Family Interaction Patterns in Maternal Alcohol Abuse: An Application of Murray Bowen's Family System Theory

Hanlie Abraham

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Supervisor: Professor Christopher Norman Hoelson

Declaration

I, Hanlie Abraham (209067177), hereby declare that the treatise for Masters of Arts in Clinical Psychology is my own work and that it has not previously been submitted for assessment or completion of any postgraduate qualification to another University or for another qualification.

……. (Signature)
Hanlie Abraham

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Abstract

The abuse of alcohol in South Africa results in unemployment, crime, violence and family disruptions. The aim of this study was to explore and describe the intergenerational interactional patterns in a Coloured family where the mother has abused alcohol. Researchers have found that drinking behaviours of parents can have major effects on the children's lives throughout generations. Substance abuse of a parent has major influences on the family, their interactions, and relationships, mostly between the parent and the child. There is a major gap in the study of the Coloured families and how substance abuse affects their families and children. The study employed Bowen's constructs of differentiation of self, multigenerational transmission process, triangulation, emotional cut-off, nuclear family emotional system, sibling position, family projection process, and societal regression and utilized analytical generalization of the concepts to achieve its aim. The mother, an older sibling and maternal mother were the main sources of data although the perspective of the mother herself was privileged in the study. Semi-structured interviews were utilized to gather the data. This allowed participants to freely narrate their personal perceptions and experiences of interaction in both the family of origin and the current nuclear family. The research used a single case study of a purposively sampled family. The researcher is a Coloured female who had specific interest in this specific cultural group and their interactional patterns, which optimised cultural familiarity during the research process and reduced the likelihood of potential discriminatory racial bias of the participants. The findings demonstrate that perceptions of interactional patterns in the nuclear family and family of origin coincided with certain of Bowen's Family Systems concepts, particularly, triangulation and differentiation. However, the need for further exploration of concepts such as the nuclear family emotional system and the family projection process in Coloured families are still needed in future studies. The findings provided insight into the functioning of the relationships and

interactions in both the nuclear family and the family of origin. Limitations of the current study are identified and recommendations for future studies in this field are also offered.
Keywords: Coloured family, interactional patterns, intergenerational, maternal alcohol abuse, Murray Bowen's Family System Theory.

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Chapter 1: Introduction

The major influence in individuals' lives derives from their families. This means that children learn and model much of their behaviour from their families. These behaviours can include both healthy and pathological behaviours. One of these potential pathological behaviours is the abuse of alcohol which can affect the relationships the family members have with each other and their relationships outside the family.

Alcohol is not only one of the main causes of death, but also a main creator of social problems worldwide. The World Health Organisation (WHO, 2004) states that 76.3 million people worldwide were diagnosed with alcohol use disorder in 2004. The consumption of alcohol in developed and developing countries varies significantly from each other, which results in differential effects of the alcohol abuse in different contexts. It has also been shown that a higher proportion of women abstain from alcohol than men (WHO, 2004), but the consumption of alcohol for women has grown over the years. Men are notorious drinkers but lately this phenomenon is becoming more prevalent amongst females (Ellis, Stein, Thomas & Mentjies, 2012). The impact of alcohol abuse on females and their families creates stressful dynamics in the family. The children in these families become very sensitive to alcohol use especially before the age of 16 years and are more prone to the negative effects of alcohol (Coteti, Ion, Damian, Neugu & Ioan, 2014). These negatives effects of alcohol can lead to binge drinking which increased in South Africa between 2005 and 2008 (Peltzer, Davids & Njuho, 2011). Therefore, studies are needed to understand and attempt to eradicate this epidemic.

1.1Significance of the Study

There is a significant gap in research applying Bowen's Family Systems Theory concepts to Coloured families affected by maternal alcohol abuse in South Africa. Alcohol abuse has increased significantly in South Africa, especially amongst women and this has a major impact

on their families if they are mothers. The current study focuses on the perceptions of the interactional patterns in a Coloured family affected by maternal alcohol abuse. As there is a lack of research on Bowen's theory in different cultural groups (Fraser, Mckay & Pease, 2010), the researcher applied Bowen's theoretical constructs to a Coloured family. The current study aims to address this lack of relevant research in the South African context.

1.2Purpose of the Study

The purpose of this study was to explore and describe the intergenerational, interpersonal relationship patterns in a South African Coloured family that has been affected by maternal alcohol abuse, using Murray Bowen's Family System Theory. The objectives of the study were to explore and describe the mother's perception of the relationships and interactions with the members of her nuclear family and her family of origin and their perceptions of her relationships and interactions with them using Bowen's Family Systems Theory.

1.3 Brief Overview of the Chapters

The treatise consists of six chapters. The current chapter provides a rationale and significance of the study, and includes the aim and objectives as well as an overview of the different chapters of the treatise. Below a short description of the contents of each chapter follows.

Chapter 2: Murray Bowen's Family Systems Theory. This chapter contains a brief history on the development of the Bowen Family Systems Theory as well as Murray Bowen, the founder. The chapter also includes a review of the literature on the eight concepts or principles of Bowen's theory and criticisms of the theory as well as recent developments of Bowen's theory.

Chapter 3: Maternal Alcohol Abuse. This chapter discusses alcohol and alcohol abuse. It also addresses the differences in ethnic use of alcohol as well as gender differences in that regard. The chapter concludes with a discussion of maternal alcohol abuse.

Chapter 4: Research Methodology. Included in this chapter are the aim and objectives as well as the research design of the study. The sampling procedure is discussed as well as how the researcher gathered the relevant data. The transcription, processing and analysis of the data also form part of the chapter. Discussion of the ethical issues, such as confidentiality concludes the chapter.

Chapter 5: Findings and Discussion. The content of this chapter includes the findings of the study and discussion of these in relation to the theoretical and empirical literature review chapters.

Chapter 6: Conclusion, Limitations and Recommendations. This final chapter briefly reports on the conclusions of the study. The limitations encountered during the study are discussed and recommendations for future studies are offered. The chapter concludes with reflections by the researcher of the research process.

Chapter 2: Murray Bowen's Family Systems Theory

Murray Bowen, the founder of the Family Systems Theory, has been described (Bowen Center, 2017) as a pioneer in the development of a new theory in the era of the Freudian movement. Bowen persisted after all his training in the medical field and later psychiatry, to look at families and human behaviour differently to other theorists at the time. Bowen believed that society, human beings, and the environment are all intertwined and that change in one would affect the other (Bowen Center, 2017). Bowen was a forerunner in the development of family psychotherapy and first presented his Family Systems Theory in 1957 on the treatment of families with a family member suffering from schizophrenia at an annual meeting of the American Orthopsychiatric Association (Schiff, 2004). This distinctive thinking by Bowen led to a different way of conceptualizing an individual's illness or rather the individual's functioning (Schiff, 2004). In 1966 Bowen published his ideas and applied his theory to a crisis in his own life which he later described as ground-breaking growth for his work (Brown, 1999). This led Bowen to encourage his students to apply Family Systems Theory to their own family lives.

2.1 History of Bowen Family Systems Theory

Placing the focus on the family rather than the individual in treatment was never the norm in practice during Bowen's time but this movement gathered support as practitioners started to think differently about treatment (Bavelas & Segal, 1982). Bavelas and Segal (1982) proposed that systems theory in relation to patients' families in fact developed from the clinical practice of psychiatry and psychopathology rather than from the social sciences or the natural sciences. Many psychiatrists and psychotherapists during the era where an individual was the focal point of treatment, began to ask how helpful it would be to look at other factors around the patient, like the family, to understand the patient as part of a system (Bavelas & Segal, 1982). Bavelas and Segal (1982, p.91) describe a system as "a set of objects together with relationships between the objects and their attributes". In the description and understanding of a system, the

individuals or objects fade into the background and the main focus falls on the relationship patterns as one of the most important factors to understand such systems (Bavelas & Segal, 1982).

Bowen's Family System Theory (FST) was one of the first theories of family systems' functioning that emerged from the development of systems theory with a focus on the family (Brown, 1999; Fraser et al, 2010). Bowen's theory was also one of the first to consider the transgenerational perspective on families and the importance of not looking only at the individual but the influence of family connections and attachments through different generations of the family (Goldenberg & Goldenberg, 2004). Bowen's FST is the groundwork on which many other therapeutic systems theories are built (Goldenberg & Goldenberg, 2004). Despite his own success with his theory, Bowen has influenced many other theorists, without them explicitly stating such influence. Bowen was one of the leading role players in researching family systems in the treatment of schizophrenia which led to the creation of the family systems movement (Bowen, 1978).

The influence of psychiatry on the development of the systems theory is evident in the research and work of Bowen, who also trained as a psychiatrist (Brown, 1999). Bowen shifted his focus away from the emphasis on pathology and paid more attention to common interactive patterns that are apparent in all human emotional systems (Brown, 1999; Schiff, 2004).

Even though Bowen started off as psychoanalytic in his thinking and practice, he wanted to ensure that his theory was seen as evolutionary and not only as psychoanalytic in nature (Schiff, 2004). Bowen considered himself to be a scientist and he wanted his theory to encompass the behaviour and emotions of human existence completely. The term family systems was initiated by Bowen in 1966 when the 'system' part of the theory was emphasised in his work and research (Bowen, 1978). One of the interaction patterns he focused on at first was the fusion between the mother and child. The fusion and interaction was so apparent in the whole family

that Bowen started observing the patterns within all the interactions between all family members (Goldenberg & Goldenberg, 2004). With his new focus on the family patterns, Bowen went further to postulate that Schizophrenia developed through three generations and their interactions (Bowen, 1978). The multigenerational unit or system that became central to Bowen's development of his theory was used to show that humans are all connected to biological life (Titelman, 1998). Based on his observations of human development Bowen also emphasised the importance of making a family diagnosis rather than an individual one (Schiff, 2004). The transgenerational model of which Bowen's theory forms part, is based on the belief that the way current families are organised comes from the unresolved difficulties in the families of origin (Goldenberg & Goldenberg, 2004).

Bowen believed that conflict comes from the push and pull factors in families, which involves the need to be together and separate at the same time (Bowen, 1978; Goldenberg & Goldenberg, 2004). The conflict that exist in these families, Bowen viewed as anxiety that continue to exist between members of the family and generations. Anxiety is seen as one of the major variables in the systems theory and underlying many of the dynamics and interactions in families (Papero, 2014).

Bowen's theory focuses mainly on the emotional processes of the individual and the family as opposed to the content of their communication (Titelman, 1998). He also placed emphasis on establishing interactional patterns in the family to defuse the anxiety that builds up (Brown, 1999). Bowen's therapy focused on two goals to reduce this anxiety. Firstly, to facilitate awareness about how exactly the emotional system works and secondly to facilitate the differentiation of self by becoming aware that the need for change is with the self rather than changing others (Brown, 1999). The goal of Bowen's family systems therapy is to assist individuals in a family to adapt to the changes that occur in life (Titelman, 1998).

Bowen refers to all family units as systems, in which much interaction takes place. His FST states that the level of anxiety or emotional uneasiness that is present within the individual or system can influence the interaction in the family or create disorders within the family (Bowen, 1976, as cited in Guerin, 1976). The FST, or otherwise known as natural systems theory, also emphasises the fusion between an individual's emotions and intellect and the way the fusion informs the individual's life patterns (Bowen, 1978; Goldenberg & Goldenberg, 2004). The aim of the theory as described by Charles (2001) is to resolve all emotional issues with the original family and to become a mature adult rather than accepting or rejecting everything from the family.

Bowen's family theory consists of eight basic principles, which are discussed below. The discussion begins with the differentiation of self, as a similar focus applies to the treatment of an individual.

2.2 Differentiation of Self

The differentiation of self is perhaps the most important concept in Bowen's FST. The differentiation of self refers to the healthy or unhealthy separation or attachment of a child to its parents (Titelman, 1998). It is the togetherness and separation of families and individuals which interested Bowen initially (Titelman, 1998). Bowen describes two types of individuals and how they differentiate in a family. On the one side is the individual that is fused, where the person is less flexible, less adaptable, and more emotionally dependent on others. The other side is where the individual is differentiated and has the ability to think clearly in chaotic situations in the family and does not let their emotions and cognitive functioning overlap. The differentiation of self, according to Bowen is mostly a reference to maturity in an individual (Papero, 2014).

Bowen (1976) describes a pseudo self and a solid self. The pseudo self is a sense of self the individual possesses that is not constant. Bowen stated that the pseudo selves of individuals who come together would completely fuse when together, as they are based on pressures from

the environment and develop as such. The solid self is the self that is non-random and constant. The solid self develops over time and remains on its own and does not participate in the fusion. The fusion in which the pseudo self participates comes into play when pressure is brought to bear by the family on the individual to conform. The pseudo self is full of pretence, while the solid self is stable throughout (Bowen, 1976).

Bowen's concept of differentiation of self can also be understood in terms of individual and systematic differentiation (Rosen, Bartle-Haring & Stith, 2001). The individual differentiation indicates individuals who can separate their thinking from their feeling when dealing with emotionally loaded situations and their ability to control their emotions and reactions (Rosen, Bartle-Haring & Stith, 2001). Systems differentiation means the individuals in the family are at peace with closeness and distance between the members (Rosen, Bartle-Haring & Stith, 2001). The levels of differentiation the individual then carries on to the next generation or family they are involved in vary with how they were differentiated, both individually and systematically. The differentiation plays a major role in how the individuals are then fused or not fused with others. The individual's undifferentiation can be a result of not wanting to lose love and acceptance from others (Charles, 2001).

The concept of differentiation of self was so important that Bowen advised that therapists working with families should analyse their own families of origin to establish their differentiation to better help their clients (Titelman, 1998). The goal of differentiating yourself is not to be extremely detached or objective but to find balance from which to operate to express emotions and still feel close to members of the family. "Differentiating is more a process than an achievable goal" (Goldenberg & Goldenberg, 2004, p. 187). According to Goldenberg and Goldenberg (2004) individuals who have complete fusion between their thinking and feeling struggle to function properly. These individuals become dysfunctional even under the lowest amount of stress.

Bowen (1978) created a scale (not a psychometric measure) to measure an individual's sense of differentiation. The solid self, mentioned earlier on, on the scale describes those who know who they are and would not change for others to accept them. The pseudo self on the scale refers to those who will fuse and submit to the need of others (Goldenberg & Goldenberg, 2004). The scale removes the thinking of individuals as normal as the differentiations of self are on a continuum (Bowen, 1978). Bowen (1978) states that there is no relation between the level of differentiation and the person's intelligence or socio-economic status.

Bowen believed that differentiation can be developed in two steps; firstly, to establish person to person relationships with as many members of the family and then to de-triangle. This means not to get emotionally involved in the interactions in the family and identifying the triangles, which individuals tend to group together, in order to become more neutral in these interactions (Titelman, 1998). There are two levels of differentiation according to Bowen, the functional level and the basic level. The functional level can change from time to time due to external circumstances whereas the basic level of differentiation does not change and is inherently attached to the core of the person (Charles, 2001). As previously stated, individuals in the family transmit their ways of interactions and differentiation across generations, which process of transmission, is described below.

2.3 Multigenerational Transmission Process

Bowen's theory is an "intergenerational theory of family as a system" (Rosen, Bartle-Haring and Stith, 2001, p.126). Two aspects of Bowen's theory regarding the multigenerational transmission process should be emphasised; matching up with a spouse with the same differentiation level and the family projection process that will be explained later (Goldenberg & Goldenberg, 2004). When couples match up from different families and they are both undifferentiated, one of their children takes on the undifferentiation and the same process follows

with his or her spouse until a family becomes prone to anxiety and fusion (Goldenberg & Goldenberg, 2004).

One of the fused family systems can be a family battling with alcohol in order to relieve the anxiety that exists within the family. Alcohol abuse has major effects on the dynamics of a family. The effects of these dynamics usually create stress in the family and children in these settings are prone to develop psychopathologies later in life (Coteti, Ion, Damian, Neagu & Ioan, 2014). The patterns of interactions in relationships within families are transmitted or carried over into relationships with friends, spouses, and children (Lawson & Brossart, 2001). These patterns become normal behaviour and are repeated over periods of time. These patterns are so strong that the nuclear family may be strongly impacted by the functioning of the grandparents as well (Charles, 2001). One of these patterns in the family refers to how individuals choose allies to deal with anxiety. The forming of these allies is referred to as triangulation.

