

# “It was Bad to See My [Child] Doing this”: Mothers’ Experiences of Living with Adolescents with Substance Abuse Problems

Candice Groenewald<sup>1</sup> · Arvin Bhana<sup>2</sup>

Published online: 20 November 2015  
© Springer Science+Business Media New York 2015

**Abstract** This paper explores mothers’ experiences of living with an adolescent with substance use problems; an underresearched topic of inquiry worldwide. Specifically, we were interested in the stressors that mothers face and how these stressors influenced their subjective wellbeing. A qualitative, phenomenological approach was adopted where five mother-adolescent pairs were recruited from two adolescent substance abuse treatment centres to participate in 1:1 in-depth interviews using a lifegrid tool. Interpretative phenomenological analysis revealed that adolescent’s substance abuse produced several stressful life events, such as adolescent misconduct, family conflict and financial burdens that provoked feelings of hopelessness, guilt, self-blame, worry, shame, anger, and signs of depression. Understanding mothers’ experiences is essential to the development of informed support interventions for mothers of adolescents troubled by substance abuse. We conclude this paper by discussing the research and practice implications of our findings.

**Keywords** Adolescent substance use · Families · Mothers experiences · Phenomenology · Stress · Qualitative

While attention has been given to understanding the epidemiology of adolescent substance abuse in South Africa (see for example Dada et al. 2015; Plüddemann et al. 2010; Patrick et al. 2010), we know relatively little about how adolescent substance abuse impacts on the lives of family members, and specifically parents. Parents of adolescents with substance use problems often experience high levels of stress which significantly compromise their health and subjective wellbeing (Butler and Bauld 2005; Jackson et al. 2007; Usher et al. 2007; Abrahams

---

✉ Candice Groenewald  
crule@hsrc.ac.za

<sup>1</sup> Human and Social Development, Human Sciences Research Council, 750 Francois Road, Inthuthuko Junction, Cato Manor, Durban 4001, South Africa

<sup>2</sup> School of Applied Human Sciences; Psychology, University of KwaZulu-Natal (UKZN), Mazisi Kunene Road, Glenwood, Durban 4041, South Africa

2009; Orford et al. 2013). There are several elements to this form of parental stress including adolescent misconduct, family conflict, financial burdens and disruptive relationships. Adolescent misconduct is characterised by threatening and pilfering behaviours that adolescents may engage in while they are abusing drugs or alcohol (Jackson and Mannix 2003; Jackson et al. 2007; Usher et al. 2007; Masombuka 2013). Jackson and Mannix (2003) found in their study that mothers and siblings experienced verbal and physical intimidation from the adolescent. These experiences left the mothers fearful of the adolescent and resulted in some of the siblings leaving the home (Jackson and Mannix 2003). Jackson et al. (2007) and Usher et al. (2007) reported similar findings. Affected mothers (mothers affected by adolescent substance abuse) in their studies were distressed by the adolescent's thieving and destructive acts which produced a lack of trust and feelings of betrayal (Jackson et al. 2007; Usher et al. 2007).

Relationships within the family are also negatively impacted by the stresses associated with the adolescent's substance abuse. For example, the literature shows that some mothers choose to put distance between themselves and the family, and the adolescent as a way to protect the family from the adolescent's destructive behaviours (Usher et al. 2007; Jackson et al. 2007). Stressed parental relationships have also been reported (Choate 2011; Hoeck and Van Hal 2012). Hoeck and Van Hal (2012) found that parental conflict was caused by disagreements on how to deal with the child's substance abuse. Choate (2011) reported that parental conflict was associated with increasing attention being given to the adolescent, while family relationships were neglected. The financial impact of a relative's substance abuse on the family is difficult to establish (Velleman 2010; Copello et al. 2010). While some direct costs can be identified in the literature, such as those due to theft and unemployment (Jackson and Mannix 2003; Jackson et al. 2007; Usher et al. 2007), intangible costs associated with emotional distress, pain and suffering are difficult to quantify (Velleman 2010; Copello et al. 2010). When the person abusing substances is an adolescent, much of the financial strain falls on the parents as they are required to pay for the child's rehabilitation, medical visits and general living costs (Mabusela 1996; Jackson and Mannix 2003; Jackson et al. 2007; Usher et al. 2007; Abrahams 2009; Masombuka 2013).

This paper is particularly interested in the experiences of mothers, who often suffer in silence and wear what Maushart (2006) refers to as the "mask of motherhood" to disguise the parenting difficulties they face. Given the socially ascribed role of ensuring the health and wellbeing of their offspring (Jackson and Mannix 2004), mothers are often held accountable for their children's substance abusing behaviour (Smith and Estafan 2014). This accountability weighs heavily on mothers and, for many, is the basis for non-disclosure when struggling with substance using adolescents (Butler and Bauld 2005; Smith and Estafan 2014). The literature further indicates that these stressful life events usually produce feelings of hopelessness, guilt, self-blame, shame, humiliation, anxiety, depression, anger and resentment (Butler and Bauld 2005; Jackson et al. 2007; Usher et al. 2007; Abrahams 2009; Orford et al. 2013).

Despite these stressful experiences of affected parents, they are seldom reported on in the literature. White et al. (2011) indicate that very little is known about the experiences of parents with children in substance abuse rehabilitation programmes. Researchers have thus called for more empirical studies on affected mothers' experiences of living with an adolescent who abuses substances (Usher et al. 2007; Jackson et al. 2007; Orford et al. 2013). The aim of this paper is to explore South African mothers' experiences of living with an adolescent with substance use problems. We are particularly interested in the stressors that mothers face and how these stressors influenced their subjective wellbeing.

