EXPLORING THE EXPERIENCE OF FAMILY MEMBERS LIVING WITH INDIVIDUALS WHO ABUSE ALCOHOL AND/OR SUBSTANCES

(STUDY CONDUCTED IN KHAYELITSHA, WESTERN CAPE)

By

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DECLARATION

I, Badise Modise, hereby declare that this research report is my own original work. I know that PLAGIARISM is wrong and PLAGIARISM is taking and using the ideas, writing, work or inventions of another as they were one's own. In the instances where the work of others is used, I have adopted the policy of American Psychological Association (APA) referencing style.

Signed: _____

Date: _____

ACKNOWLEDGEMENT

This work is dedicated to all the women who participated in this study. Without your narratives none of this would have been possible. Thank you for providing a voice for our stories to be heard.

To God be the Glory. For all things are possible because of Him. To my dearest mother, your unconditional love and support keeps me going. My late father, thank you for my first school uniform, even though you never got to see me go to my first class, you always supported my education.

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My supervisor Professor Dirk Odendaal - you almost broke me. Without your hard work and push I would have never realised my full potential. I now know there are no limits Prof. It all requires hard work, dedication, and belief.

I would also like to dedicate this study to all the victims of alcohol and substance abuse, recovering dependents, and to those battling depression. You are not alone.

ABSTRACT

The constant, excessive and frequently uncontrollable abuse of alcoholic beverages and drug related substances continues to have many devastating effects on family members of the abusers. The impact can be explored in various ways, but the findings are likely to be hand in glove regardless of the causes associated with this phenomenon. This study aimed to explore the experiences of family members living with individuals who abuse alcohol and/or substances through case studies conducted in Khayelitsha, in the Western Province of South Africa. The study was conducted to gain greater insight into the experiences of the family members in order to provide the appropriate assistance to help them deal with these issues.

From the data that was captured and analysed, it was clear that alcohol and substance abuse inflicted profound suffering on family members. It contributes to high levels of interpersonal conflict, domestic violence, child abuse and neglect, financial problems as well as health issues for all parties involved - causing extreme emotional pain and suffering. Living with an alcohol or substance abuser inevitably results in financial burden, dysfunctional relationships and family life in addition to impacting on safety needs.

Furthermore, the results have shown that family members of alcohol and substance dependents develop psychological and mental distress; anxiety, and insomnia. Likewise, the family members develop psychophysiological symptoms such as high-blood pressure and chronic headaches. With regards to rehabilitation, family members reported exclusion from rehabilitation programs and lost their belief in self-rehabilitation or detoxification.

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CHAPTER ONE: INTRODUCTION

An increasing amount of literature indicates that the negative consequences of alcohol and substance abuse affects many family members' lives all over the world (Van Wormer & Davis, 2016). Families of individuals who abuse alcohol and/or substances suffer greatly, as individual family members may experience feeling fear, anxiety, anger, guilt, embarrassment and abuse. The negative effect of alcohol and substance abuse, not only causes dysfunction in merely the nuclear family, but extends beyond the family structure. Alcohol and substance abuse negatively impacts on trust and role modelling; and causes destruction in relationships between generations (Van Wormer & Davis, 2016).

The community, and friends of the individuals who abuse alcohol and/or substances also experience negative effects from alcohol and substance abuse. The individuals who abuse alcohol and/or substances manipulated friends and asked them for financial assistance. Community members may have their property stolen by alcohol and substance abusers as a means to acquire money in order to purchase alcohol or substances (Mackune-Karrer, Hardy & Saba, 2014). Consequently, the family members suffer greatly under the burden and responsibility caused by the actions of the abusers. Family members reported that they are responsible for the debts and the property stolen from the community. The issue of alcohol and or substance abuse is a complex challenge that seems to be growing in spite of the attempts by the government and organisations to combat it (Rehm, Mathers, Popova, Thavorncharoensap, Teerawattananon & Prata, 2009).

Communities also become frustrated with the individuals and their failed attempts to become rehabilitated. As a result of the frustration families of alcohol and/or substance abusers become isolated and are left to deal with the issue themselves (Watt, Meade, Kimani, MacFarlane, Choi, Skinner & Skinner, 2014). The isolation leaves individual family members more discouraged, causing some family members to end up abusing alcohol and substances as a means of escaping the problem (Velleman & Templeton, 2007).

The problems of alcohol and substance abuse is not just restricted to South Africa, but is an international problem (Van Wormer & Davis, 2016). In 2015, the World Drug Report of the United Nations Office on Drug and Crime (UNODC) reported that the prevalence of substance abuse remains consistently high around the globe. The report stated that worldwide, an estimated 246 million people between the ages of 15 and 64 years were using illicit drugs in 2013. In addition, 27 million people were reported to be "problem" drug users. These people were also involved in illegal and criminal behaviour to sustain their addiction (United Nations Office on Drug and Crime, 2015). To date, this number has only increased. These statics indicate that there is a large number of individuals in the world who abuse substances, which also translates to many families in the world who are exposed to living with alcohol and substance abusers. The statistics provide evidence of the importance of the exploration of the experiences of living with alcohol and substance abusers in order to learn ways in which family members can be assisted in dealing with the traumatising consequences of having a family member who abuses alcohol and/or substances.

Literature indicates that substance and alcohol abuse has negative consequences not just on the physical and mental wellbeing of the individual abusers of substances, but also on the wider communities in which they live (Hawkins, Catalano, & Miller, 1992). The abuse of substances and alcohol has been associated with deadly road accidents, physical violence and victimisation (National Institute for Crime Prevention and Reintegration of Offenders, 2015). The families may also find themselves having to pay legal fees due to the abusers breaking the law (Klostermann & Fals-Stewart, 2006).

Problems that arise from abusing alcohol include exposure to chronic illnesses such as high blood pressure. Moreover, when taken during pregnancy, alcohol can cause foetal alcohol syndrome (FAS) and low birth weight (Schneider, Norman, Parry, Bradshaw, Plüddemann, & Collaboration, 2007). The illnesses that arise from alcohol abuse have a negative impact on the family members and cause dysfunction in the family relationships; for example, when the abuser is blamed for the child's illness, namely FAS. Children born with FAS have been reported to have long-term developmental and social problems (Schneider et al., 2007). This is a long term burden on other family members and society at large, who have to adjust to accommodate the child.

1.2 Alcohol abuse

Alcohol abuse is a burden in global societies, as the consumption of high quantities of alcohol has been linked to the increase of risky behaviour. Young people (in the mid-twenties) who consume excessive amounts of alcoholic beverages are found to engage in unprotected sex, to not adhere to medication instructions, and are at increased risk of being infected by HIV, TB and other STD's (Hahn, Woolf-King & Muyindike, 2011). From research a link was made between the spread of the Human Immunodeficiency Virus (HIV), alcohol abuse, dependency, and health (Scribner, Theall, Simonsen & Robinson, 2010). Alcohol abuse has negative ramifications on the health of individuals who abuse it and who are at the same time infected with HIV. Infected individuals who abuse alcohol have difficulties with adhering to their HIV treatment, resulting in them developing HIV related illnesses and their infection advancing into full-blown AIDS (Shuper, Neuman, Kanteres, Baliunas, Joharchi, & Rehm, 2010). This predicament is exacerbated by poor diet, as most abusers are not financially stable. Alcohol abuse also impacts on the children and intimate partners of the abusers. The individuals' violent behaviour during intoxication has the potential to cause psychological damage to their families, extended relationships and can often affect generations to come (Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg & Heise, 2011).

In Sub-Saharan Africa where the epidemic of HIV/AIDS is mostly high, not enough has been done to address the impact of the misuse of alcohol on the spread of HIV (Hahn et al., 2011). According to Hahn many of the intervention strategies that are already in place in rural areas of Sub-Saharan Africa remain unsuccessful due to the social and psychological factors of alcohol consumption and not assisting individuals seek help in this regard. The individuals experience conflicting feelings about refraining from alcohol consumption. The advice from the clinics helps them to understand that their health is at risk because of alcohol abuse. However, they also do not want to be isolated from societal gatherings where many consume alcohol. These contradictory feelings leave the individuals conflicted about what to choose: their health or societal inclusion (Sundararajan, Wyatt, Woolf-King, Pisarski, Emenyonu, Muyindike, & Ware 2015)

1.3 Substance abuse

Substance abuse (or drug abuse) refers to the manner in which the user consumes substances in amounts that are harmful to the individual and others. The user may continue to abuse substances despite the negative consequences that are associated with high levels of abuse and develop a dependency on the substance (Whiteford, Degenhardt, Rehm, Baxter, Ferrari, Erskine & Burstein, 2013).

In South Africa the marketing of illegal substances has become a war that the government seems to be losing. Individuals become involved in distributing substances because of the high demand for it and the quick tax-free profits that result from the sales (Leggett, 2001). In South Africa, some of the substances that are high in demand are cannabis (marijuana), Mandrax, and club drugs. The spread is aided by what is called the 'sleazy hotel syndrome', which involves both the provision of sexual services and a market for cocaine, or heroin, by a sex-worker (Leggett, 2001).

The trafficking of substances has become one of the major emerging problems for South Africa and South African families. Young people from poverty stricken backgrounds are targets of substance trafficking and are used as drug mules to smuggle illegal substances from South Africa into foreign countries (Ellis, 2009). Individuals who traffic illegal substances and are caught in foreign countries, leave their families feeling hopeless and helpless about the situation. They experience stigmatisation and blame by their communities for the choices made by the family member who became a drug mule (Fleetwood, 2014). In some countries, such as China, the law deals decisively and punitively with traffickers, some even by beheading offenders. This leaves the family traumatised and sometimes without a breadwinner (Ellis, 2009).

1.4 Background

The rising number of communities affected by substance and alcohol abuse in South Africa, led to the implementation of programmes and legislation, to combat the spread of substance distribution and alcohol consumption. The National Drug Master Plan (NDMP) 2013-2017 is one of the programmes implemented by the South African government in an attempt to combat

substance and alcohol abuse in the country. The objectives of the NDMP are to create a drug-free nation through the gradual reduction of the distribution and demand of illicit substances and alcohol in communities. The programme also aims to provide support and treatment for substance dependency and abuse (Pienaar & Savic, 2015). Nevertheless, there is no evidence of legislation being adopted in South Africa, aimed specifically at supporting family members and/or communities dealing with the consequences of alcohol and substance abuse. The provision of support programmes for the affected families and communities are still of low importance in government planning (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009).

1.5 Rationale of the study

This topic was chosen by the author to help fill in the gaps in literature with regards to the effects that alcohol and substance abuse have on the family members. This was after an observation that the topic is not well covered in literature. In addition, findings are intended to help assist in the provision of assistance to these affected family members together with the abuser. This is all in an attempt to develop a civil society from grassroots level, the family.

1.6 Khayelitsha, the home of the participants

This study involved participants from Khayelitsha. The researcher would like to start by providing the reader with a background of Khayelitsha, to ensure an understanding of her rationale behind selecting participants from this specific Township.

Khayelitsha is a peri-urban settlement on the outskirts of Cape Town with an estimated population of 1,000,000 people. It is Cape Town's largest suburb. Residents reside in three different types of housing: (1) formal housing with serviced running water and electricity, (2) informal housing, formally known as "shacks", with communal running water and some electricity, (3) informal housing or "shacks" on land that is not serviced which has no running water or electricity (Havenaar, Geerlings, Vivian, Collinson & Robertson, 2008). Khayelitsha has a high prevalence of unemployment which contributes to alcohol abuse, substance abuse, and dysfunctional family life (Parry, Plüddemann, Louw & Leggett, 2004). Due to the high rate of unemployment, hopelessness, mental illness, chronic disease, poverty, and domestic abuse; many

individuals are engaged in alcohol and substance abuse as a means of coping with their daily challenges (Tsai & Tomlinson, 2012).

The researcher's rationale for selecting participants from Khayelitsha was due to her personal experiences of living there for 23 years and sharing a home with a substance abuser. The researcher saw a need to conduct the research in Khayelitsha in order to contribute to existing literature on the challenges of living with individuals who abuse alcohol and substances. In addition, the researcher hopes to provide a platform for the voices of family members who experience the challenges of living with alcohol and substance abusers who are often overlooked.

1.7 Problem Statement

The problem of substance abuse touches almost every community and numerous families in South Africa. It is entirely possible to be a victim of substance abuse just by living in a society that consists of individuals who abuse substances (Degenhardt, Chiu, Sampson, Kessler, Anthony, Angermeyer, & Karam, 2008). The rationale for this study is to provide family members with a chance to share their personal experiences of living with alcohol and substance abusers. This research will hopefully add to the existing literature regarding the importance of supporting families, in order to bring change and healing.

Two questions that stood out from the interest mentioned above, were: "*How does living with an alcohol and substance abuser affect the family members' experiences particularly their psychological and emotional wellbeing?*" and "*What are the main challenges faced by family members of an individuals who abuse substance and/or alcohol?*". The aim and goal was to find out whether rehabilitation programmes make provision for the family members, who live with the person who is undergoing rehabilitation, how they benefit from it and what they would like to see implemented.

In conducting the research study the researcher intends to highlight the experiences of family members living with individuals who abuse alcohol and substances. These will ultimately deduce the challenges that are faced as well. By obtaining a broader understanding of these experiences and challenges, the researcher hopes to influence the development of programmes that will assist the family members to deal with the various issues and find the skills to cope with those challenges effectively.

1. **8 Chapter overview**

The study will proceed as follows:

In **Chapter One**, the researcher introduces the study, the rational and objectives of the study. **Chapter Two** will discuss the literature review in relation to the experience of family members who are living with individuals who abuse alcohol and related substances. The researcher will be discussing the various opinions surrounding the different perspectives about the impact of alcohol and substance abuse on the families of individuals who abuse alcohol and substances. Furthermore, it will provide a description of the types of substances. **Chapter Three** looks at the theoretical perspective of the research in order to fully respond to the research questions brought forward. **Chapter Four** will present the methodology and the procedures that were employed in conducting the study. The chapter describes how IPA was employed to guide the study in collecting data, analysing the data, as well as addressing the questions about the validity of the research. **Chapter Five** will present the results of the study. **Chapter Six** will discuss the findings of the research, and **Chapter Seven** deliberates the conclusions.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The chapter presents an outline of the various viewpoints found in the literature, addressing the challenges and experiences faced by family members living with individuals who abuse alcohol and substances. It begins with a brief discussion of various substances that are commonly used globally and the physical and psychological consequences of abusing substances and alcohol together with their effects. The author will then provide a discussion about substance and alcohol abuse within the South African context and the continuous challenges faced by poor South Africans in receiving access to substance and alcohol rehabilitation and basic mental health care. This chapter will, through the use of literature, look at the experiences of spouses, children and extended families of those who abuse alcohol and substances.

2.2 Types of commonly abused illegal substances

Several street names are used to refer to illegal substances (Christophersen (2000). The names that are given to the substances depend on the city and country in which they are found. The names change over time as distributors try to avoid getting caught and to avoid receiving unwanted attention from authorities (UNODC, 2007). For the purpose of this research, the names that will be used to refer to the various substances are those that are defined by the United Nations Office on Drugs and Crime document for substance abuse.

2.2.1 The Cannabis sativa plant or marijuana

The cannabis sativa plant or marijuana is defined as a dried black or brown secretion of the flowering tops of the cannabis plant, which is crushed into a powder form or pressed into cakes. The cannabis sativa plant is usually smoked, eaten or brewed into tea by its abusers (UNODC, 2007). The substance gives the user a pleasant feeling of relaxation and at times a feeling of euphoria. Users have reported that the substance causes them to go into a dreamlike state and that the substance heightens their sensory experiences resulting in them seeing in vivid colours (Barlow & Duran, 2012). The heavy use of cannabis sativa, at the age of 18 years, can increase the risk of developing symptoms of schizophrenia in early adulthood (Arseneault, Cannon,

Poulton, Murray, Caspi & Moffitt, 2002). Habitual use of cannabis sativa has also been associated with respiratory and immune system problems such as lung airflow dysfunction, and acute and chronic bronchitis (Tashkin, Baldwin, Sarafian, Dubinett & Roth, 2002).

Long-term use of cannabis sativa results in the individual becoming addicted to the substance and the individual developing substance dependency. A research survey conducted by the National Survey on Drug Use and Health in 2012 found that an estimated 2.7 million people aged 12-years and older met the DSM-V criteria for dependence on cannabis sativa (Volkow, Baler, Compton & Weiss, 2014). The DSM-V suggests that an individual who is diagnosed with cannabis sativa dependence or abuse, meets at least one or more of the criteria listed in the diagnostic criteria for cannabis sativa dependence. The criteria include maladaptive behaviour in the individual's social life, interpersonal relationships, and occupational activities (Diagnostic and Statistical Manual of Mental Disorders, 2013). In most cases adolescents who abuse cannabis sativa still live in the same household as their parents, siblings, and sometimes extended family. Their maladaptive behaviour has the potential to cause significant distress for their parents, siblings and other family members. Therefore, the adolescents' problem of abusing cannabis sativa does not only impact on their personal wellbeing, the entire family's wellbeing is affected (Marimuthu, 2015). Additionally, the drug is fairly expensive and once a person starts using it, the lifestyle has to be maintained at the expense of the family.

The question of whether the abuse of cannabis sativa is harmful or beneficial remains an on-going debate all over the world, seeing that many researchers have indicated that cannabis sativa is a medicinal plant that helps to relieve pain for individuals suffering from chronic diseases such as cancer. Resulting in various organisations all over the world to come together to advocate for the legalisation of cannabis (Hoffmann & Weber, 2010).

2.2.2 Cocaine

Cocaine is a powerful stimulant. The purpose of stimulant substances is to make an individual become more alert and energetic. Cocaine comes from the leaves of the coca plant, a flowering bush that is indigenous to South America (Barlow & Durand, 2012). In the streets, distributers and users can dilute/cut cocaine with other substances to increase the quantity. Crack, for

instance, is cocaine that has been diluted with ammonia or sodium bicarbonate (UNODC, 2007). Cocaine is usually sniffed or injected into a vein by the users, while crack is smoked. Cocaine provides its users with a feeling of euphoria, increased energy, losing contact with reality, an increase in blood pressure and pulse-rate, and it reduces the need for sleep or eating, (Barlow & Durand, 2012). Habitual misuse of cocaine is associated with a number of health problems and is believed to depend on how the substance is taken. Sniffing cocaine, for instance, can lead to the severe damage of nose tissue while smoking crack can lead to respiratory problems. On the other hand, the needles used for injecting the substance can spread infectious diseases, such as HIV, and cause abscesses (Wallace, Porter, Weiner & Steinberg, 1997).

Other consequences of using cocaine that are not determined by how the substance is taken include severe dependence of the substance, malnutrition, severe weight-loss, being disoriented, and the experience of paranoid psychosis (UNODC, 2007). There are a number of risks that have been associated with the abuse of cocaine and crack during pregnancy and include the abstraction of the placenta, premature birth, miscarriage, and congenital malformation. Using cocaine during pregnancy has also been said to deprive the foetus from proper oxygenation due to the reduction of uterine blood flow and impaired oxygen transfer (Charukesi, Mink off, Feldman, Parekh & Glass, 1988).

One of the most dangerous but popular cocktails among cocaine users is the mixing the substance with alcohol (Coffin & et al, 2003). The consequences of combining alcohol with cocaine include violent behaviour, which stems from the violent thoughts and perceived threats by the users, when they are intoxicated and "high" from the cocktail, impacting negatively on the family members (Coffin & et al, 2003). The term "high" is a colloquial term that refers to the state of being under the influence of alcohol or substances (Lasik, 2016). A study conducted to determine the effects of combining alcohol and cocaine, (Penning's, Laccase, & Wolff, (2002) showed that the cocktail had the potential to cause sudden death and that users are three times more likely to have suicidal ideation; and are more likely to act on these thoughts. The study showed that when the abusers are "high" on the cocktail they are five times more likely to have homicidal ideas or plans (Penning's, et al, 2002). Studies indicate that the mixture of alcohol and substances may result in family violence, intimate partner violence, and child abuse (Boles & Motto, 2003). In a study conducted with men detained for domestic violence and intimate partner

murder, the majority of them reported that they were under the influence of a mixture of alcohol and another substance when they committed the crimes (Dennison & Welshman's, 2000).