2.4 Triangulation

Bowen (1978) mentioned triangulation very early in the development of his theory and referred to the triangle as the smallest emotional system which brings support to the unstable two-person relationship. Whether a relationship is stable or not depends on the interaction of the level of differentiation of self the individuals possess and the level of anxiety they are experiencing (Titelman, 1998). The formation of a triangle between members of the family performs as a temporary structure that keeps relationships intact (Titelman, 1998). Whenever anxiety occurs between two members of the family (for example parents), a third party is included to resolve the tension and anxiety in the original dyad. The third party that gets drawn into the dyad can be internal like immediate family or external such as the police, social workers or alcohol, especially when the existing triangles have been used too much as a source and are drained and exhausted (Bowen, 1978). A study conducted by Lawson and Brossart (2001) on the

transmission of family process to the next generation indicated that as the age of individuals increase, the level of triangulation increases. The study found that the transmission of processes occurs and the effects are seen the most from child-parent to child-spouse relationships (Lawson & Brossart, 2001). Triangulation can sometimes occur with multiple people to form triangles and at times the dyad will source different triangles when the need arises (Bowen, 1978).

Charles (2001) indicated that triangulation can occur in different settings. One parent can involve a third person to ease tension when the tension or uncomfortableness between the two parents or parent and child increases and there is a need for release or reduction of tension. Children can start acting out to get the parents to work together and ease the tension or to get the attention away from them if the focus of the triangle was on them (Charles, 2001). Bowen (1978) also states that the families can play the triangulation game repeatedly for years with the same outcome. On the opposite side, if the stress and anxiety is low, the triangle is known as a "threesome" where the individuals are evenly differentiated and functioning well. This system is open, functions well and outcomes are better (Titelman, 1998). Bowen describes this functioning as the building block for a family, where bearing a child, a child leaving home or conflict between parent and child are dealt with better (Titelman, 1998). In cases where the functioning does not get better or the triangulation and anxiety gets overbearing for some members of the family, especially children, they usually distance themselves either emotionally or physically in the family.

2.5 Emotional Cut-off

This concept indicates how individuals in a family might utilise physical or emotional distancing to deal with the unresolved issues or connections to their parents (Titelman, 2003). The concept of emotional cut-off emerged when Bowen realised that the immediate family could create the triangles with the extended family (Titelman, 1998). The emotional cut-off is also a

driving force behind emotional distancing. The emotional cut-off usually occurs when individuals want to deal with their own anxieties separately from the family (Schiff, 2004). People, who are prone to cut themselves off from family also tend to do so with friends and at work. This emotional distancing refers to children separating themselves from family of origin to start their lives. This concept emerged when Bowen worked with families dealing with schizophrenia and can be seen as the flipside of emotional fusion (Bowen, 1978). Bowen (as cited in Geurin, 1976) stated that the individual always wants emotional contact with the original family but runs away from it. This is unhealthy for individuals as they are always seen as being equivalent to the child who never leaves home. Such behaviour and unresolved emotional matters get transferred into the individual's new family and play a part in how they function as an emotional system.

2.6 Nuclear Family Emotional System

Rabstejnek (n.d) refers to the nuclear family emotional system as the basic emotional system of the nuclear family, which directs the family and their behaviour. The nuclear family emotional system is created to differentiate it from the larger social system and the extended family system in Bowen's theory (Papero, 2014). The emotional system of a family is referred to as a multigenerational concept, which means it gets imitated over generations (Goldenberg & Goldenberg, 2004). Bowen (1978) states that much can be hypothesised from the couple's level of differentiation of self and how differentiated their families will be in the future. Individuals usually choose partners with the same differentiation style and the problems can arise from these styles and their interactions (Bowen, 1978). The nuclear emotional system in the family and how it manifests can be identified in four parts of the family. It can be seen in marital conflict where the couple is undifferentiated and fused and deals with conflict without the children getting overinvolved. This can manifest in either complete fusion or complete differentiation between the individuals and tension is created based on the severity in which either of these stances are

taken on. Marital conflict can result when both spouses refuse to give in to fusing or when one spouse refuses to continue giving in or adapting (Bowen, 1978). The adapting adult is usually the one that presents with physical and mental illness or dysfunction such as alcoholism (Bowen, 1978).

The second area of dysfunction is in one spouse, where one partner becomes the submissive one and the other over adequate in the relationship (Bowen, 1978). The one partner becomes the one who does all the chores and takes on all the responsibility in the house like cooking, cleaning, and shopping, while the other partner takes on the irresponsible role of not being able to drive or cook. The pseudo selves of these two partners in the relationship commit to arranging a way to make both partners fit to decrease anxiety (Goldenberg & Goldenberg, 2004). The spousal unit takes up the undifferentiation and the anxieties that go along with it and the other areas of the family are not negatively affected by it. This is where the symptomatic individual merges into the family, which essentially is the submissive partner.

The third area is where one of the children is identified as impaired by the parents' projection of undifferentiation onto him or her. The symptomatic child takes up all the attention and lets the parents refocus their own undifferentiation onto the child (Bowen, 1978; Goldenberg & Goldenberg, 2004). An example would be two undifferentiated people getting married and letting the fusion that results from the marriage maintain the status quo of the family, resulting in the system remaining unstable. The fused system then forever looks for ways to stabilise and reduce the anxiety in the system. The fourth area as identified by Schiff (2004) is when two adults in a relationship cut all intimate connection to minimize tension resulting in an emotional divorce. This usually ends up with the couple overworking themselves or engaging in alcohol abuse. How two individuals end up with a certain nuclear emotional system is influenced by the sibling position they had in their families of origin.

2.7 Sibling Position

Bowen gave the due credit to Walter Toman who developed a profile for each sibling in a functioning family and utilised Toman's ideas for the development of the sibling position concept in the family systems theory (Haefner, 2014). Toman described ten basic profiles of siblings with the oldest sibling characterised as calm and responsible (Bowen, cited in Guerin, 1976). Sibling position or functioning position was one of the important terms derived from the multigenerational emotional system or unit. Bowen believed that people were born and fitted into a specific functioning position based on the characteristics they are born with and environments they were born into, like gender and family patterns (Titelman, 1998). An individual's functioning position cannot be changed unless through extreme circumstances like death or disease. Functioning positions are such a strong force that the possibility of personality development might be linked to it. The force is so strong that it becomes automatic, where the roles such as the responsible elder, the mediator or the sick one is taken on by the individual (Titelman, 1998). Bowen states that the place of birth order in a family may have a major influence on marital success. If a younger child marries an older child, the success rate of the marriage will be higher due to different functioning of these individuals in their families or origin (Goldenberg & Goldenberg, 2004). This functioning position has a major influence on one's beliefs and attitudes in life (Titelman, 1998). The sibling position is important in determining the functioning of each child in the family and later in their respective relationships, but it also can possibly assist in understanding why parents choose a certain child to transfer their level of undifferentiation to through projection.

2.8 Family Projection Process

One of the three patterns within the nuclear family emotional system is so important that it is deemed fit to stand as a concept on his own within the Bowen FST. The family projection process refers to parents transferring their level of differentiation to a susceptible child

in the family or the psychological impairment of one child in the family (Bowen, 1978). Schiff (2004) explains the family projection process as one member not being able to accept his or her own fears and anxieties and projecting this onto a willing other. Even though parents state that they love and behave towards each child in the same way, this is actually very rare. In most cases, the child who is the focal point of projection becomes vulnerable and unstable. The children who are the focus of their parents' immaturity are usually the ones who endure much more stress in their lives (Bowen, 1978).

The projection occurs within the triangle formed by the mother, father, and child. This process is a result of anxiety in a family system (Goldenberg & Goldenberg, 2004). The parents' previous families and differentiation in their families of origin will provide information on which child will be selected for the projection within their nuclear family. The more unstable the system, the more the parents will rely on additional children to stabilise the system (Goldenberg & Goldenberg, 2004). The projection can occur with any child in the family, regardless of their position of birth (Bowen, 1978).

2.9 Societal Regression

The last of the eight concepts, societal regression, Bowen added only later in the development of his theory, but passed away before he could complete his description and understanding of it (Schiff, 2004). Societal regression is based on Bowen's belief that society deals with problems almost in the same manner as families do. This was Bowen's attempt to apply the family systems theory to social organizations (Haefner, 2014). Societies can also triangulate as groups like families and deal with anxieties in this way. When a family experiences severe and chronic anxiety, it will revert to a lower state of functioning. A similar principle applies when society is stressed about issues such as war or overpopulation. It is then that the society can fall into a regression (Haefner, 2014). This is an attempt by society to adapt by lowering its functioning. Society, just like families, then works on how to ease the anxiety of

the moment rather than focusing on eradicating it in the future (Schiff, 2004). The family also fits into a larger environment and becomes part of the functioning society (Bowen, 1976, as cited in Geurin, 1976).

2.10 Family Systems Theory in Different Cultures and Contexts

Bowen's concepts have been utilised in several studies to determine their validity and applicability to different cultures. A study conducted in United States of America on the validity of Bowen's system's theory to different culture and ethnic minorities, focussed particularly on the differentiation of self (Skowron, 2004). This study focused on non-Western, ethnic minorities enrolled in college that included African-Americans to Latino-Americans. The study found that students who were more at ease with their family connections and well differentiated predicted better psychological adjustment and problem-solving skills (Skowron, 2004). The study also confirmed the cultural relevance of Bowen's theory in a non-Western, ethnic population. A similar study in the Philippines focussed on differentiation of self as well as the intergenerational transmission in families (Tauson & Friedlander, 2000). It found that just like the study of Skowron (2004), that healthy differentiation in children predicted better psychological health. However, there was no support for the intergenerational transmission of levels of differentiation from parents to children in the study. Tauson and Friedlander (2000) stated that the level of differentiation or psychopathology in individuals can be brought on by many other factors other than their family of origin. Cook (2007) utilised some of the concepts of Bowen's FST to assess their applicability to chemically dependent individuals in America. The study indicated that emotional cut-off, multigenerational transmission, and differentiation of self, played a major role in the transmission of dependence. Cook (2007) utilised genograms to map the interactions and patterns within these families which was useful in patients understanding their families and the negative transmissions of conflict and interactional patterns.

A doctoral study in theology conducted in South Africa, focussed on how Bowen's FST could be used to assist in understanding the transitions and the importance of ancestors in Zulu culture and how some traditions remain relevant irrespective of the dominant Western influence (Nel, 2007). Nel (2007, p.252) concluded referring to the applicability of Bowen's theory to understand different families in different cultures, that Bowen's theory had "the potential to offer new insights and has far reaching possibilities". Van den Berg and Greeff (2016) also utilised FST together with other theories to better understand parental alcohol abuse and its effects in Coloured families in the Western Cape province of South Africa. They investigated how families dealt with the problem of alcoholism as a system. This study highlighted that there was a need to further understand the patterns and intergenerational transmission in minorities, such as amongst Coloured families.

2.11 Recent Developments in the Family Systems Theory

Bowen always encouraged FST to be open to other disciplines and to evolve with time (Fraser et al, 2010). Although his theoretical concepts have seen little change over the last decade, two specific shifts that took place are the expansion that took place through placing more focus on family life stages and merging with feminist ideas (Brown, 1999). The focus was on incorporating the family's life cycles into the development of anxiety and how to understand this anxiety as the family moved through such changes. This higlighted the importance of being aware of race, gender, class, and ethnicity in the family's movement through these life cycles as these play a major role in how people view their roles in the family (Brown, 1999). Feminists are another group who had criticisms regarding Bowen's FST, but on the other hand, they have emphasised its positive contribution to highlighting the need for healthy connections with others (Skowron, 2004).

In a more recent development Fraser et al. (2010) and Dr Michael Kerr addressed questions regarding Murray Bowen and FST. Dr Kerr was personally trained by Bowen and co-

authored publications with him. On the question of how Bowen's theory had developed, Kerr stated that Bowen's concepts have remained the same since they were created but he had developed a new concept through research which he called the "unidisease concept" (Fraser et al, 2010, p.100). This concept explains how all symptoms, whether physiological or behavioural, find their roots back to underlying family emotional dynamics (Fraser et al, 2010).

2.12 Criticisms of the Family Systems Theory

Bowen's FST has received some criticism and several of his ideas have been tested in different studies over the years. One of the very simple but potent criticisms is that Bowen's theory is difficult to read and somewhat tedious (Brown, 1999). Another criticism of Bowen's theory states that he used the concept of differentiation of self to emphasise the need for independence as promoted by Western cultures. Eight studies have been conducted on different topics to test Bowen's theory empirically. These studies confirmed the value of Bowen's concepts and two assessment tools have been developed, which underscore the usefulness of Bowen's theoretical concepts (Charles, 2001).

Knudson-Martin (1994) applied a feminist lens to Bowen's FST where female experiences and development were compared to the different concepts in Bowen's theory. As a result Bowen's theory was criticised for emphasising the stereotypical male characteristics and not taking the female experience into consideration (Knudson-Martin, 1994). According to the feminist movement, it has been found that most men separate themselves from attachment figures to establish who they are, whereas their female counterparts move closer to interconnectedness to discover who they are. Women use relationships and attachment to develop a healthy self. It has been theorized that differentiation of the self or individualizing leads to healthy engagement and relationships but women tend to grow more towards health through their connection to others. Feminism emphasises that Bowen's theory does not fully explain the

relationship between individuality and connectedness, which forms a crucial part of women's experiences (Knudson-Martin, 1994).

Another major criticism from the feministic stance indicates that Bowen mainly utilised the intellectual and emotional systems but paid less attention to the feeling system (Knudson-Martin, 1994). The intellectual system, which involves rational understanding and ability to choose outcomes, is the major focus of Bowen's differentiation process, where the feeling system is somewhat neglected. Women utilise their feeling system to gain self-knowledge and create better self-awareness. Knudson-Martin (1994) believes that in Bowen's theory, togetherness and individuality are seen as competing forces, rather than the possibility of integrating the two into a fully connected self. The significance of connections to others in order to develop the self is not properly outlined in Bowen's theory and this has resulted in the theory adopting a masculine model of relationships (Knudson-Martin, 1994). The feministic stance proposes that Bowen equalizes the feeling system and intellectual system to show their equal importance in the development of an individual and recognizes that both these systems are important in the development of an individual. Sides should not be chosen between togetherness and individuality as both of these forces are crucial, but the anxiety that arises from whichever force at the time should be dealt with accordingly (Knudson-Martin, 1994).

On the other hand, Bowen's theory is seen as being thorough in its evaluation and focusing on the emotional processes over generations which brings depth to the theory (Brown, 1999). However great its contributions, Bowen's theory is still criticised for its emphasis on the mother's role in symptom development as oppposed to the role of the father, especially in his work with schizophrenia (Brown, 1999). Bowen's theory lends itself to the view that a mother's level of contact or closeness to her children can be seen as symptomatic and she can be seen as undifferentiated (Brown, 1999). Bowen is said to have neglected creating a context for maternal behaviour (Brown, 1999), which reflects a sense of pathology on the maternal role. This is seen

not only as disrespectful towards women in society, but creates an expectation that men have limited contribution to the family in terms of their emotional engagement. The feminist movement continues to struggle with removing the negative association from intimacy and attachment (Brown, 1999). Feminists state that Bowen sees intimacy and attachment with the mother as pathology prone and recognises the father as the distant figure, which minimizes the role of the father in the lives of the children (Brown, 1999).

Chapter 3: Maternal Alcohol Use

In order to meaningfully discuss maternal alcohol abuse, attention first needs to be focus on alcohol abuse and its associated concepts. According to the World Health Organisation (2004), alcohol is responsible for much burden in almost every country in the world. Alcohol intake is the fifth leading cause of death worldwide and the consumption of this substance is increasing severely in the developing countries (Pisa, Loots & Nienaber, 2010). Alcohol intake is the leading cause of considerably high mortality and morbidity rates in the world (Pisa, Loots & Nienaber, 2010).

The American Psychiatric Association (APA) (2013) lists alcohol-related disorders as one of the main substance-related diagnoses in the Diagnostic and Statistical Manual for Mental Disorders. The DSM-V refers to alcohol use disorders as involving different severity levels, ranging from mild to severe. Alcohol use disorder is recognized as a problematic pattern of alcohol use over at least a 12-month period that causes individuals distress in their overall functioning (APA, 2013). There are eleven possible criteria individuals can meet but at least 2 to 3 symptoms must be present to meet the mild alcohol use disorder diagnosis (APA, 2013). The DSM-V mentions the nonpathological use of alcohol and differentiates such use from alcohol use disorder by the degree of distress and dysfunction the alcohol causes in the individual's functioning (APA, 2013). The DSM-V removed the use of the word addiction in its diagnosis and criteria, due to the uncertainty this term brings as well as the negative associations of the word in general (APA, 2013). Even though the term has been removed from the DSM-V, many professionals still use the term in describing clients' behavior.