## Materials and Methods

Given the sparse literature around the experiences of affected mothers and the need to take account of disclosure of painful and personal experiences by them, we were prompted to think about information gathering tools that will accommodate and bring to the fore the complexity of experiences and at the same time facilitate discussions in a non-threatening and sensitive way. The interpretative phenomenological analysis (IPA) framework (Smith 1996, 2008) was thus adopted. IPA is essentially idiographic and concerned with participants' lived experiences and how they understand that personal experience (Smith 2008). We initially examined each mother's narrative independently to understand their distinct experiences, and thereafter, we identified mothers' experiences that shared common characteristics.

We recognised that our ability to obtain data that is information rich was intrinsically dependent on our participants' willingness to tell their stories. For these reasons, we decided to incorporate an information gathering tool, called the lifegrid (LG) (Lee and Blane 1997; Parry et al. 1999) which extended our study beyond the traditional individual interview. The rationale behind choosing this particular tool was also to engage the participants and allow them to tell their stories in novel ways (See Groenewald and Bhana 2015) for an in-depth discussion of this tool as used in the current study). Briefly, the LG is a chart tool that chronologically reflects changes and developments in several areas of an individual's life and is used to structure the interviews (Richardson et al. 2009). It allowed us to obtain chronological background information on the development of the adolescent's substance abuse during the initial interview and to touch upon other aspects that were more emotionally-laden. These aspects were then followed up at subsequent interviews while at the same time providing a non-threatening space to ask and discuss more personal and sensitive issues (Groenewald and Bhana 2015).

## Recruitment

Using a multiple case study design, five families with a substance abusing adolescent, who was admitted to treatment centres as the time of the study, were recruited into the study. The case studies involved five affected mothers and four adolescent boys and one adolescent girl aged 15 to 17 years respectively. Four additional families were approached to be part of the study but they were unwilling participate despite several attempts to make contact with them. Their further participation was also compromised by the adolescents' decisions to leave the centre prior to the completion of their rehabilitation program.

While both mothers and fathers were invited to participate in our study, only mothers expressed a willingness to participate in the study. Notably, fathers' were involved in the adolescent's life for only two of the families who participated. In two families, the fathers had passed away and in one family, the father was not known to the adolescent. While our focus on mothers was not explicit, we embrace it as a significant finding in itself. This speaks to the commonly held perspective that mothers are the carers of their children and who take responsibility for monitoring their health and wellbeing (Jackson and Mannix 2004), but also that in studies that document 'parents' perspectives, the number of fathers who participate is smaller (Choate 2011; Jackson et al. 2007; Hoeck and Van Hal 2012).

The families were recruited from the only two substance abuse rehabilitation centres that accommodate adolescents in the province of KwaZulu-Natal, South Africa. The child and

youth care workers<sup>1</sup> of the rehabilitation centres were instrumental in informing the families of the research. Once families expressed interest in the study, these youth care workers provided us with the families' contact details. The families were informed during the consenting process that all information provided to the first author would remain confidential, with anonymisation of all the information provided. The role of these gatekeepers was circumscribed to informing families of the study and when necessary to provide a space to conduct the interviews with either the adolescent or the affected mother. We recognise that the mothers' accounts of their lived experiences are only part of the story. However, given the depth and range of information obtained, the adolescents' experiences and the coping responses of the affected mothers' are discussed in a separate publication.

Ethical approval for the study was provided by the Humanities & Social Sciences Research Ethics Committee of the University of KwaZulu-Natal (protocol reference number: HSS/0980/13D). We obtained study clearance from both the treatment centres that participated in the study. Prior to conducting the interviews, the study was explained to the participants, after which the mothers signed consent and assent forms for their and their child's participation and the adolescents signed assent forms.

## Study Processes

Prior to the formal interviews, the interviewer met with the participants and explained, in detail, the aims of the study and what was expected of them should they wish to participate. Following this meeting, the mothers were interviewed once using the LG and where additional interviews were arranged, the LG was used to facilitate these discussions (Groenewald and Bhana 2015). Three of the mothers were formally interviewed twice while two were interviewed once. The first formal interview generally lasted longer (approximately 1.5 to 2 hours) than the second interview (30–50 minutes) and entailed in-depth discussions regarding the mothers' experiences, coping approaches and parent–child relationships. The scheduling of the second interview was dependent on the mothers' availability and willingness to participate in an additional interview. The two mothers who were not able to participate in the second interview (primarily due to work commitments) were contacted telephonically. These conversations, along with the follow-up interviews of all of the mothers, were much shorter than the initial interviews and were arranged to clarify and discuss some of the issues that arose out of the first interview. While telephonic interviews restricted an interpersonal interaction between the interviewer and the mothers, the time commitments and availability of the mothers made this the most sensible and practical approach for our study. Furthermore, it was the interviewer's experience that the quality of the data was not compromised since the participants had previously interacted with the first researcher in face-to-face interviews.

## Data Analysis

As recommended by Smith and Osborn (2007) interpretative phenomenological analysis (IPA) analysis progressed through multiple phases where each interview is transcribed verbatim and the transcripts are read and reread to conduct a free textual analysis. The aim of this step was to become familiar with the participants' narratives and note initial issues that may be relevant as

<sup>1</sup> These are social workers who have been assigned to work with adolescents in substance abuse treatment centres

standalone themes. The transcripts were then re-read together with the initial comments to help develop emerging theme categories.