2.2.3 Ecstasy

Ecstasy can be defined as a psychoactive stimulant that is manufactured in illegal laboratories. The name 'ecstasy' developed and changed over the years and is no longer used to refer to only a single substance. Lately the term "ecstasy" is commonly used to refer to a variety of substances that have the similar effect on its abusers as well as any substance that is in tablet-form with a logo on (UNODC, 2007). Although ecstasy is usually distributed in the form of a tablet, it has been reported that the substance is also distributed in the form of a powder or a capsule. Individuals who use ecstasy consume the substance by swallowing the tablet/capsule or by snorting or injecting its powder. Snorting involves an individual roughly inhaling the substance through their nose. The development of ecstasy dates back to 1912 and the substance was originally manufactured by the Merck Company as an appetite suppressant (Billault, Courant, Pasquereau, Derrien, Robins, & Naulet, 2007). The substance is reported to affect the users by heightening the users' empathy levels and to induce a feeling of closeness to the individuals around them (Singer & Schensul, 2011). The substance gives the consumer an increased feeling of euphoria, enhances the users' sensations and can cause hallucinations (Hunt, & Evans, 2008).

Ecstasy has been reported to be widely abused by young adults who attend "rave" parties or night clubs and is complementary to the music that is usually played at these venues (Sanders, 2005). "Rave music" refers to electronic music that is played at a rave party that carries on right through the night. A rave party can feature live performances by DJ's or music performers. The parties normally take place in dark venues illuminated only by flashing laser lights, in which the distribution of various legal and illegal substances take place (Anderson, 2009). The study conducted by Sanders in 2005 reported that in the United Kingdom (UK), the abuse of ecstasy in night clubs is regarded as a norm and those who attend night clubs acquire the substance as a way of having a good time and escaping the pressures of their daily life. Consequently, the study provides readers with evidence of how society has come to accept the distribution of illegal substances as a norm in night clubs. It has been publicized that the abuse of ecstasy in night clubs is not only a phenomenon in the UK, but a global one (Lile, Ross & Nader, 2005).

The study further highlighted that individuals abuse ecstasy and other illegal substances to escape the demands and pressures of their personal lives. This point provides an understanding of how illegal substances are abused as a means to cope and escape the pressures of everyday life. It appears that individuals start out with a substance that provide an escape from their daily challenges, but eventually experiment with stronger substances to provide them with a longer lasting feeling (Lile et al., 2005).

Ecstasy negatively affects the abusers' mood once it has subsided in their system. Those who take these drugs have reported after-effects that include lethargy, irritability and depression. Significant memory impairment has also been reported and studies have shown that the excessive use of ecstasy can result in permanent neurological damage (Kalant, 2001). It has also been noted that abusers experience a period of acute physical pain, including muscle aches, severe headaches and they reportedly have difficulties maintaining attention during the withdrawal period (Morgan, 2000). This means that they cannot partake in productive work at the office or at home or any other income-generating jobs, thereby placing further financial pressure on the family.

2.2.4 Methamphetamine

Methamphetamine is described as a white, odourless crystalline powder that can easily be dissolved into alcohol or water. Methamphetamine is a highly powerful, psychoactive stimulant that affects various parts of the central nervous system. The substance can be taken orally, snorted, smoked or injected and is reported to provide its abusers with a feeling of euphoria and a temporary increase in energy (UNODC, 2007). Users have recounted that the substance helps them improve their performance at manual and intellectual level (Plüddemann, Dada, Parry, Kader, Parker, Temmingh & Lewis, 2013). It has been reported that short-term use of methamphetamine results in appetite loss, palpitations and increased blood pressure and body temperature. Long-term abuse of the substance include brain cell damage, emotional deficit, convulsions, stroke or heart failure, and death from respiratory failure. Long-term use can lead to substance dependency and once the abuser stops taking the substance they can experience long periods of sleep, which usually results in the development of depression (Plüddemann at el., 2013). This, in turn, leads to a lack in productivity at home.

Methamphetamine is produced in extra-large laboratories, or small kitchen laboratories (Rawson & Condon, 2007). The simplest way of producing methamphetamine in small kitchen laboratories, is to arrange for the easy spread supply of the illicit substance which causes difficulties in knowing how much is produced. Tracking down the methamphetamine laboratories has become more complex due to the fact that they are usually placed in hard-to-detect locations and the number of methamphetamine laboratories have increased by 55% between the 2005 and 2006 (Rawson & Condon, 2007).

The abuse of methamphetamine has been linked with a declining effect on communities and society at large. Methamphetamine plays a negative role in the contraction and spread of diseases such as tuberculosis, HIV, as well as contributing to increased domestic violence (Kimani, Watt, Merli, Skinner, Myers, Pieterse & Meade, 2014). The substance triggers aggressiveness, inducing violent and bizarre behaviour in its consumers. The victims are close family members who are forced to deal with these abusers on a daily basis.

2.2.5 Heroin

Heroin is an addictive substance that contains pain-killing properties made from morphine, a natural plant derived from a seed of the Asian opium plant, the opium poppy. The pure form of the substance is normally white powder, whilst the processed form of the substance is a light brown powder. The substance is usually injected, snorted, smoked or inhaled by its users (UNODC, 2007). The industrial manufacturing and trade of heroin can be traced back to the 1600s when the East India Companies (EIC), which included Britain and Holland (now the Netherlands) obtained territories all over the world. In the various territories the functioning of the government was to negotiate treaties, administration of justice, legislation and colonization. The companies were also at liberty to move opium from India to the Far East. Between 1770 and 1883 the company gained control of the Asian opium trade and opened trading lines for all foreign companies despite the banning of all opium trading by the then Chinese emperor, Yongzheng, in 1729 (World Drug Report, 2008). The attempts made by the Chinese emperor to stop the trading and abuse of opium was however unsuccessful and by the 1800’s the abuse of opium exploded in Europe. By this time, scientists were trying to discover other beneficial uses

of opium and discovered Morphine; which is derived from processed opium (Fermandez & Libby, 2011).

Morphine was believed to be a "miracle" drug due to its ability to eliminate severe pain associated with medical operations and traumatic injuries. Morphine made the users feel completely numb and in a euphoric, dream-like state. In the mid-1980's morphine became popular in the United States and many physicians prescribed the drug to soldiers who sustained severe injuries during the war. It is still in common use by oncologists for cancer patients as a very strong pain killer. The side effects of morphine remained unnoticeable until the late 1800's when many soldiers became morphine dependent (Courtwright, Joseph & Des Jarlais, 2013). Although the side effects of morphine became known, the legal marketing of the substance was not prohibited and many companies launched advertising campaigns promoting the substance as a cure for alcohol withdrawal, for depression, coughs, colds, and even cancer. Heroin and morphine remained unregulated and legally distributed in the United States up until 1920 when it became evident that the substances were causing more harm than good (Maisto, Galizio & Connors, 2014).

Heroin is reported to assist its users in relieving tension, anxiety and depression. The user becomes detached from physical distress, physical pain and emotional distress. Large doses of heroin can provide the user with a feeling of euphoria (Zhang, Shao, Yan, Wang, Liu & Lu, 2007). Short-term effects of heroin abuse are associated with lack of concentration, strained pupils, vomiting, nausea and drowsiness. When this happens at home, the family members have to clean up after the user, seeing as they would be too ill to clean up after themselves (Zhang, Shao, Yan, Wang, Liu & Lu, 2007). The substance is highly addictive and users rapidly develop physical and psychological dependence on heroin. Long-term abuse of heroin results in severe health concerns such as malnutrition, constipation and weight loss. The substance can also result in irregular menstrual patterns and chronic detachment. An attempt to quit using heroin after long-term abuse of the substance can result in physical withdrawal symptoms such as severe stomach cramps, diarrhoea, panic, a runny nose, chills and sweats. Other risks include substance overdose, which can result in a coma and/or death due to respiratory depression (Coffin & Sullivan, 2013). All these negative effects are borne by the family members who have to provide for the family including the abuser putting a financial and social strain on the family.

2.3 Illicit substance abuse within the South African context

Since the collapse of Apartheid in 1994, South Africa has faced many physical and economic changes and challenges. The country transformed from having strict monitoring of external and internal border control access to becoming one of the easiest countries to import and export illegal substances to and from. The reduction of strict internal and external border controls allowed for the increase of travel and trade in the country and high levels of corruption. The poorly resourced law enforcement agencies also made it easier for the illicit substance industry to develop and succeed (Myers, Fakier, Louw, 2009). During his opening address to Parliament in 1994, former President Nelson Mandela pointed out that it was an issue that needed immediate attention. By the end of 1999 the South African Drug Advisory Board announced that alcohol and substance abuse reached an unacceptable and alarming level (Rehm, Mathers, Popova, Thavorncharoensap, Teerawattananon & Prata, 2009). The National Drug Master Plan was developed to tackle the issues of alcohol and substance abuse. It acknowledged that the alcohol and substance abuse problem in South Africa contributed to numerous problems.

In the democratic South Africa, the use and abuse of alcohol and substances have been associated with a variety of negative factors. The South African social climate is characterised by frustrated individuals who are disturbed by the slow pace of the distribution of economic power to all communities. Failing to deliver on the promises of equal access to resources, has steered individuals into mobilizing what little resources they have available to them, to make a living in their communities. Poor groups in South Africa have learned to tolerate the distribution of substances in their communities, because law-enforcement is limited. The growing wealth of some community members has enabled certain individuals to gain power over people in impoverished areas (Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010).

2.4 Alcohol abuse in the South African context

Alcohol is defined as a psychoactive substance that has been widely used in many cultures throughout history (Barlow & Durand, 2012). In South Africa, alcohol has played a central role since the European settlers first occupied the country in 1652. The Dutch developed a refreshment station in the Cape (now Cape Town) to ensure that ships that pass by, received fresh beverages and other supplies, to sustain them through their remaining journey (Parry,

2005). Over time it became more than just a refreshment station where ships were supplied with provisions, alcohol and other beverages. Liquor was smuggled to ships. The Cape became known as a place of drunkenness and violence and was given the nickname: 'Tavern of the Seas'. Alcohol was used to trade for goods with the indigenous Khoi people. They traded their cattle, or labour, for liquor or wine. Subsequently, alcohol played an important role in developing the economy during the 17th century and in managing labour (Parry, 2005).

During Apartheid, alcohol played an important part in the black population, as it became a form of resistance against the policies that were put in place to oppress them. Illegal taverns or *shebeens*, as they are formerly referred to in black communities, served an important purpose in black communities: it enabled blacks to generate an income and, as an added bonus, wreaked havoc in the government-run liquor outlets (Schneider el al., 2007).

In South African societies today, alcohol plays a complex role; one that has led to the promulgation of the National Liquor Act of 2004 – 2009. The Act is aimed at establishing a responsible and sustainable liquor industry and to assist with promoting black economic empowerment, whilst decreasing social and economic expenses resulting from alcohol abuse (Parry, 2010). Although the alcohol industry in South Africa generates income through job creation and taxes raised of R4.2 billion in 2009; it was reported that in that same year, it cost the country an estimated R9 billion to provide services that were needed to address the issue of alcohol abuse (Centres for Disease Control and Prevention, 2003). To date, reports indicate that South Africa has recorded a consistent high number of alcohol-related deaths and accidents including the highest rate of FAS in the world (Myers et al., 2009).

2.5 Consequences of abusing alcohol

Although alcohol is a depressant, it can help certain individuals to become more socially outgoing and to experience feelings of "well-being". Alcohol consumption has also been associated with negative outcomes and with the increased amount of alcohol consumption, individuals' motor coordination can become impaired; their ability to function properly deteriorates, their reaction time is slowed down and the ability to make sound judgements becomes poor (Barlow & Durand, 2012). Individuals are legally prohibited from driving a

vehicle after taking an average of more than four units (women) or five units (men) of beverages that contain alcohol (e.g. wine) within a short period of time of about two hours (National Institute on Alcohol Abuse and Alcoholism, 1997). The World Health Organisation (WHO) states that consuming alcohol has been linked as causal factors of more than 200 diseases including liver cirrhosis, alcohol dependence and cancer (World Health Organisation, 2014, p. 14). A study conducted in the United States (USA) in 2013 found that excessive consumption of alcohol contributed to about 79,000 deaths annually; these deaths included fatal accidents and deaths related to high alcohol intake (Shimotsu, Jones-Webb, MacLehose, Nelson, Forster, & Lytle, 2013). These negative effects have ripple-effects on the immediate family members and friends of the abuser. In most cases the one who falls sick due to alcohol and substance abuse is a key financial contributor in the family. Their sickness, or death, translates to an economic void, leaving the family to struggle financially. This is the case with most South African families who are low-income earners.

A study conducted in India highlighted the negative impact of excessive alcohol consumption in spreading HIV in heterosexual relationships. The study showed that among Indian female sex workers the prevalence of HIV is about 15 times higher than the general population. The study identified that the cause of HIV in heterosexual relationship is associated with male clients and their female sex worker counterparts. A national survey reported that although the majority of the population in India does not consume alcohol, female sex workers and their male clients were more likely to consume alcohol. Moreover, it suggested that men who consumed alcohol and visited female sex workers were known to engage in risky sexual behaviour; such as unprotected sex and anal sex. The men's careless actions consequently impact negatively on their intimate partners, because they would refuse to use condoms when being intimate with their wives, resulting in their wives contracting HIV and/or related STI's (Samet, Pace, Cheng, Coleman, Bridden, Pardesi & Raj, 2010). In some cases, when the husband realises that he has been infected, he would start taking ARV medication without informing his wife, who also needs treatment, for fear of divorce and being disgraced in the family. His behaviour could result in the family breaking up or both parents dying – leaving the children orphaned, destitute and vulnerable.

There are varied consequences of intimate partner violence due to alcohol use and abuse. Research findings by the WHO (2006) on intimate partner violence showed that the health of female victims deteriorated due to physical and emotional outcomes of domestic abuse. Some female victims could encounter pregnancy complications or miscarriages, and become severely depressed, which could lead to suicidal ideation, or attempted suicides. Physical injuries caused by domestic violence could also result in fatalities (WHO, 2006). Children that witness domestic violence are emotionally affected and more likely to use violence, to develop oppositional defiant behaviour and to bully other children at school (Kernic, Wolf, Holt, McKnight, Huebner & Rivara, 2003).

2.6 The need for rehabilitation centres in South Africa

During the Apartheid years, race was the deciding factor as to who received access to alcohol and drug related substance rehabilitation programmes. Prior to the democracy in 1994, the black and coloured populace were restricted in utilising resources and other socio-political elements hindered their access to treatment for alcohol and substance abuse. Most rehabilitation facilities were situated in mostly white urban areas, where access was reserved for the whites only (Parry, Plüddemann & Myers, 2009). In addition to this, the Department of Health (DOH) and the Department of Social Development (DOSD) failed to work interdependently to assist historically disadvantaged communities to receive quality services for the rehabilitation and prevention of alcohol and substance abuse. By working independently of each other, both departments failed to provide effective services and neither of them wanted to accept responsibility for the failed service delivery (Myers et al., 2009). It was part of the Apartheid legacy that alcohol and substance rehabilitation was not regarded as a health concern, but rather as a threat to the socio-economic status for the South African government and the economy (Parry, Bhana, Myers, Plüddemann, Flisher, Peden & Morojele, 2002).

Since the beginning of our democracy in South Africa in 1994, the DOH and DOSD has made it a priority to address issues related to mental health services delivery in historically disadvantaged communities. The various social welfare departments that were once operating independently have now become integrated into a single structure in order to work in line with the DOSD, which has since become the key department responsible for alcohol and substance

abuse prevention and treatment. In addition, the DOH remains an essential partner with the DOSD, which has the responsibility of guiding the medically-related work, such as medical detoxification services (Myers et al., 2009). Myers et al., (2009) highlighted that, regardless of the changes that took place in post-apartheid in South Africa, access to 'mental health for all' still remains a continuous battle.

The National Drug Master Plan 2013-2017 (2015 (NDMP) conducted research to assess the demand for admissions to alcohol and substance rehabilitation centres between the years 2008 and 2010 and the research findings indicated that alcohol was the leading substance of abuse in the country. The finding suggested that the lowest admission to the rehabilitation programme for alcohol dependency came from three provinces, namely: Western Cape, Mpumalanga and Limpopo. Out of all individuals who were admitted for rehabilitation for alcohol abuse in that time period, only 29.8% of the population were from the Western Cape, while 70% of the population were individuals from the Free State, Northern Cape and North West Province.

The primary substances of abuse reported by individuals consisted of cannabis sativa, cocaine, heroin, amphetamine-type stimulants (ATS), over-the-counter medication (OTC), as well as prescription medication (Dada, Plüddemann, Parry, Bhana, Vawda & Fourie, 2011). The statistics indicated that in the Western Cape 11.2% of the population admitted for substance abuse rehabilitation used cannabis sativa, 1.9% reported to be using cocaine, while 40.6% reported methamphetamine as their primary substance of choice, 11% reported to abuse heroin, and only 0.1% were admitted for the rehabilitation of OTC and prescription medication. 50.2% of the population admitted for substance abuse rehabilitation in Mpumalanga or Limpopo reported to be abusing cannabis sativa, 11% was admitted for heroin abuse. In the Eastern Cape 20.1% of the population admitted to abusing cannabis sativa and 12.3% reported to be abusing OTC and prescription medication as their primary substance of abuse. The statistics also highlighted that out of all nine provinces in South Africa, KwaZulu-Natal had the highest percentage with 29.5% of the population reported to have used heroin as their primary substance of abuse (Dada et al., 2011). The high proportion of heroin abusers has been attributed to the popular use of "sugar" or *nyaope* which refers to a low dose of the heroin and cocaine cocktail. The mixture is said to be popular with young Indian males in the South of Durban (Data et al, 2012).

Further to the statistics of 2008 to 2010 for the admission of substance abuse rehabilitation, it has been stated that the number of individuals treated for illicit substance abuse in the different provinces was: 17 820 in the Western Cape, 7 459 in KwaZulu-Natal, 4 601 in the Eastern Cape, 16 962 in Gauteng, 4 288 in Mpumalanga and Limpopo, and 3 527 in total for the combination of Free State, North West, and Northern Cape (Dada et al., 2011).

To date in South Africa, substance abuse rehabilitation services has been unable to keep up with the growing demand for substance abuse rehabilitation. The plan to decrease tertiary care services, at the same time as increasing primary care services, has not yet been executed and rehabilitation services remain inadequate (Isobell, 2013). Various non-government organisations (NGOs) are taking the initiative to educate adolescence and young adults about the consequences of using illicit substances and in educating out-patient heroin-abusers about finding substitutes for the substance. This is to discourage them from combining heroin with alcohol, because that requires special rehabilitation and it is scarcely provided. Students are encouraged to focus on their future from a young age in order to abstain from getting involved in activities that will put their parents' efforts to waste. This will in turn help in the society's development albeit on a micro-level (Isobell, 2013).

2.7 The aetiology of alcohol and substance abuse onset

The aetiology of alcohol and substances, originates in multidimensional factors. The multiple interacting factors influence the development of substance-using behaviour and the deficit in abstract thinking, in relations to making decisions using substances (Kaplan & Sadock, 2011). There are various aspects that contributed to the development of alcohol and other substances. Scholars who have conducted rigorous studies on the topic of alcohol and substance risk factors, have found that genetic factors, psychosocial or familial factors, and biological factors are some of the many elements that influence the development of substance and alcohol abuse (Brown, 2013). For this study the discussion of alcohol and substance abuse onset will focus on the biological factors, the psychosocial or familial factors, as well as genetic factors.

2.8 Biological disorders as the predisposition of alcohol and substance abuse

Internationally, alcohol and substance abuse is one of the major difficulties faced by the public health sector (WHO, 2014). The issue of alcohol and substance abuse is characterised by maladapted behaviour and the abuser will stop at almost nothing to satisfy their addiction. The individuals engage in involuntary maladaptive behaviour caused by their abuse of alcohol and/or substances. They are unable to control their behaviour due to their altered *fronto-striatal brain systems* (Ersche, Jones, Williams, Turton, Robbins & Bullmore, 2012). The *fronto-striatal brain systems* or circuits, are the neural pathways that connect two regions of the brain, namely the frontal lobe region and the basal ganglia, which are responsible for the functioning of the motor, cognitive and behavioural function in the brain (Goldestein & Volkow, 2002). Stimulant substances increase the risk of substance abuse for the individuals, because stimulants directly affect the brain system responsible for motivated behaviour. Malfunctioning of this brain system in the frontal lobe and basal ganglia, may result in the increased chances for stimulant induced neuro-adaptive changes and the chances of substance dependence disorders (Ersche et al., 2012).