The debate between understanding alcohol abuse and alcohol dependency has been present since the early years of the DSM (Hasin, Grant & Endicott, 1990). The symptoms that indicate alcohol abuse overlapped significantly with those of alcohol dependency. Alcohol abuse became another category in the DMS-III-R to refer to individuals who were using alcohol but

were not dependent (Hasin, Grant & Endicott, 1990). Abuse was then seen as a phase in the early stages towards an individual developing alcohol dependency. The diagnosis of alcohol use disorder currently indicates the presence of dependency in its criteria and states that abuse of the substance should also be present (APA, 2013). Different publications still refer to the use and abuse of alcohol without explicitly stating the specific criteria for such behavior (Pisa, Loots & Nienaber, 2010; Setlalento, Pisa, Thekisho, Ryke, & Loots, 2010).

The Oxford dictionary refers to abuse as "use badly or wrongly" or "make excessive and habitual use of (alcohol or drugs, especially illegal ones)" (Abuse, n.d). This seems to be the global understanding in terms of the use and abuse of alcohol as well.

3.1Alcohol Abuse

Alcohol abuse disorder is the most prevalent substance use disorder (Pienaar, 2004). Globally it was estimated in 1998 that there were two billion people with the problem of alcohol abuse and that women had a higher percentage of heavy drinking than men (8.8% to 7.0%) (WHO, 2004). The WHO (Pisa, Loots & Nienaber, 2010) states that 76.3 million people worldwide have diagnosable alcohol disorders. Research on the ethnic minorities in the United States of America indicates that Blacks and Hispanics have a higher dependence level than any other race in that country (Chartier & Caetano, 2010). Even though America is not a developing country the ethnic minorities experience more profound effects from the abuse of alcohol due to discrimination and other disadvantages they face (Chartier & Caetano, 2010). The Native-Americans (previously known as American-Indians) who make up a previously disadvantaged group in America have the highest rates of harmful drinking and the highest probability of alcohol use disorder (Chartier & Caetano, 2010).

Consumption trends in certain African countries cannot be specifically determined because of traditional and homemade beverages. The most common substance used in Africa and South Africa is alcohol (ethanol) (Stein, Ellis, Meintjies & Thomas, 2012). South Africa has one

of the highest rates of alcohol consumption in the world, where one in ten females experience alcohol related problems (Pisa, Loots & Nienaber, 2010; Parry, 2005). South Africa also has one of the highest levels of alcohol related disorders in the world (Kessler, Angermeyer, Anthony, De Graaf, Demyttaere, Gasquet…Ustun, T.B. et al, 2007; Van Heerden, Grimsrud, Seedat, Myer, Williams & Stein, 2009). The existing argument between theorists continues on the relationship between poverty and alcohol abuse and which one causes which (Pisa, Loots & Nienaber, 2010). In this regard, Setlalentoa et al. (2010) broaden the view of alcohol use and abuse to the general South African population and the reasons for consumption. They contribute such abuse to the modernization and urbanization of South Africa, the stress that limited job availability has on the population, the high risk of some jobs, as well as the beliefs of different cultures (Setlalentoa et al., 2010).

There has been a major increase in the use, purchase, and secondary negative effects of alcohol from the early 2000s in South Africa (Ramlagan & Peltzer, 2012) with 6% of the population having been classified as heavy drinkers (Wilson, Temmingh & Wilson, 2012). In the past alcohol use was moderate but as living patterns changed in South Africa, so have the regulations and reasons for using alcohol. In 1995 Addiction posted an editorial on the development of alcohol abuse in South Africa, which they later reviewed in 2005 (Parry, 2005). This review revealed that the levels of Foetal Alcohol Syndrome (FAS) in South Africa were the highest in the world (Parry, 2005). These statistics were gathered mainly from studies conducted in the Western Cape Province on the Coloured population (Parry, 2005). Coloured according to Adhikari (2006, p.468) refers to a "…diverse group of people descended largely from Cape slaves, the indigenous Khoisan population and other people of African and Asian descent…". Coloured people in South Africa, just like the Native-Americans in the USA, suffer a great deal from alcohol abuse and yet there is still a lack of research on ethnic minorities and alcohol abuse.

3.2 Alcohol Abuse in Ethnic Minorities

Caetano, Clark and Tam (1998) highlight the importance of alcohol studies in ethnic minorities because of their underrepresentation in alcohol related research. An example of such research concerns the different patterns of alcohol abuse amongst Native Americans and African Americans and the associated influences. A systematic review of alcohol studies in the USA revealed very high abuse in White Americans and moderate to low abuse in African Americans. The study also showed that Black and Hispanic drinkers had to deal with more social consequences than their White counterparts (Chartier & Caetano, 2010). A significant finding was that the ethnic minorities, like Hispanic and Blacks, showed less alcohol abuse in their teenage years and twenties but more in their mid-thirties (Chartier & Caetano, 2010). This review also revealed that in terms of treatment need, Native-Americans had the highest need for treatment and that those ethnic minorities still did not receive speciality treatment which made them less likely to benefit from the programs (Chartier & Caetano, 2010).

A study by Wong, Thompson, Huang, Park, Digangi and De Leon (2007) indicates that severe drinking occurs mostly in Coloured and Black individuals in South Africa. Alcohol abuse in both these cultures was also associated with engagement in risky behaviours. Wong et al. (2007) highlight how alcohol was the drug of choice for these individuals to give them the confidence to engage in risky behaviour or using harder drugs. Even with the high influx of other drugs into South Africa after 1994, alcohol has remained a problem needing treatment (Wong et al., 2007). The high level of alcohol consumption in certain South African contexts is promoted or fuelled by external factors. One such external factor in Wong et al's. study was that the Black individuals were more highly educated than their Coloured counterparts (Wong et al., 2007). Peltzer, Davids and Njuho (2011) confirm that the ethnic group with the highest alcohol consumption is the Coloured population. Yet again this is associated with their low socio-economic status as well as their low educational level (Peltzer, Davids & Njuho, 2011).

The Dutch and French populated the Cape in the 1600s, which led to a larger farming community in the Western Cape area. These farms were occupied by many farmworkers, who received money as well as wine as compensation (Setlalentoa et al., 2010). Throughout time wine as compensation became known as the "tot" or "dop" system (Setlalentoa et al., 2010, p.11). This custom created social and economic difficulties among ethnic minorities, particularly amongst the Coloured people and the government introduced stronger laws against the custom, called the "Dopstop" campaign (Jacobs & Jacobs, 2014, p.5972). This however did not eradicate the problem and the farmers found a way to work around these laws, for example to let workers take alcohol on loan (Setlalentoa et al., 2010). The "dop system" is still very active in the Western Cape where most workers on these farms are Coloured families (London, 1999). The work demands, such as harvesting grapes or fruit, on these farms during harvest season are high and female workers join the work force and become included in the "dop system". This phenomenon is associated with an increase as well as a continuation of alcoholic behaviour within the Coloured community. The stereotype of being "inherently alcoholic" is closely linked to the Coloured people (London, 1999). A study by Myers, Kline, Browne, Carney, Parry, Johnson and Wechsberg, (2013) identified a very high intake of alcohol amongst Coloured women. In addition, these women were more likely to admit that they had a drinking problem and had a high need for intervention. It is a reality that Coloured individuals still live in disadvantaged and impoverished backgrounds which can trigger high alcohol intake (Myers et al, 2013).

3.3 Family Interaction in Alcohol Abusing Families

One of the first and most influential environments for exposure to alcohol is in families and the abuse of this substance can lead to severe psychological damage to children and members of the family (Setlalentoa et al., 2010). The exposure to alcohol in families influences their members' views of alcohol use as well. Research also shows that stress in families may

increase the abuse of substances in the youth (Amoateng, Barber & Erikson, 2006). A longitudinal study in Finland showed that drinking in families has negative effects on children in childhood and adulthood, which is similar in other countries such as South Africa (Raitasalo, Holmila & Makela, 2011; Setlalentoa et al., 2010). Children learn from parents and they model their behaviour. Through such learning and observation, abusive behaviour or negative behaviours linked to alcohol abuse are passed on through generations (Raitasalo et al, 2011). Drinking behaviours of parents do not only lead to alcohol abuse in their children, but also to other disorders and problems. An American study indicated that a high percentage of women with difficulties in adulthood reported exposure to alcohol abuse in their families during childhood (Strine et al, 2012). Families where alcohol abuse is present can be an unstable and unhealthy environment for all individuals involved. Major issues such as marital problems, parental problems, and self-esteem issues have been found to be the most prevalent difficulties in such families (Ritter, Stewart, Bernet, Coe & Brown, 2002).

Alcohol abuse in families creates stress and anxiety within the home environment (Setlalentoa et al., 2010). When this occurs, the members of the family unite and attempt to ease the anxiety. The dysfunctional environment, together with the alcohol abuse creates unhealthy family dynamics such as co-dependence, especially for women (Fuller & Warner, 2000). These dynamics are transmitted from parents to children, in an intergenerational fashion. These children become adults who may then exhibit certain behaviours or interactions acquired in their families of origin, for example, adjustment disorders (Hall, Bolen & Webster, 1994). The use of the word family in relation to substance abuse should be approached critically in South Africa (Collings, 2006), because families in America and elsewhere are different in many ways from families in South Africa, for example their economic status. In addition, the heterogeneity of the South African population also extends to families in South Africa. For example, a study conducted in the Western Cape Province focussed on how alcohol affected the lives of Coloured

family systems (van den Berg & Greeff, 2016). The researchers interviewed 18 families in which both or one parent was abusing alcohol. The findings indicated that alcohol use in these families had negative effects on the financial functioning of the families, their ability to look after their children, their health, and the marriage of the parents. Van den Berg and Greeff (2016) highlighted the need to investigate the interactions in these families and to develop appropriate interventions.

The timing of alcohol abuse can have various and different effects on a family especially on the children (Fischer & Lyness, cited in Price, Bush & Price, 2005). Not only does it have different effects on the offspring but the way the family members solve problems and how they cope is affected as well (Fischer & Lyness cited in Price, Bush & Price, 2005). Parental alcohol abuse affects the ability to supervise and discipline children and this may lead to more dysfunction in the family. Such dysfunction is less probable when there is more family cohesion present when the parent is abusing alcohol. Fischer and Lyness (cited in Price, Bush & Price, 2005) state that adolescents in a family become functional individuals if their parents exert less stress and anxiety towards them through proper discipline and support. This finding by Fischer and Lyness (cited in Price, Bush & Price, 2005) is further supported by a study conducted in Mitchells Plain in the Western Cape Province, where the researchers focused on two in depth case studies focused on two families with a parent with substance dependence (Haefele & Ovens, 2013). The study indicated that the abuse of alcohol in any parent created stress in terms of the family dynamics and relationships. The stress on the children usually concerned limited care by the parents as they could barely look after themselves.

Haefele and Ovens (2013) found, contrary to popular belief; that people with substance related difficulties were very close to their families. This finding links to the question of how alcohol related behaviours develop in families and the influence the interaction with the family

of origin plays in such development, even as far as intergenerational influence. The interactions and dynamics in the family create a basis for the development of problematic behaviours (Haefele & Ovens, 2013). Haefele and Ovens (2013) state that children learn how to communicate from the interactions and relationships within their family of origin and these patterns get carried over into their adult lives and how they communicate. It is important to note the inability of alcohol-dependent individuals to respect boundaries which creates stress and anxiety within the family (Haefele & Ovens, 2013). According to Haefele and Ovens (2013), the parent who has the substance related difficulty might embarrass the children or partner and the family might separate themselves from this person by not going home or through emotional distancing. If the parent is not aware of the repercussions of his or her actions, this puts a lot of strain on the family unit and how it functions. The issues with boundaries are not only between siblings and their parents but also between partners in a marriage (Haefele & Ovens, 2013).

There are opposing views on whether alcohol use has negative or positive effects on marital functioning (Marshal, 2003). One hypothesis is that alcohol use in marriage is a creator of stress and anxiety that leads to the end of many marriages. An opposing view is that alcohol relieves some of the anxiety and stress for a temporary period within a marriage. Multiple studies were reviewed regarding these two hypotheses and it was found that generally alcohol has a maladaptive effect on marital functioning. Although occasional use of limited amounts of alcohol might be useful for the release of stress in marital functioning, more research was required in this regard (Marshal, 2003).

Marshal (2003) describes the term ‘alcoholic marriage’, where one of the partners in marriage has a history of alcoholic behaviour that interferes immensely with the dynamics in the marriage. The social exchange theory supports Marshal’s view that the use of alcohol in families leads to great distress and uneasy interactions between members. Marshal (2003) also mentions

the support of family systems research by Steinglass and colleagues (Steinglass & Robertson, 1983 cited in Marshal, 2003) that alcohol use assists in dealing with distress in the family through the forming of dyads to ease anxiety as well as to increase the operative expression of emotions and problem solving behaviour. The expression of emotions in a marriage during the abuse of alcohol, whether negative or positive, is seen as being conducive to easing tension and avoiding dissolution of the marriage. These opposing hypotheses on marital functioning during alcohol abuse supports the current researcher's belief that additional research on interactional patterns in such families is crucial to effectively understand such family dynamics.

3.4 Alcohol Abuse in Women

Alcohol abuse and dependency have increased in women in South Africa over the years, but the lack of research on this topic is still an issue (Jacobs, Naidoo & Reddy, 2012). Much research has been done on males, but female alcohol abuse and dependency cannot be looked at from a male perspective (Jacobs, Naidoo & Reddy, 2012). Research shows that females who consume alcohol may become problem drinkers and dependent on alcohol at a much faster pace than men (Myers & Vythilingum, 2012; Thom, 1994). Alcohol abuse by women in South Africa compared to the rest of the world is considerably higher (Myers & Vythilingum, 2012). We should be aware that these statistics might not be a true representation of the number of women with drinking problems in South Africa, as the statistics depend on the beliefs of the women drinking in South Africa and how transparent they choose to be with such information. These beliefs may include 'good women do not drink'. (Myers & Vythilingum, 2012, p.71).

Compared to international statistics, men and women in South Africa have the same prevalence for alcohol related disorders (Myers & Vythilingum, 2012). Research also shows that women in South Africa are less likely to engage in treatment for alcohol disorders than males (Myers & Vythilingum, 2012). These women also have a higher probability to develop mental

health problems than their male counterparts (Rabie & Grieve, 2010). In addition, Padayachee (1999) indicated that women feel a lack of support from the community involved in their treatment. In some cultures, it is also important that women should be perceived as 'models of self-control', which hinders seeking treatment (McDonald, 1994, p.22). Mphi (1994) created space to understand such customs in one of these cultures and their beliefs of women consuming alcohol. In Lesotho, women are seen as the backbone of the family as they look after the family and it is deemed unacceptable for any woman to consume alcohol. Over the years, these women who are the makers of the traditional beer have begun to drink more heavily (Mphi, 1994). This is frowned upon heavily by Lesotho society and even professionals such as nurses and most male doctors (Mphi, 1994). Mphi (1994) highlighted the need for properly trained staff to deal with these women as there was a severe lack of such services. These women faced social stigma, marital dysfunction, and the possibility of becoming homeless (Mphi, 1994).

Thom (1994) states that the reasons for the increase in drinking behaviour amongst women in South Africa and in Lesotho are not clear-cut (Mphi, 1994). In the past women occupied an important role in the sanity of a population which included not drinking (Thom, 1994), and that may have created the expectation of not being out of control. Treatment was then focused on getting these women back into their perceived societal roles as mothers and caretakers. Nolen-Hoeksema and Hilt (2006) also highlight the differences between how men and women get affected differently by alcohol and the perception of women who abuse alcohol. Women perceived social covenants against them drinking and that this was different for their male counterparts (Nolen-Hoeksema & Hilt, 2006). This is an indication of the expectations that have been put on women in society about which roles they should fulfil and which qualities to they should possess to be seen as fit mothers and individuals.