Next, we searched for connections between the emerging themes that were identified, and clustered these themes. During this stage some themes were left out or merged. For example if they were not sufficiently prominent (occurred on an odd occasion) within the text or were not directly related to other themes. The remaining themes, sub-themes and corresponding extracts from the transcript were coded with more than ten code families (units of analysis) comprising between five and ten codes each were produced using ATLAS ti software (5.0). The coding was undertaken by the first author. Some experts have argued that, where research is embedded in the establishment of on-going relationships with study participants, it is preferred that a single researcher conduct the coding of the data (Morse and Richards 2002; Janesick 2003; Bradley et al. 2007).

In this paper, the interpretations of the themes are illustrated using extracts. In these quotations, square brackets contain material for clarification. Ellipsis points (...) indicate that the participants' thoughts have trailed off. A pause is illustrated by (.) and interruptions are indicated by =. Pseudonyms are used to protect the mothers' personal (identifiable) information and references to specific treatment centres have been omitted to further protect the participant.

## Results

Our findings illustrate that parenting an adolescent with a substance abuse problem is enormously burdensome to affected mothers. The adolescent's substance abuse produced several stressful life events, such as adolescent misconduct, family conflict and financial burdens which were associated with different forms of emotional strain such as hopelessness, guilt, self-blame, worry, shame, anger, and signs of depression (see Table 1). The following major themes emerged from the mothers' narratives and depict the mothers' lived experiences:

- a. Adolescent misconduct: Worry, anxiety, hopelessness and shame
- b. Family conflict: Anger and resentment
- c. Individual failure: Guilt, self-blame and signs of depression
- d. Financial burdens

### Adolescent Misconduct: Worry, Anxiety, Hopelessness and Shame

A pervasive theme in the mothers' narratives was the challenges they had with the adolescent's menacing behaviours leading to experiences of worry, anxiety, hopelessness and shame. These behaviours included the adolescent staying away from home for long periods of time and stealing from them and others. Erica and Ursula's accounts capture much of the mothers' despair in relation to their adolescents' 'staying away' behaviours:

Interviewer: So tell me about that. What are some of the things that he would do?

Erica: He [would] just be rude! Hating, no time for anybody, just need to be alone with his friends only and stay there up to the midnight.

Interviewer: And what would you, what would you be thinking when he's away like that?

**Table 1** Summary of case study characteristics

Mothers' aliases and background information	Adolescents' aliases and gender (M/F)	Age of adolescent	Residing with mother	Adolescents' substances of choice and age of initiation	Perceived duration of substance abuse	Rehab history	Stressful life events	Experiences of stress
Ursula	Terrance (M)	15	Yes	Whoonga, <sup>a</sup> Cannabis	Approximately 4 years	Adolescent readmitted to formal treatment four times	Adolescent misconduct, family conflict, financial cost	Worry, hopelessness, guilt, self-blame, signs of depression, resentment
Jacky	Winston (M)	17	Yes	Cannabis	Approximately 2 years	First time in treatment	Adolescent misconduct, family conflict, financial cost	Worry, hopelessness, shame, anger, signs of depression
Erica	Clint (M)	15	Yes	Whoonga	Approximately 3 years	First time in treatment	Adolescent misconduct, financial cost	Worry, hopelessness, guilt, self-blame, signs of depression
Aime	Brandon (M)	15	Yes	Whoonga Cannabis	Approximately 2 years	First time in treatment	Adolescent misconduct, family conflict	Worry, hopelessness, guilt, self-blame, signs of depression, anger,
Margaret	Abigail (F)	16	Yes	Alcohol	Not sure*	First time in treatment	Adolescent misconduct	Worry, hopelessness, guilt, self-blame, shame,
Shared stressful life events							Adolescent misconduct 5/5 Family conflict 3/5 Financial cost 3/5	
Shared experiences of strain								Worry 5/5 Hopelessness 5/5 Guilt 5/5 Self-blame 5/5 Shame 2/5 Anger 3/5 Signs of depression 4/5

\*Mother indicated that she was not aware that her daughter was misusing alcohol until she was informed by her daughter was caught drinking at school about two months prior to the interview

<sup>a</sup> Whoonga is a highly addictive powder that is mixed with cannabis and smoked. It is consists of low grade heroine and other hazardous additives like rat poison (<http://www.kznhealth.gov.za/mental/Whoonga.pdf>)

Erica: I was thinking maybe he died! Maybe he is doing this=maybe he is only at the police station, maybe... Ay I was thinking if, if everything!

Interviewer: Hmm

Erica: Yes

Interviewer: And how do you feel?

Erica: I can't sleep! I can't sleep! Maybe I will sleep for only 2 hours a day.

Erica's account displays the distress, worry and frustration she felt when her son stayed out later than what she had permitted him and she did not know where he was. She referred to her disturbing thoughts of 'what ifs' and worries about the possible death of her child that triggered her insomnia.

Similarly, Ursula's account reflects the suffering she experienced every time her son stayed away from home.

Interviewer: And so, and so when did he started running away from, you say he was staying away from 9 [years of age]?

Ursula: Yeah, sometimes he's not coming at home. Th-th-the he stay[s] [away] and then for one day he [does] not come [home] and then I never sleeping that day!

Interviewer: Yes

Ursula: I'm crying WHOLE night!