Substance abuse increases the risk of completely changing abstract thinking due to the increased risk of the stimulant directly affecting that specific part of the brain system. The frontal lobe easily adapts to the new behaviour that individuals experience when they have used alcohol or substances, leading to maladaptive behaviour and the individual craving more alcohol or substances. The consequences of such behaviour include dysfunctional impulse control, deficit attention, lack of reflection, and insensitivity towards antisocial behaviour (Crew & Boettiger, 2009). These traits have an impact on their working life, so much so that they perform poorly at work and can end up being retrenched or asked to leave. Consequently, the family loses a source of income.

In one of the studies on genetic information, it has been suggested by Agrawal (2008) that alcohol and substance abuse can be biologically inherited. Biological siblings of individuals who abuse alcohol or substances, are predisposed to developing alcohol and substance dependency. Individuals with alcoholic parents are five times more likely to develop an alcohol-related disorder (Agrawal & Lynskey, 2008). Genetics account for about 50% of your susceptibility to alcohol abuse. Genetic factors play a substantial role in the impact of four predominant

transitional characteristics that interact with the environmental occurrence that results in the risk alcoholism. The transitional characteristics include a *quick response to alcohol*, *low level of response to alcohol*, *personality traits* that include lack of impulsive control, sensation seeking, and *neuronal and behavioural disinhibition* (Schukit, 2009).

The aetiology of alcohol and substance abuse cannot be viewed from a single perspective, or based on a perspective deemed to be more important than another. It is a complex phenomenon and one that is influenced by a diverse set of influences such as genetic risk factors, externalizing disorders, psychosocial factors; immediate family dynamics, extended family, peers and various different psychological disorders (Kendler, et al, 2012).

2.9 Psychosocial factors as the predisposition for alcohol and substance abuse

Early risk models for the effect of child mistreatment on mental health, provide various explanations for the cause of different disorders and personality characteristics (Steelt, 1997). Both the risk and the causal models have suggested that sociological factors have great impact on the increased risk of alcohol and substance abuse. In said models, the risk factors have been divided into three categories: *Firstly,* the individual parental factors, which emphasise the influence that a parent who is depressed, or has a substance abuse disorder, plays on the development of future substance abuse for the child. The *second* refers to the family related dynamics, which highlight the influence of single parenthood and the child's temperament as the precursor of future substance abuse for the child. The *third* refers to the environmental issues, which highlight the influence of external factors such as poverty, social stress and cultural beliefs (Chaffin, Kelleher & Hollenberg, 1996).

2.10 The family systems' perspective

There have been various models implemented in an attempt to address the family system as a precursor to alcohol and substance abuse. Sandra Coleman, developed a model called "Incomplete mourning and addict/family transaction". The purpose of the model is to understand the reasons why individuals were abusing heroin (Cuban, 1984). Coleman's theoretical framework originated from the Family System Theory which includes constructs such as

integrational boundaries and home role-selection in addition to their specific adaptation functions to the field of substance abuse.

The family systems perspective's point of departure, is that individuals are best understood by analysing the interactions between family members. It shows a connection between family dysfunction and the client's problematic behaviour. Problematic behaviour by an individual may provide a purpose or function for the family, making the entire family responsible for the behaviour. The family may unintentionally maintain the problematic behaviour of the individual or support the behaviour by not identifying their contribution to it. Another source of problematic behaviour, may be that the family has had certain dysfunctional characteristics passed down from multiple generations, which makes it complicated or difficult for the family to initiate change (Corey, 2013).

The Incomplete Mourning and Addict/Family Transaction Theory, believes that substance abuse behaviour stems from the psychosocial environment in which an individual exists. This theory emphasises the importance of including the entire family in therapy, and not just the individual, as it views the substance abuse as behaviour perpetuated by the family relationship (Cuban, 1984; Du Plessis, 2012).

Multidimensional Family Therapy (MDFT) is an outpatient program, with a family-based approach to substance abuse, and is associated with behavioural problems and mental health. MDFT incorporates both the clinical and theoretical traditions of substance developmental, psychopathology, the ecological system, and family therapy. MDFT is research-based and is known to be a successful approach in working with alcohol and substance abuse. The involvement of assessing the entire ecological system, including the family relationship and interaction, is one of the elements that makes the approach successful. This approach points out the need for the inclusion of family members in rehabilitation programs, which is currently not the case in many South African rehabilitation programs. Liddle (2015) posits that it is rather important to involve all family member and to assess family interaction using both *direct therapist inquiry* and *observations of enactment* during family sessions, as well conducting *individual interviews* with family members. Individual meetings are effective in understanding

individual family member's relationship with the substance abuser, and to get clarity of the family member's view of the current situation. It also provides the family with an opportunity to say what they would want to see changed in the family system, not just in the individual who abuses alcohol and substances. This point will be discussed further later in this literature review chapter.

2.11 Challenges faced by family members

Studies indicate that family members, of individuals who abuse alcohol and substance, face adverse challenges from the exposure of their antisocial behaviour (Orford, Velleman, Natera, Templeton & Copello, 2013). Children experience the most trauma from alcohol and substance abuse due to the fact that they are at a vulnerable stage of development (Lester & Lagasse, 2010). Children of alcoholic and substance-dependent-parents experience adverse trauma that carries the potential of making them alcoholics and substance abusers in later life and/or making them vulnerable to developing mental health disorders (Wu, Schairer, Dellor & Grella, 2010).

Alcohol and substance abuse causes disruptions and dysfunction within family dynamics. Rituals that families engage in together, such as Christmas gatherings or Easter, become impossible to celebrate due to the unforeseeable changes that are associated with alcohol and substance abuse (Velleman & Templeton, 2007). When a family member becomes an alcohol or substance abuser and can no longer function normally within his/her expected role, it places a burden on the other members and the role the individual used to fulfil creates a vacancy that another member has to fill or take responsibility for. Routines become disrupted due to the unpredictable behaviour of an abuser. An alcoholic husband can easily forget to pick up his children from school, forcing the mother to develop a new routine to fulfil the husband's duties. This also comes with extra expenses for the household. The communication and social life of family members of alcohol and substance abusers become a major problem. Families isolate themselves socially, because they grow tired of having to explain or make excuses to their friends and neighbours for their family member who has an alcohol or a substance related problem. They also become tired of the embarrassment that is associated with the unpredictable behaviour of the dependent (Velleman & Templeton, 2007).

2.11.1 The effect of the environment of alcohol and substance abuse on children

The exposure of alcohol and substance abuse on children and young adolescents has been associated with their vulnerability to alcohol and substance abuse in their adult life (Wu et al., 2010). Children who grew up with an alcoholic or substance dependent parent(s) are more likely to experiment with illicit substances. Alcohol and substance dependent parent(s) tend to be abusive towards their children and it is believed that a mistreated child with cumulative stressful life-events in the first few years of their lives carry a greater risk of premature commencement of alcohol use in adolescence and substance dependency in adulthood (Enoch, 2011).

Children of parents who abuse alcohol and substances are at higher risk of engaging in risky behaviour, such as engaging in unsafe sex which increases the danger of contracting sexually transmitted diseases. They also fall behind at school, or become part of the statistics of low education attainment, early pregnancy, or becoming criminals (Hines, Brown & Dunning, 2007). The stressors experienced by these children from their alcoholic and substance abusing parent(s) can result in permanent brain abnormalities, gene expression changes and carries the potential to make the children inclined to abuse substances as an escape from their reality (Enoch, 2011).

Alcohol and substance abusing parents deprive their children of their basic needs, by using the available finances to support their addiction (Manning, Best, Faulkner & Titherington, 2009). Binge alcohol consumption affects individuals' sense of emotional control, and ability to respond to situations that require emotional regulation and abstract thinking (Glasheen, Pemberton, Lipari, Copello & Mattson, 2015). A parent that is under the influence of alcohol lacks the ability to respond appropriately to children's physical and emotional needs. The consequences of intoxication and withdrawal results in infants and toddlers being under-stimulated, and older children carrying out household duties and taking on the role of carer for their younger siblings (Mannig et al., 2009). This leads to the development of child-headed families. There is a relatively important difference between parents abusing substances and parents abusing alcohol, in how they raise children. Ramchandani and Psychogiou, (2009) explained that children of parents abusing substances are more likely to live in poverty, than children of alcoholic parents. Opiates, cocaine, and other illicit substances are illegal, resulting in the children of substance abusing parents, to live in isolation from social support, due to the parents' efforts to hide their

addiction. Children who come from homes in which substances are abused, experience more behavioural problems, with a higher rate of psychiatric disorders than children who come from homes of alcoholic parents (Ramchandani & Psychogiou, 2009).

In addition, the children of alcohol and substance abusing parents are more likely to endure severe physical abuse, than those parents who are not dependent on alcohol or substances. Women who abuse alcohol are more likely to use harsh punishment to discipline their children, than women who do not abuse alcohol (Senn, Carey & Vanable, 2008). Alcohol abuse has also been associated with child sexual abuse. Although, in some cases the perpetrator is not the parent who abuses alcohol, the perpetrator is usually an individual who is close to the family, or an individual who is aware of the child's neglect that occurs within the family (Senn et al., 2008). Due to the abusing parent not being vigilant, the child is left vulnerable to an opportunistic predator. Child abuse can involve daily or weekly physical beatings with belts, sticks, or other weapons, and injuries are usually common. Boys, generally endure harsher physical treatment than girls. In a family where there is alcohol and substance abuse, 39% of young girls report sexual abuse, such as molestation, forced sexual intercourse and sexual exploitation by older men (Seedat et al, 2009).

Even though children are exposed to adverse circumstances because of their parents' substance or alcohol abuse, not all children experience problematic behaviour as young or even mature adults (Waller, 2001). An explanation why some children survive the abusive behaviour in their families can be attributed to the level of their resilience. This resilience stems from the intrapersonal and interpersonal competencies, as well as from their communities at large (Banyard & Williams, 2007). On an intrapersonal level they have the ability to deal with difficult situations. They have learned that they will not fall apart when something bad happens, they will carry on and rely on themselves to survive. At the interpersonal level their social context is involved, for instance how they make use of opportunities presented to them, such as receiving support from others to complete high school. It is evident that the community at large can also provide a supportive and positive environment through positive engagement in their activities and interpersonal relationships (Banyard &Williams, 2007).

2.11.2 The effect alcohol and substance abuser on Intimate partners

There is a long association between alcohol abuse and intimate partner violence. The phenomenon of alcohol abuse and intimate partner violence has attracted the attention of researchers all over the world; with the views ranging from a weak association between alcohol abuse and intimate partner violence, to a very strong association (Foran & O'Leary, 2008). Over the past decade, the impact of alcohol abuse on intimate partner violence has become a major health issue for women and healthcare service providers.

Intimate partner violence has also been associated with the increased risk for the development of a wide range of medical and psychological issues, including somatic symptom disorders, chronic pain, gynaecological and gastrointestinal symptoms, depression, as well as anxiety disorders (Rivara, Anderson, Fishman, Bonomi, Reid, Carrell & Thompson, 2007). Alcohol abuse and intimate partner violence is a social burden on the economy due to the increased healthcare utilisation and medical costs involved when victims of intimate partner violence seek medical care (Rivara et al.,2007). A study conducted in the United States exploring the link between alcohol abuse and intimate partner violence of married and cohabiting couples, indicated that the annual prevalence rate of intimate partner violence was three times higher among individuals who abused alcohol than those individuals who were non-alcohol abusers. The study also indicated that among newlywed couples, if the husbands had a problem with alcohol abuse, there was an increased risk of male-to-female intimate partner violence (Murphy & Ting, 2010).

Alcohol abuse and intimate partner violence can cause complicated pregnancy outcomes and sexual abuse of women, which can also lead to psychiatric problems, such as extreme phobias, post-traumatic stress disorders, suicidality and alcohol and substance abuse (Abramsky et al., 2011). Gynaecological problems in women who are regularly sexually abused by their intimate partners, last longer than those women who are not sexually abused. Sexually abused women encounter persistent sexually transmitted diseases, vaginal bleeding or infections, fibroids, a decrease in sexual desire, genital irritation, pelvic pains, and urinary tract infections (Campbell, 2002). This also has a negative impact on the fertility of the couple due to the physical and emotional damage involved.

A study conducted in a maternity ward in a hospital in New Delhi, India, reported that out of 800 women interviewed for physical abuse during pregnancy, 168 women reported to have been physically abused by their intimate partners (Varma, Chandra, Thomas & Carey, 2007). The study indicated that physical abuse of women during pregnancy results in miscarriages, the separation of the placenta, premature births and delivery, and low birth weight. Rupturing of the uterus, liver and pelvic fractures have also been reported as consequences of physical abuse during pregnancy (Varna et al., 2007).

In South Africa, violence and injuries are the second leading cause of babies being born disabled or dead. The death rate resulting from injuries is 15.8 deaths out of 10 000 people and the rate of murder of women by their intimate partner is six times higher than the global average. The psychosocial factors that lead to the murder of women by their intimate partners include unemployment, poverty, patriarchy and masculinity, easy access to firearms and alcohol and substance abuse (Seedat et al., 2009).

A study conducted by the South African Stress and Health (SASH) from 2000 to 2004 exploring physical abuse among South African men, revealed that 19% of the 4351 interviewed women were lifetime victims of abuse by their intimate partners. The study also indicated that 27% of the interviewed men reported to have physically abused their former or current partner. The study found that alcohol and substance abuse contributed to the intimate partner violence (Gass, Stein, Williams & Seedat, 2010). The high prevalence of unemployment and poverty in South Africa places women in situations where they have to endure physical and sexual abuse from their intimate partners (Dunkle, Jewkes, Nduna, Jama, Levin, Sikweyiya, & Koss, 2007). Women tolerate sexual abuse from their alcohol and substance abusing intimate partners as a means to sustain their basic needs, to survive, to cater for their children's needs and to advance their education and businesses. Their dependency on their intimate partner for financial support results in a power imbalance in sexually related issues, which give the men the upper-hand in sexual matters and allow them to refuse to use protection and have multiple sexual partners (Wechsberg, Luseno, Riehman, Karg, Browne & Parry, 2008).

2.12 The dependency on the psychological wellbeing of family members

The wellbeing of an individual can be defined as the absence of any illness, and of experiencing wellbeing and wholeness (Wiklund, 2008). Erikson (2006) defined wellbeing in relation to wholeness. Erikson believed that an individual's wellbeing can be understood from a multi-dimensional perspective which includes the individual's body, soul, and spirit, including the individual's view of unity in relation to the universe. A disruption in a single aspect of an individual's wellbeing can have disadvantageous consequences on their ability to function and form interpersonal relationships (Erikson, 2006).

In keeping with Erikson's beliefs of individual wellbeing, it is safe to say that the psychological impact of having a family member who abuses alcohol and substances, is complex and most challenging for families. Parents of adolescents who abuse alcohol and substances, experience emotional distress from the disruptive and mostly unpredictable behaviour exhibited by their children. Alcohol and substance abusers may disappear for days or months without making any form of contact to inform their families of their whereabouts, which result in parents and siblings experiencing emotional distress from not knowing whether the individual is still alive or dead (Schafer, 2011). This type of distress disrupts every aspect of an individual's wellbeing.

The normal lifestyle of family members of alcohol and substance abusers becomes extremely disrupted and they are often left feeling frustrated, fearful and embarrassed. They may wish to end the relationship with the abusers, or in the case of individuals who are unable to tolerate stress, they may even wish to end their own lives. Families of alcohol and substance abusers usually try to cope with the problems by isolating themselves, before seeking help. It has to do with experiencing the negative feelings of guilt that are associated with the stigma that comes with having a family member who is an abuser (Marimuthu, 2015).

The impact of having a family member who abuses alcohol and substances does not only affect parent's psychological wellbeing, but extends to their entire family, including the children who are regarded as well behaved children. The siblings of individuals who abuse alcohol and substances, experience difficulties in their everyday life due to the challenges and unpredictable behaviour that are associated with alcohol and substance abuse. They become emotionally distant from their parents because the parents give all their attention to the children who are

abusers of alcohol and substances (Barnard, 2005). Due to their circumstances at home, most of these children experience challenges at school, because they are forced to take care of their dependent siblings. Anger is a common emotional reaction among siblings of alcohol and substance abusers. These siblings feel that even though they were good children to their parents and families, and they did not abuse alcohol and substances, they were punished the most as they experienced parental neglect (Barnard, 2005).

As it has been highlighted above, these families experience disruptions in all aspects of their wellbeing due to the adverse outcomes of the abusive behaviour that they endure from their alcohol and substance abusing family member(s). The stress caused by theses dependent members contribute to the high levels of interfamily violence. South Africa has been reported to be one of the countries, which has the highest prevalence for interpersonal violence around the world and this includes the violence towards family members by other family members, child abuse, child-parent abuse, and intimate partner violence. The extent of the trauma caused by the interpersonal violence is said to be more profound and much deeper than any other type of violence, due to the fact that the perpetrators of these abuses are individuals who are trusted members of the family. When trust is challenged among family members, due to the violation of an individual's safety and trust by another family member, the victim is said to be more likely to experience the onset of post-traumatic stress disorder (PTSD) (Hobkirk, Watt, Green, Beckham, Skinner & Meade, 2015).

Methamphetamine (also referred to as "*tik*") has the highest abuse in Western Cape and is associated with violent behaviour and negative interpersonal relationships. On an interpersonal level the abuse of *tik* has been associated with the physical and emotional abuse of children and domestic violence. Family members of individuals who use methamphetamine are also stigmatised and isolated by their communities due to this individual's impact on the larger community (Watt, Meade, Kimani, MacFarlane, Choi, Skinner & Sikkema, 2014). Women who are in a relationship with men who abuse methamphetamine, endure emotional distress from the controlling and violent behaviour by their partners. When their partners are experiencing withdrawal symptoms from the substance or are unable to obtain the substance, they become highly agitated and aggressive towards their partners, abusing them and threatening to murder

them. These women then become ostracized by their communities because of their addicted partner. As a result, they do not attempt to seek help for the problem and choose to be silent about the emotional and physical abuse that takes place in their homes (Ernst, Weiss, Enright-Smith, Hilton & Byrd, 2008).

Physical and emotional abuse is a common theme in the population treated for methamphetamine abuse. The abused individuals (partners and children) experience a range of psychological problems, which include PTSD, depression and other psychological disorders. These individuals are also at high risk of attempting suicide (Cohen et al, 2003).

2.13 Effects of the dependents on the psychophysiological wellbeing of family members

Living with an addicted person can contribute to the development of diabetes. Stress is regarded as the body's response to what the body perceives as a threat, and the response is defined as fight-or-flight response (Atkinson & Eisenbarth, 2001). Stress hormones referred to as cortisol, increase blood glucose levels and blood pressure in order to provide enough energy for the muscles to respond quickly in fight or flight mode to a perceived threat (Montane, Cadavez & Novials, 2014). Under stressful or threatening circumstances the cells you need to respond to such incidents produce insulin, while the cells that are not needed will close down and become insulin resistant in order to save the glucose energy for the cells that need it (Nolan, Ruderman, Kahn, Pedersen & Prentki, 2015). Pretty soon, psychological stress has a negative connotation, due to everyday life challenges. This bodily response for survival is not understood to be positive by many people. Stress is actually a life-saving response to real life threatening events where one needs to flee or fight in order to survive (Bracha, 2004). When the threatening event passes, the body can recover and insulin can again be equally distributed according to bodily needs (Adamo, 2014). Unfortunately for some individuals, their bodily system is constantly in flight or fight mode, in order to deal with day to day challenges, such as problems that arise from living with abusers of alcohol and substances.

2.14 The effects of an individualistic approach to treatment and policy-making

The impact of alcohol and substance abuse on a family's psychological and physical wellbeing is well documented above. However, the individualistic approach to treatment and policy-making

for alcohol and substance abusers have resulted in an absence of understanding and providing assistance for the families impacted by alcohol and substance abuse (Copello, Templeton & Powell, 2010).