Women who abuse substances usually have a lower sense of self in comparison to their male counterparts (Ehrmin, 2001). Black women in America also have a higher rate of

recidivism than their male counterparts and this has been linked to the limited amount of psychological care these women receive after treatment (Ehrim, 2001). There are different hypotheses why Black women abuse alcohol. One of these states that these women abuse alcohol to numb the pain from the trauma they experience throughout their lives (Ehrmin, 2001). This could possibly also apply to Coloured women in South Africa (Rabie & Grieve, 2010).

Women in America as well as in South Africa develop substance abuse problems differently than their male counterparts (Berger & Grant-Savela, 2015; Rabie & Grieve, 2010). Not only is the development of abuse different in women but the physiological effects are also different. These women may develop breast cancer, early menopause and other physical difficulties from their alcohol abuse (Rabie & Grieve, 2010). The importance of making treatment gender specific to better assist women has not been yet been implemented. Traditional treatment focuses mostly on the individual rather than the social and interactional connections women value in their lives and identify with (Berger & Grant-Savela, 2015). The focus of past development of treatment in the USA and how it was initiated, involved mainly White, middle-aged men while women only later started revealing their need for help. This trend is also present in South Africa where women struggle to access proper treatment (Jacobs, Naidoo & Reddy, 2012). Women's dependency and how it develops is closely linked to their family interactions and dynamics (Berger & Grant-Savela, 2015). Jacobs, Naidoo and Reddy (2012) emphasise the need for researchers to look differently at women's dependency and through a different lens than the one that is used for men. Ehrim (2001) states that women have been quiet about their dependency over the years, but it is time that they should be listened to so that the guilt, shame and failure can be dealt with effectively. This was one of the reasons the current researcher regarded it important to understand the interactions within families affected by maternal alcohol abuse.

3.5 Alcohol Abuse and Mothers

Even though women tend to have a high rate of alcohol abuse, motherhood can be a protective factor against alcohol abuse (Laborde & Mair, 2011). Drinking for mothers has a huge influence on family functioning and many negative effects on children and their relationships (Laborde & Mair, 2011). Laborde and Mair (2011) highlighted the trend of women in America increasing their drinking patterns after childbirth. Even though for most women motherhood is a protective factor, the statistics show a significant increase in these mothers' drinking (Laborde & Mair, 2011). Mothers who abuse alcohol are seen as "bad mothers" and this perception affects their commitment to treatment immensely (Jacobs & Jacobs, 2014).

Jacobs and Jacobs (2014) state that mothers who abuse alcohol are less capable of providing the necessary care to their families; especially their children. This phenomenon can lead to the presence of child abuse and maltreatment. Treating these women would assist in making their lives and their families' lives better, but the stigma and unprofessional treatment they receive from primary care hinder these women from searching for assistance with their alcohol problems (Jacobs, Naidoo & Reddy, 2012; Laborde & Mair, 2011). Jacobs and Jacobs (2014) discuss how society moulded the view of the women and linked to that, the role of the mother. No one knows what the good mother should perfectly look like and many women face bias, even amongst professionals, due to this ideology (Jacobs & Jacobs, 2014).

Van den Berg and Greeff's (2016) study in the Western Cape Province highlighted the high prevalence of alcohol related behaviour amongst mothers and the vital role mothers played in families. Mothers who abuse alcohol during pregnancy bear the weight and responsibility to guard their unborn infants from the possibility of being born with FAS and are seen as the gateway for their unborn children to contract other diseases through the mothers' risky behaviour (Fischer & Lyness, cited in Price, Bush & Price, 2005). These mothers are then held accountable for the development of their children. In addition, the presence of a child affected by FAS affects

the family interactions and dynamics. These children, who are diagnosed with FAS, due to the mother's drinking habits, may add increased stress or anxiety to the family and how it functions (Fischer & Lyness, cited in Price, Bush & Price, 2005). It is clear that there is a high need for centres or treatment programs to house alcohol-abusing mothers to ensure that such behaviour is addressed effectively and enhances family functioning (Fischer & Lyness, cited in Price, Bush & Price, 2005). Jacobs and Jacobs (2014) highlighted the same need for women who abuse alcohol in South Africa. They found that 50% of mothers' in the Western Cape consume alcohol (Jacobs & Jacobs, 2014). These mothers grow up in their own families where alcohol is a norm and drinking is considered part of life. These women suffer from low self-esteem and depression while they abuse alcohol and they acknowledge a huge effect on the upbringing of their children (Jacobs & Jacobs, 2014).

As much as being dependent on alcohol has negative external effects on mothers as well as the presence of certain negative societal influences such as shame, these women also go through their own problematic internal processes linked to their dependency. Ehrim (2001) conducted a study of African-American women's needs during care in a treatment centre. These women highlighted their unresolved feelings of guilt and shame with regard to how they perceived their failure in carrying out the maternal role. These feelings were so strongly projected that they were hypothesised to play a major role in how successful such treatment programs and recovery were. Ehrmin (2001) indicates that these mothers entered treatment mostly with a fear of losing their children, even though they were labelled as being misfits and hopeless mothers. In comparison, their male counterparts usually were not perceived or labelled as misfits. Even though these mothers abused alcohol, they placed the same value on their role as mothers and held the same beliefs and attitudes as to the non-abusing mothers (Ehrmin, 2001). The study highlighted these mothers' dual daily struggles of being a good-enough mother and dealing with their alcohol abusing behaviour. Ovens (2008) states that these mothers can be

treated during pregnancy, where the success of treatment is higher and they are guaranteed to receive good parenting skills. Treating these women would hopefully eradicate the alcohol abuse, but also deal with their mental health, as women or mothers suffer from depression and this is associated with alcohol abuse (Vythilingum, Roos, Faure, Geertz & Stein, 2012).

Chapter 4: Research Methodology

4.1Introduction

Researchers who engage or choose to work from a qualitative stance put a lot of emphasis on meaning and how the meaning in the lives of people they study is formed (Willig, 2001). Qualitative researchers focus on understanding, describing and explaining the stories of the participants they study, but they stay clear of ever predicting the participants' behaviour or the meanings they give to their stories (Willig, 2001). Qualitative researchers mostly find themselves in contexts where change is a constant, due to the continuous developments in their participants' lives (Willig, 2001). Both qualitative and quantitative research have received positive feedback as well as criticisms (Wilson & MacLean, 2011). Qualitative research is sometimes seen by some authors as not being scientific enough. Qualitative researchers are criticised as being unable to remove their biased view from the interpretation of findings (Wilson & MacLean, 2011). This however is seen by some researchers as a necessary part of the process where people study other people. Qualitative researchers are fully aware of the danger of imposing their own meanings to findings from participants, but they look at this dilemma as a source of information in understanding findings (Wilson & MacLean, 2011).

Language in qualitative research is very important (Wilson & MacLean, 2011). The way findings are presented plays a crucial role in how they will be interpreted by the rest of the world. The importance of understanding the language of the participants with all its nuances plays a role in the meaning that is derived from the findings (Wilson & MacLean, 2011). Sullivan (2010) highlights that language however cannot be taken solely as the one factor that gives us a window into the lives of the individuals we study. Qualitative researchers, especially the ones in the field of psychology, should use their skill to observe the language qualitatively in interviews (Sullivan, 2010). People tend to send much more subtle messages to the world with their language than what is contained in the content of the words (Sullivan, 2010). In conducting

this study, the researcher accepted the challenge of utilizing a qualitative approach to explore and describe the participants' perceptions of their family interactions.

This chapter discusses what the researcher's aim and objectives were as well as the research design that was chosen to conduct the study. The nature of sampling method that was used as well as how the data were analysed are also described. Qualitative researchers face several ethical challenges and those relevant to the current study are also dealt with in this chapter.

4.2 Aim and Objectives

In qualitative research, it is more important to ask the 'how' questions than the 'what' questions (Wilson & MacLean, 2011). This way of approaching research allows for an increase of knowledge on a topic or phenomenon, rather than inferring its meaning (Wilson & MacLean, 2011). Testing a hypothesis as in quantitative research is the opposite of the open-ended approach qualitative researchers take (Willig, 2001). The current researcher's aim of this study, was to explore and describe the intergenerational, interpersonal relationship patterns in a South African Coloured family that had been affected by maternal alcohol abuse, using Murray Bowen's FST. As described in previous chapters, this type of study has not been done in South Africa with this specific sample hence the researcher saw it as essential to conduct the current study. Qualitative researchers should be open to the idea that a qualitative enquiry is an evolving matter and flexibility is necessary to deal with such investigations (Willig, 2001).

To obtain appropriate answers to questions, the focus of the researcher should be specific. Therefore, the current researcher pursued the following objectives. The objectives of the study were to explore and describe the mother's perception of the relationships and interactions within her nuclear family and her family of origin and the perceptions of members of her family of origin of her relationships and interactions with them, using Bowen's FST. To avoid potential

confusion the study privileged the perceptions of the mother as she was the primary informant in the study.

4.3 Research Design

A research design is described by Kumar (2014) as a way of planning how the research study will be conducted and which steps will be taken to investigate the phenomenon of interest. The research design has two functions; firstly, to structure and operationalise the tasks and procedures needed to complete the research and secondly to ensure that these methods bring forth reliable and valid findings (Kumar, 2014).

The researcher utilized an exploratory and descriptive qualitative research approach of a single-family case study. A qualitative research approach focuses mainly on meanings, and the setting in which the research takes place. The approach is flexible and the process can be adapted throughout the research process (Robson, 2012). Barker, Pistrang and Elliott (2002) describe exploratory research as inductive and discovery-orientated. What is investigated should clearly be stipulated. Barker, Pistrang and Eliott (2002) state that exploratory research should be used when little is known about a topic. Descriptive research aims to focus more on giving a full picture of experience (Barker, Pistrang & Elliott, 2002).

The current research made use of a single-family case study. According to Robson (2012, p.35), a case study is "a well-established research strategy where the focus is on a case in its own right, and taking its context into account." This essentially means that the whole population in focus should be treated as one unit when conducting the research (Kumar, 2014). When referring to a case, it can literally vary from a whole community to an event (Kumar, 2014). Choosing a case study for research indicates that that case is a representation of a larger community or situation from where the case is drawn and that studying the case could give you information on the rest of the population (Kumar, 2014). Selecting a case study as a design usually occurs when

the aim is to explore an untapped phenomenon, where one can utilise purposive sampling to target a specific group (Kumar, 2014).

Willig (2001) highlights that even though a researcher focuses on the case it is almost inevitable to not be aware of the context in which the case is placed or operates. Utilising a case study allows the researcher to focus on processes over time and not temporary information, as was the case in the current research that focused on interactional patterns in an intergenerational fashion (Willig, 2011). The current researcher tested a theory against the selected case study. This is congruent with using a case study to either develop a new theory or test an existing theory (Willig, 2001). According to Kumar (2014), using a case study allows for in-depth information on a certain family or phenomenon but a disadvantage is that the findings cannot be generalised to a different population than the one studied at the time. Researchers who choose case studies usually focus on it due to its interest and other times because it represents a kind of circumstance (Willig, 2001). Willig (2001) differentiates between the types of case studies a researcher should be aware of. An intrinsic case study refers to studying a phenomenon or situation where the researcher only studies that case due his or her interest in it (Willig, 2001). An instrumental case study refers to a researcher studying a case because of its representation of a larger known phenomenon and his or her interest to know how the case deals with a specific situation (Willig, 2001). Willig (2001) also mentions the most familiar type of case studies, the single case study and multiple case studies. She describes the three reasons for choosing the single case study; firstly, that the researcher might want to test a theory, as previously stated, to explore an issue that is of interest to the researcher and lastly that the case might have been inaccessible previously (Willig. 2001). This contrasts with the multiple case study approach, which is concerned with the development of new theories (Willig, 2001). The case study approach might be seen as needing less effort when it comes to procedural planning, but the opposite is usually the case. Willig (2001) reminds the researcher to spend time with the planning to remain specific

and focused with the case study of choice. The researcher needs to be specific with the selection of the case to ensure the proper exploration of the object of study (Willig, 2001). The current researcher decided to utilise an instrumental, single case study to pursue the aim of the current research project.

It is important for the researcher conducting a case study to always be aware of their own interpretation of the data and findings (Willig, 2001). The researcher should always remain close to the obtained information and present its uniqueness and distinct nature to the reader (Willig, 2001). However, with presenting details of the case, there should always be an awareness, especially with case studies, to let the intimate information of the case remain confidential and anonymous (Willig, 2001). Willig (2001) mentions the option of sharing drafts with participants, but also to discuss the interpretations with the individuals in the case study, which will allow for a reflective process on their side. Willig (2001) however describe this reflective process of the case study as something potentially negative for the participants. The case study participant is usually required to engage actively in conversations to enable the researcher to gather useful data. This might be positive to the participants as they can process events, but the researcher should be aware that unconscious material can be accessed and be traumatic for the participant (Willig, 2001). With researching a case study, it is always important to be aware of the ethical dilemmas as the researcher accesses individuals' private spaces (Willig, 2001).

4.4 Procedure

After presenting the research proposal to the Psychology Department at Nelson Mandela Metropolitan University, the researcher received permission to conduct the study from the Faculty of Health Sciences Postgraduate Study Committee (FPGSC). As the study dealt with a sensitive topic it was necessary to receive permission from the University Research Ethics Committee (REC-H) to conduct interviews with the participants. Once ethical approval had been

granted, the researcher contacted several relevant rehabilitation centres and organisations to begin the process of identifying a specific family that fitted the inclusion criteria of the study. The researcher also contacted the Missionvale Community Clinic and UCLIN (University Clinic). A letter (Appendix C) which contained information on the study and ethical clearance was provided to the relevant organisations and their gatekeepers. The organisations the researcher contacted were all situated in the Nelson Mandela Metropole. Bet Sheekoom was one of the organisations who agreed to a meeting with the researcher. After the meeting with the CEO and house mother of Bet Sheekoom, the researcher was put in contact with a potential participant. The participant was contacted by the organisation first, where they briefly explained who the researcher was and the nature of the research. The researcher made direct contact with the participant and arranged a meeting with her to explain the research study in detail.

During the meeting with the participant, the researcher also explained the process and details regarding informed consent and confidentiality. The researcher then inquired if the participant would act as a gatekeeper to the rest of her family members whom were needed for the study. The participant contacted her family members after which the researcher contacted them. A request was made to them to voluntarily sign the informed consent forms (Appendix D). The researcher also provided each participant with a letter explaining the study (Appendix C). The researcher only started gathering data after all the participants involved had given their written voluntary informed consent. Upon receiving informed consent, mutually acceptable dates and times for meeting privately with each of the family members were established. The researcher decided to start interviewing the mother first and then follow up with the family members of her family of origin.

4.5 Sample

When selecting a sample in qualitative studies, there are a number of things to consider ensuring that you select a good fit for your research (Kumar, 2014). The researcher should pay

mind to how easily accessible the sample would be, whether the person has enough knowledge to discuss the topic and whether the sample is a good representation of what the researcher wants to study (Kumar, 2014). With qualitative sampling, the size of the sample is less important than reaching a saturation point with the data (Kumar, 2014). This need to reach saturation highlights the importance of the researcher to select 'information-rich' participants (Kumar, 2014, p.229). The point of reaching saturation is a very subjective process, where the researcher decides when they have gathered enough data (Kumar, 2014).

The current researcher employed purposive sampling (non-probability) to select the Coloured family in the Nelson Mandela Metropole in accordance with the inclusion criteria. Purposive sampling means the researcher will be "selecting certain units or cases, based on a specific purpose rather than randomly" (Teddlie & Yu, 2007, p.80). Bryman (2008) highlights that choosing purposive sampling is tactical, due to the researcher's need to ensure that the research objectives and aims match the sample that is selected.

When conducting purposive sampling the researcher stays clear from individuals who would not contribute positively to the research question or aim (Bryman, 2008). The current researcher therefore specifically selected the specific case on its probability of providing sufficient information on the topic that was being studied. Purposive sampling is used to enhance a researcher's understanding of the specific participants or to test or develop theory (Devers & Frankel, 2000). The current researcher selected the specific family to further apply Bowen's FST and in a specific South African context.

To develop intimate knowledge of the participants or the case, the researcher must be fully aware that they are the most important instrument. Researchers should use their skills carefully to initiate relationships and allow for proper closure at the end to ensure that credible information is provided (Devers & Frankel, 2000). One of the relationships that was extremely important was the researcher's connection to the gatekeeper who assisted in arranging contact

with the rest of the participants. A level of trust should be developed between the researcher and the gatekeeper, to ensure that the trust will be carried over to the participants (Devers & Frankel, 2000). The gatekeeper in the current study was the mother in the current family as she had to introduce the researcher to the rest of the family.

