activities. The following extracts are evidence of this:

*FP: "You put your life in danger because these merchants...you need to go and fetch your jewellery and your TVs at the merchant's places. There was a time also when he was*

*stabbed thirty four holes in his head. They stabbed thirty four holes in his head with an axe. And they brought him home still...he said he's going to show them where the people stay, where he steal the stuff from...He was bleeding a lot...He was traumatised".*

The participant believed that her son's substance abusing associates battered him when he could no longer pay for the substances which he bought from them. This horrific event troubled the participants because this was the point at which she realised that things had gone too far. She believed that this event would have many implications for her safety, as well as the safety of her family. As a result she involved the police as a means of assuring the safety of everyone.

### **3. Summary of the findings**

The findings of this study were analysed using the interpretative phenomenological analysis method. This method allowed the researcher to present the findings in a universal manner, as well as exploring the meaning which the participants attributed to their experiences of their child's substance abuse problem. The uniqueness of this study can be attributed to the epistemological framework, namely phenomenology which allowed the researcher to explore the participants' lived experiences. The participants demonstrated a clear understanding of the primary aim of the study, which was to explore parents' lived experiences of their adolescents' substance abuse, as well as to investigate parents' perceptions of the impact which a child's substance abuse has on the dynamics and functioning of relationships within the family.

The findings resonate with those of previous studies conducted on the experiences of parents living with a substance abusing adolescent. In accordance with the results of previous studies, this study revealed that parents overall experiences of having an adolescent child who is addicted to substances was devastating. Other emotional experiences also reported by the

participants such as anger, dismay, shock, guilt, shame and disappointment were corroborated by previous studies. Being ill-prepared and having a lack of knowledge about substance abuse exacerbated parents' emotional and psychological experiences. Thus, some of them reported that they initially denied that their children had a serious problem. This denial was in fact unhelpful; because once the reality finally sunk in they were completely overwhelmed by their emotions.

Most of the parents were caught between their unconscious self-blame, guilt and their need to be regarded as good parents. Maintaining this position allowed parents to explicitly deny that their child had a problem. This denial in turn had other far-reaching implications for themselves, their substance abusing children and the rest of their family. In trying to resolve this tension between their feelings of self-blame, guilt and their need to abscond the blame for their child's struggle, these parents were unable to acknowledge that their child had a serious problem. When the reality of the situation eventually set in, parents coped by either becoming overly involved or extremely disengaged from their child's problem in an attempt to deal with or cover up their feelings of guilt and self-blame. Additionally, their internal struggle manifested in them neglecting their other children, who also needed support during this challenging time. Parents also reported that they relied on their spirituality as a means of surviving their traumatic situations. They used it as a buffer when they were confronted with challenging decisions.

Seeking help was also a contentious point which was raised by many of the parents. All the participants exhausted most of their financial and social resources in order to get their children the help they needed. This compromised their socioeconomic positions even further. As a result of unsuccessful attempts to seek help, most of the parents resorted to taking matters into their own hands by implementing physical boundaries in order to prevent their child from

accessing substances. Employing these boundaries allowed the parents to temporarily gain control over the situation as well as their unconscious feelings of guilt.

Parents expressed that their children's substance addictions did not only pose a serious threat to the financial, psychological, emotional and social wellbeing, but also to the family as a unit. Furthermore, the findings confirm those of previous studies that found that substance abuse within the family poses a serious threat to communication, relationship dynamics and daily functioning. Parents also had to make personal sacrifices in order to accommodate their child's addiction. They reported loss of employment and neglecting personal appearance as being additional consequences of their adolescents' substance abuse. Additionally, parents also reported that marital conflict was a common consequence of a child's substance abuse.

Bowen's family systems theory was employed as a lens through which the researcher could understand the impact which a devastating event such as a child's substance abuse may have on parents as well as the rest of the family. The findings concurred with the theoretical concepts namely: *Emotional cutoff and emotional fusion and differentiation of self, Sibling positions, Triangles, Nuclear family emotional system, Family projection process*, which were proposed in the theory discussed in Chapter three. Most of the female participants engage in a co-dependent relationship with their substance abusing children. Thus, they were unable to make sound, objective decisions regarding the management of their situations. Mothers expressed an overreliance on maternal instinct and responsibility toward their children.