Families play an important supportive role in determining whether the family member who abuses alcohol or substances seeks treatment, or maintains their addiction. The families have the potential to provide positive reinforcement for their family members who abuse alcohol and substance. However, most families struggle to overcome such involvement due to the lack of support that they receive from their community and institutions such as substance rehabilitation centres (Gruber & Taylor, 2006). For the majority of alcohol and substance rehabilitation centres, the primary focus remains the individuals who abuse alcohol and other substances. In the entire substance rehabilitation process family members who are living with the alcohol and substance abusers, are involved only in the initial stage of the process of rehabilitation. The families' lack of involvement in the entire rehabilitation process, results in the environment that the recovering addicts return to, to remain the same and the chances of a relapse become greater (Selbekk, Sagvaag & Fauske, 2015). Implementing more treatment methods that involve family members throughout the rehabilitation process can result in effective treatment progress and can improve family functioning that can be conducive to the individuals' recovery (Selbekk et al., 2015). It will also reduce the chances of relapse, thereby reducing the negative effects of alcohol and substance abuse on the family members and the community at large.

2.15 Conclusion

In summary, this chapter focused on the review of the literature, on the impact of alcohol and substance abuse, the various types of substances in the South African context, and the history of the development of alcohol abuse in South Africa. The literature indicated that alcohol and substance abuse are negative factors that have various adverse effects on the economy and social circles. It has been associated with an increase in crime and poverty, a marked reduction in productivity, and increased unemployment. The reviewed literature showed that alcohol and substance abuse created dysfunction in family relationships, economic instability, and contributed largely to the escalation of chronic illnesses, such HIV/AIDS, STI's and Tuberculosis (TB), causing injuries, psychological disorders and premature deaths. Furthermore,

literature indicated that children of parents who abuse alcohol and substances become exposed to physical and emotional abuse while intimate partners become victims of domestic violence.

In the next chapter of the study the focus is on the theoretical perspective employed to address the research enquiry.

CHAPTER THREE: THE THEORETICAL FRAMEWORK

3.1 Introduction

In this chapter, the study focuses on the theoretical perspective employed to address the research questions that are raised in the previous chapter. The research enquiry seeks to understand the experience of family members living with individuals who abuse alcohol and substances. The research aims to explore their experiences and challenges of living in the same household as alcohol and substance abusers as well as to understand how their psychological and emotional wellbeing is affected by these challenges.

By employing a qualitative paradigm, the researcher interviewed family members of individuals who abuse alcohol and/or substances, in order to discover how they are impacted by the abuse. Engaging in Interpretive Phenomenological Analysis (IPA) she was able to record rich data around the personal experiences of various affected family members within my scope, with the emphasis of what meaning they have made from their experiences. After transcribing the interviews, several themes emerged, which will be discussed in further chapters.

3.2 The paradigm

The paradigm within which the study will be undertaken, to address the research question, is the qualitative paradigm. A qualitative method provides the researcher with a tool to study complex phenomena within a specific context (Baxter & Jack, 2008). The purpose of a qualitative study is to construct theory by employing narratives of individuals who have personal experience of the phenomenon under study, and to provide them with an opportunity to share their own experiences, and interpretation of those experiences (Mertens, 2003). In contrast to quantitative methods which aims to understand characteristics of a phenomenon through counted observations, qualitative methods seek to understand a phenomenon more deeply than merely by objective observations, in order to obtain an in-depth understanding of what has been manifested (Ragin, 2013). The phenomenon explored in this study is thus presented in a qualitative method in relation to understanding the meaning that individuals make of their own experiences. Conducting the research from a qualitative paradigm will allow the participants to give in-depth descriptions of the challenges they have to face in living with alcohol and substance dependents.

On the one hand it gives them an opportunity to explore these experiences, and on the other, they can assist by contributing to an existing body of literature.

One of the major features of a qualitative design is ideography, which allows for open-ended data, an inductive approach towards analysis, and the importance of the role that the researcher fulfils in the process of producing new knowledge (Mertens, 2003). The features were employed and incorporated into the design of the study, and were employed as a guide to assist the researcher in the study. These features of the qualitative design are aimed at obtaining rich knowledge of the individuals' experiences and the meaning they attribute to those experiences.

3.3 The description of Interpretive Phenomenological Analysis (IPA)

3.3.1 Phenomenological roots

Phenomenology pertains to two relatively important phases; the hermeneutic or existential, and the transcendental phase (Husserl, 2012). Transcendental phenomenology seeks to understand the essential core structures of a particular experience through the procedure of methodology (De Warren, 2009). According to Husserl's phenomenology of time consciousness, phenomenology is about identifying and suspending assumptions in order to have a broader understanding of the universal core of a particular phenomenon as it brings itself into consciousness (Larkin, M., & Thompson, 2012). The aim of Husserl's phenomenology is to transcend an individuals' everyday assumption(s).

The objective of a phenomenological study is to understand, in detail the lived experiences of individuals (Roberts, 2013). Phenomenology believes that only the individuals who experienced the phenomenon can explain the occurrence to outside individuals, therefore they can answer questions of meaning by understanding an experience through the individuals who have experienced the phenomenon first-hand.

3.3 The development of Interpretive Phenomenological Analysis (IPA)

The evolution of IPA as a recognised discipline of conducting empirical research in social science and psychology dates back to the mid-1990's and has its roots in phenomenology (Smith & Chapman, 2002).

Determinism refers to the concept of understanding human behaviour and experience as the foreseeable outcome that is influenced by either internal or environmental factors (Kopetz, 2008). It was argued that the approach adopted by existential phenomenology, understood human behaviour based on the concept of the lived experience. Individuals' lived experience of their condition may be quite specific however. All lived experience pertains to universal features such as selfhood, temporality, inter-subjectivity, subjective embodiment, personal projects, spatiality, and disruptiveness (Ashworth, 2006). The lived experiences are vital in this research as they form the basis of the data collected by the researcher.

IPA understands that when a researcher engages with the participants' text there is an interpretative element. This is in contrast with other methodologies such as discourse analysis. IPA assumes an epistemological position whereby, through careful and explicit interpretation methodology, it becomes conceivable to gain access into an individual's cognitive space (Biggerstaff & Thompson, 2008).

3.4 IPA as a theoretical stance

3.4.1 IPA as theory and methodology

The theoretical perspective that will be employed in this study, and inform the research methodology and data analysis, is the Interpretative Phenomenological Analysis (IPA). IPA is a qualitative research methodology that seeks to explore, in detail, individuals' lived experience of an event and how the individuals make meaning of that experience. It is based on their personal and social contextual history, which informs their understanding of a phenomenon (Smith, 2004). The IPA perspective is an approach that allows the researcher to employ semi-structured interviews to explore the research enquiry and allows the researcher to engage with participants in a conversation that provides for the opportunity to gather detailed information about the individuals' lived experiences (Smith, Flowers & Osborn, 1997). The objective of successfully

employing IPA involves an element of '*giving voice and making sense'*, of the effects of alcohol and substance abuse on family members. It apprehends and reflects upon the stories of the individuals participating in the research and provides an interpretation of the data recorded. The data is grounded by the accounts of the affected individuals (Larkin & Thompson, 2012).

The main focus of IPA is on reflecting the meaning-making processes; the meaning that an individual makes about a particular event which they have experienced. For example, the meaning of a relationship, or an event, or process, to a particular participant and the significance of that experience to the individual (Smith, 2007). IPA seeks to understand what participants think or believe about the topic under discussion. IPA plays a relatively important role in the field of psychology or mental health. The methodology assumes that there are connections between cognition, physical condition, and verbal response. While IPA views the nature of the connections in a specific way, it is also interested in understanding how they are connected. IPA recognises the gaps that can be present between an individual's condition and the individual's understanding of the situation (Smith & Chapman, 2002). A researcher who works from the IPA stance will seek to understand the nature of the gap. The researcher, for instance may be interested in exploring how two participants define in many different ways their experience of the very same event. The participants may differ in accounting and defining the same lived experiences of an event. These differences highlight the fact that an individual's definition of lived experiences are based on subjective perceptual processes (Smith & Chapman, 2002).

IPA is concerned with *idiographic* analysis, meaning that the methodology employed focuses on the particular rather than the general (Smith, 2007). IPA also involves hermeneutic phenomenology. "Phenomenology" refers to the philosophical study of being; i.e. the individuals' experience and existence. The "Hermeneutic" phase refers to the interpretation of the phenomenological epistemology. Hermeneutic phenomenology involves the exploration of an individual's relatedness to the world through the interpretation that they make. In order to understand the world, an individual is required to understand various experiences (De Warren, 2009).

3.4.1.1 Phenomenology

For IPA, the phenomenological theoretical approach offers an insightful source of concepts about how to explore and comprehend lived day-to-day experience. The phenomenological concept proposes that in order to explore everyday experiences, one needs to step back from the 'natural' attitude which views the world from the taken-for-granted view point, and instead adopt a 'phenomenological attitude' which entails a methodical approach of 'phenomenological reduction' (Shinebourne, 2011).

3.4.1.2 Interpretation

In agreement with Heidegger's formation of phenomenology, the IPA employs phenomenological inquiry as an interpretative methodology (Shinebourne, 2011). Although developed as a separate philosophical movement, Heidegger (1962) presents hermeneutics as a prerequisite to phenomenology.

IPA is interpretative in that the discipline acknowledges the role of the researcher to make meaning of the experience of individuals participating in a study. IPA refers to this process as the "double hermeneutics". It is when the participant attempts to make meaning of their personal and social world and the researcher attempts to make meaning of the participant's reports on their personal and social world (Smith, 2004). The researcher gains access into the participant's experience through their reflections and the researcher's own 'fore-conception'. The challenge that the researcher has is to critically reflect and explore how these pre-understandings will impact on the research (Shinebourne, 2011). The fore-structure may present challenges to interpretation (Smith, 2007). However, Heidegger argued that researchers' first, last and constant task in interpretation is to never permit the researchers' fore-sight, fore-having and fore-conception to be manifested by fantasies and popular conceptions. The researcher has to secure the scientific theme by deciding on the fore-structure in terms of the phenomena themselves (Shinebourne, 2011, p.20). Smith (2007) described the decision as giving attention to the new object rather than to the researcher's fore-conceptions. Although it may not be possible for researchers to know before the time which part of their fore-structure is important, it would become clearer through the different interpretations (Shinebourne 2011).

Before interpreting, one may merely get to know what the preconceptions are, However as the interpreting proceeds the preconceptions themselves start shifting. Thus, the course of interpretation is dynamic and iterative, an interplay between the parts and the whole, and between the interpreter and the object of interpretation (Shinebourne, 2011). This process is described by the notion of the hermeneutic circle. This complex and dynamic process in which the concept of fore-understanding and the relationship between the data and the researcher requires an in depth engagement in which both a form of bracketing and a cyclical procedure takes place, can merely be moderately achieved (Smith, Flower & Larkin, 2009).

The use of analysis in IPA may involve the use of several levels of interpretation and the interpretation can begin at the level of empathic sharing of the participants' thoughts and feelings. It can then move through a progression of levels to a further interpretative stance and then towards a more abstract and theoretical reading, although still grounded in the participants' words (Shinebourne, 2011). IPA employs a 'centre-ground position' whereby it is conceivable to combine a hermeneutic of question with a hermeneutic of empathy, as long as the aim of combining the two strategies is to gain a rich disclosure of the experience (Smith et al, 2009).

To conclude this part of the discussion, IPA requires a combination of phenomenological and hermeneutic understandings. IPA is phenomenological in that it attempts to become as close as possible to the personal experience of the participant. IPA acknowledges though that this unavoidably becomes an interpretative endeavour for both the participant and the researcher (Shinebourne, 2011).

3.4.1.3 Ideography

Another theoretical underpinning that informs IPA is ideography (Shinebourne, 2011). Smith (2004) argued that individuals can provide a unique standpoint on their experience with the phenomenon. Thus, for researchers, individuals can become the unit of study. A commitment to idiographic psychology is evidently closely related to the basis of case-studies (Shinebourne, 2011). IPA's employment of ideography focuses on detailed exploration of specific instances, either in studies of a small group of cases or in a single case study. In cases such as these, the analytic process starts with detailed analysis of every individual case. It then proceeds to a

careful exploration of similarities and differences, across cases to provide detailed accounts of patterns of meaning and reflections on common experience. A single case study provides for an opportunity to acquire a broader understanding of a specific individual in a specific context, as well as concentrating on different aspects of a specific account (Smith et al, 2009). Furthermore, through connecting the finding to the existing psychology literature, the IPA researcher assists other researchers to gain more knowledge into the existing nomothetic research (Shinebourne, 2011).

The results of an IPA analysis usually take on an idiographic interpretative stance, and involves the inclusive of extracts from the participants' accounts (Shinebourne, 2011). Willig (2007) criticised the method for excluding the participants' voice in the final reports. Willig wondered whether the style of writing of the final report was enough to capture the quality of participants' experience of a phenomenology. Willig believes that the interpreter's role is important to report on participants' emotions and the expressed accounts of the occurrence researched (Shinebourne, 2011, Van Manen, 1990).

3.5 The basic principles of Interpretive Phenomenological Analysis (IPA)

As mentioned above, the basic principles of interpretative phenomenological analysis consist of four approaches. The first is the idiographic approach, which occurs during the period of data collection. During this phase, the researcher gives sufficient time and attention to each individual interview to ensure that the researcher does not miss any important information but gathers an in-depth personal account of each individual (Smith, 2004). This approach works best with a small sample, hence the research only involved five participants.

The second is the inductive approach, which entails the semi-structured interviews employed in the IPA. Smith, (2004) suggests that a researcher make use of semi-structure interviews in order to obtain a deep understanding and analysis of the individuals' understanding of the occurrences that took place in their lives. The semi-structured interviews are viewed as the source of data and from where the new concepts and themes emerge (Smith, Flowers & Osborn, 1997).

The third is the interrogative approach, which seeks to interrogate existing research studies in order to add to the existing literature and to contribute knowledge to the psychology stream

(Smith, 2004). After the researcher has gathered the data and conducted an in-depth analysis of the data she compares the individuals' lived experiences to the compiled literature (Smith, 2004).

The fourth is the interpretive approach. The researcher interprets the data from the transcript in a way that reflects the way individuals themselves interpret their lived experiences. It is also important to have an understanding of the body language of the individuals interviewed (Smith, 2004).

Exploring the subject of experience is the key feature of receiving an in-depth understanding of human beings. Experience is a complex concept and is subjective. Individual experiences are identified phenomena not just direct reality (Eatough & Smith, 2017). Yancher (2015) states that "experience can be understood as *concerned* involvement by individuals rather than the contents of private minds. As individuals participate meaningfully in the world, they encounter the events of their experiences as significant. Their participation is characterised by a kind of care or "existential concern with the affairs of living that provides a basis for action such as making judgements, taking positions and engaging in cultural practices" (Yancher, 2015; p.109). Attending to aspects that are important to the individuals, mean distinguishing between diverse parts of experience and coming to a decision about which part matters the most, and focusing on those particular parts. Yancher (2015) cautioned researchers to pay attention to all aspects of individuals' accounts. Researchers are more likely to give their attention to how the whole experience is meaningful in the context of an individual's life, rather than focusing on small parts of the experience. Minor experiences can refer to moments of responsiveness, the moment an individual becomes aware of the sun's warmth and what it is like for the individual to experience the sun (Yancher, 2015).

IPA gives attention to all the aspects of an individual's lived experiences, from the way they feel about certain things, their desires, wishes, motivations and their belief systems. In addition, how these different aspects play a role in determining their action or manifest themselves in their behaviour is also put into perspective. Whatever phenomenon is being researched, the importance is on how the phenomenon is described to the individuals and how they in turn provide a quality of ownership. This means giving the participants in the study the experimental

expert role, and understanding the phenomenon from a first-person perspective of the experience (Eatough & Smith, 2017).

In order for an IPA researcher to successfully conduct a multi-layered narrative of rich meanings, the researcher needs to put aside what has been previously acquired and accepted at face value (Eatough & Smith, 2017).

3.6 Conducting research

In conducting the IPA, the researchers are required to do a case-by-case detailed analysis of every individual transcript. The primary aim of conducting an IPA is to explore in detail the views and understanding of a specific phenomenon by individual(s), rather than to attempt to make further objective statements about individuals, or an event (Chapman & Smith, 2002). Researchers who employ this stance assume an active role in the research process. They actively need to attempt to get into the participants' personal world by becoming an 'insider', however, at the same time, not directly or wholly (Smith &Osborn, 2007).

The term 'understanding' captures the two aspects of interpretation and understanding through an attempt to make sense of what the participant is raising. By employing both of these aspects in the research it creates an opportunity to obtain a richer analysis and to provide more justice to the totality of the individual's story (Smith & Osborn, 2007). In giving attention to an individuals' emotional state, their way of talking and thinking, the researcher can understand the individuals' cognitive, linguistic, affective and physical being. The persons' emotional state and language is a chain of highly complicated connections that influence the way they perceive their world (Smith & Osborn, 2007). Individuals often struggle to find a way to express their emotions, thoughts and feelings. The individuals may also have concerns as to why they choose not to disclose information, but then the researcher needs to interpret the individuals' emotional state and state of mind.

3.7 Data collection

In the process of collecting data, an IPA researcher will collect individuals' narratives through semi-structured interviews and a prepared prompt sheet with the main topics of discussion with the participants. The interviews are ideally scheduled, however, the interview schedule is said to be the start of the conversation. This is not intended to be inflexible or limiting in the sense of dominating the communicated interests of the participants. During the interview process, it is important that the researcher takes the lead in the conversation, and in most cases, it leads to interview data being very different from that anticipated by the researcher. After every interview, recordings must be transcribed with meticulous accuracy, but there is need to include mishearing, pauses, apparent mistakes and any other remarkable language error and dynamics (Biggerstaff & Thompson, 2008). The transcripts need to be analysed in concurrence with the recordings that were originally recorded and the interview themes. The data needs to be narrowed down to the interviews. The researcher may employ multiple sources, for example, diaries, letters, questionnaires, and personal accounts (Biggerstaff & Thompson, 2008).

3.8 Data Analysis

The IPA data analysis pertains to a close reading and re-reading of the text (Smith, 2015). The researcher writes down any reflections, observations and thoughts that occur during the reading or transcribing of the text and may include the researchers' own emotions, questions, recurring phrases, comments and language. The notes are used to record the researcher's observations in a close reading of the text, in one margin (Biggerstaff & Thompson, 2008). All the while staying cognisant of their own presumptions and conclusions that could cloud the data (also called the 'bracketing' process) (Husserl, 1999). The process of bracketing involves the 'suspense of critical judgement and a temporary refusal of critical engagement, which would bring in the researcher's own assumptions and experience' (Biggerstaff & Thompson, 2008, p. 9).

The theory of bracketing provides a way for more interpretation as the analysis proceeds. This offers some of the reasons why IPA researchers normally keep a reflexive diary that document

particulars of the nature and root of any emergent interpretations (Biggerstaff & Thompson, 2008).

Researchers must re-read the text and identify themes that emerge that best capture the important qualities of the interview. Once the themes have been identified, the researcher makes a connection with the themes (Biggerstaff & Thompson, 2008). Psychological theory and definitions may be used in this analysis (Willig, 2015). In a qualitative analysis it is possible for the researcher to come across data that appears not to fit with the rest of the emerging themes. This usually occurs in the occasional unconfirmed case where one participant's narrative or theme is markedly at odds with the rest of the other participants (Smith, Harre & van Langenhove, 1995). Researchers are expected to revisit the transcripts and to check for possible errors in case other important material has been misinterpreted or misunderstood (Biggerstaff & Thompson, 2008). The main objective is to find themes and to identify categories that suggest a hierarchical relationship between them (Biggerstaff & Thompson, 2008).

3.9 Validity and Quality in IPA studies

Helpful guidelines and assessments of validity and quality of a qualitative studies are offered by Elliott, Fischer & Rennie (1999), and Yardley (2000). Yardley suggests four key concepts, which can be employed to assess studies qualitative methods, namely, commitment and rigour, sensitivity to context, coherence, transparency, impacts and importance.

Commitment and rigour, which can be shown through lengthy engagement with the research topic and involvement with the research data. Commitment is constantly shown during the research process, from the initial selection of samples, which might need persistence in accessing potential research participants; through commitment to engaging with participants with sensitivity and respect and commitment to attending to a thorough analysis. Rigour refers to the process of a thorough and complete collection and analysing of the data. It refers to the relevance of the sample is connected to the question at hand, the quality of the interview and the completeness of the analysis (Shinebourne, 2011. p.27).