The following inclusion criteria were implemented for the study. The mother had previously abused alcohol as identified by herself and the professionals at Bet Sheekoom. The family had to have been a unit for more than 2 years and included a mother, one of her siblings, and her own mother. The family resided in the Metropole while the family of origin resided outside Port Elizabeth. Table 1 provides information on the participants in the current study.

Table 1: Characteristics of participants

Participant	**Age**	**Relationship**	**Background Information**
Participant 1	39 years	Mother in nuclear family	The 6th child of 8 children in the family of origin.
Participant 2	74 years	Maternal mother in family of origin	Only married once to father of children and had 13 children of whom had 5 passed away
Participant 3	53 years	Eldest sister in the family of origin	Still stays close to mother. Unmarried with no children.

4.6 Procedure for Data Collection

Semi-structured interviews were utilized to gather the research data. Willig (2001) indicates that semi-structured interviews are easily compatible with any data analysis strategies. Even though this type of interviewing is sometimes described as non-directive, it is still the researcher that steers the conversation with purpose driven questions (Willig, 2001). Willig (2001) warns the novice researcher to remember to keep a balance between wanting useful information and allowing participants the space to open new unexplored avenues. How

structured an interview is can play a major role in how much time the researcher uses, especially when there are time constraints on gathering data (Devers & Frankel, 2000). If the interviews are steered by theory as in the current study, the researcher uses a more direct approach with the interview questions, while still leaving space to explore (Devers & Frankel, 2000). To allow free exploration and trust within the research relationship, the researcher must be aware of his/her own cultural background and language and how this affects the conversation and the participant (Willig, 2001). As previously stated the current researcher is a Coloured female who speaks the same language as the participants, which is Afrikaans. The mother, older sibling, and maternal mother were all interviewed individually although the maternal mother insisted on her daughter translating for her from Xhosa to Afrikaans, as she felt more comfortable that way. These interviews were conducted in the privacy of the participants' homes to ensure that they were comfortable. Open-ended questions in the semi-structured interviews allowed the participants to say as much as they wished in their own words (Breakwell, Smith & Wright, 2012). This method also allowed for the free flow of the conversation (Robson, 2012). Suitable interview probes (Appendix A) related to and derived from Bowen's eight theoretical concepts were used to guide the interview as required.

An audio recorder was utilised with participants' permission to record the interviews. Devers and Frankel (2000) state that if the researcher is using an audio recorder, they should be aware of the work that comes with transcribing the information and making it easy for the researcher to analyse properly. The following introductory question was utilised at the start of each interview; 'Could you tell me about your family so I would understand how you as family members usually behave/behaved towards each other?'

4.7 Translation and Transcription

The transcription is a detailed account of the conversations between the researcher and the participants (Wilson & MacLean, 2011). The current transcripts were transcribed after each

interview to ensure that the researcher was always on par with the information that was received from each participant. As some interviews were done outside of Port Elizabeth, only single interviews could be utilised to gather data, due to travelling constraints. After transcribing the information, the researcher translated the Afrikaans segments into English with great care so as to accurately capture the meaning. The researcher also noted linguistic features of the interviews. Willig (2001) states that a transcript can never be a mirror image of the interviews that are conducted, hence the researcher paid mind to nonverbal and other nuances in the interviews to add to the understanding of the dynamics at play. Code names were used to signify participants in an attempt to protect the privacy of the participants (Wilson & MacLean, 2011). After transcribing the interviews, the researcher proceeded to the analysis of the data.

4.8 Data Analysis

How the researcher chooses to analyse the data depends to a large extent on how they are planning on presenting the findings (Kumar, 2014). Thematic analysis was utilized in the current study to analyse the interview transcripts. The themes utilised consisted of the eight concepts from Bowen's FST. Kumar (2014) states there are three broad ways of presenting the researcher's findings; firstly, by describing narratively the events and circumstances, secondly, to create main themes that can be used to describe the phenomenon and lastly to use a quantifying manner of presenting findings. The data relevant to Bowen's theoretical concepts were identified through a data collection and analysis grid (Appendix B). The following process assisted in extracting the relevant data; familiarization with the data in the transcripts, coding data in accordance with the theoretical constructs, and integrating and interpreting the resulting data. This assisted in the researcher's understanding of the dynamics and interactions in the family through Bowen's FST. In order to maximise the validity of the study and the findings the researcher made use of criteria of trustworthiness that are recommended for qualitative studies.

4.9 Trustworthiness

Guba (1981) states that there are four criteria researchers must pay attention to in order to ensure that a qualitative research study is trustworthy. These criteria are credibility, transferability, dependability, and confirmability. Guba (1981) describes credibility as making sure that the findings of a research study are truthful and scientifically trustworthy. The current researcher attempted to maximise credibility by presenting the participants with their transcribed interviews to check if they reflected what they said and meant accurately. The participants were also invited to give feedback or to correct or to add to the transcripts if necessary. The supervisor of the current study also checked that the data analysis supported the findings of the study Transferability refers to findings from a study being applied in other contexts or to other participants (Guba, 1981). One way the researcher attempted to maximise transferability was to provide as much descriptive data as possible about the research methodology of the study and setting to enable readers and researchers to determine its application in other contexts. As the current study was qualitative in nature, with the purpose of exploring and describing the interactional patterns within the current family, transferability was not a specific aim of the study.

Dependability refers to knowing that the findings of the research can be repeated if conducted with similar participants in a similar context (Shenton, 2004). The current researcher described the research methodology in detail and kept records of relevant documentation to enable a research audit trail to be conducted if required.

Confirmability concerns the confidence that research results are based solely on data from the participants and not the researcher's bias or judgements (Shenton, 2004). The researcher utilised her research supervisor in order to limit potential bias in the analysis of the data. The use of analytical generalization to Bowen's FST assisted in minimizing the influence of researcher bias. The construction and use of a data collection and analysis grid or matrix (Appendix B)

assisted in categorizing the responses of the participants according to Bowen's eight concepts. Regular supervision by the research supervisor provided the researcher with an outsider's point of view and also acted as a form of triangulation. The current researcher was an intern clinical psychologist at the time the study was conducted and was well aware of managing researcher biases. As the research study dealt with a sensitive topic the researcher ensured that each of the participants adequately understood the role and responsibilities of the researcher in the study (Health Professions Council of South Africa (HPCSA), 2006). The researcher also explained in detail how debriefing was to be provided if required (Appendix E). The relevant resource managers where professional debriefing was to take place (Missionvale Clinic and UCLIN) were contacted prior to implementing the study and suitable written arrangements were made with them.

4.10 Ethical Considerations

When doing research with human beings precautions should be taken to ensure that it is carried out ethically, complying with the relevant local laws and acceptable international and local standards of research (Belmont Report, 1979; Fisher, 2011; HPCSA, 2006). In addition, the researcher should be culturally aware and understand the language, preferences, and customs of the participants. The current researcher received professional training as a clinical psychologist and researcher and has been trained to engage ethically with different South African cultures. In addition, she is also a Coloured female and is familiar with the Coloured culture and their traditions.

The researcher attended to the following ethical issues to ensure that the research study was conducted in an ethically acceptable manner:

4.10.1 Beneficence and Non-maleficence

Harm to research participants should be avoided at all costs. In addition, sensitive issues should be understood and appropriate inquiry should be done (Robson, 2012). As the current

study addressed a sensitive topic the researcher took steps to ensure that participants were not harmed because of the research process. The current researcher utilised her professional clinical skills to identify and deal appropriately with any issues that hindered the participants from engaging optimally in the study. The researcher was particularly alert to any issues that family members did not wish to discuss and issues that had to be approached sensitively. The participants were also made aware of available debriefing by a professional counsellor at UCLIN or Missionvale Psychology Clinic if that was required. A letter was written to acquire permission for counsellors to assist with debriefing (Appendix E). The researcher also ensured that participants were protected from any potential shame or embarrassment during or after the study by the researcher.

4.10.2 Informed Consent

Obtaining informed consent from participants varies in research, based on the degree of inconvenience the participants are required to go through as well as the emotional contribution the participants are required to make (HPCSA, 2006; Robson, 2012). The researcher ensured that all participants in the current study were fully informed as to the nature of the study before they gave their voluntary informed consent (Appendix C & D).

4.10.3 Confidentiality

Robson (2012) states that it is important that research participants should not be identified by name and should not be required to give information in the study that might lead to their identification. The researcher ensured that participants remained anonymous and that any participant's information was treated with the utmost confidence. All data and information are stored securely in password protected computer files until the completion of the treatise and for 5 years after that for validation and auditing purposes. The data are also stored to ensure easy access to future researchers who may be interested in the data.

4.10.4 Right to Withdraw

In all instances, researchers should inform participants of their right to withdraw from research or refuse to participate (Silverman, 2013). It was explained and demonstrated to the participants that they were free to withdraw at any point in time (Appendix C). Debriefing structures were put in place as a safety mechanism if the participants were to feel uncomfortable at any point.

4.10.5 Issue of Racial Markers

The researcher was aware that issues might arise of alcoholic behaviour being seen as racially stigmatising towards Coloured people even though research has documented that the phenomenon exists (London, 1999). In addition, statistics indicate that in South Africa, Coloured women have the highest consumption rate of alcohol which maintain and encourage this belief (Peltzer, Davids & Njuho, 2011). The study aimed to explore and describe the cultural relevance of Bowen's FST in a South African context with this specific cultural group as no previous research of this nature exists.

Chapter 5: Findings and Discussion

5.1 Introduction

This chapter focusses on describing and analysing the findings from the three semi-structured interviews that were conducted with the three participants, namely the mother (Participant 1), the maternal mother (Participant 2), and the mother's eldest sister (Participant 3). The researcher's observations (RO) during the interviews have also been included where relevant. The findings and discussion explore and describe the interactional patterns of the current single family informed by the lens of Bowen's Family Systems Theory (FST) and compares the findings to the literature reviewed. Verbatim extracts from the interviews are utilised throughout the chapter to support, illustrate, and contextualise the findings based on the eight concepts of the Bowen's FST.

In order to explore and describe the interactional patterns of the family according to Bowen's theory, the researcher focusses on the nuclear family as well as the maternal family of origin. The genogram (Figure 1) depicts information about both the family of origin as well as the nuclear family and the nature of their relationships and interactions. It is important to note that the genogram and the findings privilege the perspective of the mother on how she perceived the interactions and relationships in both the nuclear family and the family of origin. The genogram reflects the overall picture of the composition and interactions and relationships of both the families. Although Bowen's concepts are described in detail in chapter 2, they are also briefly summarised here for ease of reading and cross-referencing.

Figure 1: Genogram of Nuclear Family and Family of Origin

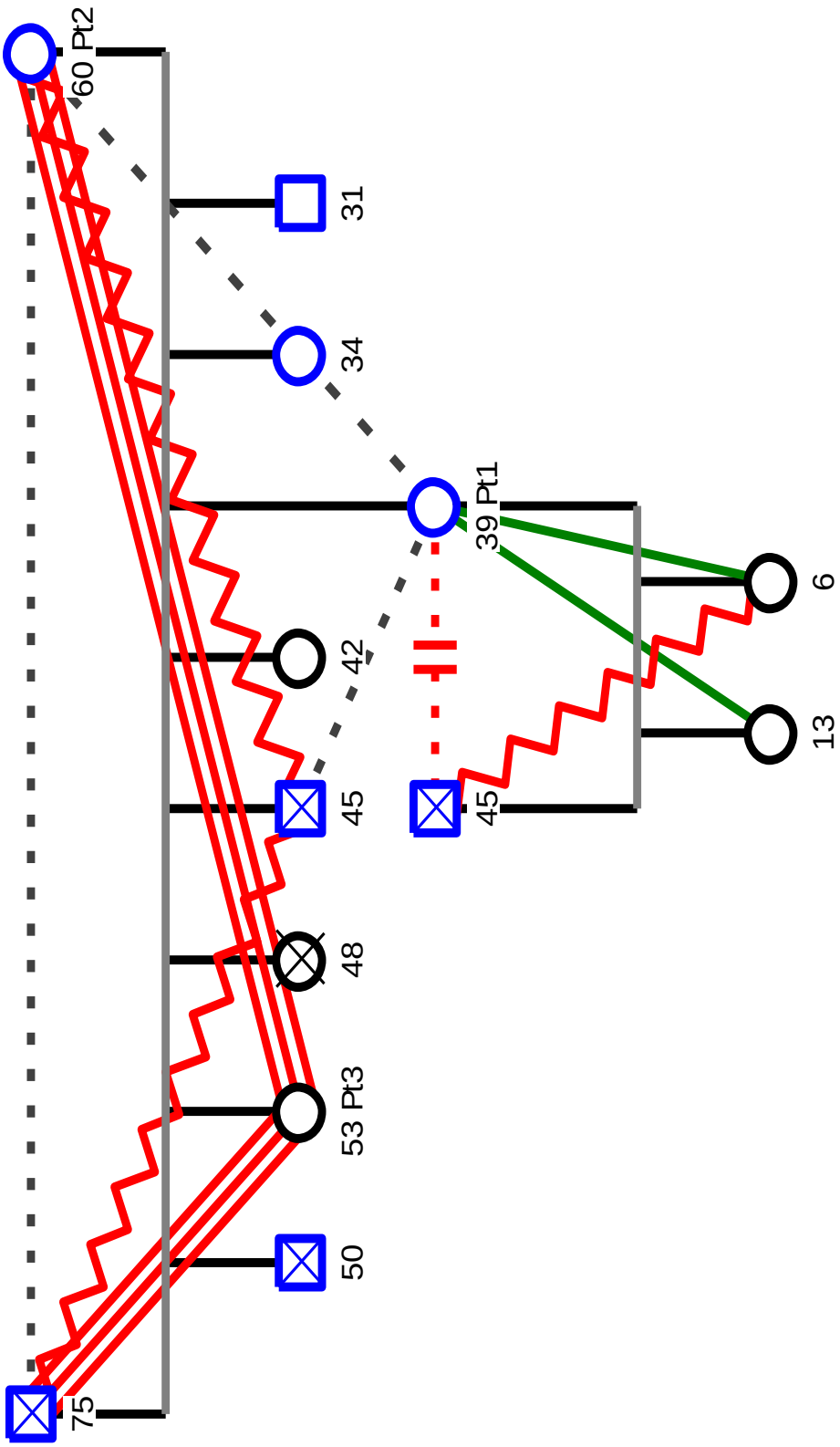
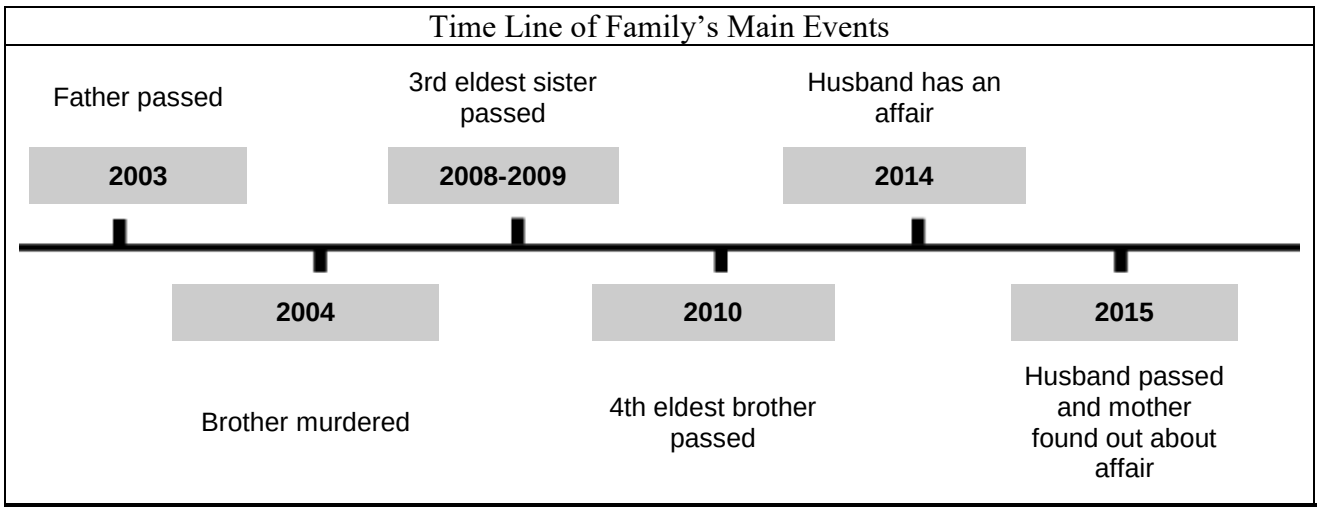


Figure 2: Time line of major negative family events and explanation of the genogram's symbols:



Genogram Key	
Black Dotted line	Distant/poor relationship
Red Cross-line	Conflictual relationship
Three red striped lines	Fused relationship
Green Straight lines	Harmonious relationship
Red dotted line (nuclear family)	Cut-off/estranged relationship

5.2 Differentiation of Self

The differentiation of self, according to Bowen refers to the closeness and separateness of the family (Bowen, 1978). It includes how the family reacts in times of stress or anxiety, but also an individual's ability to separate their thinking from their emotions when in stressful situations (Bowen, 1978).