Interviewer: Yes because you don't know where he is =

Ursula: = Because I don't know where is he!

Emphasising that she was "crying WHOLE night" displays her hopelessness and concern for the safety of her child. This particular concern was salient in all of the mothers' narratives and perhaps conveys the mothers' frustration with the lack of control that they have over the adolescents' absencing themselves from home as well as protecting the child from harm.

Four of the five mothers reported that their children had stolen from them or others while they were using substances. Margaret talks about her daughters pilfering behaviours:

Interviewer: And why do you think she took the things and the stuff like that? Do you think she had particular reasons?

Margaret: I don't think there were reasons. There was that thing inside that told her 'go and do it, I am telling you go and do it'. Because she knows that I have to give her money! When she asks for money [if] I have, I buy her everything, you know. Even if we don't have a lot of money I always supported her with everything. But the thing said 'go inside, go and do it! Don't listen to her, go!' And I caught her once with the money on her and I said just give me that, give me that money!

Interviewer: And what did she do when you caught her like that?

Margaret: Who?

Interviewer: Abigail.

Margaret: She was crying! She was crying and said mom I don't know what happened to me. I don't know.

Interviewer: So did she give you the money back?

Margaret: She gave me and I said Hanna [house owner] here is the money. And I said to her I am sorry for what my child is doing to you

Interviewer: I can see how this is affecting you and I can see it in your face and your eyes that you are getting very emotional.

Margaret: That was frustrating! It was terrible and I couldn't believe that SHE was doing these things!

Margaret's account not only reflects her daughter's pilfering but reveals her own difficulty in trying to make sense of Abigail's behaviour. Margaret attributed Abigail's behaviour to "that thing that was inside [of her] that told her go and do it". In this way, it was perhaps easier for Margaret to understand her daughter's behaviour when it is caused by 'something' other than her child's unacceptable conduct: "It was terrible and I couldn't believe that SHE was doing these things!" This spares Margaret from feeling hurt and betrayed by her daughter or that she may have in some way contributed to this behaviour. This is also evident in her rationalisations:

"Because she knows that I have to give her money! When she asks for money [if] I have, I buy her everything, you know. Even if we don't have a lot of money I always supported her with everything. But the thing said 'go inside, go and do it! Don't listen to her, go!'"

Margaret's account further illustrates the guilt and perhaps shame she felt because of her daughters stealing "and I said Hanna, here is the money. And I said to her I am sorry for what my child is doing to you".

The other mothers were also plagued by the adolescents' stealing behaviours. The severity of these experiences varied. Some mothers, like Margaret and Anne, reported that smaller amounts of money or goods were taken less frequently, while Ursula and Erica reported more substantial losses. Ursula recounts her devastating experience:

Interviewer:How, how does all of this make you feel? How do you deal with it? Do you deal with it, I suppose?

Ursula:I feeling pain

Interviewer:Hmm

Ursula:Sometimes I decided to go to police and then I think that it's MY CHILD

Interviewer:Hmm

Ursula:One day, we going to the, to police and then the police they say=because I=the other day he came with the group of them, with his friends, they opening the here [showing the door] and that, and then they go to the bedroom they opening [the door]. They take uh you know that uh (.) uhm the (.) the safe!

Interviewer:Yes

Ursula:Yeah! The guy, [one of] the other friends TOOK the safe!

Interviewer:So Terrance friends?

Ursula:Terrance yeah!

Interviewer:Terrance and his friends came in, they opened the door, they opened that door, they went through this whole house and they took the safe and everything and they left? =

Ursula:YES with the gun wi-with the gun inside and the money inside!

Interviewer:With gun and money inside

Ursula:Hmmm the friends (.) his friends. I think [that was in] 2010 or 2011. That time, yeah. Terrance, that Terrance, ay was staying there [with] the big boy =

Interviewer:Yes?

Ursula:And then they took Terrance for 7 days! I not see Terrance!

It was evident that all the mothers were disappointed in their children's behaviour. Yet, the severity of Erica and Ursula's experiences left them feeling particularly helpless and hopeless.



This is evident in Ursula's confusion about whether to go to the police, or to protect her child from the police. Ursula also struggled to come to terms with her son's destructive behaviours and her disbelief that her own child could steal from them was illustrated as she often avoided using the term steal but rather emphasised that they "TOOK" the safe and earlier in the conversation, "took" her car (not in the extract above).

### **Family Conflict: Blame, Unhappiness and Anger**

Conflict between the adolescent and the family was also common, typically with the mother but with the father or immediate stepfather. Some parents also blamed each other for the adolescents' substance with two mothers reporting conflict with their partner or husband. Ursula for example explained that her relationship with her husband had deteriorated since her son started using drugs. She further reported that her husband often blamed her for her son's drug abuse problems:

Interviewer: So how do you feel (.) How do you feel all of this has affected you?

Ursula: Ay it affected me because even, even his father sometimes he (.) He say[s] Terrance is doing this because of this and that, and then he says to me that Terrance is doing that because it's you! Yes and then when he's coming with me and him and in the house (.) there's nobody [for me] now, it's all in this house=it's very bad! We are here because of this Terrance=because he's [the father] not fighting. But you see he's [the father] not good in the house with, with him (.)