Furthermore, it provided the researcher with a theoretical understanding of how the different components of parents' lived experiences of their adolescent's substance abuse fit together in the bigger scope of the family functioning. It allowed the researcher to understand the

importance of functional roles, accommodations and adjustments made by parents and family members when trying to manage a relative's substance abuse. The theoretical concepts outlined in the theory provided a basis on which the researcher could understand the emotional experiences of the parents and also, the implications of a child's substance abuse for family dynamics and functioning.

#### **4. Conclusion**

The study employed a phenomenological design which allowed the researcher to explore the lived experiences of the parents of adolescent substance abusers, as well as the meaning which they ascribed to their experiences. The findings which were presented above were categorized into two themes, which were based on the objectives of the study. The subsequent chapter will entail conclusive ideas regarding the research study, as well as the limitations and recommendations. This study allowed the researcher to explore parents' experiences of having a child who is addicted to substances by focusing on meaning. The findings revealed that more often than not, parents experience intense feelings of hopelessness and helplessness, which results in feelings of utter despair. Ultimately this means that parents of substance abusers are emotionally, physically, psychologically and financially disadvantaged by their experience. This study was important as it explored these meanings in depth and allowed the participants to share their experiences in a manner which was reflective and meaningful.

## **CHAPTER OUTLINE**

### **CONCLUSION**

#### **5.1 Theoretical Implications**

#### **5.2 Limitations**

#### **5.3 Recommendations**



## CHAPTER 5

### CONCLUSION

This present study explored parents' lived experiences of their adolescents' substance abuse within low socioeconomic communities in the Cape Flats. Considering that this social issue has a ripple effect on the family of the substance abusers, it has become increasingly necessary to explore the impact which an adolescents' substance abuse has on the parents and other members of their family. A review of the literature regarding the impact of substance abuse on parents and other family members has elucidated a concern for the dearth of research on this topic, especially within the low socioeconomic communities in the Western Cape, South Africa. Studies conducted in the area of substance abuse within the South African context, has been prioritised around substance users, the causes from substance addictions, as well as factors associated with the onset of substance abuse. Few studies have focused of the individuals in the substance abusers' immediate environment. It is important to pursue studies focusing on these individuals, as they are the ones who experience the substance abusers' delinquent behaviour, abuse, managing the situation, as well as processing their own emotional struggles. Research of this nature is imperative as it may inform policy and interventions which will assist parents dealing with this issue.

This study sought to explore parents' lived experiences by allowing them to share the experiences that they endured during the time that their child was addicted to substances. Additionally, the study sought to explore the perceptions which the parents had of the affect which their child's substance abuse had on the relationships between members of their family, as well as the affect which it had on the dynamics and functioning within the family. The level of

understanding which the researcher sought to engage with was the meaning which parents ascribed to their experiences.

All the parents expressed the devastating nature of their experience of having a child who engaged in substance abuse. They further relayed their experiences of the emotional, psychological, physical, spiritual and financial implications of their children's substance abuse problems. In trying to make sense of their experiences, many of the parents engaged in a reflective process: they assessed their parenting styles and personal decisions which may have contributed toward their children's problem. The parents recognised that it was initially challenging for them to accept that their child would engage in such delinquent behaviour considering the belief that their children were raised in good homes.

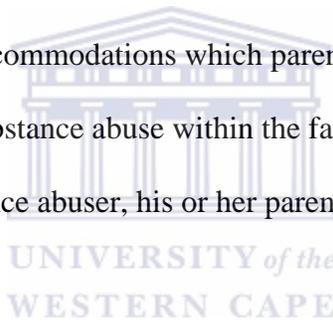
Living with a child who is addicted to substances forced many of them to rely on their spirituality to protect themselves. All the parents admitted that their child had pushed them to their limits at some point while they were abusing substances. As a result many of them either forced their children out of their homes or employed stringent physical boundaries such as restraining the child to their bed with chains and locks as a means of temporarily absconding from the problem.