Participant 1 (P1) perceived her nuclear family as being well differentiated which later in her marriage created much anxiety within her nuclear family, especially in her marriage. P1 perceived her nuclear family to be systemically differentiated but pointed out how this differentiation led to separation between her and her husband. This reflected as underlying

confusion existing with P1's own need for closeness and separateness. She explained how they came together in times of stress and dealt with the stress as a family, utilising mainly thinking rather than feelings or emotions to make decisions. This is illustrated in the genogram between her and the children but the relationship was not the same with the husband. The nuclear family, specifically the marital dyad, struggled with the high levels of differentiation or separateness and this led to stress and anxiety in the marriage as seen in the genogram. P1 described a time when anxiety was heightened in her nuclear family and presented itself as marital problems: *"My husband was just so distant"*. This is consistent with theory that differentiation can shift and is never constant but a process (Goldenberg & Goldenberg, 2004). P1 interpreted the high levels of differentiation or what she perceived as healthy separation in her nuclear family as different from her family of origin in the sense that the nuclear family discussed and talked through things, whereas the family of origin did not engage in such interactions. There seemed to be a change in P1's nuclear family's interactions, as she actively tried to remain mature in her family decision making, by relying on thinking, rather than focusing on emotions, as the main mode of decision-making. There also seemed to be a generational shift in the level of differentiation from the family of origin to the nuclear family. P1 seemed not to be at ease with her own level of differentiation during times of anxiety and struggled with her level of closeness and separateness to both the family of origin and her nuclear family. P1's perceived level of differentiation may have been an attempt to change the generational transmission of interactional patterns from her family of origin to her nuclear family as she stated how her children hated alcohol and how she did things differently in her nuclear family. Schiff (2004) states that the process of differentiation can lead to mental health issues. The anxiety that P1 dealt with during her youth with regards to fusion and differentiation in her family of origin played a role in her alcohol abuse. Setlalento, Pisa, Thekisho, Ryke, and Loots, (2010) state that children who grew up in environments where there was alcohol abuse, may have psychological scarring. In P1's case that presented as anxiety

with regard to her struggle with differentiation in both her families. She stated: *"And then I would rebel, and I would just drink to show them I was going to do it".* This finding is consistent with Strine et al. (2012), who found women with emotional difficulties in adulthood reported alcohol abuse in childhood.

P1 perceived her family of origin as more separate than close as depicted in the genogram (Figure 1). She also said: *"we still hide things and even if we hurt, we hurt alone".* Although the siblings could see the stress in each other's lives they respected their individual spaces by not getting involved according to P1. In contrast to her perception P2 and P3 perceived the family of origin as fused and close-knit. P3 stated about the family of origin:

> *We very close emotionally. We are always around my mother. Except the once that cannot be here, the once that live far away. They phone every day. My sister would phone us and tell us how sad it is not to be close and they phone just to hear my mother's voice.*

The picture P3 painted was of a close-knit family and family members being mainly undifferentiated. It should be noted that P1 is the only sibling living at a distance from the family of origin. P3 described how her other siblings saw their mother every day. She perceived her family of origin as not necessarily close to each other, whereas her sibling and mother felt that the family was very close emotionally. Brown (1999) states that individuals who anxiously disconnect themselves or remove themselves are as much engaged with fusion as are the ones that are fused with their family. P1 stated that she felt far away from the family of origin but in her disconnection, she was as much fused to the family as the other siblings. Brown (1999) also stated that individuals can have or perceive different levels of differentiation, which is the case for the family of origin. Marshal (2003) also shed some light on this matter by highlighting that during times of alcohol abuse dyads might form to ease anxiety and allow expression of emotions. P2 and P3 were part of a triangulated relationship which can emerge at times in a family to decrease anxiety. P3 described her role during times of alcohol abuse in her family of

origin: *"I made sure that everything was okay at home, because I would know the next day they would make up"*. She explained how she would stand in as a mother to ensure everything was taken care of in their home.

However, all participants agreed that it was difficult for most of the members of the family of origin to separate their thinking from their feelings and that the family mostly made decisions based on their emotions. P3 described: *"as a family…we decide with our emotions".* The difference in the level of differentiation in the family of origin is linked to the differentiation of each individual. The participants discussed how their family of origin was more emotional than thinking orientated and how they would fuse in times of anxiety.

Bowen (1976) states that individuals who are struggling with differentiation between their emotional and intellectual systems are more likely to be dependent on others in the system. P2 discussed how she saw her mother every day and how they affected one another emotionally: *"my mother is living with my brother and his child, but you can say I live there because I am there every day. My mother and I are inseparable (laughs)"*. Bowen (1976) describes how the pseudo selves, which is the selves that changes during anxiety, of individuals in a family can fuse to ensure harmony within a family. This seemed to apply to the family of origin, particularly in relation to P2 and P3. This is congruent with Bowen's (1976) belief that differentiation has to do with relations within specific relationships, rather than a whole family. This also explains the different perceptions of the level of differentiation in the family of origin expressed by the participants.

5.3 Multigenerational Transmission Process

This is the process whereby partners with the same level of differentiation tend to match up or the level of differentiation from the grandparents gets transferred to the children and grandchildren (Goldenberg & Goldenberg, 2004). The family projection also forms part of this process but is discussed in detail later. P1 described her nuclear family as being active in putting

an end to what she described as a *"generational curse"*, referring to the abuse of alcohol. When P1 was asked if there were behaviours and patterns that were transmitted from the family of origin to her nuclear family, she responded that: *"well, now really this is where I am going to say again through the help of God. You know a generational curse here was broken, because my two children hate, passionately hates it. They hate alcohol"*. This was an attempt of P1 to change the generational transmission of alcohol abuse between her family of origin and her nuclear family. She referred to generational curse as an indication of insight into the transmission from her parents. With regards the level of differentiation that was transferred to their children, P1 said: *"My husband and my youngest always used to clash with each other"*. She added that her youngest child was more like her which is consistent with theory that the level of differentiation is transferred to children but with clear character differences between the children (Schiff, 2006).

P1 assigned the lack of the transmission of patterns and behaviours to not being with the family of origin when growing up. She stated that: *"well, not, not, because we grew up with different people for some time and come home for a month and then leave again and stay with an aunt"*. P2 attributed the pathological drinking behaviour of her children to the involvement of friends, rather than generational transmission from the family of origin: *"it can be that they were involved with the wrong friends, because sometimes you would just see that your child is drunk"*. Fuller and Warner (2000) state that the women in environments where alcohol is abused tend to become co-dependent. Bowen (1976) also states that the child who receives most of the attention would be less differentiated from the family and would achieve less in life. P3 did not have children or a family of her own. This is consisted with Strine et al.'s (2012) finding that the women in alcohol abuse environments do not only suffer from alcohol abuse but struggle with various other problems in adulthood as well. P2 was described by P3 as distant at times and as not visiting her children or own family of origin, which can be an indication of high levels of differentiation or separateness that was transmitted to P1 as a child and teenager. Bowen (1976)

states that individuals with less parental focus on them usually would by default take on their parents' level of differentiation. In the case of P1 she took on high levels of differentiation or a distant stance to her parents and hence established a relationship with a partner having a similar level of differentiation. Schiff (2004) concurs that individuals with the same differentiation tend to marry each other.

P1's marriage experienced anxiety due to their struggle to differentiate from her family of origin. Bowen (1976) also states that a family can consistently functioning well for generations before anxiety presents as instability in one or more children. This was the case in the family of origin which dealt with anxiety about distance and closeness and where anxiety presented as P's alcohol abuse and chaotic behaviour amongst the children.

5.4 Triangulation

Bowen (1978) described the process of triangulation as the dyad system trying to create temporary stability by including a third party. The third party can be an external force or an individual in the family. When there is a lot of stress or anxiety in one relationship and it cannot stabilize, the third party gets used to ease the anxiety. P1 claimed not to engage in triangulation in her nuclear household and how she and her husband would deal with the stress without including friends, family or their children. However, triangulation did occur during a time of anxiety when another party became involved in their marriage. As P1 recalled:

> *he wasn't drinking either, but I could feel. He wasn't a talker. I couldn't get anything out of him, I had to do something or say something to him and just burst...the man just did not talk. So, something happened. I don't know if he was involved with this woman or what, but the whole thing around it. To make a long story short, he said he was going to work. I was thinking it never happened in ten years that he is working on a Saturday. Where is this coming from? You know that sixth sense. And uhm I didn't say anything, just like 'Why are you working on a Saturday?' I phoned the work and asked, 'Who is the*

stock controller that's working today' he replied, 'no stock controllers work on weekends'" Okay, right, okay. Now the next thing I need to do is, leave him, out of the house. He goes to work and it is happening now for a while. He would say he is working late. This specific day, I'm like 'You working?' He says yes. I went to go look for him. I'm saying to my husband 'I'm standing in your office, where are you?' He says: 'No no I'm parked at the bottom' I said, 'There is no car there and I'm standing in your office.' All the late-night workings ….

P1 describes a period in their marriage where her husband became distant and did not talk to her. This is when she found out there was a third party involved, by the husband having an affair. Bowen (1978) states that triangles are formed in order to ease anxiety within a dyad. The affair might have eased the husband's anxiety but to P1, it was hurtful and she separated herself from her emotions, even though she stated that she forgave him. She stated: *"but up till now I cannot tell you what I am feeling…nothing"*. She described how she did not know how she felt about her marriage and how she was trying to preserve the good name of her husband for the sake of their children. The anxiety was created from P1 and her husband having difficulty with closeness and separation.

The participants all agreed on the presence of triangulation in their family of origin. P1, P2 and P3 discussed how at times, when the family was living together, the whole family would get involved in an argument. All participants agreed that P3 was the individual that got triangulated mostly by their parents' marital arguments to ease anxiety as well as in sibling disagreements. P3 described a situation where she had to stabilize the parental dyad**:**

Sometimes if there is money involved and my mother ran away from him when he is drunk, I would be the one staying behind because I did not drink. I made sure that everything was okay at home, because I would know the next day they would make up.

P3 took on the role of managing the household while there was chaos in her parents' marriage and recalled how on the day following a conflict everything would go back to normal and her mother and father would reconcile. This illustrates the temporary nature of anxiety between the couple.

Bowen (1976) mentions that when a triangle cannot handle the anxiety, it recruits more individuals to form multiple triangles. This happened in the extended family when alcohol abuse put strain on the usual dyads and triangles. This happened when there were fights in the family of origin and the siblings got involved. More family members and at times the police then got involved to ease the anxiety. This is consistent Fischer and Lyness (cited in Price, Bush & Price, 2005), who state that the abuse of alcohol in families has major effects on how families perceive problems as well as how well they cope.

Bowen (1978) mentions that the triangle formation becomes predictable over time. P3 became familiar with the role of being triangulated over time and found her identity as the one that eased anxiety. Theory confirms that the individual, if it is a child, gets so used to the triangulation that he or she eventually volunteers for this position (Bowen, 1978). Haefele and Ovens (2013) conducted a study in the Western Cape that showed that alcohol abuse by parents created difficult family dynamics and relationships. What is interesting is that P2 was at times the outsider of a triangle, while P3 and her father remained a dyad when anxiety was high in the family of origin. Bowen (1978) mentions that the most prevalent triangle is the mother-father-child triangle.

5.5 Emotional Cut-off

Emotional cut-off refers to the emotional or physical distancing of an individual from his/her family of origin (Bowen, 1978). Bowen states that this is the individual's way of dealing with unresolved issues in the family. P1 cut herself off emotionally from her husband and tended to do this with her own feelings as well: *"that is also another characteristic of mine… is that if I*

know I lost or cannot face something I tend to run away. So, I just disappeared out of his life". She described how she cut-off physically and emotionally from her marital partner as she could not handle the dynamics in the relationship at the point when their relationship started. Hall, Bolen and Webster (1994) found that patterns and interactions that children learn in the family of origin that are affected by alcohol abuse, get transferred into their lives as adults and appear in the dynamics of nuclear families. P1 described her emotional state after she found out about her husband triangulating a third party into their marriage: *"I don't feel anger, I don't feel what it's like. I am living in denial now".*

The family of origin was perceived as possessing many emotional as well as physical cut-offs. Even though the participants did not label them as emotional or physical cut-offs, certain behaviours depicted them clearly. P1 described a time after she moved from her family:

> *uhm about two years. I got a call for my father's passing. My family could not reach me, coz I messed up. Partied, lost my phone etc. I finished matric, wanted to go study, but could not. So, started working after school. I was ashamed, my family was under the impression that I was working and staying with friends.*

P1 separated herself physically and emotionally from her family. As discussed previously, P1 felt emotionally disconnected from her family as they did not share much of an intimate nature. Bowen (1978) states that the individual who engages in either physical or emotional distancing is dealing with an unhealthy attachment to the parents or family. This behaviour was expressed by some of the siblings in the family of origin as they also engaged in physical cut-off from the family of origin. Even though P2 and P3 stated they felt close as a family, P3 mentioned that P2 never visited any of her siblings from the family of origin at their homes:

> *I don't know why it is like that. I don't know what she believes. She never wants to even come to my sister's house. Everyone knows my mother like that. She does not know how*

the children's houses look. She only saw my sister's house at her funeral. They would come to my mother if they want to see her, but she does not go to her children's houses.

This behaviour can be described as emotional and physical distancing. For P2, this was a generational issue as it appeared as if she was struggling with this in relation to her family of origin as well: *"No, because my mother is Xhosa, but since she has been with us, we did not really have traditions. I actually never saw my mother going to her family to perform any traditions"*. In the interviews, all the participants mentioned that there are no real traditions in their family of origin. This cut-off also applies to parents who might embarrass their children at times when there is alcohol abuse or affect these children so much that they do not return emotionally or physically (Haefele & Ovens, 2013). This was the case for P1, as she dealt with anxiety in her family of origin from a young age. She also recalled being drunk at times because of rebellion, resulting from not understanding the family. This is consistent with theory that cut-off individual is the same as the child that never left home (Bowen, 1976). During the interview with P1, there were moments when she recalled experiences that continued to hurt her regarding her family of origin and her nuclear family.

5.6 Nuclear Family Emotional System

The nuclear family emotional system refers to how the nuclear family functions and how their differentiation or fusion directs their functioning (Goldenberg & Goldenberg, 2004). This forms part of the multigenerational transmission process as the nuclear family gets influenced by the extended family. It can present as marital conflict as well as impairment of a child in the family. In the nuclear family, marital conflict was present, which reflects the functioning of the family's emotional system.

P1 dealt with conflict in the marital dyad when she wanted closeness or fusion and her husband separated himself emotionally. That created anxiety for both of them. The anxiety led to high levels of separation between the couple accompanied by emotional distancing. P1

described the interaction with her husband: *"He wasn't a talker. I couldn't get anything out of him, I had to do something or say something to him and just burst. The man just did not talk".* She added that the children never knew they were arguing, hence the whole family remained intact while the marriage carried the anxiety. In the nuclear family's emotional system, the marital subsystem carried all the anxiety to protect the family as a whole.