In saying "we are here because of this Terrance=because he's not fighting" Ursula also seems to blame her husband's non-confrontational parenting approach for Terrance's drug abuse behaviours. The demanding nature of parenting Terrance also distracted Ursula and her husband from spending time together. She indicated that her relationship with her husband was "nice" while her son was at boarding school but once he came home they are stressed and required to constantly "watch him". Later in the interview she reported that their relationship was, at that time, characterised by "him not talking to me and me, [I have] a short temper [and will] not talk to him".

Another mother, Jacky, also spoke about the blame she had experienced from her partner which produced arguments:

Jacky: "Sometimes with my partner='cause he always says, you know, he says I'm taking Winston's part; that I'm encouraging him you know things like that and he always says 'oh I won't give you money because you give Winston the money to go smoke'. You know, it becomes like you have an argument over petty things"

Anne also reported on the conflict that developed between her and the adolescent's father. This was associated with their conflicting perspectives on an appropriate method to manage the adolescent's substance abuse. Anne indicated that she had not received enough support from Brandon's father and in this way, held him responsible for Brandon's drug abuse problems:

Anne: I became angry towards the father because the way, the way he was handling things. Even after the divorce=because I used to tell him that okay fine, we are divorcing, I don't want to be in your relationship, but I don't want us to be separated! I want us to communicate about the child. I understand that you don't want me anymore.

It's fine I have accepted [it]. But let's not lose our child. Let's cooperate and do things together! We used to have time together, go to [a restaurant] together and eat together. Can we continue like that? He said 'I have moved on, I am not going to do that with you. I thought that you wanted me to come back to you' and I said 'I don't want you to come back to me, [I] am fine with my kids, but please let's not fail our child'

Anne: "He's not cooperating, I don't feel that he wants my child to change. I feel that he is the one who contributed more to this than anything else because if he was cooperative and then when we talk, we talk in one voice to say 'this is not going to happen boy, this how you are going to do it'. But now he is that side and I am this side. We are pulling so that's how I felt; that we are not together, we are pulling apart"

Importantly, Anne's relationship with her ex-husband was conflictual prior to her son's drug abuse. However confrontations between them appeared to have escalated during her son's drug abuse period.

Furthermore, the mothers also spoke about how the level of conflict between them and the adolescent had escalated. Conflict between the mother and the adolescent mostly occurred when the mothers attempted to control the adolescents' drug abuse. For some mothers, this mainly involved verbal confrontations, while other mothers described more physical displays of anger. For example, Margaret reported that her child would "swear at me" and Jacky indicated that her son would "shout at me". Erica on the other hand reported that her son would become more destructive by "banging the doors [and] throwing the plates and glasses on the floor" when she would not give into his demands for money.

### **Individual Failure: Guilt, Self-Blame and Signs of Depression**

Talk of self-blame and guilt were present in all of the mothers' narratives. Jacky related her experiences of self-blame and guilt:

Interviewer: How has this experience been, if you can put it into words?

Jacky: I don't know how to describe it to you (.) You know you always wonder where you went wrong, what did YOU do...Because my son too, my eldest son, he never use to do it when he was at school. You know only now in his old age NOW he started! Now I'm saying maybe I never taught Winston like uhm 'see what your brother is doing, don't follow his footsteps' you know? Teach him the right, the right, on the right track. Maybe all I say maybe I wasn't too stern with him or I was to open or... you know you always say where YOU went wrong, what happened that he turned out like that.

Interviewer: So you tend, you tend to blame yourself?

Jacky: Yeah you do! You do!

In trying to understand why her son decided to use drugs, Jacky interrogates her own parenting in an attempt to identify the mistakes she has made: "you always wonder where you went wrong, what did YOU do". Jacky feels a sense of responsibility for her son's drug abuse and implied that perhaps she allowed him to follow his brother's example because she did not do enough, as a mother, to keep him "on the right track".

"I'm saying maybe I never taught Winston like uhm 'see what your brother is doing, don't follow his footsteps' you know? Teach him the right, the right, on the right track. Maybe all I say maybe I wasn't too stern [stern enough] with him or I was to open or...

you know you always say where YOU went wrong, what happened that he turned out like that?”

Anne’s narrative was also filled with references to the blame that she had placed on herself for her son’s drug abuse:

“I felt that I wasn’t that mother to him enough; to recognise it at an earlier time now... but at the same time I say I have recognised this and I tried counselling this child. I don’t know why it went wrong, because I didn’t want him to go to this situation but when we were finally divorced I just say ‘how do you feel about it’? You [are] sad as a family again and you say how do you feel about it? You take it [him] for counselling whatsoever. You agree that no mom, I don’t understand why you and dad are not together and dad is staying with someone else”

Anne’s self-blame and guilt is best conveyed in her statement: “I felt that I wasn’t that mother to him enough”. Anne felt very guilty that she was not able to prevent her son from using drugs, especially because she allowed him to stay with his father which was where he started using drugs. Anne also seemed to blame herself through the divorce and questioned whether she had done enough to help her son deal with it: “but when we were finally divorce I just say ‘how do you feel about it?’”.

The mothers’ self-blame, guilt, and worry about the child also produced signs of depression. Many of the mothers noticed that they had become withdrawn and isolated from their loved ones. At times, this was self-imposed as some of the mothers overtly decided not to interact with others. In addition to these feelings, many of the mothers reported feeling sad and crying became an outlet/way for them to express their feelings, often by themselves. Anne’s account conveys much of the mothers’ experiences and symptoms of depression.

Interviewer: So you saying at the moment the things you are describing you don’t do anymore

Anne: Yeah I do them but it’s difficult=

Interviewer: = You don’t want to?