Sensitivity to context can be verified by the initial choice of methodology and the basis for its adoption. Choosing IPA shows a commitment to idiographic principles and a focus on recruiting

participants from a specific contextual background with a specific lived experience. Sensitivity to context is needed during engagement with research participants with sensitivity to participants' individual experiences and empathetic of their predicament (Shinebourne, 2011).

Transparency refers to the transparency of the description of the phase in the research process. Transparency means providing specific details of the process undertaken in choosing participants, developing the interview schedule, the conduct of the interview and the phase in the analysis (Shinebourne, 2011).

Coherence describes the presentation of a coherent argument. This is done while finding a manner to include contradictions and ambiguity inherent in the data in a coherent way. Coherence may also refer to the 'fit' between the philosophical stance employed and the research question, and the methodology of exploration and analysis employed (Shinebourne, 2011).

Smith et al. (2009) suggests that an independent audit is a useful and powerful approach to measure validity in qualitative research. In an IPA study, an audit, called an audit experimental, might involve initial notes on the research interview schedule. Additionally, it involves the research proposal the research questions, recorded transcripts, tables of themes, the process of developing the theme analysis, the analysis of what and writing up (Smith, 2009). An audit experimental can form the basis for independent audit conducted by an independent researcher or a research supervisor (Shinebourne, 2011, p. 28).

3.10 Conclusion

This section of the study focused on the theoretical perspective employed to address the research enquiry. The research enquiry seeks to understand the daily experiences of family members of individuals who abuse alcohol and drug-related substances. The research study aims to understand how their psychological and emotional wellbeing is affected by the challenges. IPA is concerned with understanding human lived experience, and believes that experience can be understood through exploring the meaning-making processes, which individuals associate with a particular phenomenon. The meaning-making may in turn, illuminate the embodied, existential and cognitive-affective domains of psychology. Individuals are psychological and physical

entities. Individuals are actively engaged in the world. The activities they engage in and the actions they do have meaningful, existential consequences (Shinebourne, 2011). These can be well understood through IPA, which the author has explained in great detail in this chapter.

CHAPTER FOUR: METHODOLOGY

4.1 Introduction

The discussion in this chapter will present the methodology and procedures that were used in conducting the research. The objective of the research is to understand the day–to-day challenges the individuals are faced with from living with individuals who abuse alcohol and substances, and to give their narrative an opportunity to be heard. This chapter illustrates how the research was conducted. A qualitative research methodology was followed to answer the research questions by examining different social contexts and the individuals who live therein. IPA was engaged as a methodology to guide the study and the researcher in collecting and analysing the data. Ethical standards were maintained according to the ethical code of conduct of the University and the HPCSA. The researcher took reasonable steps to avoid harming her participants, or to minimise harm where it was foreseeable and unavoidable.

4.2 Research design

A qualitative research methodology was employed in the research study. The purpose of the research methodology was to answer the primary research question through examining different social contexts and the individuals who live in these contexts. Researchers who use the qualitative research method are usually interested in finding out about human behaviour, how humans get to understand themselves and make sense of their world through social structures, rituals symbols and social roles they play in society. Qualitative methods provide a way of accessing unqualifiable facts about the individuals' structure and give meaning to their daily lives (Berg, Lune & Lune, 2004).

The qualitative research methodology assisted the researcher in exploring the meaning-making of individuals living with abusive family members. In addition, it sought to answer the questions that the researcher is interested in exploring in the research.

The theoretical stance of the study is the phenomenon of individuals' experiences and challenges of living with people who abuse alcohol and substances, from a postmodernist approach. The interpretative phenomenological analysis (IPA) was used to explore in detail the participants'

personal experience of living with a family member who abuses alcohol and substances. As stated in chapter three, IPA is phenomenological seeing as it involves comprehensive exploration of the individuals' environmental context by looking at the individuals' meaning of their living situation. IPA examines life, personal encounters and it is concerned with individuals' personal view or accounts about the occurrences that are taking place in their day to day lives (Smith, 2011).

Mainstream psychology is interested in investigating how individuals' thinking about occurrences in their lives can be measured. The IPA is concerned with how individuals analyse and understand their own personal experience and how the individuals make meaning of what occurred in experiences (Smith, Flower & Osborn, 1997). This is the main reason why the researcher chose the IPA instead of a quantitative research methodology.

The researcher was interested in understanding the meaning-making that the participants attach to the experience of living with a family member who abuse alcohol and/or substances. The researcher wanted to explore and understand personal experiences of participants and this was achieved through the exploration and interviewing of the participants regarding their experiences. She was able to receive and understand personal accounts of the participants' experiences. Although the accounts were highly personal, participants shared some common sentiments and understanding about their experience.

4.3 Research aims

The research was aimed at exploring the experiences of family members living with alcohol and substance abusers in order to gain a broader understanding on the impact that substance and alcohol abuse has on their well-being, daily lives and family relationships. In addition, it sought to establish to what extent rehabilitation centres involved family members of abusers in assisting them to deal with and overcome their challenges of living with an abuser or with a recovering abuser.

4.4 Research questions

1. What are the main experiences of family members of an individuals who abuse substance and/or alcohol?

2. How does living with an alcohol and substance abuser affect the family members' psychological and emotional wellbeing?

3. Do the rehabilitation programs make provision to assist family members in order for them to be able to live with the person who is undergoing rehabilitation or who has undergone rehabilitation?

4.5 Sampling criteria

The primary aim of the research was to conduct an exploration in order to understand the experience of family members of individuals who abused substance and alcohol. This will also include deducing the challenges that are faced by these family members. The researcher was interested in gaining an understanding of possible physical, psychological and emotional impacts that could be the result of the participants' experiences of living with family members who abuse alcohol and substances.

The researcher was able to achieve an understanding of the physical, psychological and emotional challenges experienced by participants through conducting semi-structured interviews with individual participants. In an IPA study the researcher is advised to have a small sampling that had been purposefully selected due to the compatibility of their lived experiences of the phenomenon that is being studied (Smith, 2007). Thus IPA enabled the researcher to use a small sample of five participants for the researcher to have enough time to gather a tremendous amount of rich data from the participants.

The participants were all black females and four of the five participants were mothers and wives. Only one was just a relative of an alcohol or substance abuser, not a spouse. No male participant came forward to participate in the research. The selection of the sample was purposeful and conducted in Khayelitsha because of the easy access the researcher had to her participants. The township is predominantly inhabited by blacks, resulting in the sample focussing on black

participants. Although there are inhabitants from other racial groups living in the township none were willing to participate.

4.6 Data collection

The researcher gathered information about the experiences of participants' experiences of living with family members who abuse alcohol and substance through dialogue with respondents.

The research questions were altered according to the participants' responses in order to keep the interview and conversation flowing. In IPA the researcher is advised to pay attention to verbal as well as non-verbal communication. In research, the author needs to bring to light the issues that the participants are less aware of and prompt them for more detail. The asking of questions and addressing nonverbal expressions are believed to form part of sustained qualitative inquiry; however, the degree of emphasis relies on the particularities of the research enquiry (Smith & Osborn, 2007). Paying attention to non-verbal language allowed the researcher to gain insight into the intrapersonal conversation that participants were having with themselves. The researcher picked up on non-verbal cues that illustrated discomfort in participants. When the researcher then questioned the participant about the intrapersonal conversation and discomfort, it enabled the researcher to gain trust from the participants. In addition, in enabled the researcher to obtain insight about the challenges participants were experiencing in their intimate relationship as the result of alcohol and substance abuse.

The reason for the researcher's sensitivity towards the issue of intimate relationships, was due to the age difference between the researcher and participants which is influenced by the cultural background of these parties. The participants and the researcher shared the same cultural background, and in the researcher's culture it is considered taboo for a young individual to converse about intimate relationships with an elder. The researcher was guided by the IPA method which stresses sensitivity to context is needed during engagement with research participants with sensitivity to participants' individual experiences and being empathetic to their predicament (Shinebourne, 2011). These principles guided the researcher to remain sensitive to participants' narratives and to treat participants with empathy and respect.

4.7 Data collection: Selecting study participants

The study participants were all individuals from the Khayelitsha community. Participants were collected by word of mouth, through the researcher's church members, family members, friends, and community members. The researcher explained to the church members, family members, and community members the ethical considerations involved in the research, as well as the procedures that would take place after a person agrees to participate in it.

The researcher received information and contact details of the individuals from neighbours in the community, including a church member, and a next-door neighbour. The researcher contacted the individuals by going to their houses and explained what the study entailed, and that there were no obligations for the individuals to participate. This is in line with the University of Fort Hare's research Ethics Committee (UREC). The researcher also explained to the individuals that they had the liberty to discontinue with participation whenever they may wish. The researcher also provided details of an intern psychologist who had contracted with the researcher and was willing to assist participants with brief-psychotherapy when participants needed it.

Participants were then scheduled to meet at The University of the Western Cape (UWC) where the researcher was employed in 2017. This was done so that the space in which the participants would share sensitive information is private and safe. The participants were going to be provided with a transportation fee and snacks for lunch. However, four participant preferred for the researcher to conduct the interviews in their homes, and one asked to be met at church. The interviews were then conducted in participants' homes in Khayelitsha and at Ivangeli Mission Church.

The researcher received the physical addresses of the prospective participants who preferred to be interviewed at their houses and scheduled the times for interviews to be conducted. Interviews were conducted over two days. All of the interviews started on time with the interviewer breaking the ice by talking about either their well organised houses or her love for dogs at the 1 house that had dogs. This helped the participants to welcome her in their houses and to be open in answering interview questions. In the process of asking the interview questions, the interviewer followed the order of the questions that were printed on the interview guide that she had in her hand. This helped so that there would be no questions that are skipped or overlooked. These were however slightly altered, albeit without losing meaning and relevance, in order to

maintain a flow in the interview and to delve more into what the respondent was saying. Appendix A is an example of how the questions were asked. It is an example of semi structured questions that were asked to the interviewees.

4.8 Data collection: semi-structured interviews

The criteria for gathering data was rather challenging to the researcher, as it was stated in the research proposal the initial aim of collecting the data was to gather participants from the South African National Council on Alcoholism (SANCA) in Khayelitsha. The researcher was unable to receive participants due to the sensitivity of the research inquiry. The social-worker highlighted that individuals who end up participating in the rehabilitation program usually receive no support from their family member due to family members being emotionally exhausted from the challenges of living with the individuals. The lack of support from family members of alcohol and substance abuse became evident in the data collected.

The theoretical chapter highlighted the importance of conducting open-ended questions in semi-structured interviews (Smith & Osborne, 2003). "Interviews are an important tool that promote individual meaning-making and experience as a site of knowledge, the significance of which emerged out of postmodernism and phenomenology" (Kvale, 2008, p. 35). Interviewing is regarded as a technique designed to obtain verbal accounts of individuals' experiences. The verbal accounts are obtained through face-to-face interaction between a participant and the researcher, and participants are provided with an opportunity to share their experiences in their own understanding (Flick, 2008). Meanwhile, interviews are aimed at presenting collected data in research as participants' subjectivity, one needs to remember the hermeneutics philosophy of 'being' and meaning-making as they have epistemological implication for what is actually from an interview (Smith, 2003). A semi-structured interview is a discursive interview in that is not consistent and is regarded as a communicative occurrence within which the action of the participant and researcher contributes to the category of knowledge produced. As a communicative occurrence, the individuals involved in the semi-structured interview possess the ability to influence each other's meaning. In contrast to the structured interview where the interviewer adheres to a set of questions, the semi-structure interview does not need to adhere to a set interview schedule. It however, employs what the participants has brought into the

conversation to establish questions as the interview continues. This helps in tailor making questions in order to collect adequate data that answers to the research questions. Therefore, participants fulfil and important role in the structure of the interview because of what they bring to the conversation.

Participants may only be communicatively open and forthcoming if they perceive themselves as safe and confidential with the researcher. The researcher plays an important role in encouraging participants to share. This can be achieved when the researcher communicates that the participants' communication is relatively interesting as it encourages the participants. Henning (2009) refers to this interaction as a dialogical communication. All of the interviews were conducted in IsiXhosa which was the choice of language from all five participants, and therefore the researcher transcribed the data verbatim. The use of verbatim recording (creating a verbatim report) is central to IPA as it allows researchers to employ exactly the same words that were used by participants in the very same manner (Brocki & Wearden, 2006). The interviews were first written in IsiXhosa and then translated directly into (or idiomatically) English.

In IPA the role of the researcher in terms of analysing the data is not always clearly identified (Brocki & Wearden, 2006). In these instances, provided the explicit recognition of the fact that the researcher has selected to employ IPA for data analysis, the researcher must engage in tacit acceptance of this role, regardless of whether it is or not mentioned throughout (Brocki & Wearden, 2006). Furthermore, Brocki & (Wearden (2006)) scholars acknowledge the role the researcher plays in the analysis of the data. The researcher takes an interpretative stance within the IPA framework. The researcher's attempts to acknowledge and suspend her own opinions and personal experiences is an attempt to see the world as it experienced by participants (Smith, Flower & Larkin, 2009).

The researcher then moved to the next phase of data analysis which involved the inductive interpreting of the initial themes that were found during the first interpretation stage. The researcher goes back to the beginning of individual transcripts and continue to extract the emerging themes into more concise themes employing psychological terminologies (Smith & Osborne, 2003). The inductive themes were documented below each individual's case transcript.

While the researcher was engaged in the process of interpretation she attempted to obtain the true meaning that participants attached to the inducted themes. The researcher employed theoretical guidelines to guide her interpretative process in order to understand the emerging themes, while not losing the essence of the participants' meanings. Examples are the descriptions of participants of their experiences by using phrases such as "lack of sleep", "fatigue", "pounding headache", "losing weight", and "feeling no joy". The researcher transformed the set into psychological terminology, and related them to 'depression like symptoms'. In the transcripts the researcher employed these psychological terminologies to capture the meaning of the participants, while ensuring that the participants' original accounts were retained as they were in the original recording and text.

4.9. Validity and reliability in the research

Guidelines that assist the researcher to assess validity of a qualitative study are offered by Elliot, Fischer & Rennie (1999), and Yardley (2000). Four concepts have been highlighted in the theoretical chapter as part of the guide in conducting a successful IPA study. These concepts that can be used to evaluate validity of a study for all types of qualitative study include commitment, sensitivity to context, coherence, and transparency. The different methods differ in their research design. (Elliot *et al.,* 1999; Babbie, Mouton, Vorster & Prozesky, 2001). The aim of validity in IPA is not to prescribe the singular account, but rather, to ensure the credibility of the final account (Smith & Osborn, 1997). In an attempt to maintain the validity of the data, the researcher documented all the responses that they attained from the participants. This is in line with the concept evaluating validity in IPA. In addition, the researcher also enquired with other researches that had been conducted on a similar study enquiry to have a consensus on whether the data presented in the research represents what it is supposed to.

Within the IPA the researcher's interaction, subjective position and dynamic role is acknowledged as an integral to the research process. To underline the reliability of the interpretation process, the use of inter-rated-reliability measures were made use of. A colleague was requested to merely produce an interpretation agreed by two individuals rather than functioning as a check of objectivity (Yardley, 200).

4.10 Ethical considerations

Prior to commencement, the researcher applied for ethical clearance and ask for consent to work with human participants. The University of Fort Hare's research Ethics Committee (UREC) granted the researcher the ethical approval to conduct the study.

The ethical considerations highlighted by UREC fulfil an important aspect in researching human conditions. During the interviews, the researcher applied the ethical principles that are promoted and outlined by UREC. The researcher also applied the ethical considerations expected by the HPCSA as outlined by the American Psychological Association (APA). It is expected of psychology researchers who are engaging in human research to take reasonable steps to avoid harming their participants and to minimise harms where it is foreseeable and unavoidable (American Psychological Association, 2002). The researcher informed each individual about the right to withdraw from the study and provided the individual with information about the possibility of receiving counselling if it became necessary. Initially the study involved six participants who were interested in participating in the study. However, one of the participants decided to make use of the offer and to withdraw from the study because of the sensitivity of the research. The researcher applied the principle of doing no harm to participants, in the way in which questions were asked.

The participants were informed about their rights and were requested to sign a document in which these rights were highlighted was stated. Participants were also provided with food parcels as a way of showing appreciation. The researcher explained what the purpose was to the participants in the research. The participants were reminded once more of their right to withdraw at any time from the study.

It was pointed out that they could decide what would remain confidential in the interviews and this would be excluded from the research. They were assured of anonymity and pseudonyms were used instead their real names. The research and the process was explained in full detail to the participants, including presenting the UREC certificate as proof of University approval. The researcher also provided the participants with written consent forms which informed participants about the research, the rationale of conducting the research, and their rights in participating in the research.

The participants' right to withhold sensitive information was respected by the researcher. All the information obtained from the participants was saved to the researcher's personal laptop on ICloud, encrypted with securely. The researcher informed the participants that the results of the study could be made available to them upon request.

4.11 Conclusion

This chapter sought to bring to light the methodology used by the writer together with the procedures that were used on the research. Advantages of the methods used were discussed in this chapter. The population of five participants and how they were picked from the church and community was established. The following chapter will be an analysis of the findings from the research.

Reflexivity in research

Reflexivity is very important concept in the world of qualitative research. Researcher want to argue that it is also a bridge to the procedural ethical issues that can often seem out of place in the everyday practice of social research. Reflexivity is closely connected with the ethical practice of research and comes into play in the field, where research ethics committees are not accessible. Research is primarily an enterprise of knowledge construction. The researcher with his or her participants, is engaged in producing knowledge. This is an active process that requires scrutiny, reflection, and interrogation of the data, the researcher, the participants, and the context that they inhabit (Guillemin & Gillam, 2004).

Reflexivity in research is not a single or universal entity but a process—an active, ongoing process that saturates every stage of the research. Harding (1986, 1987, 1991) reminded us that as researchers, our social and political locations affect our research. Our research interests and the research questions we pose, as well as the questions we discard, reveal something about who we are. Our choice of research design, the research methodology, and the theoretical framework that informs our research are governed by our values and reciprocally, help to shape these values (Guillemin & Gillam, 2004). Who we include and who we exclude as participants in our research are revealing. Moreover, our interpretations and analyses, and how we choose to present our findings, together with whom we make our findings available to, are all constitutive of reflexive

research. Reflexivity in research is thus a process of critical reflection both on the kind of knowledge produced from research and how that knowledge is generated. Using Reflexivity in

Application of Reflexivity in the study

Reflexivity is not usually seen as connected with ethics at all. Rather, reflexivity in qualitative research is usually perceived as a way of ensuring rigor (Finlay, 1998; Koch & Harrington, 1998; Rice & Ezzy, 1999). Reflexivity involves critical reflection of how the researcher constructs knowledge from the research process, what sorts of factors influence the researcher's construction of knowledge and how these influences are revealed in the planning, conduct, and writing up of the research (Guillemin & Gillam, 2004). A reflexive researcher is one who is aware of all these potential influences and is able to step back and take a critical look at his or her own role in the research process. The goal of being reflexive in this sense has to do with improving the quality and validity of the research and recognizing the limitations of the knowledge that is produced, thus leading to more rigorous research. It does not have an overtly ethical purpose or underpinning (Guillemin & Gillam, 2004).

In being reflexive the researcher needed to be alert of personal issues (emotions) attached to the subject of study, as well as the importance of ethical considerations which highlights that participants' accounts need to be treated with respect. The researcher remained conscious not to impose her own experience of living with an individual who abuses substances on participants. In doing so the researcher had to revisit ethical considerations and remind herself of the participants' rights to privacy, autonomy, and dignity. This assisted the researcher to not become prejudice and to believe that the narratives could have been told in a different manner. Even while engaging with the data the researcher needed to respect the participants' narrative and rights, thus not changing the participants' narratives to make it appealing to the researcher or to the potential researcher, but to write the narratives as they were told. The researcher also needed to be rigour with the data, which is the requirement of a qualitative study and IPA. This meant that the researcher needed to treat the data with fairness and complete attentiveness. This was done while analysing the data, which assisted with thorough interpretation of the data. All of these points highlighted in this section were applied by the researcher during the conduction of the study.