Living in a low socioeconomic community and being exposed to numerous social issues such as poverty, unemployment, gangsterism among others, proved to be an exacerbating factor in dealing with a child's substance abuse problem. Although the parents did everything in their power to protect their children from these social issues, they could not supervise them continuously. Furthermore, getting adequate help for their child also proved to be a challenge as many of the parents did not always have the financial means to do so. Additionally, the parents

also expressed that they struggled to prevent their children from relapsing once they went through a rehabilitation programme.

### **5.1 Theoretical Implications**

The family system is an individual's primary social context which essentially informs morals, beliefs and behaviour. However, just as the individual is affected by their family system, so too does the individual affect the family system. Therefore it was important to explore the ways in which the family system was impacted by a child's substance abuse problem. Bowen's family systems theory allowed the researcher to explore the impact which one family member's delinquent behaviour had on the rest of the family. The theoretical framework used in the study was useful in understanding the accommodations which parents and other family members have to make when trying to manage substance abuse within the family. It allowed for the exploration of the various roles that the substance abuser, his or her parents and siblings assume in trying to negotiate or resolve this problem.



### **5.2 Limitations**

The lack of empirical research studies on parents' experiences of having an adolescent child who has a substance abuse problem, was a challenge, especially during the analysis phase of this study. Given the sensitive nature of this study, many of the participants often projected their experiences onto the broader collective of parents known to them who had experienced a child's substance abuse problem. This may also be attributed to the fact that the participants were all part of support groups at a local community support centre. Most of the participants relied heavily on the third-person effect proposed by Perloff (2002). Again, this may be attributed to the sensitive nature of the study. It relates to taking ownership of the problem. The realities faced by these parents may have been too devastating for them to delve into it completely. Thus, using

denial as a means of protecting themselves, proved to be a common occurrence across the interviews.

### **5.3 Recommendations**

The lack of literature on parents' lived experiences of their adolescents' substance abuse problem is considered a rationale for conducting further studies in this area. Most research studies in the area of substance abuse place proficiency on the experiences of adolescents, resulting in the experiences of their parents being unaccounted for. The findings of this study suggest that parents of substance abusers are the ones who bear the burden, even many years after their children have stopped abusing substances. It would be valuable to explore the experiences of parents living in more affluent communities, as the financial implications suffered by parents from low socioeconomic communities proved to be extensive. Future studies should explore the issues faced by parents who have the necessary financial security to deal with a child's substance abuse problem. Additionally, studies should be conducted to assess the need for the creation of support groups and resources which are tailored to the needs of parents who have a child who has a substance abuse problem. These services should focus on individual and family counselling services as well as financial planning for rehabilitation.

### **5.4 Reflection**

*During the conceptualisation phase of this research project, I had to confront many questions such as: "Why am I interested in exploring the perspectives of parents?" and "What do I hope to achieve?". At the onset of this study and upon exploring the literature I developed some preconceived ideas regarding the expected findings of my study. I was aware of the level of sensitivity of my topic and as a result I started preparing myself emotionally. I did this by watching documentaries on parents who were interviewed about their children's substance*

*addictions. This exercise really opened my eyes to so many issues faced by parents and it further sparked my interest in this area. The supervision sessions and interviewing workshops were extremely helpful in this respect.*

*While I was trying to determine how the interviews would unfold, various scenarios played out in my mind. At this point I experienced a great deal of excitement as well as subtle anxiety. The fact that I would be interviewing adults was somewhat consoling, as I felt that I had the necessary level of maturity to communicate with individuals who have endured such a struggle. Even though the participants were older, I always created a space in which they could share their stories with me.*

*My interest in this area of substance abuse began during my honours year, when I was completing my research project. I knew that we had only touched the surface of this multifaceted social issue. During my honours year, a close family friend started having problems with his substance abusing adolescent. He always confided in me when he felt like opening up, but most of our conversations were filled with silence. He never knew how to express what he was experiencing. It was these silences which I wanted to understand. This topic gave me an opportunity to understand and engage with these silences which I was introduced to. I wanted to understand exactly what he was going through, what happened and how he was coping. All these questions were answered during the interviews with the participants.*

*The morning of my first interview I felt prepared, yet a bit anxious about the session. My co-interviewer was very helpful as she had some experience in the area of substance addiction. The participant seemed eager to share her story. She took me through her experiences of her child's substance abuse problem in an analogous manner. Although she answered all the*

questions and provided us with very valuable information, I detected that she was intellectualising her son's problem by using substance abuse jargon to explain her experience. This led me to believe that the participant was still in denial about her son's problem. Like most of the participants, she often spoke with reference to the third person. The third-person effect (Perloff, 2002) was evident in all the participants as they often explained their experiences in more of a generalised manner by using the terms "they", "them" and "us". This may be attributed to the fact that all the participants were part of a support group at the time when the interviews took place. I believe that relaying their experiences in a collective sense created a sense of comfort and commonality among themselves and others who had endured their struggle.