Anne: I don’t want to but they [friends] force me to say this is our time we are going with you, like it or not! [...]

Interviewer: So you have good friends?

Anne: Yeah I have supportive friends. I do have support more than anything else. I do have support I will not lie and say I don’t have support. I think it’s still with me, within to say know now I should do this and accept whatsoever, it’s so difficult for me!

Interviewer: It seems like this whole thing has affected you more on a personal level =

Anne: = yeah on a personal level

Interviewer: So how have you been able to cope with all of this?

Anne: I am trying, praying. I can’t go to church! I felt [like] going to church. Sometimes I feel like, [I] prepare to go to church... something came up, then I just don’t go. I don’t know why.

Interviewer: Why?

Anne: I don’t know. I don’t feel like [it], but I pray a lot, I pray a lot!

Interviewer: But you don’t feel like going to church?

Anne: I don’t feel like. Sometimes I don’t feel like to be with a crowd. I don’t feel like being with a crowd (.) So the gathering where there is too much crowd=

Interviewer: = you don’t feel like=

Anne: I don't feel like being there. Even the family gatherings, whatsoever, I don't feel like going. I don't know whether I will manage in November because there is a family gathering that comes to the place where I will be. I don't know whether I will cope or not! It will be the first one since this cause I don't go to their houses. I said 'oh okay, I am coming, I will come guys, see you then', then prepare. When I am about to go, I can't go! So November; that would be the first to be with them. I will see what is going on.

Anne's account draws attention to the emotional struggles many of the mothers faced daily. Her use of the terms "force" (when she talks about her friends) and "prepare" (when she talks about visiting her family) might not have been explicit, but it implies that being around her family and friends presented a challenge for Anne. These feelings were related to her own struggle with coming to terms with her son's drug abuse. This was evident when she acknowledged the support that she received from her friends, yet struggled to embrace the support because she was not ready at that time to accept that her son was a drug abuser: "I do have support I will not lie and say I don't have support. I think it's still with me, within, to say know now I should do this and accept whatsoever, it's so difficult for me!"

Later in the interview Anne emphasised her need for isolation again and mentioned her concerns about a family gathering that was scheduled for the near future. Anne's hesitance to see her family is perhaps related to her anxieties about how they could react to her child's drug abuse. She could also be experiencing feelings of embarrassment. Isolating herself from her family and friends therefore avoids having to answer any questions about her son's drug abuse or how she is dealing with it. On the other hand, withdrawing could also be related to her self-blaming where she had made reference to feeling like "I wasn't that mother to him enough to recognise it [her son's drug abuse] at an earlier time".

Erica also spoke about the devastation she felt when her son stole material which put her at a significant monetary loss. Unlike the rest of the mothers, she reported feeling so helpless and disheartened by the experience that she had decided to take her own life.

"It's the day he stole my material. He stole everything in my house! From my father anything; curtains, anything they stole! Everything they selling at twenty rand, for thirty rand, for ten rand, for twenty rand. Things [that cost] R500 or R1000, [they are] selling for twenty rand, for fifty rand=I decided to kill myself!"

Erica's decision to "kill myself" was not only influenced by this particular situation, but the years of suffering she endured as a result of her son's drug abuse. She reported that she had been thinking of killing herself for "three months" before she attempted to. Her suicide attempt could perhaps be understood as a desperate cry for help during a time she felt hopeless and helpless to change her son's behaviours. Her behaviour was further driven by her own alcohol abuse as she reported she was drinking excessively in the days preceding her suicide attempt. Reflecting on her drinking experiences, Erica reported:

Erica: I can't see him. He just come and say[s] may I have fifty rand, may I have hundred rand. I just take my bag [and give him] hundred rand to fifty rand=

Interviewer: Yeah, there you go.

Erica: Yes I can't refuse anything

Interviewer: So what do you, what do you think, when you sit back and think of this now? How does it make you feel?

Erica: I'm just feeling happy, because I didn't think anything. I can't think he's, its 12 o'clock he didn't come, maybe he is died [*dead*], maybe he's in hospital, maybe he is taken by the police, I think - I can't think I'm feeling =

Interviewer: You're not, you're not worried?

Erica: Yes, I'm not worried about anything!

Interviewer: Do you think that that was a good way to kind of deal with all of these things, for you?

Erica: No it's not good, but it help[ed] me for that time

Interviewer: Yes?

Erica: From worries. I can't worry about anything!

To her drinking was a way to escape her unwanted reality and go to a space where her “mind is upside” and she is “not worried about anything”. She acknowledged that dealing with her son's drug abuse in this way was not appropriate, but adds that “it help[ed] me for that time”. Importantly, the “time” Erica is referring to here is a period of 2 years which could suggest that she might have developed a dependency on alcohol that goes beyond it being a vice for her to cope with her son's drug abuse behaviours.

Furthermore, two mothers also referred to the impact of the adolescents' substance abuse on their work performance. For Anne, work was particularly difficult:

Anne: 'I am working in a peads [*orthopaedic*] ward. Seeing boys of his age depresses me! I don't talk to them. Like I use to encourage them, like saying 'guys do this, do that'. Even at work they would say 'no you are the one who would say 'guys where are your books, what did you do' and 'you are the one who will explain to them to' [...] But that spirit is no longer there!

The changes in Anne's relational style towards the children in her ward are because they remind her of her son and the hurt that she is feeling because of his drug abuse. Later in the interview she further relayed that she often cried at work and “at times I become so cheeky... and I try to withdraw. It's affecting my job more than anything else”.