CHAPTER FIVE: PRESENTATION OF FINDINGS

5.1 Introduction

The chapter will discuss the general experiences that are commonly shared (subordinate themes) by participants who had the experience of living with individuals who abuse alcohol and drug related substances. Six subordinate themes emerged from the participants' account and were identified through the use of the IPA interpretative method. The six themes are: financial burden, dysfunctional family relationship and family life, safety needs challenges, psychological and emotional distress, psychophysical symptoms, and unavailability professional help. Each theme from the participants' narratives was analysed and discussed separately and presented in the discussion of the results.

Family members of alcohol and substance abusers, who were interviewed in the study shared narratives of heartache, disappointment, psychological distress, and physiological illnesses as a result of having an addicted family member. The family members reported that they experience great concerns for the individuals who abuse alcohol and/or substances, as they believe that the abuse of alcohol and substance will one day lead the abusers to committing actions that will result in the individuals' death. The family members also stated that ever since alcohol and substance abuse became part of their family's lives their relationships has been dysfunctional: the families receive no support from the communities and are expected to take responsibility for the actions of the family member who abuses alcohol and/or substances.

The discussion below will present the meanings that participants attributed to experiences, as accurately as possible. From the participants' accounts the researcher will extract units of meaning in order to determine themes. The chapter begins with a brief introduction of the participants and provide an overview of the participant's narratives, in order for the reader to gain a contextual understanding of themes that emerged. Furthermore, the participants' narratives consist of their accounts of the experience of living with individuals who abuse alcohol and substances. Table 1 shows the themes in tabular format. What then follows is a breakdown in discussion of each theme in detail.

5.2 Physical Experiences

Table 1

1. Financial burden
    i. Debts
2. Dysfunctional family relationship and family life
    i. Marital relationships become strained
    ii. Ineffective family communication patterns
3. Safety needs are challenged
    i. Security
    ii. Safety

5.2.1 Financial burden

Table 2 below shows similarities in emerged themes of financial burden, dysfunctional family relationship and family life, and safety needs that are challenges faced as a result of living with family member who abuse alcohol and substances. What follows is a discussion of each of these elements mentioned in the table.

Table 2: Results on Financial burden, safety, relationships with members

	Participant 1	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**
Debts	X	X	X	X	
Strained marriage life	X	X	X		
Ineffective family communication patterns	X	X	X	X	X
Safety and security	X	X	X	X	X

5.2.2 Debts

Participants stated that they incur financial burdens from living with a family member that abuses alcohol and/or substances. Eighty percent of the respondents stated that they incur debts related to alcohol and drug abuse. They further stated that they had to pay debts made by the family member who abuses alcohol in order for the abuser to purchase alcohol. The participants reported that they usually pay up the debts because the family member who abuses alcohol is unemployed, thus has no way of paying the debts. One of the participant, Mrs Mbeke added that the reasons for paying the debts is not a form of enabling the behaviour, but rather a way of protecting her son who abuses alcohol from getting into trouble with other community members, which she said often resulted in a beating by community members.

"There is no other child that hurts me, but Thulani. Thulani is a drunkard, he drinks, and Thulani does not listen, he causes debts for me, I have his debts. Even now I am in debt for a grinder that he stole. I must pay R700 because of him"

"The biggest challenge is when he is paid and then you go to the tavern and you are told that he owed R600. Meanwhile you don't even know when the debt was made. Then you go to the tavern and argue with the people and then they would tell you to ask your husband, and he would confirm the debt"

The above quote is from Mrs Nombeko whose husband is an alcohol abuser. She stated that she often worried about her husband's payday because, if her husband arrives from work before she arrives home she will find him at the tavern. And by the time she arrives at the tavern she would be informed that her husband owed money and the husband would then report to her that he has used the money to pay for the debt and to purchase alcohol.

Mrs Nombeko and Mrs Mbeke stated that their family members who abuse alcohol face financial challenges that extend beyond the home. The alcohol dependents can steal from other community members to sustain the alcohol and substance abuse (Hoffer 2016). Hoffer (2016) also reported on participants who reported that they first stole from parents' home and when they could not find any at home from neighbours' houses.

5.2.3 Marital relationships become strained

Married participants reported that the dependency contributed to strain developing in the marriage relationship with their intimate partners. Those who raised the issue constitute sixty

(60) percent of the total respondents. This quote following is from Mrs Mbeke who expresses her strained relationship with her husband, because of her son's alcohol problem;

"My husband does not understand this whole issue. And when Thulani came to live with us my husband welcomed him with open arms, but now Thulani is taking advantage of that. He was never treated like an outsider by my husband, but look now. If I was not a strong wife my marriage would have been over by now because of Thulani'.

Family members react in a variety of ways to dependents. Mrs Mbeke's husband and stepfather of her son does not say much to her son about his behaviour, because he desires to sustain a positive relationship with the son. He does not want his stepson to assume that he is being mistreated because he is not his biological son. Although Mrs Mbeke's husband does not speak his mind she is the one who experiences the guilt feelings about the challenges brought in raising her son. She cited that her husband would say she needs to reprimand her son, and would not speak to her for days on end at times as the result of experiencing frustration about the problem.

"You know if I was not a strong wife my marriage would've been finished by now. Everyone here in the house blames me for the problems in this house. It's like I have been cursed. Yho I don't know that do, really I don't know what do. We need help really"

5.2.4 Ineffective family communication pattern

As cited in the literature review chapter, alcohol and/or substance abuse problems cause disruption and dysfunction in the family relational and communication patterns (Velleman & Templeton, 2007). The literature indicates that the family member who used to perform specific roles to assist the family can no longer fulfil those roles due to the alcohol and substance abuse, thus leaving the responsibility to other family members (Velleman & Templeton, 2007). What the literature highlighted is similar to the challenges experienced by the participants of this study.

"They get abused a lot, the other children. He even steals from them, even at school they get stressed at lot, thinking about this. They are not happy, they have changed. They are not the same, they don't talk to their brother because of the things he does"

"Even when someone says mama my shoes are missing your heart just goes oh my God what is it now. You want peace amongst your children, and you try to protect that one. Because you have hope that one-day God will change him. But as a parent you get punished and your other children stop talking to you"

"The worse out of all of them is you want to hide him from your children so that he doesn't become an enemy in the family. You try even if something is stolen you keep it to yourself and not tell because I know his sisters will hate him"

The above quotes highlight the disruption in the family communication due to alcohol and/or substance abuse. Mrs Nombeko reported her children who do not abuse alcohol and/or substances have to take on the roles of her husband (biological father of her children) and son who are abusers, and as a result the added burden leaves her children feeling negatively towards her husband and son.

The first quotes above indicate Mrs Nosi's experience of conflicting feelings experienced by her other children who still show care for the dependent, while they also express feeling angry towards their brother for stealing their belongings. Mrs Nosi stated that the other children no longer speak with her son, because of mistrust in their relationship.

Mrs Mbeke stated that she would go as far as keeping events that take place to herself and keeping secrets from her children because she believes that sharing the occurrences would add more anger and disappointment to her other children. Furthermore, she added that she keeps the occurrences as a secret as means to keep peace between her children. As highlighted by the quotes above, all three women share similar narratives as they all attempt to maintain peace and a positive bond in their children's relationships even though they understand that the other children who are not dependents are feeling disappointed toward their sibling who abuses alcohol and/or substances.

Literature also indicated that children who are exposed to alcohol and substance abuse suffer a great deal of trauma (Mannnig et al., 2009). This has been the case for Mrs Nosi who reported that her younger children are always afraid to walk around in the community as they have been associated with the family member who abuses substances and who gets into trouble in the community. Mrs Nosi reported that friends of her son who abuses substances would tell her younger children to send threatening messages to her son and that would normally frighten the younger children. She added that the worst part of the younger children's experience of the abuse from the community and their brother is that it negatively impacts on their school performance. She said that her children were failing to concentrate at school and their grades have dropped drastically due to the lifestyle.

Mrs Nombeko shared that because of the alcohol abuse in her family, her family members blame her as Thulani's mother, and accuse her of protecting him As a result her family no longer sit together during the evening meals and converse as the family used to do. Instead, the younger children choose to sit in the bedrooms or to not converse with the parents at all. She emphasised that the family culture of bonding is no longer present in the home.

5.2.5 Safety and Security

Safety concerns was reported to be an issue that is faced by all the participants interviewed for the study. The participants reported that they did not feel safe in their homes because they are always concerned that the activities of the family member who abuses alcohol and/or substances may result in community members coming to their homes and harm them. Mrs Nosi reported that her young children who are girls are always threatened by friends of the family member who abuses substances. Mrs Nosi said that at times her son would not engage in negative behaviour and behave appropriately in accordance with family values, however, when this occurs his behaviour angers her son's friends. Mrs Nosi further added that her son's friends whom she believed were using her son to obtain money to sustain the substance abuse, would go to their home to look for him, and when she tells them off they would then threaten the younger children. This quote was extracted from the interview with Mrs Nosi;

"Yho his friends use him for money. Sometimes he would come home with bruises and when we ask him what happened he would lie and say he bumped himself on the window. When he's on a break, his friends come looking for him, when they don't find him they tell the girl that they must tell him they'll get him"

Ms Pinky reported that the only time they feel safe in her home is when the substance abusers' father (her uncle) is at home. Pinky cited that the substance abusing family member (her male cousin) had a tendency to walk around the house naked and show his genitals to Pinky and her other female cousin. Pinky further stated that her worst fear was that one day her male cousin would rape her or her other female cousin. The following quote is from an interview with Ms Pinky where she expresses fear for her safety;

"yho, he would walk around naked, show his private part, and say to ask give me some. I'm afraid that one day he would rape us, but I pray that day never happens yho"

"At night especially when we are home alone and the person is here and then we are not safe when his father is not home"

"My worry is the street people. When they will come here, they will not think I didn't send Thulani to make mischiefs there. They will just come and want to mess my house and stress my children. Worse those people he owes money, I am scared they will force to take my stuff"

5.3 Psychological and Mental distress

The following table (table 3) presents themes that emerged from the participants' narratives about participants' psychological and emotional wellbeing that has been affected from the experience of living with an individual who abuses alcohol and/or substances.

Table 3: Psychological and mental distress

Psychological and Mental distress
1. Constant worry about the alcohol and substance abusers' safety 2. Anxiety 3. Lack of sleep (insomnia)
Psychophysiological symptoms
1. High-blood pressure 2. Headaches

The following table (table 4) represents similarities of emerged themes in participant's narratives in terms on psychological and mental distress, and psycho-physiological symptoms they experience as the result of living with family members who abuse alcohol and substances

Table 4: Results of responses Psychological and mental distress

	Participant 1	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**
High BP	X	X	X	X	
Lack of sleep	X	X	X	X	
Headache	X	X	X	X	X
Anxiety	X	X	X	X	X

"There is no other child that hurts me like. (Claps hands, and then folds arms. Illustrating disbelief) Thulani is the one child that is causing all my illness. Look even now I come from the hospital. I have been sick, and the Doctors say I need operation (referring to surgery). I am stressed"

5.3.1 Constant worry about the alcohol and substance abusers' safety

According to the healthcare perspective psychological and mental health in an individual can be seen as the result of the absence of any illness, and a sense of wellbeing and wholeness (Wiklund, 2008). Erikson (2006) defined wellbeing as a multidimensional perspective which included an individual's body, soul, and spirit, and as well as the individual's view of unity in relation to others.

According to Mrs Mbeke, Mrs Nosi, Mrs Nombeko and Mrs Mnisi's narratives their psychological and mental wellbeing had been affected by the experience of living with sons and husbands who abuse alcohol and/or substances. The participants reported constant worry about the lives of the family members who abuse alcohol and/or substances. Furthermore, they reported that their minds were never at ease because they believed that they would receive news that their sons and husbands had passed away, or caused trouble in the community. The participants cited that the constant worry that they feel for their sons comes from the maternal bond that they have with their children, and from hoping that their sons would change one day. For Mrs Mbeke the constant worry was accompanied by fear of losing her husband and of becoming widowed. She added and said that she believed that God was going to change her home situation soon. Their responses represent eighty percent of the total respondents.

Comparing the wellbeing of the participant with Ericksons' statement that psychological and mental health needs to be looked at from a multidimensional perspective (Erikson, 2006) it can be said that the participants' wellbeing are severely impaired. There is a trend as Mrs Mbeke, Mrs Nosi, and Mrs Nombeko reported that at home they are the ones who take blame for the alcohol and substance abuse problem which in turn results in their "spirits being broken". Their view of unity with others is also challenged as they believe that the community is also blaming them for the problems caused by their sons and husbands. When their sons and husbands have debts the participants are the ones who have to pay because they fear physical harm for their

family members. Mrs Nosi reported that when her son who abuses substance was not sleeping at home she would wonder if the gunshots she hears coming from outside were not directed at him;

"When I hear gunshots from outside, I think oh God I wonder if it is not him being shot at"

Mrs Mbeke stated that despite the condition she finds him in, she would feel relieved when she sees her son in the mornings because she always thinks that one day she would be called to go and identify her son's dead body lying on the ground,

"Yho I would say thank God when I see him coming in the house in the morning, because I worry that one day they gonna say he is dead and I would see him there lying dead on the ground"

Mrs Mbeke added that she would worry uncontrollably and the only way she is able to calm herself down is by walking to her son's flat to check on him. She said that she would walk to her son's flat in the early hours of the morning and put her own life at risk so that she can be calm after seeing him home. She added and said that sometimes she would need to go three time before she finds him because he does not always return from the tavern around the same time as other nights.

"Sometimes I wonder oh my God. What did I do wrong to deserve this child because I don't sleep. I can't sleep unless all my children are in the house. Worse this person is more than 30 years. At this point I should be resting, not worry about an old man"

5.3.2 Anxiety and lack of sleep

Mrs Mnisi, Mrs Nombeko and Mrs Mbeke reported to be suffering from anxiety because they are constantly on edge due to being concerned about what their sons and husband would be doing wrong to others, as well as what could happen to the family member if he gets into trouble. Mrs Nosi, Mrs Nombeko and Mrs Mbeke also reported to have been experiencing insomnia due to "always thinking" about the situation. In addition, it is as a result of being required to stay alert in case of emergencies such as being called to the tavern to stop their sons or husband from hurting other people. Mrs Mnisi said that she stayed up at night because she did not want to not hear her son when he shouts for help at night. She said that she preferred to sleep after everyone returned home so that she knows that all her family members are safe.

The following quotes are from interviews with Mbeke who spoke about how her experience of living with her son who abuses alcohol contributes to her ill-health;

"You have a bad depression because of this one person. So it affects your health very much"

"You have a pounding headache all the time because you don't sleep. You are always thinking. You feel like your blood pressure has gone up"

"I have to go an operation because I am sick, I have hernia. I am afraid I am going to die in the operation table because of stress caused by Thulani"

Nombeko also reported that her ability to concentrate at work declined due the persistent negative thoughts about what could be occurring at home while she was at work. The worry would lead to heart palpitations and feeling weak. She stated that because of the "stress" related symptoms she was sent home on two occasions by employers. She further said that she was concerned that her employers were going to become tired of her problems and let her go (replace her) because of her problematic life. Nombeko's account highlighted the fact that problems caused by living with family members who abused alcohol and/or substances greatly interferes with other spheres of the lives of family members who live in the same environment as individuals who abuse alcohol and/or substances.

"At work I can't concentrate, I am always saying oh my God what am I going home to. There's always problems waiting in the house. My boss had to let me go home more than two times. I know one day they will get fed up with me and let me go. I don't know what will happen when that day come, plus I'm always sick at work. Bosses get tired of people like me you know"

5.4 Psycho-physiological symptoms

5.4.1 High-blood pressure and headaches

"You end up being a person with high-blood even if you were not a person of high-blood, because of these things because you don't sleep at night you are thinking of these thing of these people, and you always have headaches everyday cause of thinking so much"

All of the participants except for Ms Pinky reported physical health concerns that they said were caused by the problems that were brought by the family members who abuse alcohol and/or substances. Mrs Nosi, Mrs Mbeke, Mrs Nombeko and Mrs Mnisi all have reported to have been diagnosed with high-blood pressure as a result of the stressors in their lives. Mrs Nombeko

attributed her high-blood pressure diagnosis to not receiving adequate sleep and to her inability to "stop thinking". She said that she stays up all night thinking about her husband's alcohol problem, her son's substance abuse problem, as well as her other family members who were affected by the alcohol and substance abuse. She further stated that even if one was not a person to have high-blood, but with the kind of problems she was facing one was bound to be diagnosed with high-blood pressure.

Mrs Mnisi explained that she was unable to manage her high-blood pressure even when she was adhering to medication, and said that her high-blood pressure always remained on the dangerous side because her problems were causing her too much stress. In addition to the high-blood pressure all of the participants except for Ms Pinky reported that they had chronic headaches that are always present throughout the day. They said that the headaches were associated with the challenges of living with an individual who abuses alcohol and substances.

"Headaches (sisi) sister, I always have these headaches that don't go away. I think it's stress that is made by staying with my cousin. Yho he really makes everyone so stressed. We just don't know what to do because we did everything. Rehabs bring him back and say nothing is wrong with him"

5.5 Effectiveness of rehabilitation programs

Below is a discussion of themes that emerged from the participants' narratives about rehabilitation programs making provision to assisting relatives/ participants in order be able to better cope with the individual who abuses alcohol or substances.

Table 5 below illustrates similarities in themes that emerged with regards to participants' experience about rehabilitation and rehabilitation programs

Table 5: Rehabilitation

	Participant 1	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**
Beliefs about self-rehabilitation or detox	X	X	X		

Rehabilitation programs do not involve families in the program				X	X

5.5.1 Families Not receiving professional help

Alcohol and substance abuse greatly impacts family life (Kernic, Wolf, Holt, McKnight, Huebner & Rivara, 2003). The impact of alcohol and substance abuse on the psychological and physically wellbeing of family members of individuals who abuse alcohol and/or substances is well documented. However, provision to assist family members of alcohol and substance abusers in the rehabilitation process remains almost non-existent for the majority of rehabilitation programs (Copello, Templeon & Powell, 2010).

Even though family members play an important supportive role in the success of the rehabilitation and in the maintaining of a alcohol and substance abuse-free lifestyle they still remain excluded from the rehabilitation process (Selbekk, at el., 2015). Thus far literature points out that the approach to the treatment of alcohol and substance abuse still remains an individualistic approach to treatment and policy-making (Gruber & Taylor, 2006).

Mrs Nombeko, Mrs Nosi, Mrs Mbeke, and Mrs Mnisi said they did not seek or receive professional help, because she is unaware of the role of rehabilitation programs involving family members. Ms Pinky's cousin attended multiple rehabilitation program, however she was unable to recall the names of the various rehabilitation centres that her cousin attended.

"No, the only time we are asked to come is when we go visit only. Because he does not usually cause trouble when he is there"

Ms Pinky stated that the only time that her family members were involved during the rehabilitation process was during the initial admission stage and when the family went to visit her cousin during visitation days.

The other four participants stated that they had no knowledge of cost-free rehabilitation programmes. Mrs Mnisi stated that she went to seek professional help, however, the social worker who was supposed to provide her information and assistance for rehabilitation was

unable to assist her because he said that her son was not ready for rehabilitation. This was because her son would not admit that he was abusing substances. The assumption from her was that the social worker did not want to make an effort as there was a great possibility for substance rehabilitation relapses.

"Mr Mthethwa (pseudonymous name) said that he was unable to assist me because of my son' didn't want to say the name of the drugs he was taking. So Mthethwa said my son was not ready for rehab, and to put in in rehab was going to be a waste of time"

Mrs Mnisi also stated that she did not continue with the process as she believed that it would have been a waste of more money if her son was going to relapse, as she was required to pay R500 to consult with Mr Mthethwa the social worker. This amount of money was too much for her.

5.5.2 Beliefs about self-rehabilitation or detox

Mrs Nosi reported that her son never received professional help, and instead he self-rehabilitated by staying away from his friends and substances;

"He didn't go to rehab, I would just talk to him and ask him what is it that is causing you to do all these thing that you are doing. He never answered. Suddenly one day my son said mama please help me take me home to Eastern Cape. There, are no drugs. So he stopped taking drugs"

The majority of the participants stated that the individuals who abused alcohol and or substances did not receive professional assistance and rehabilitation.