According to Bowen (1978) the family's emotional system and issues with their functioning can be identified either in marital conflict, a symptomatic spouse, or impairment of a child. Within the nuclear family, marital conflict was present. The partners in the marital dyad went through the need for distance from and closeness to each other. Bowen (1978) states that individuals can be differentiated before marriage and after marriage present with a need to fuse. During the time of distance in the marital dyad in the nuclear family, the spouse developed a physical illness. The husband in the nuclear family developed an illness before he passed away. This concurs with Bowen (1976), who states that the adaptive individual usually develops the illness or dysfunction or if both parties refuse to give in, marital conflict results. According to P1, the children in the nuclear family seemed to be protected from the effects of anxiety, which is consistent with Fischer and Lyness's (2005) theory that children or teenagers become functional individuals if the parents exert less stress or anxiety on them, even if there is alcohol abuse present in the family.

The family of origin dealt with marital conflict and also had an impaired child in the family, on whom attention was always focused. The emotional system of the family of origin appeared to be undifferentiated in relation to the mother and father's marriage. P2 and P3 recalled how the father in the family of origin was often absent from the family because of him having to work some distance away from the home. When he was home, the mother and father would often argue due to the mother's jealousy. The impaired child was identified by the mother as the fourth eldest child:

She says yes it was one of my brothers. He always wanted to become violent, like stabbing people and created chaos at home by not listening to my parents. By his actions, everyone was affected and all of us would got involved and try stop the fighting. He created a lot of chaos at home.

P2 stated that her fourth eldest son had a severe alcohol problem and was a source of chaos in the family of origin. P3 also spoke about this: *"He brought chaos unto all of us and our lives and homes with his drinking".* Due to the sibling's drinking, he was always the focus of attention. P1 also identified her 4th eldest brother as the trouble maker. Five of P2's children abused alcohol, while three of them were unaffected. This is related to the levels of differentiation present in the family of origin and the children who were vulnerable to transmission of the alcohol abuse. It also highlights the issue of family boundaries conflicts (Haefele & Ovens, 2013) that occur not only between parents, as in marital conflict but also between parents and children (Haefele & Ovens, 2013).

5.7 Sibling Position

Bowen (1978) believed that each child in the family was born into a certain birth order and that this order influenced the development of certain characteristics and personality in this individual. Individuals of different birth orders who marry each other are likely to have successful marriages (Bowen, 1978).

P1's nuclear family presented with the constellation of different birth orders. Her husband was the eldest in his family and loved discipline and order. Bowen (1978) states that individuals with opposing birth orders tend to end up in a marriage that is successful. P1 and her husband were of different birth orders as she was considered one of the young siblings, third youngest, in her family of origin as seen in the genogram. Their marriage survived a time of heightened anxiety, which is consistent with theory (Titelman, 1998) that the level of closeness or differentiation can vary during times of alcohol abuse and abstinence. Her husband's personality

clashed with their youngest child, as the child was rebellious, stubborn, and had care-less attitude According to P1:

> *He couldn't take it, because he was a man of discipline. My youngest, from the age of three got a hiding from her father. She had to learn from a young age. He always used to say, my youngest will probably turn out like me because you don't listen to other people, you do whatever you want to and go wherever you want to, not worrying about others emotions.*

P1 perceived her eldest daughter as having a more sensitive spirit, and as a quiet and reserved girl who focused on her academics. The eldest daughter in the nuclear family, presents with the same sibling position characteristics, such as calm and responsible, as P1's husband, as the eldest siblings.

The members in the family of origin and the nuclear family included individuals with different sibling positions. The children in the families also present with certain characteristics and behaviours that are consistent with their birth orders. P2 described the birth order her and her husband occupied in their own families of origin: *"she is the seventh child; her baby sibling is the last born"* and *"He was the first born in his family of origin".* This is consistent with P3's description of her father as quiet and the disciplinarian, whereas she described her mother as being outspoken. P3 also described her eldest brother who passed away as being the quiet carer and not talking a lot. P1 also described her eldest brother in a similar manner:

> *The love was there, coz my eldest brother would say, 'I'm going to fetch her from where she is at' 'Why is she drinking?' And then I would rebel and be like, 'I will show you'. And I would just drink to show them I was going to do it.*

P1 described the character of her eldest brother as caring and hers as rebellious. P1 is the sixth of eight children and was considered as one of the young ones in the family of origin. She

also described her eldest sister as becoming a caretaker and a peacemaker in the family after her eldest brother's sudden death. P3 found this role meaningful:

> *(Laughs)- maybe I could have been the favourite, I am not sure. I was the one that always made sure there was order. Even my siblings, they could not do something wrong outside without me doing something about it. I would even go as far as giving them a hiding. They knew.*

She recalled how she kept everything in order when the family was in chaotic states and eased anxiety in the family as the responsible one in the family. P3 was still in this role and has continued to assist her parents with the responsibilities in the family of origin. Bowen highlighted that sibling positions play a role in family functioning but added that the level of differentiation of the person can change the functioning of their sibling position (Schiff, 2004). Brown (1999) added that it is also possible that a parent is most likely to identify with a child of the same birth order. This is consistent with both the family of origin as well as the nuclear family. P3 was considered the eldest child in the family of origin, after her brother's death, and her father had the same birth order as her, hence she felt close to him. Titelman (1998) states that if a parent becomes an alcoholic, the eldest child often takes on several parental responsibilities. This seems congruent with her perception of being the favourite and as a result being prone to being triangulated to bring about peace and harmony between her conflicted father and mother. Titelman (1998) reminds us that these sibling positions can change in situations of great distress like death. P3 took on the role of the eldest child after the eldest brother passed away. This influences the personality development of the individual (Titelman, 1998). Titelman (1998) cautions that with regards to alcohol, the youngest are the ones more prone to developing alcohol abuse but the oldest are the most vulnerable. This is consistent with the perceptions of both the nuclear family and the family of origin.

5.8 Family Projection Process

The family projection process occurs when the level of differentiation gets transferred to a susceptible child in the family or a certain child becomes the focal point of the stress in the family and this child becomes unstable (Bowen, 1978). In P1's nuclear family, there was no clear evidence of family projection as the children were of a young age and were perceived as not involved in the conflicts between her and her husband: *"I won't spoil my children's view of their dad. You know all that comes out of their mouths are good memories of their father. They never seen us fight, so why…".*

In the family of origin, the siblings reacted in different ways towards the chaos that was present in their family. However, the fourth eldest brother, was often mentioned during the interview sessions with all three participants. In the family of origin, the fourth eldest brother was a focus, as P2 described:

> *They would sit down with him and discuss everything that he did wrong and he would then be all right. He would ask for forgiveness at times. He is a good man at times when he did not drink. However, the weekend would come and he would drink again and it would just be the same story all over again.*

P3 described how he was the perceived troublemaker or focus of attention in the family: *"The only problem was the children, my siblings, drinking. Out of everyone, my brother was the worst"*. He was also identified by P1 as being the focal point of attention and he was the one that consumed alcohol most frequently. Bowen (1976) states that the projection process at times involves one child. However, if the burden becomes too much for the child to carry, it would involve other children, but to a lesser degree. The fourth eldest brother was the major focus point as he caused violence and chaos because of his alcohol abuse. This pattern changed later when P3 became involved in balancing the system's functioning as the burden was too much to carry for her brother. As much as the brother was the focus of projection in the family, Bowen states

that it is likely that the older sibling (P3) could become the focus of projection of the level of differentiation from the parents. Research also reveals that stress in families may increase the abuse of substances in the youth, which partially explains the vulnerability of the brother to anxiety and alcohol abuse. (Amoateng, Barber & Erikson, 2006).

Brown (1999) describes how children can develop symptoms if they get involved in the previous generation's anxiety. The family of origin dealt with heightened anxiety that concerned the parents' differentiation from their own parents, as reflected in the mother in the family of origin not visiting the members of her own family of origin. This level of anxious interaction and differentiation was transferred mostly to the eldest brother, second eldest sister, fourth eldest brother and P1 in the family of origin, with the resultant abuse of alcohol by three of these children in the family. Brown (1999) states that these projection processes vary in families and individuals that become the targets of projection might not develop symptoms.

5.9 Societal Regression

Societal regression refers to how the global society deals with problems of a certain nature. It is believed that society deals with problems in similar ways as families do, by either distancing or closeness (Haefner, 2014). Both P1 and P3 experienced little support from the community and this was a source of distress for them. During her interview, P1 discussed the stigma she experienced in her own community regarding her alcohol abuse. She also mentioned how the people in her home town continued to associate her with alcohol abuse, even though she had stopped abusing alcohol five years ago. She also perceived that even during the time of her alcohol abuse her community had influenced her to believe that alcohol abuse was due to her character. The alcohol abuse was also reinforced by friends to continue with such behaviour. P1 recalled how she thought she excelled at consuming alcohol and that friends would seek her out because of this which further reinforced her belief that 'at least she was good at something. She

also mentioned how women did not receive any help with alcohol abuse and how difficult that was in the Coloured community.

P3 felt that the community did not play a positive influential role in eradicating the problem of alcohol abuse in the Coloured community:

> *they do not help at all. They just look at you with the stigma that you drink and that's it. You just a drinker and nothing else. They know you as an alcoholic but no one would assist or reach out to help. Why do you think? Why is it like that? They never help the other to choose a different path.*

There was a sense of hopelessness in P3 asking the same question I had posed to her, as if she was also wondering about the same issues. She also spoke as if alcohol abuse was the Coloured individuals' fate in life by the way they grew up: *"maybe it is how we are raised and how we see things get done. The children learn and they think this is the way to do things and they do it".* P3 highlighted an important factor concerning learning from previous generations. She mentioned the generational transmission of alcohol abuse and its effects in the Coloured community and the need to end such transmission.

Even though societal regression of Bowen's FST was deemed not completed by Bowen before his death, it was mentioned specifically during the interviews. Bowen (1978) states that just as families go through times of anxiety and react emotionally, so does society. A societal emotional reaction to the abuse of alcohol in Coloured families, as perceived by the participants, was to ignore the problem and accept it as the status quo. Society becomes emotional about the abuse of alcohol but little intervention is offered in terms of rehabilitation or programs for affected individuals, especially women. Bowen (1976) adds that just like families, society eases the anxiety of the moment by actions such as arresting alcohol abusers rather than eradicating the problem. P1 described the shame and guilt that she experienced from society because of her alcohol abuse as a mother. This is consistent with what Ehrim (2001) found regarding the

association between mothers' alcohol abuse and unresolved guilt. Those women experienced guilt and shame regarding the neglect of their roles as mothers and care givers of their children. P1 spoke of how society viewed Coloured woman abusing alcohol as part of the norm. This is consistent with research regarding women experiencing a lack of support when they require treatment for alcohol abuse (Padayachee, 1999). Schiff (2004) states that instead of focusing on individuals during societal regression to restore society's previous level of functioning, the focus should be on the next generation and their problems, just as families do. P2 reflected a similar view by saying that she did not know how children obtain alcohol and why they consume alcohol, but thought that it must be their friends, without acknowledging the role of families in the process. P2 continues to conform to society's belief that women should always be in control and good mothers. As a result, she did not perceive that she had any influence on her children's alcohol abuse. McDonald (1994) confirms similar beliefs that women feel as if they have to uphold the picture created by society of how they should act and be as mothers.

Chapter 6: Conclusions, Limitations and Recommendations

6.1 Overview

The purpose of this study was to explore and describe, through the lens of Bowen's Family Systems Theory, the interactional patterns within a South African Coloured family in the Nelson Mandela Metropole where the mother abused alcohol. The main objectives concerned the patterns of interaction and relationships between the mother, her mother and her eldest sibling. This chapter discusses the conclusions and the limitations of the current study and offers a number of recommendations for future research in this field and concludes with the researcher's reflection on the research process.

The mother perceived her differentiation of self in her nuclear family as being at a higher level of differentiation to that of her family of origin. This is consistent with Bowen's theory that individuals do at times develop different levels of differentiation in the same family (Brown, 1999). She felt that they were not close as a family, whereas the other family members felt they were a tight-knit family. This might also be the result of her individual differentiation, which she perceived as well differentiated, which can be different from the systemic differentiation (Bowen, 1976).

The multigenerational transmission process manifested clearly in the transmission of differentiation and alcohol abuse from the parents in the family of origin to five of their children. It also became apparent that the way of interacting and level of differentiation might be changing for the new generation, as seen in P1's nuclear family. This is a result of the second generation being more open to change as well as having more insight into the problems they face generationally. Theory holds that if individuals get to know themselves and their issues, it is possible to correct negative generational transmission (Brown, 1999).

The triangulation within both the family of origin as well as the current family is consistent with Bowen's (1978) theory. The creation of triangles to ease anxiety, involving external forces

and forming more than one triangle were present in the family of origin and the nuclear family. The mother, in the nuclear family, presented with a need to change such harmful interactions by not engaging in triangulation with her children, which is also consistent with theory that to move towards improvement in differentiation, a person needs to de-triangle (Titelman, 1998).

Emotional cut-off presented subtly in both families. P1 was very open about her physical distance and rebellious streak since an early age. She also highlighted how members in the family of origin dealt with their own issues individually. This is also consistent with extant literature which reveals that individuals who distance themselves want to deal with their own anxieties separately from their parents or family (Schiff, 2004).

The concept of family emotional system in both the family of origin and nuclear family was unclear. Even though there was marital conflict and impairment in certain of the siblings in the family of origin, the manifestation of this concept in the two families was unclear. There was clarity in the application of the sibling position to the family of origin and current nuclear family, as all the characteristics of each individual, from the youngest to the eldest, was consistent with sibling orders and this is consistent with the Bowen FST (Bowen, 1978). The perceptions of family projection processes were also unclear in both the family of origin and the nuclear family as the projection of differentiation from parents to children, could not clearly be outlined.

Lastly, the perception of societal regression was confirmed by the participants as an awareness of their community reacting to alcohol abuse, particularly amongst women who were mothers, in a similar manner as a family experiencing stress or anxiety (Bowen, 1978).

6.2 Limitations of Study

The researcher acknowledges several limitations of the current study. Firstly, the researcher had to comply with a strict time schedule, hence only one interview with each

participant could be conducted. Additional interviews would have assisted the researcher in obtaining a deeper understanding of the interaction and relationship patterns particularly regarding lack of clarity of the family emotional systems and family projection processes in both families. Secondly, the researcher was severely challenged to identify a suitable family that was prepared to participate in the study. This was due to the high level of stigma attached to mothers abusing alcohol in the designated context and the difficulty in finding families that included members of nuclear and families of origin. In retrospect, the researcher's task in this regard would have been less challenging if she had been able to recruit suitable participant families from her own client base. The sequence of placements and the differential nature of clients available in such placements were incongruent with the time schedule of the study. Thirdly, the research is based on a case study, hence no generalizations can be made to the population, although the findings could be considered for potential application in other similar contexts. The researcher acknowledges her novice researcher status and that irrespective of extensive supervision and reading in the field that this could have influenced the study outcome. An additional limitation was that the researcher was confronted with a situation where one of the participants insisted in using a family member as a translator, which could have influenced that participant's degree of openness during her interview. Such translation from Xhosa to Afrikaans and then into English could have resulted in some meaning being lost. Another limitation concerns the temporary malfunctioning of the audio-recorder which required the researcher to make notes of the content during one of the interviews. The researcher attempted to compensate for this by immediately typing her notes after the said interview. The researcher offers a number of recommendations for potential future studies in this field.

6.3 Recommendations for Further Research

The current study shed some light on the applicability of Bowen's Family System Theory to a Coloured family. Certain of the concepts such as family emotional system and family projection process, were found to be less useful in relation to the current participants. The small-scale of the current study could be overcome if larger-scale studies in similar contexts were implemented.

The societal regression concept could fruitfully be explored further in terms of community and societal influences that act as barriers and potential promoters for Coloured families in their struggle with alcohol abuse.

6.4 Researcher's Reflections

It is good research practice for qualitative researchers to reflect on their experience of participating in such an in-depth inquiry process in an attempt to understand the lives of and experiences of human beings. The current researcher became more aware of her dual role during the research. The researcher entered the study as both researcher and clinical psychologist and had to remind herself and the participants consciously that her role in the current study was that of researcher and not that of a therapist or psychologist. The researcher was also aware that her presence as an academic in the participants' lives could limit their openness and disclosures of private and intimate information as family members could have deemed it necessary to protect family secrets. As a result, the researcher sought to equalise the power differential of the interview context and attempted to optimise respect and sensitivity towards the participants at all times. As a Coloured woman the researcher also became sensitised to her own biases and beliefs regarding alcohol abuse in South African society and in the Coloured community.