Ursula also recounted her work experiences:

Ursula: Yeah it impacts on what I do at work, not doing the work, not working nice at work so (.) I will, I the other day was sick for the things. Ay I don't like to go back there [to work] that time because now I, the=I, I'm better now! I'm better now.

Interviewer: What were you before?

Ursula: Before I was thin every time THIN then you look me in the face is not [healthy]. Every time, everybody they looking me oh but the mother of Terrance was [looking] stress[ed] shame-shame!

In saying that she was “sick for the things”, Ursula is referring to the hopelessness she felt because of her son's behaviour which then made her withdraw from her work “I don't like to go back there that time”. Her work experience was further influenced by the comments and behaviours of her colleagues which perhaps induced feelings of shame.

## Financial Burdens

Evident in most of the mothers' narratives was the financial implications of the adolescents' substance abuse behaviours. For some mothers' such as Jacky, Anne and Ursula, their financial

burdens were related to the costs associated with the adolescents' rehabilitation. These did not only include the actual cost of the rehabilitation programme, but also traveling to and from the treatment centre as well as hotel accommodation costs. For other mothers like Erica and Margaret, their financial burdens were consequences of the adolescents' stealing behaviours and damage to property.

## Discussion

This study supports previous findings that living with an adolescent who has a substance use problem is an enormously difficult and stressful experience for mothers (Jackson and Mannix 2003; Orford et al. 2013, ; Jackson et al. 2007; Usher et al. 2007; Hoeck and Van Hal 2012). In our study, incidence of distress and concern was inevitable for the mothers who were required to deal with several forms of pernicious behaviours. Repeated exposure to these destructive behaviours paired with daily worry about the child's wellbeing produced heightened levels of personal strain which manifested in feelings of sadness, isolation and loss of interest in their own lives. Orford et al. (2013) found that worrying about a substance abusing relative's wellbeing is a significant construct in the stress that family members experience. This stress syndrome was evident in all the mothers' narratives and need to be a key focus for supportive intervention strategies.

The findings of this article contribute to the sparse literature documenting mothers' experiences of living with an adolescent who abuses substances. The findings reinforce the discourses which hold mothers accountable for their children's behaviours (Butler and Bauld 2005; Smith and Estafan 2014). In our study this accountability was illustrated in the ways the women blamed themselves, as mothers, for the adolescent's substance abuse. This was implicit when some of the mothers interrogated their own mothering approaches in an attempt to understand why the adolescent used drugs. In this way, adolescents' substance abuse was intrinsically linked to the mothers' happiness and sorrow. Smith and Estefan (2012, p. 428) posit that mothers of children with substance abuse problems often "bear the burden" of the child's substance abuse and "see the children as extensions of their own identity".

Our findings hold implications for research and practice in South Africa. The study contributes to an underresearched topic of inquiry in South Africa. Further research is thus warranted on the experiences of affected mothers and other family members across various South African communities. In-depth inquiries represent a useful way to give voice to affected mothers' (and parents' in general) experiences and to evocate new dialogues on how these mothers can be supported (Smith and Estafan 2014). We found the qualitative methodologies used in our study particularly helpful in drawing out the mothers' experiences, but also to provide them with an opportunity to share their experiences. They expressed appreciation for the chance to discuss these issues in depth, which many of them had not had before.

Importantly, further research that investigates the experiences and roles of affected fathers is necessary both nationally and internationally. While studies document the "parents" perspective, it is evident that some of them include a smaller sample of fathers than mothers (see for example Choate 2011; Jackson et al. 2007; Hoeck and Van Hal 2012). Our study also speaks to this challenge as, where available, the fathers refused to be part of the study. It is therefore essential for researchers to engage with these gendered sampling issues and identify strategies in support of telling the fathers' stories.

Given the small sample size, and the subjective nature of our study, generalizability is not assumed. It is also possible that if we expanded our study, we may find life experiences of mother's may vary. The mothers who participated in our study were recruited from subsidised private rehabilitation centres where their adolescents were receiving treatment for drug or alcohol abuse. We therefore recognise that their experiences and perspectives may be different to that of mothers whose substance using adolescents have not received treatment.

Practically, the research has implications for healthcare providers who work closely with adolescents in substance abuse treatment facilities and their families. In South Africa, this generally refers to psychologists, social workers, nurses and child youth care workers who have been placed in adolescent treatment centres. Studies have reported on the dissatisfaction that parents have felt with the services they had available to them. In both Jackson and Mannix's (2003) and Choate's (2011) research, parents reported that they did not feel understood; on the contrary they felt blamed by the service providers they had sought support from. Thus, understanding the challenges parents face in dealing with their child's drug abuse may provide healthcare workers with insights into how best to support families who are troubled by adolescent drug abuse (Usher et al. 2005). Furthermore, Jackson and Mannix (2003) suggest that it would be beneficial if healthcare workers could provide mothers with a space to share their stories and anxieties and in this way acknowledge stresses that they might be going through in silence.

**Acknowledgments** We would like to acknowledge the substance abuse treatment centers and staff that were part of this study, as well as the study participants and their families.