Mrs Mbeke also reported that her son did not receive professional assistance. She said that her son stopped taking substances after he fell sick. And had told her son that she will not take him for rehabilitation as she believed that he had the ability to stop taking substances if he wished to do so;

"He never went to rehab I was close to taking him to rehab, but what helped was him getting sick. He got sick really good, he got sick flat. So I told him I was not going to take him to rehab, I am not going to do anything to him, his medicine is you. If you tell yourself you want to be right you will stop this thing"

The majority of the participants believed that the individuals who abuse substances possessed the ability to self-rehabilitate if they wanted to stop abusing the substances. Furthermore, the participants stated that there was no point in forcing the individual to go into rehabilitation when they are not ready because when the individuals return from the rehabilitation programs the substances will still be presents and thus easily accessible for them.

Three of the participants reported that the success of self-rehabilitation was possible, and that the individuals who had self-rehabilitated had not gone back to using substance since the time they took the decision to self-rehabilitate.

"No he never did, but after the conversation with the neighbour there was nothing I did besides seeing his attending church and feeling remorseful about this"

Mrs Mnisi, Mrs Nombeko and Mrs Nosi also believe that faith in God and spirituality possessed the power to rehabilitate the individuals from alcohol and substance abuse. One of the participants reported that after her son had a manic-like episode he stopped taking substances and started attending church, and reported that her son gave himself to Christ and ever since he became a born-again Christian he has never relapsed or taken any type of illicit substance.

5.6 Conclusion

This chapter presented a discussion of the data analysis and result and the study. A brief introduction of the participants and summary of the participants' narrative was presented for the reader to assist the reader in obtaining a contextual overview of every individual participants' experience of living with an individual who abuses alcohol and/or substances.

The results of the study indicated that participants experience adverse challenges from living with individuals who abuse alcohol and/or substances. The themes that emerged from the data analysis showed that participants experience challenges such as financially related problems, psychological and emotional distress, safety and security problems, as well as psychophysical challenges.

CHAPTER SIX: DISCUSSION

6.1 Introduction

This chapter of the study will discursively present participants experience and the meaning they make about the experience of living with an individual who abuses alcohol and substances.

The study identified six subordinate themes that emerged from the participants' accounts of the experience of living with an individual who abuses alcohol and substances. The subordinate themes were identified by employing an IPA interpretative methodology. The six subordinate themes were: financial burden, dysfunctional family relationship and family life, safety needs challenges, psychological and mental distress, psychophysical symptoms, and not receiving professional help.

Each subordinate theme will be discussed according to a two-phase method, where in the first phase the participants' experience will be situated within the existing literature and the second phase will discuss the participants' accounts of their experience of living with an individual who abuses alcohol and substances. The second phase will involve connecting emergent themes with existing literature about the experience of living with individuals who abuse alcohol and/or substances.

6.2 Financial burden

Participants reported that alcohol abuse caused severe financial burdens for their families. The problems of alcohol abuse become part of the family's unwanted expenses as the dependent members would steal from the family and the community to support the substance dependency. The husband's payslip would become the subject of the family problems in the home. The husband would use most of the wages on alcohol and would not contribute any money towards the family's needs. Another participant reported about the financial burdens she experienced due to having to replace valuable items that the son would take from others. The son was unemployed and sustained the alcohol abuse with money that he received by selling other family members' valuable items and stolen goods from community members.

It was common for the participants to have to repay loans that were made by the family members who were dependent on alcohol.

Within the South African context, it is common for dependents to borrow money to support their dependent habit (Krishnan, Orford, Bradbury, Copello & Velleman, 2001). Because of the black people's fear of being viewed as being selfish, they would lend money to the dependents to be used to purchase alcohol (Mosgen & Klein, 2015). Participants reported that the dependent family members who abuse alcohol borrowed money from community members and tavern owners to buy alcohol and when they were unable to get the money elsewhere they would demand the debt to be paid by the family member, even though they were not part of the negotiation in the borrowing of the money .

Participants stated that the decision to pay on the individuals' behalf was not to support the alcohol abuse, but to ensure that they did not get into trouble with community members over the issue of money. The participants were unaware of the role the family played in maintaining the alcohol abuse. The participants were also highly concerned about the abusers' physical safety and as a result of this fear the participants were indirectly providing an allowance for the dependents to acquire alcohol and/or substances.

Family systems therapy asserts that families of individuals who abuse alcohol and/or substances play a complex role in maintaining alcohol and substance dependence (Nebhinani, Anil, Mattoo & Basu, 2013). The family members provide a multifaceted, including direct care, financial assistance, and maintenance. In most cases the families are unaware of the role that they play in maintaining the symptoms and as a result the families are often more concerned about the alcohol and substance abuse of the individuals, while disregarding other problems that they family has (Biegel, Ishler, Katz, Johnson, 2007). Other financial problems may stem from the family's inability to change the family pattern which allow the alcohol and substance abusing individual to control the family's response to situations that require the family to provide financial support (Mosgen & Klein, 2015).

Participants' accounts pointed out that family members of substance abusers find it difficult to know how to effectively respond to requests for money. The families struggle to change ineffective communication patterns that have been present since the beginning of the abuse. The

participants' accounts illustrate the participants' family life has become centred on the abuse and as a result the family is unable to assess other problems within the family relationships that may contribute to the maintenance of the dependencies. Family studies attributes the families' inability to change ineffective communication patterns to the families' efforts of attempting to keep peace and to prevent aggression that becomes present when alcohol and substance abusers experience alcohol or substance withdrawals and cravings (Mosgen & Klein, 2015).

6.3 Dysfunctional family relationships and family life

The family systems theory believes that there is a link between family functioning and the maintenance of alcohol and substance abuse (Rowe, 2012). The theory suggests that multiple interacting factors initiate and maintain alcohol and substance abuse within the dependents, the family relationship, and the community systems. Family factors that play a significant role in the maintenance of the alcohol and substance problem include family conflict, relational distance, parental psychopathology, and parenting deficits (Tobler & Komro, 2010). Other family factors that influence the aetiology and maintenance of alcohol and substance abuse are dysfunctional family relationship and low family support, and stress in family relationship (Handlsman, Stein & Grella, 2005). The alcohol and substance abuse problems affect family functioning and results in the increased chances of developing patterns of physical and behavioural problems (Kessler & Ustun, 2004). Studies conducted on the relationship between family functionality and alcohol and substance abuse have suggested that the daily experience of living with individuals who abuse alcohol and/or substances and the lack of social support from other family members and external support may result in subjective caregiver burden (Kumar, Panday, Srivastava, Singh & Kiran, 2016). These studies have highlighted the mutually felt experience by participants who were parents to individuals who abuse alcohol and/or substances.

Participants felt overburdened by the problems of alcohol and substance abuse as it was impossible to ignore the problem and to allow the individuals to be responsible for their own lives. On the one hand there was the shared hope for change amongst the participants as they believed that God was going to change and rehabilitate the individuals. On the other hand, it was difficult for other family members to understand the problems, have hope, and to remain patient with the alcohol and substance abusers. The participants attributed the lack of patience of other

family members to the fact that they were not the birth mothers of the individuals who were dependents.

The participants of the study highlighted dysfunctional family relationships and interactions as a result of the alcohol and substance abuse in the family. The participants' accounts indicated that they experienced difficulties in maintaining open communication channels within the families. Some participants reported that the family members who abused alcohol and substances emotionally affected the children. Participants who were mothers reported that in an attempt to keep the peace in the family they would keep the abuse hidden from the other family members and would sometimes take the blame for occurrences. However, ironically keeping secrets from other family members resulted in mistrust in the participants. The mothers were accused of choosing sides with the individuals who abuse alcohol and/or substances. The participants reported that family relationships were broken as a result of the family dysfunctional communication, anger, and mistrust among family members.

The effects of the burden of having a family member who abuses alcohol and substances often extends beyond the nuclear family. Other extended family members may also experience feelings of concern, anger, fear, guilt, and embarrassment, and may have the desire to ignore or to disown the individual abusing alcohol or substances (Leventhal, Pettit, Lewinsohn, 2011). Participants pointed out that keeping the dependency secret for fear of being stigmatised in fact hindered the extended family members from supporting them with problems related to the alcohol and substance abuse. However, they thought that disclosing the abuse problem was going to compromise the position and respect that the individuals held within the extended family. Because of these complications they attempted to deal with the challenges in the context of the nuclear family as it appeared to be a better option.

Participants remained hopeful that the family members who were abusing alcohol and substances were going to rehabilitate and change, and thus the participants believed that it was important to ensure that the individuals do not lose respect and dignity while the individuals are in the process of abusing alcohol and/or substances. Participants' accounts showed that the participants felt great responsibility for fulfilling the role of ensuring that the family does not lose respect for each other, and that other family members do not ostracize the family member who abuses alcohol and substances. The participants have expressed that taking on this role came with great

consequences as it impacted on other individual relationships that the participants have with other individual members in the family.

Alcohol and substance abuse severely disrupts family ritual, family roles, changes family atmosphere and interactions. Due to the changes in the family relationship the relationships between the individuals within the family becomes strained, and sometime estranged (Mosgen & Klein, 2015). The relationship between married parents also becomes strained and as a result majority of married couples resort to divorce as a result of the challenges brought about by the alcohol and substance abuse (Thompson, Alonzo, Hu & Hasin, 2017). Participants reported that spousal relationships were the most challenged relationships as the result of the challenges brought by the problem of alcohol and substance abuse. The participants stated that their marriages were strained, because of the disagreements that take place when attempting to address the issue. The participants stated that husbands struggled to understand the situation caused by alcohol and substance abuse and had lack of patience for the possibility of change. The participants stated that the husbands were impatient and unsympathetic towards the individuals who abused alcohol and substances and because of the impatience the participants were often blamed and accused of siding with the individuals. Participants stated that it was easier for men to shut-off feelings in certain situation, however, it was difficult for the participants because the participants are mothers of the individuals and stated that as mothers there is a strong connection that was formed during pregnancy which does not allow the participants to switch-off feelings for her children.

The participant reported that because of the disagreement that occur between the participants and the husbands the marital relationships are usually compromised. Participants stated that at times the husbands would not make an effort to be involved in situations where the child who abuses alcohol or substance gets into trouble with the community. The participants stated that in such situations they usually attend to the matter by themselves and that in doing so the participants become angry towards the husbands instead of the situation that has been caused by the abuser.

The effects of the alcohol and substance abuse may negatively impact thr role modelling and notion of normative behaviour, which destroys the relationships between generations and may continue to impact family functioning far beyond merely the life of the individual who is an abuser (Leventhal *et al.,* 2011). A participant whose son was an alcohol abuser shared that the

problems of the abuse extended beyond the individual who was an abuser and involved children and a wife. The participant stated that the individual had three children and a wife and that the individual was not making an effort to have a relationship with the family. The participant stated that the wife and children left the individual as the consequence of alcohol abuse. The participant stated that the individual had not worked or supported the children for the past two years and the children are now financially dependent on the participant. Furthermore, the participant expressed concerns about the children having an absent father and the father missing out on the children's development and milestones because of the alcohol problem. The participants' accounts provided an in-depth indication of how much alcohol and substance abuse negatively impacts on family relationships. Participants expressed that they experienced conflicting feelings between sustaining a positive relationship with other family members who were not abusers, and ensuring that the individual who was an abuser was not ostracized by family members. Regardless of the choices that the participants made the choices inevitably resulted in one of the relationships with the participant being strained.

Family systems therapy suggests that in order to successfully rehabilitate the individuals who abuse alcohol and substance it is important to work on the entire family's relationships and interactions and addressing family issues is a critical determinant of successful treatment (Rowe, 2012). Family systems therapy believes that providing assistance to the whole family instead of working with merely the individual who abuses alcohol and substances can improve the effectiveness and may contribute to social prevention and cost containment. This is because in families with alcohol and substance abuse individual family members are not only connected to each other, but also members of other public agencies, such as child protection services, social services, and criminal justice (Alexander, Waldron, Robbins & Neeb, 2013).

6.4 The challenge of maintaining safety

The families' mirroring problems may crystalize the relationship into a co-dependency dimension, where family members who are non-alcohol and non-substance abusers become overly concerned with the challenges experienced by the abusers, and rejects their own needs (Csete, Kamarulzaman, Kazatchkine, Altice, Balicki, Buxton & Hart, 2016). Participants reported excessive worry about the physical safety of the family member who abuses alcohol and

substances. The participants stated that since the alcohol and substance abuse became a problem in the participants' lives, participants have been deprived of full night' sleep, and the participants' physical health have been compromised as the result of attempting to take care of the family member who abuses alcohol and substances. Participants reported that when there are gun-shots at night coming from outside, the participants would be concerned of the physical safety of the family member who is an abuser, and as a result the participants would self-sacrifice to ensure that the individual who might be at the receiving end of the shot at is not the family member who is an abuser. The participants stated that it was difficult to fall asleep when one member of the family is at risk of being harmed by community members due to the individual's misbehaviour. One participant who is a mother to an individual who abuses alcohol stated that she experienced difficulties with falling asleep and staying sleep. She said that she was unable to sleep at home when she knew that her son was not at his place. She also stated that in many occasions she placed her own life at risk, so that she would check on her son and ensure that he was safe at his flat. She said that when she goes and checks on her son and finds out that he was not home, she would leave and return regularly until she sees him back at his flat, tucked in his bed. By leaving her home in the middle of the night to check on her son the participant was putting her life at risk, because Khayelitsha is a dangerous township and she could be at risk of being raped and murdered. She could also be at risk of being accused of bewitching her neighbours if she is seen walking in the early hours of the morning by other community members which is a common practice in Khayelitsha and other South African black communities (Niehaus, 2012).

Another participant expressed that because of the substance problem in the family the participant did not feel safe in the home. The participants stated that the individual who abused substances would behave in a manner that made the participant feel uncomfortable. The participant stated that she did not trust the individual who was her male cousin due to the individual's behaviour which the participant believed was a manifestation of mental instability. The participant said that the individual would ask for sex from the participant and other female cousins whom the participant stated were the individual's biological sisters. The participant stated that the only time that the family felt safe in the home was when the uncle who is the substance abusers' father was at home. The participant added that the challenge with relying on the uncle for security is that the uncle is a heavy alcohol drinker who is not always home over the weekends. The participant

added that over the weekends the family members are usually dispersed around the community, while others visit other cousins and aunts' homes because the family does not want to face the possible consequences of experiencing commotion in the home.

Domestic abuse has been reported to be common in families of alcohol and substance abuse and affects the physical and emotional wellbeing of the individuals exposed (Juries, McDonald, Smith Slep, Heyman & Garrido, 2008). Although domestic abuse affects all members of a family respectively, statistics show that women and children suffer the most consequences of domestic violence (Livingston, 2011). Children who are exposed to domestic abuse experienced mild to severe adjustment problems, social problems, anxiety problems, depressive symptoms, and cognitive challenges (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008). Participant reported that children experience severe anxiety from the unpredictable behaviour of the individuals who abuse alcohol and/or substances. A participant stated that her children were experiencing academic difficulties since the beginning of the substance problem in the family. The participant stated that her children also experience sleeping difficulties, fluctuating moods, and anxiety like symptoms due to the treatment that the community had been showing the children since the children are family members of the individual who causes problems in the community. The participant further stated that the children did not feel safe in the community because the individuals that the abuser owed money to or did wrong would ask the children to relay threatening messages to the abuser and to the mother. The participant stated that the family began to feel safe again after the individual who abused substances left to live in the Eastern Cape. The participant also stated that the negative attitude of community members changed after the individual had left and the family was now receiving respect from the community members.

6.5 Psychological and Mental distress

One of the common challenges experienced by family members of alcohol and substance abusers was the constant worry by family members about the physical safety of the individuals who abuse alcohol and/or substances (Orford, Velleman, Natera, Templeton & Copello, 2013). Under the heading, "safety and security" participants reported experiencing excessive worry about the family members who abuse alcohol and/or substances. The participants worry mostly about the

individuals' physical safety because the individuals would get into trouble with community members in attempting to obtain alcohol and substances. Due to the constant worry participants reported that their mental well-being started suffering. They were at risk of developing mental disorders such as depression, chronic stress, anxiety, and insomnia (Salize, Jacke, Kief, Franz & Mann, 2013). The participants highlighted that the alcohol and substance abuse was a constant subject of their thoughts and that they had severe insomnia. The sleep difficulty (insomnia) varied from difficulty falling asleep, staying asleep, to not sleeping at all. The inability to control persistent negative thoughts can be regarded as a symptom of insomnia (DSM IV, 2013). Some participants reported that due to the overthinking of the situation, and as well as worrying about the individuals who abuse alcohol and/or substances and the lack of sleep caused them to experience depression symptoms. The participants stated that when they think about all the problems that resulted from the alcohol and substance abuse in their homes, they often felt overwhelmed, unhappy and they experienced sadness that they were sometimes unable to change for days.

All the participants reported anxiety symptoms. An anxiety disorder is common among family members who are exposed to alcohol and substance abuse (Galanter, Kleber & Brady, 2014). The participants were always concerned about the alcohol and substance abuse. Eventually they experienced anxiety like symptoms even when they were not at home where the problems relating to alcohol and substance abuse occurred. The anxiety then caused secondary problems in other areas of their lives, such as when they were at work, societal meetings, or church.

For the participants there is no escape or a moment were the participants could experience happiness and life enjoyment without worrying about the problems that occur in the homes.

The effects of the abuse lasted long after the person with the dependency recovered. It took the participants a long time to regain trust in the family member. The symptoms of anxiety dissipated however and were no longer present, and the community allowed them back into the social groups and life. After members stopped abusing alcohol and substances life became enjoyable once more.

The participant further stated that for her the experience extended beyond the physical experience of being present and an observer who saw how substances destroyed the family, and

included the experience of being ostracized by community members and being alone in the matter. In the accounts participants illustrated disappointments towards the communities in which the participants lived and stated that the community could approach the problem of alcohol and substance abuse differently instead of ostracizing parent s and family members of individuals who abused alcohol and substances, community member could assist in finding support for the families and in distributing knowledge about alcohol and substance abuse.

Participants stated that community members would go to them to collect debts that the individual abusers made, and when participants question the community members about their reasons for lending the money to the dependent individuals knowing that they did not work, the community members would become angry with the participants and threaten to harm the individuals. Participants attributed these reactions of the community members to the increase of their levels of anxiety and depressive symptoms and the loneliness they felt in living with the family members who abused alcohol and substances.

6.6 Psychophysiological symptoms

Studies conducted on the relationship between anxiety, depression, and hypertension indicate that there is a risk of developing high blood pressure in individuals who have anxiety and depressive symptoms (Paine, Watkins, Blummenthal, Kuhn & Sherwood, 2015). Participants in the present study reported that they were diagnosed with high blood pressure. The participants stated that the symptoms of high blood pressure coincided with the time when the member began abusing alcohol and substances. The participants believed the symptoms were caused by the stress brought on by the challenges of living with these members.

Most of the participants reported typical symptoms of anxiety such as lack of sleep, interrupted sleep and persistent headaches. Loss of sleep or interrupted sleep are (less than five to six hours a night) are known to contribute to the increase the risk of developing high blood pressure in people (Gangwisch, Heymsfield, Boden-Albala, Bujis, Kreier, Pickering, & Malaspina, 2006). Repeated periods of sleep deprivation have the potential to cause hypertension by raising a person’s heart rate, blood pressure, sympathetic nervous system activity and salt retention (Javaheri, Storfer-Isser, Rosen & Redline, 2008). Sleep problems are also associated with

cardiovascular diseases (Gangwisch *et al.,* 2006). And as it was highlighted earlier, participants reported to having severe sleep problems. They also reported having to deal with daily persistent headaches, which could also be a consequence of sleep deprivation and high blood pressure.

Diabetes was another illness reported by participants. They made the connection between the start of the illness and the start of the stressful life and family dysfunction brought on by the alcohol and substance abusing individuals.

Having to live with acute or chronic psychological stress such as the participants in the study is a risk factor of developing diabetes (Lagraauw, Kuiper & Bot, 2015). To live with these dependent family members comes with many challenges that can lead to constant concerns about their safety with these family members or by the unpredictable reactions of community members towards those individuals.