Most of the participants were very open about their experiences and often answered the questions without me having to ask them, with the exception of one parent. She appeared withdrawn and emotional. Before the interview she expressed that she preferred it if I ask her the questions and she answers in a very structured manner. I respected her request and I allowed her to share that which she was willing to share in the session. During all of the interviews with the participants, they openly experienced how they felt during a particular time of their adolescent's substance abuse. There were moments when I detected anger, disappointment, sadness and great relief. The participants really took me on a journey through their experiences.

It was an honour and a privilege to share in the experiences of my participants. I felt a great sense of responsibility toward the stories which they shared with me. All of the interviews proceeded with good rapport between myself and the participants. Doing these interviews gave a unique opportunity to see another world which I was not exposed to.

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**APPENDIX A**

**Consent Form:**



**UNIVERSITY of the  
WESTERN CAPE**

University of the Western Cape  
Private Bag X 17  
Bellville  
7535  
Tel: 27 21 959 2283

**CONSENT FORM**

**DEAR PARTICIPANT**

**Title of Research Project: A phenomenological study on parents’ lived experiences  
of their adolescent’s substance abuse**

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be made known and that I withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

**Participant’s name.....**

**Participant’s signature.....**

**Date.....**

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

**Study Coordinator’s Name: C. Swartbooi**

**University of the Western Cape**

**Cell phone number: 079 304 6361**

**Email: 2812861@uwc.ac.za**

## APPENDIX B

### Information sheet:



**UNIVERSITY** of the  
**WESTERN CAPE**

Department of Psychology  
University of the Western Cape  
Private Bag X 17  
Bellville  
7535  
Tel: 27 21 959 2283

### INFORMATION SHEET

I, Cindy Swartbooi am conducting a research study on parents' lived experiences of their adolescent's substance abuse.

If you agree to participate in this study, you will be asked to partake in an interview, consisting of semi-structured questions regarding your lived experiences of your adolescent child's substance abuse. This interview should last no longer than 2 hours. You will remain anonymous which means that no-one will know your name and your responses in the interview. You have the option of withdrawing from the study at any time. The research process is guided by strict ethical considerations of the University of the Western Cape and the Western Cape Education Department and will be adhered to at all times.

If the interview or any part of this process results in any emotional discomfort counselling will be arranged by the researcher without any cost. Should you have any further queries, please feel free to contact Cindy Swartbooi.

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

**Study Coordinator's Name: C. Swartbooi**

**University of the Western Cape**

**Cell phone number: 079 304 6361**

**Email: [2812861@uwc.ac.za](mailto:2812861@uwc.ac.za)**

## APPENDIX C

### Discussion Guide

1. How long have you known that your child has a substance abuse problem?
2. What factors have contributed to your child's substance abuse problem?
  - Probe: Societal factors  
    Familial issues
3. Tell me how you felt upon learning that your child has a substance abuse problem?
4. What was your experience of your adolescent's substance abuse?
5. How has your child's substance abuse affected you?
  - Probe: Experience  
    Marital problems  
    Psychosocial  
    Economic
6. Describe how your child's substance abuse affected the relationship between the two of you?
7. Tell me how your child's substance abuse problem affected the relationship between you and your spouse?
8. Describe how the members in your immediate family respond to your child's substance abuse?
9. How has your child's substance abuse affected the communication within your family?
  - Probe: Spouse  
    Other children  
    Other family members living in your home
10. Tell me how your child's substance abuse affected the relationships between members of your family?
  - Probe: Spouse  
    Other children  
    Other family members living in your home
11. Describe how your child's substance abuse has affected the functioning within your family?