## References

- Abrahams, C. (2009). Experiences and perceptions of parents of adolescents addicted to methamphetamine in Manenberg. Master's Thesis, University of the Western Cape.
- Bradley, E., Curry, L., & Dever, K. (2007). Qualitative data analysis for health services research: developing taxonomy, themes, and theory. *Health Research and Educational Trust*, 1758–1772.
- Butler, R., & Bauld, L. (2005). The Parents' Experience: coping with drug use in the family. *Drugs: Education, Prevention and Policy*, 12(1), 35–45.
- Choate, P. (2011). Adolescent addiction: What parents need? *Procedia - Social and Behavioral Sciences*, 30, 1359–1364.
- Copello, A., Templeton, L., & Powell, J. (2010). The impact of addiction on the family: Estimates of prevalence and costs. *Drugs: Education, Prevention and Policy*, 17(S1), 63–74.
- Dada, S., Burnhams, N., Williams, Y., Erasmus, J., Pary, C., Bhana, A., Timol, F., Nel, E., Kitshoff, D., Wimann, R., & Fourie, D. (2015). South African Community Epidemiology Network on Drug use (SACENDU): Monitoring Alcohol and Drug abuse treatment admissions in South Africa Phase 36. Tygerberg, Cape Town.
- Groenewald, C. & Bhana, A. Researching sensitive topics: Reflections on data collection tools used with mothers and adolescents who abuse substances. FQS(16), 3. <http://www.qualitative-research.net/index.php/fqs/article/view/2401/3883> Accessed: 10 November 2015.
- Hoeck, S., & Van Hal, G. (2012). Experiences of parents of substance-abusing young people attending support groups. *Archives of Public Health*, 70(11), 1–11.
- Jackson, D., & Mannix, J. (2003). Then suddenly he went right off the rails: mothers' stories of adolescent cannabis use. *Contemporary Nurse*, 14, 169–179.
- Jackson, D., & Mannix, J. (2004). Giving voice to the burden of blame: a feminist study of mothers' experiences of mother blaming. *International Journal of Nursing Practice*, 10, 150–158.
- Jackson, D., Usher, K., & O'Brien, L. (2007). Fractured families: parental perspectives of the effects of adolescent drug use on family life. *Contemporary Nurse: a Journal for the Australian Nursing Profession*, 23, 321–330.

- Janesick, V. (2003). The choreography of qualitative research: Minuets, improvisations, and crystallization. In N. Denzin & Y. S. Lincoln (Eds.), *Strategies of qualitative inquiry* (pp. 46–79). Thousand Oaks: Sage Publications.
- Lee, B., & Blane, D. (1997). Collecting retrospective data: Accuracy of recall after 50 years judged against historical records. *Social Science and Medicine*, *45*, 1519–1525.
- Mabusela, M. H. M. (1996). The experience of parents with drug-addicted teenagers. Unpublished master's thesis, Rand Afrikaans University, South Africa.
- Masombuka, J. (2013). Children's addiction to the drug "nyaope" in soshanguve township: parents' experiences and support needs. Unpublished master's thesis, University of South Africa, South Africa.
- Maushart, S. (2006). *The mask of motherhood: How mothering changes everything and why we pretend it doesn't*. Sydney: Random House.
- Morse, J. M., & Richards, L. (2002). *Readme first for a user's guide to qualitative methods*. Thousand Oaks: Sage Publications.
- Orford, J., Velleman, R., Natera, G., Templeton, L., & Copello, A. (2013). Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Social Science & Medicine*, *78*, 70–77.
- Parry, O, Thomson, C, & Fowkes, G (1999). Life course data collection: qualitative interviewing using the life grid. *Sociological Research Online*, *4*(2), <http://www.socresonline.org.uk/4/2/parry.html>. Accessed: February 20, 2014.
- Patrick, A., Palen, L., Caldwell, L., Gleeson, S., Smith, E., & Wegner, L. (2010). A qualitative assessment of South African adolescents motivations for and against substance use and sexual behavior. *Journal of Research on Adolescence*, *20*(2), 456–481.
- Plüddemann, A., Flisher, A., McKetin, R., Parry, C., & Lombard, C. (2010). Methamphetamine use, aggressive behaviour and other mental health issues among high school students in Cape Town, South Africa. *Drug A: cnpj; Depend*, *109*(0), 14–19.
- Richardson, J. C., Ong, B., Sim, J., & Corbett, M. (2009). Begin at the beginning ... using a life grid for exploring illness experience. *Social Research Update*, *57*, 1–4. <http://sru.soc.surrey.ac.uk/SRU57.pdf> Accessed: January 25, 2014.
- Smith, J. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health*, *11*, 261–271.
- Smith, J. (2008). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, *1*(1), 39–54.
- Smith, J., & Estafan, A. (2014). Families parenting adolescents with substance abuse- recovering the mother's voice: a narrative literature review. *Journal of Family Nursing*, *20*(4), 415–441.
- Smith, J., & Osborn, M. (2007). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. London: Sage publications.
- Usher, K., Jackson, D., & O'Brien, L. (2005). Adolescent drug abuse: helping families survive. *International Journal of Mental Health Nursing*, *14*, 209–214.
- Usher, K., Jackson, D., & O'Brien, L. (2007). Shattered dreams: parental experiences of adolescent substance abuse. *International Journal of Mental Health Nursing*, *16*, 422–430.
- Velleman. (2010). The policy context: reversing a state of neglect. *Drugs: Education, Prevention and Policy*, *17*(S1), 8–35.
- White, W., Arria, A. & Moe, J. (2011). Parenting in the context of addiction recovery: Critical research questions. [www.williamwhitepapers.com](http://www.williamwhitepapers.com). Accessed: 30 August 2015.