6.5 Concluding remarks

The study has demonstrated that certain concepts of Bowen's FST are applicable to the Coloured family members that participated in the study. This offers potential for other researchers and therapists in South Africa to extend the utilisation of Bowen's FST in the local context. The current chapter has evaluated the value of the current study by discussing the value and limitations of the current study and a number of recommendations for further research have been identified. The chapter concluded with a brief discussion of the researcher's reflection on the process of the study.

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Appendix A: Potential Semi-Structured Interview Prompts

The first question is an introduction to the first interviewee (mother) to get an overall view of the family members.

1. Who is in your family? Include parents, siblings, grandparents, aunts, uncles, and cousins as well as significant other(s) and children. (Genogram).

Differentiation of self

1. Describe the attachment/ relationships your family members have with each other.
2. How much do/did you consult each other daily about decisions and events in your lives?
3. How much weight does your family have on your life and how you live it.
4. Do/did you focus on your thinking or emotions when making decisions? How do you make important personal decisions?
5. Describe your usual behavior in times of stress within your family.
6. How does your family usually deal with stressful situations?
7. Is there a difference between how you present yourself to the world and how you really are?
8. Does stress in one household in your family affects the other households and how much? Which?

Triangulation

1. How did your family get along in the past (scale of 1–10)?
2. Any lingering relationship problems?
3. When there is a disagreement, who is usually involved?

4. Who usually starts problems?
5. Who usually fixes them?
6. Who usually gets blamed?
7. Who usually does the blaming?
8. Who takes sides with whom?
9. Who usually takes your side?
10. Who is the peacekeeper? Caretaker? Rebel? Hero?
11. When there is a disagreement between two members of your family, how do you and the rest of the family handle it? (just more general than the specific questions above)
12. How would you describe your relationship with your husband/mother/father/wife/child?
13. Would you say there is a child in the household who is closer or further from you as parents? Who is/ was closest to your parents/ different siblings?
14. What would you/the family/your parents say is the biggest problem in your family?
15. Who is the biggest success in your family?

Emotional Cut-Off

16. How close are you as a family?
17. How do you deal with unresolved conflict in your family?
18. Because of conflict in your family, do you at times cut yourself off from contact with family members?
19. Have you ever run away from home due to conflict?

20. Have any of your children ever run away from home due to conflict?

21. Does your family have get-togethers?

22. Does everyone show up?

23. Does anyone deliberately not show up?

24. Does anyone just not get involved with the family?

25. Is everyone in your family healthy? Medical problems? Psychiatric problems?

26. Do/did anyone here (on the genogram) have problems with drugs or alcohol?

27. Was there a pattern that you remember that triggered the use of drugs or alcohol?

28. Does anyone in your family still use drugs or alcohol?

29. If so, do family members use together?

Sibling Position (first to third generation)

30. What are your children's characteristics like in comparison to each other?

31. What is the birth order of the children in your own family?

32. Are you the youngest or oldest child in your family?

33. Is your husband/ wife first/lastborn in his family?

34. Describe the personalities of your children/ siblings?

Nuclear Family Emotional System

35. How do you as a different generation (in your immediate family) usually handle conflict/ interact with each other? Do you handle it the same as your parents?

36. How do you understand that you started drinking? What would you say contributed to it?

Factors that played a role.

37. How much influence does your parents, grandparents have on the functioning of your household?

38. What do you think is the cause of your daughter's/mother's/spouse's drinking?

Multigenerational Transmission Process

39. How does your family deal with emotions that is the same or different to your family of origin?

40. What behaviour patterns or characteristics would describe your family? The patterns or rituals that were carried over from your mother to your family?

41. Are there any problems or behaviours of your family of origin that you also have in your family?

Family Projection Process

42. How would you describe family relationships during the time of the alcohol abuse?

43. How was marital conflict dealt with during this period?

44. How did your children deal with the alcohol abuse? How did you make sense of it?

45. Were there any other problems at this time that you spend your energy on? Child? Marriage problems?

Societal Regression

46. How was the community's support? Rejection? Biased? Stigma?

Appendix B: Data Collection and Analysis Grid

Bowen's Family Systems concepts	**Family members**		
	Mother	Sibling	Maternal Mother
Differentiation of self	**Nuclear**: My husband was just so distant… **Origin**: but you know because I say we still hide things and even if we hurt we hurt alone **Origin:** "And then I would rebel, and I would just drink to show them I was going to do it.	**Origin**: we very close emotionally. We are always around my mother. Except the ones that cannot be here, the once that lives far away. They phone every day. My sister would phone us and tell us how sad it is not to be close and they phone just to hear my mother's voice. **Origin:** as a family…we decide with our emotions **Origin**: I made sure that everything was okay at home, because I would know the next day they would make up **Origin:** "my mother is living with my brother and his child, but you can say I live there because I am there every day. My mother and I are inseparable (laughs)	**Origin**: She says that we are people that look for each other, that is close to each other
Multi-generational transmission process	**Nuclear**: well, now really this is where I am going to say again through the help of God. You know a generational curse here was broken, because my two children hates, passionately hates it. They hate alcohol. **Nuclear:** My husband and my youngest always used to clash with each other. **Origin**: because we grew up with different people for some time and come home for a month and then leave again and stay with an aunt.		**Origin:** but it can be that they were involved with the wrong friends, because sometimes you would just see that your child is drunk.

Triangulation	**Nuclear:** no not at all..he wasn't drinking either, but I could feel. He wasn't a talker. I couldn't get anything out of him, I had to do something or say something to him and just burst..the man just did not talk. So something happened. I don't know if he was involved with this woman or what, but the whole thing around it. To make a long story short, he said he was going to work. I was thinking it never happened in ten years that he is working on a Saturday, where is this coming from. You know that sixth sense. And uhm I didn't say anything, just like why you working on a Saturday? I phoned the work and asked, who is the stock controller that's working today..he said "no stock controllers do not work on weekends Okay, right, okay. Now the next thing I need to do is, leave him, out of the house. He goes to work and it is happening now for a while. He would say he is working late. This specific day, I'm like you working? He says yes. I went to go look for him. I'm saying to my husband I'm standing in your office, where are you? He says: "no no I'm parked at the bottom" I said there is no car there and I'm standing in your office. All the late-night workings and all this and that. **Origin:** Part 1 recited how her older sister would always get involved with parents or between siblings to create peace.	**Origin**: Sometimes if there is money involved and my mother ran away from him when he is drunk, I would be the one staying behind because I did not drink. I made sure that everything was okay at home, because I would know the next day they would make up.	

Emotional cut-off	**Nuclear**: That is also another characteristic of mine is that if I know I lost or cannot face something I tend to run away. So, I just disappeared out of his life. **Nuclear:** I don't feel anger, I don't feel what. It's like I am living in denial now **Origin**: Ja, that running away was just like, I felt sorry for one of my friends. She went through something difficult. I was just like, ok we all going to run away with you. We were these close friends. So, ok, you cannot run away alone, we going. **Origin**: uhm about two years. I got a call for my father's passing. My family could not reach me, coz I messed up. Partied, lost my phone etc.with you	**Origin**: I don't know why it is like that. I don't know what she believes. She never wants to even come to my sister's house. Everyone knows my mother like that. She does not know how the children's houses look. She only saw my sister's house at her funeral. They would come to my mother if they want to see her, but she does not go to her children's houses	**Origin**: NO, because my mother is Xhosa, but since she has been with us, we did not really have traditions. I actually never saw my mother going to her family to perform any traditions.
Nuclear family emotional system	**Nuclear**: He wasn't a talker. I couldn't get anything out of him, I had to do something or say something to him and just burst…the man just did not talk. **Origin**: A was the trouble maker at home.	**Origin**: He brought chaos unto all of us and our lives and homes with his drinking.	**Origin**: she says yes it was one of my brothers. He always wanted to become violent, like stabbing people and created chaos at home by not listening to my parents.
Sibling position	**Nuclear:** He always used to say, my youngest will probably turn out like me because you don't listen to other people, you do whatever you want to and go wherever you want to, not worrying about others emotions.	**Origin:** Laughs- maybe I could have been the favourite, I am not sure. I was the one that always made sure there was order. Even my siblings, they could not do something wrong outside without me doing something about it. I would even go as far as giving them a hiding. They knew.	**Origin:** he was the oldest child in his family

	Origin: Look, I would say that. It doesn't matter how the house was, the love was there. The love was there, coz my eldest brother would say, im going to fetch her from where she is at, why is she drinking? And then I would rebel and be like, I will show you. And I would just drink to show them I was going to do it.		
Family projection process	**Nuclear**: I won't spoil my children's view of their dad. You know all that comes out of their mouths are good memories of their father. They never seen us fight, so why… **Origin**: well, not not, because we grew up with different people for some time and come home for a month and then leave again and stay with an aunt.	**Origin**: no, I don't think so. The only problem was the children, my siblings, drinking. Out of everyone, my brother was the worst.	**Origin**: she says that they would sit down with him and discuss everything that he did wrong and he would then be all right. He would ask for forgiveness at times. He is a good man at times when he did not drink. However, the weekend would come and he would drink again and it would just be the same story all over again.
Societal regression	Participant 1 discussed how drinking in the Coloured community is seen as a given and usual activity. Nothing is being done by the community to assist women who drink or families that suffer from this epidemic.	they do not help at all. They just look at you with the stigma that you drink and that's it. You just a drinker and nothing else. They know you as an alcoholic but no one would assist or reach out to help. Why do you think? Why is it like that? They never help the other to choose a different path.	

Appendix C: Letter to Participants

Nelson Mandela Metropolitan University
for tomorrow

Faculty of Health Sciences

Department of Psychology

NMMU

Tel: +27 (0)41 504-2330

Date

Ref:

Dear participants

I am Hanlie Abraham, a student currently enrolled in a Master's degree in Clinical Psychology at Nelson Mandela Metropolitan University. One of the requirements to fulfil my degree is to conduct a research study. The aim of my study is to explore and describe the relationship patterns in a Coloured family affected by maternal alcohol abuse. The study will involve me interviewing members of the family. You are being asked to participate in this research study which is the first of its kind in South Africa. I will provide you with the necessary information to assist you to understand the study and explain to you what would be expected of you as participants in this study. This information will include the risks, benefits, and your rights as research participants. Please feel free to ask me to clarify anything that is not clear to you.

To participate in the study, I will need your voluntary written consent that includes your signature, date and initials to confirm that you understand and agree to the conditions of the study.

You have the right to raise concerns regarding the study at any time. In addition, you are invited to immediately report any problems during the study to me at hanlieabraham@gmail.com or 041 504 2330 (University Clinic). Please feel free to contact me if you have any concerns about the research.

Furthermore, it is important that you are aware that the study has been approved by the Research Ethics Committee (Human) of the university. The REC-H consists of a group of independent experts that have the responsibility to ensure that the rights and welfare of participants in research are protected and that studies are conducted in an ethical manner. Studies cannot be conducted without REC-H's approval. Any questions about your rights as a research participant can be sent to the Research Ethics Committee (Human), Department of Research Capacity Development, PO Box 77000, Nelson Mandela Metropolitan University, Port Elizabeth, 6031.If no one can assist you, you may write to: The Chairperson of the Research, Technology and Innovation Committee, PO Box 77000, Nelson Mandela Metropolitan University, Port Elizabeth, 6031.

Participation in research is completely voluntary. You are not obliged to take part in any research. If you choose not to participate in research, you will not be affected or penalised in any way.

If you do participate you have the right to withdraw at any given time during the study without penalty. However, if you do withdraw from the study, you should return for a final discussion with the researcher in order to terminate the research in an orderly manner.

If you fail to follow instructions, or if the researcher believes that it is not in your best interest to continue in this study, or for administrative reasons, your participation may be discontinued. The study may be terminated at any time by me as the researcher or the Research Ethics Committee (Human). If necessary, debriefing will be provided to you.

Although your identity will at all times remain confidential, the results of the research study may be presented at scientific conferences or in specialist publications.

This informed consent statement has been prepared in compliance with current statutory guidelines.

Yours sincerely

Hanlie Abraham

Researcher

Prof CN Hoelson

Research supervisor

Appendix D: REC-H NMU Informed Consent Form

RESEARCHER'S DETAILS	
Title of the research project	**Family Interaction Patterns in Maternal Alcohol Abuse: An Application of Murray Bowen's Family System Theory**
Reference number	
Principal investigator	**Hanlie Abraham**
Address	**Port Elizabeth, NMMU, South Campus, Postgraduate Village, Village 2, Room 4**
Postal Code	**6001**
Contact telephone number (private numbers not advisable)	**041 504 2330**

A. DECLARATION BY OR ON BEHALF OF PARTICIPANT		**Initial**
I, the participant and the undersigned		
ID number		
OR		
I, in my capacity as		
of the participant		
ID number		
Address (of participant)		

A.1 HEREBY CONFIRM AS FOLLOWS:		**Initial**
I, the participant, was invited to participate in the above-mentioned research project		
that is being undertaken by	Hanlie Abraham	
From the	Psychology Department	
of the Nelson Mandela Metropolitan University.		

THE FOLLOWING ASPECTS HAVE BEEN EXPLAINED TO ME, THE PARTICIPANT:					Initial
.1	**Aim:**	The aim of this study is to explore and describe the intergenerational interpersonal relationship patterns in a Coloured family with maternal alcohol abuse using Murray Bowen's family theory.			
.2	**Procedures:**	I understand that data will be gathered over a period of time to assist in the research through semi-structured interviews and audio recorded.			
.3	**Possible benefits:**	There will be no external benefits from participating in the study.			
.4	**Confidentiality:**	My identity will not be revealed in any discussion, description or scientific publications by the investigator.			
.5	**Access to findings:**	A written summary of the findings of the study will be made available to you.			
.6	**Voluntary participation / refusal / discontinuation:**	My participation is voluntary	**YES**	**NO**	
		My decision whether or not to participate will in no way affect my present or future care / employment / lifestyle	**TRUE**	**FALSE**	

3. THE INFORMATION ABOVE WAS EXPLAINED TO ME/THE PARTICIPANT BY:	Initial
Hanlie Abraham	
Afrikaans ☐ **English** ☐ ☐ ☐ ☐	
and I am in command of this language, **or** it was satisfactorily translated to me by	
Hanlie Abraham	
I was given the opportunity to ask questions and all these questions were answered satisfactorily.	

.	No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation.	
.	Participation in this study will not result in any additional cost to myself.	

A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT:

Signed/ confirmed at	on
Signature of participant	Signature of witness: Full name of witness:

B. STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)									
	Hanlie Abraham			declare that:					
1.	I have explained the information given in this document to								
	and / or his / her representative								
	He / she was encouraged and given ample time to ask me any questions;								
	This conversation was conducted in	**Afrikaans**		**English**					
	And no translator was used								
	(language)	by	(name of translator)						
	I have detached Section D and handed it to the participant				YES	NO			

Signed/confirmed at	
Signature of interviewer	Signature of witness: Full name of witness:

C. IMPORTANT MESSAGE TO PATIENT/REPRESENTATIVE OF PARTICIPANT

Dear participant/representative of the participant

Thank you for your/the participant's participation in this study. Should, at any time during the study:

- an emergency arise as a result of the research, or
- you require any further information with regard to the study,

(indicate any circumstances which should be reported to the investigator)

Kindly contact	Hanlie Abraham
at telephone number	041 504 2330

Appendix E: Letter regarding Debriefing

Nelson Mandela Metropolitan University
for tomorrow

Faculty of Health Sciences

Department of Psychology

NMMU

Tel: +27 (0)41 504-2330

Date

Ref:

Dear madam/sir

I am Hanlie Abraham, a student currently enrolled in a Masters degree in Clinical Psychology at Nelson Mandela Metropolitan University. One of the requirements to fulfil my degree is to conduct a research study. The aim of my study is to explore and describe the relationship patterns in a Coloured family affected by maternal alcohol abuse. The study will involve me interviewing members of the family.

The research project deals with a sensitive topic and research participants might need debriefing after the research has been conducted. The possibility of working with a disadvantage family is probable; hence private counselling will not suffice. Your centre makes such services available to communities who cannot afford the normal rates in private centres, hence my request to you for assistance in the debriefing process if required.

Furthermore, it is important that you are aware that the study has been approved by the Research Ethics Committee (Human) of the university. Please be so kind to consider my request. You are welcome to contact me at hanlieabraham@gmail.com or 0799150273.

Yours sincerely

Hanlie Abraham

Researcher

Prof CN Hoelson

Research supervisor