6.7 Lack of professional help

The failure of the government in providing sufficient free of cost alcohol and substance rehabilitation centres and access in historically disadvantaged communities has been found to be a major issue in South Africa and one that creates challenges in developing a substance free society (Lutchman, 2015). In 2012 South Africa was reported to be the country that has the largest hub of illicit substances trafficking in Africa (Van Heerden, 2014). The Western Province is one of three provinces that were reported to have predominant substance abuse of methamphetamine and cannabis by the South African Community Epidemiology Network on Drug Use (SACENDU). While alcohol abuse was reported to be the substance that is predominantly abused in the country Peltzer, et al., 2010). Access for alcohol and substance abuse rehabilitations services remains highly limited in Khayelitsha despite the growing demand for such services. Out of five participants who were interviewed in the study only two participants gained the knowledge about alcohol and substance rehabilitation through either the involvement of authorities who informed them that they do not arrest substance abusers for abusing substances, and advised them to admit the individuals to psychiatric institutions, or through social workers who asked the participant to pay for the services.

Participants were discouraged and disappointed by the fact that there were no available free of cost rehabilitation centres in Khayelitsha and by having to pay for services that participants believed should be rendered for free. Another problem that participants experienced was the stigma related to substance abuse and the abuser's unwillingness to admit the alcohol and substance "addiction" in order to receive help. In many historically disadvantaged communities the use and abuse of alcohol and substances is perceived as normal. Thus stigma is not attached to the use of alcohol and substance, but on the individuals with alcohol and substance-related problems emanating from its abuse (Myers, Fakier & Louw, 2009). Alcohol and substance related problem indicates the need for treatment and are an indication of loss of control, drug-related "madness" mental disorders, and theft. Thus suggesting that the individual is an addict who seeks rehabilitation or has a mental disorder. This therefore also means that the individual is "weak" and lacks self-control. The stigma attached to the individuals who are labelled as an addict results in reluctance for the individuals in seeking assistance from the family and professional assistance (Myers, Fakier & Louw, 2009). One of the participants who managed to obtain information about a Khayelitsha based social worker who works with rehabilitating substance abusers consulted with the social worker in order for the participant's son to be admitted for rehabilitation. The participant stated that although the individual was ready to receive rehabilitation, the individual was refused treatment because he would not admit that he had an "addiction" problem. The participant was therefore unable to receive assistance form the social worker citing that the social worker believed that success of substance rehabilitation begins with admitting the addiction. This narrative illustrated the stigma that is attached to substance "addiction", not substance use or substance abuse, but the individual admitting that he is an 'addict', that he has "lost control", that he is "weak" and "lacks self-control".

The stigma associated with the individuals who are "addicts" negatively influences willingness and openness from the individuals abusing alcohol and substance to ask for assistance and to receive help from family members. This could also offer an explanation to the mentality and strong beliefs that individuals have about self-rehabilitation or self-detox.

Family members of individuals who abuse alcohol and substances often isolate themselves from the community because of shame and guilt from the troubles that the abuser cause in the communities. The stigma that is attached to alcohol and substance abuse hinders family

members from seeking help from other community members and professional help, and in many cases force them to keep the issue to themselves (Myers, Fakier & Louw, 2009). Participants reported that other community members blamed the family for the alcohol and substance problem. The participants stated that there were events where community member would go to them to collect the debts made by the alcohol and substance abusers, and that there was no support from the community members. The participants felt shame and guilt, and for the participants asking for assistance from community members with regards to dealing with the alcohol and substance abuse was not an option. The majority of participants strongly believed in self-rehabilitation, that the individuals who abused alcohol and substances were more than capable to stop abusing the alcohol and substances. This belief has been found to be a common theme in studies, that there was a negative perception in historically disadvantage communities about alcohol and substance rehabilitation (Meade, Towe, Watt, Lion, Myers, Skinner, D &Pieterse, 2015).

6.8 Rehabilitation programs do not involve families

The majority of participants reported that they were unable to receive rehabilitation for the family members who were abusing alcohol and substances. For some participants the decision not to seek professional help was because of the belief in self-rehabilitation and the belief that "God will change" the individuals when the time was right. One of the participants stated that the individual who abused substances was able to completely stop abusing substances after receiving prayers from church. Thus this supports the fact that in the communities there is a common belief that God or religious faith can change lives and rehabilitate alcohol and substance abuse through prayer. Prayer is one of the oldest and widespread intervention that has been believed to alleviate illnesses and to providing good health (Roberts, Ahmed, Hall, &Sargent, 2000). Some studies conducted on the effectiveness of religious faith and spirituality in substance abuse rehabilitation indicated that religious faith provide recovering alcohol and substance abusers with more optimistic life purpose, social support, and increased resilience to stress, and decreased level of anxiety (Pardini, Plante, Sherman&Stump, 2000). Participants who were mostly parents to the children who abuse alcohol and/or substances believed that praying for their children has made a

difference in the family life, and that their children were exhibiting change in behaviour that is observable in terms of the stealing around the house and causing problems in the communities.

For the participant who was able to receive professional assistance, the participant reported that the rehabilitation programs that the family member attended did not involve the entire family or other family members in the program. The participants reported that the only time the family was involved was during the initial stages which were to inform the family of the program, how the program was organized, how long the individual was going to stay in the rehabilitation centre, and when the family will be able to visit the individual. The participant further stated that the family never received family counselling while the individual was in for rehabilitation. The participant reported that her son was admitted to various substance rehabilitation centres, and at all of the substance rehabilitation centres none involved the family. For the participant and the participant's family she stated that the biggest challenge was being unable to obtain information about how to treat the individual after the individual returned from substance rehabilitation. The participant stated that the family continued to keep rooms locked, and to not trust the individual.

As it was stated above one of the participant's narrative shared highlighted the failure of substance rehabilitation centres in not involving family members in the rehabilitation process, and not assessing the family relationship, an interaction which can largely contribute to the possibility of a relapse. This point is also highlighted in the literature findings. Unfortunately, studies have highlighted that various alcohol and substance rehabilitation centres do not adhere to theoretical practice and evidence-base practices to guide the practice of rehabilitation programs (Glasner-Edwards & Rawson, 2010). This could have been the reasons behind the fact that the participants did not seek professional help. As it was pointed out by Ms Pink her family did not know what the rehabilitation process entailed or what happened to her cousin, and why he was sent home when her family believed he was still not mentally healthy.

6.9 Conclusion

Based on the results illustrated in this this chapter, it can be concluded that six themes were identified from the participants' accounts about the experiences and challenges of living with an individual who abuses alcohol and/or substances. These six themes consisted of financial burden,

dysfunctional family relationship and family life, safety needs challenges, psychological and mental distress, psychophysical symptoms, and not receiving professional help. These themes were identified by employing the IPA interpretative methodology. A Theoretical framework was also employed in order to make sense of the participants' experience and to understand the participants' meaning-making of their experience based on existing theory.

The chapter was conducted based on a two- phase method. In the first phase the participants' experiences were situated in the existing literature. The second phase entailed a discussion of participants' accounts of the experience of living with an individual who abuses alcohol and substances. The two-phase process was done in order to connect the emergent themes with existing literature.

CHAPTER 7: CONCLUSION

7.1 Introduction

This chapter represents an overview of the study where the study's aims and objectives are recapped. The findings are then highlighted, and consideration of recommendations for future research on the topic of the experience of family members living with individuals who abuse alcohol and/or substances are proposed. Furthermore, the limitations of the study are reflected upon.

7.2 The Findings

The study findings identify six main challenges experienced by family members of individuals living with individuals who abuse alcohol and substance. The challenges included financial burden, dysfunctional family relationship and family life, safety need challenges, psychological and mental distress, psychophysiological symptoms, and as well as not receiving professional assistance. The literature review supported the participants account with regards to the financial burden, and stated that individuals who abuse alcohol and/or substances are usually unemployed and use the alcohol and substances to cope with the problems that arise from unemployment.

Literature also showed that the individuals usually make use the family's income to maintain the alcohol and substance abuse which then results in a shortage in family needs fulfilment. Both literature and participant's accounts showed that alcohol and substance abuse lead to dysfunctional family relationship and family life. Safety needs become challenged for the family of individuals who abuse alcohol and substance and literature shows that usually domestic violence is the major contributor to safety challenges in the home of substance abusers. From these two challenges highlighted in the findings of this study we cannot conclude that all individuals who abuse alcohol and/or substances are unemployed and solely depend on the family income to maintain the alcohol and substance abuse, nor can we conclude that all alcohol and substance abusers cause safety needs challenges in the family home or environment.

Psychological and mental distress found in the participants' narratives which included persistent worry about the physical wellbeing of the individuals who abuse alcohol and/or substances was

reported in literature to be a common experience amongst family members of individuals who abused alcohol and/or substances. The literature indicated that not only do the family members experience persistent worry, but the family members stand a chance of developing mental health illnesses such as depression, chronic stress, anxiety, and insomnia. These mental illnesses were also reported by the participants although other are undiagnosed, it is still possible that some participants may be suffering from some of the mental illnesses highlighted above. Anxiety symptoms were reported by some participants as the result of living in the conditions that they live in. The anxiety was said to be mainly caused by the persistent worrying and negative thoughts about the individuals who abuse alcohol and/or substances as well as dysfunctional family life.

In the findings of the study it was indicated that the participants experienced psychophysiological symptoms, such as high-blood pressure and headaches. Literature indicated that there is a relationship between anxiety, depression, and hypertension in individuals who are experiencing anxiety disorder and depressive symptoms. With the information highlighted in the literature it can therefore be suggested that the anxiety-like symptom and depressive-like symptoms experienced by the participants could have caused the development of high-blood pressure. As one participant pointed out she did not experience psychophysiological health concerns, up until her husband started abusing alcohol and her son became a substance abuser.

In term of receiving professional help to deal with the alcohol and substance abuse, most participants stated that they did not seek professional help. Those who were able to receive help reported failure from the rehabilitation centre in including family member in the rehabilitation program. Some participants illustrated a lack of knowledge about alcohol and substance abuse and rehabilitation. These participants did not know of any Governmental and/or Non-Profit Organizational Alcohol and Substance Abuse Rehabilitation Centres, which are free of cost. For those who had an awareness about the access to rehabilitation, there were disappointments with regards to the services rendered by the Governmental Alcohol and Substance Rehabilitation Centres.

Literature also indicated that the government was failing at providing sufficient access to alcohol and substance rehabilitation centres to historically disadvantaged communities. In the findings of the study participants highlighted the importance of alcohol and substance abuse

preventative educational programs, and professional assistance for parents and family members of individuals who abuse alcohol and/or substances. The participants also illustrated desperate need for help, including participants who believed in self-rehabilitation and spiritual healing.

Even though the study consisted of only five participants, it can add some relevant insight and understanding into the family lives of individuals who abuse alcohol and/or substances. The themes that emerged from the study and the literature review showed commonality amongst family members' narratives who participated in studies conducted on family members' experiences living with individuals who abuse alcohol and/or substances.

7.3 Limitations of the study

It is often the case that research studies come with limitations. This one was not exempted. One of the main limitations of the study has been the fact that the participants that the researcher managed to get in contact with were all females. No male participants came forward to contribute. However, the researcher feels that the results are representative of the challenges faced by family members who abuse alcohol and drug substances.

In addition, this study only included five participants' accounts of the experience of living with individuals who abuse alcohol and/or substances. Resources allowing, more participants can be included in future researches. Furthermore the research was conducted in Khayelitsha Township of the Western Cape, thus not much is known about the experience of family member living with members who abuse alcohol and substance who are from another demographic area. Conducting a research from various demographic areas would be worthwhile, and would contribute a much richer literature and understanding of the phenomenon.

7.4 Recommendations

The participants were all from a common geographical area of Khayelitsha, therefore other studies conducted with a bigger sample and from another geographical area may reach different conclusions to this small study. As the study was only limited to Khayelitsha in Eastern Cape, the author urges other researchers to take this study to other areas. Resources (time and money)

did not allow the researcher to extend beyond Khayelitsha. Males' contributions will also be welcome in future studies as they are a crucial part of the society as well and can be equally affected by alcohol and drug abuse of family members.

From the study it was apparent that there is lack of knowledge on existing rehabilitation centres. There is need for the marketing of the services that are offered by rehabilitation centres on radios, televisions, SMSs and other channels of advertising so that the average community member is educed on the availability of these. This is the role that can be taken up by both the government and private partners.

Communities are also urged to desist from stigmatizing family members that are affected by this phenomenon as it only makes the situation worse when affected family members keep to themselves and cannot share the problem in search for solutions. The private companies, in a bid to plough back to the community and as community service are encouraged to join hands with these affected communities to sponsor and facilitate meetings community members in cell groups. These can meet weekly to discuss the situation and come up with possible solutions that will then be implemented.

In addition, as one of the challenges, some participants highlighted that the rehabilitation fees can be too costly, the government is implored to subsidise these costs so that the family members who cannot afford to pay full costs will only way what they can afford. This will help a long way in ensuring that service delivery is equally received even by the poor.

One of the reasons why the family members end up indulging is lack of gainful employment. The researcher also recommends that both the government sector, private sector and non-governmental organisations seek to reach out to these affected families and train these individuals in areas of their interest so that they be responsible citizens who are also contributing to the national economy.

7.3 Conclusion

This conclusive chapter offered a synapsis of the findings of the research study on the topic of the experience of family members living with individuals who abuse alcohol and/or substances

as well as answers to the research enquiry. This chapter also highlighted the various narratives of the participant's experiences, challenges, lack of knowledge about alcohol and substance rehabilitation, and lack of family support from the government offered for family members of alcohol and substance abusers. Short comings of this study together with the recommendations to solve the challenges highlighted were discussed. It is the role of everyone involved to come together and work against this phenomenon in order to eradicate it and prevent societal damage.

ADDENDUM CHAPTER: AN OVERVIEW OF THE PARTICIPANTS' NARRATIVES

Addendum 1

Mrs. Mbeke's narrative

Mrs. Mbeke (pseudonym) is a 56-year-old mother of four who resides in section 21 of Mandela Park in Khayelitsha. In her home she lives with her husband and two of their youngest children; the other two children are grown up and are now living in their own homes Mrs. Mbeke has been married to her husband for more than 19 years and said her husband was a kind and supportive man. Mrs. Mbeke is a domestic worker who has been working for her employer for over a decade, she spoke well of her employers who have been assisting her to obtain information about what it meant to be diagnosed with a hernia.

The main challenges of living with an individual who abuses alcohol and/or substances

Thulani (pseudonym) her eldest 30-year-old son was causing her heartache. Thulami "*linxila*" (a drunkard) that does not listen to being reprimanded, and puts her in debt. Thulani steals from his family and neighbours in order to buy alcohol. He also stole a grinder that her neighbour lent her, and now she has to pay R700 for the grinder. Thulani borrowed money from tavern owners and when the owners wanted their money back they asked her. They gave him money because he had a "sweet-tongue". She said that her marriage would have ended if she wasn't strong "*ubabendingakwazi ukunyamezela ngeyeqhawukile umtshato wam".* It was only because of her resiliency that her marriage did not end.

The psychological and emotional effects of living with an individual who abuses alcohol and/or substances

Mrs Mbeke reported that she was concerned about undergoing surgery because she said she believed that when one goes for surgery one needs to be in a positive space where the "heart is free". She said she was afraid she would die. Mrs. Mbeke spoke about feeling unhappy and said that other people might look at her and think she is happy, but inside she is very unhappy.

The provision made to assisting family members in order for you to be able to live with your family member who is undergoing rehabilitation

When Mrs. Mbeke was asked if Thulani ever received rehabilitation for alcohol abuse she said that her son has never received help, and she does not know where to go to ask for such help. Mrs. Mbeke was not informed about places such as FAMSA Khayelitsha and SANCA Khayelitsha. Mrs. Mbeke said she would appreciate a place where children would be educated about the consequences of abusing alcohol and substances. She said that she wished that Thulani would go to a place where he could be educated about life and the stages of life. She said she wishes that Thulani could be told about what is expected of a 30 year old, and what will happen to him if he does not change his ways.

Mrs Mnisi's narrative

Mrs. Mnisi (pseudonym) is a 60-year-old mother of three grown children. She is a divorced mother who lives with two of her daughters, her son in-law, and six of her grandchildren in section 23 in Makhaya in Khayelitsha. She resides in a five room house with two bedrooms. All the adults in the home are unemployed and survive on the children's support grants and Mrs. Mnisi's pension grant.

The main challenges of living with an individual who abuses alcohol and/or substances

Mrs. Mnisi said that when her 32 year old son was 25 years old and he experimented with a combination of marijuana and another substance that Mrs. Mnisi was unable to specify. She said that even though her son might have noticed that the substance was having a negative impact on his behaviour her son continued to use the substances. She said that items were disappearing in the house and other members of her family knew that it was her son who was taking them. She said that what was worse for her was when her son became paranoid from using the substance. She said that her son would come home, lock all the doors and place sofas behind the doors and say that there were people out to get him. She said one morning her son dug holes all over their backyard claiming to be digging out the "*muthi*" that had been buried there by the neighbours. Mrs. Mnisi called the police to assist with her son and her son was retained and admitted to

Lentegeur Psychiatric hospital. She said when he returned home he was embarrassed and the neighbour spoke to him and after that her son converted into being a born-again Christian.

The psychological and emotional effects of living with an individual who abuses alcohol and/or substances

Mrs. Mnisi spoke about feeling stressed, about having sleepless nights from worrying about her son. She said that she felt dizzy and fatigued. When she went to the clinic she was informed that she had "high-blood" and "sugar". She said she felt hopeless and desperate for help. She said she was always feeling sad and there was no enjoyment in her life.

The provision made to assisting family members in order for you to be able to live with your family member who is undergoing rehabilitation

Mrs. Mnisi said that her son did not receive any other assistance accept for when he was admitted to Lentegeur Psychiatric hospital. She said that her son became committed in church and since then he had not gone back to using substances.

Mrs Nosi's narrative

Mrs. Nosi (pseudonym) is a 57 year old mother of three who lives in Harare in Khayelitsha. She currently lives with her husband and their two daughters. She attends Ivangeli Mission Church in Harare and has been a committed member of the church for the past four years. She described her family as a close family that does everything together.

The main challenges of living with an individual who abuses alcohol and/or substances

She said that as a person who lives with a child who abuses "*tik*" you are tortured the entire time. She said that as a person you do not feel safe in your own community, because the individual who abuses substances steals from the community and exposes you to situations that can be dangerous. She said that her younger children become targets in the community and stigmatized because they are related to the individual who is causing problems for the community. She emphasized the emotional abuse that the family experiences. She said that the children also

experience challenges in their school performance, because at school they are always thinking of the "stress" that occurs at home and the items that he stole from them.

The psychological and emotional effects of living with an individual who abuses alcohol and/or substances

Mrs. Nosi said during that time she used to have persistent headaches because her high-blood pressure was uncontrolled even though she was adhering to her medication. She said that during that time she lost a lot of weight because she felt unhappy and dissatisfied with her life. She spoke about being very unhappy because "this thing" was happening to someone she deeply loved.

The provision made to assisting family members in order for you to be able to live with your family member who is undergoing rehabilitation

Mrs. Nosi said that she attempted to find assistance for her son, however, her son was not willing to confirm his substance abuse when they went to a social worker Mr Mthethwa (pseudonym). She said that Mr Mthethwa was a social worker who assists parents all over Khayelitsha to find alcohol and substance rehabilitation placement. Mrs. Nosi said that at the time Mr Mthethwa charged R500 per consultation, and that her money "went down the drain" when her son could not provide Mr Mthethwa with information on which substance he was using. Mrs. Nosi said that Mr Mthethwa said that he was unable to assist her because of her son's inability to state the name of the substance he was abusing, which according to him showed that he was not ready for rehabilitation, and to place him in a rehabilitation program at that time would have been a waste of their time.

Mrs. Nosi said that she refused to give up on seeking help, and a neighbour informed her of a support centre called Empilisweni in Litha Park in Khayelitsha. She said that she went to Empilisweni and learned that the centre was established to support family members of alcohol and substance abuser, and that her son was not going to receive assistance from the centre.

Addendum 4
Ms. Pinky's narrative

Ms. Pinky (pseudonym) is a 25 year unmarried lady who resided with her family in Khayelitsha F-section. In her home she lives with her mother, her uncle and his wife, and five of her uncle's children. She is a student completing her diploma in beauty therapy, and she works part-time as part of her course requirements.

The main challenges of living with an individual who abuses alcohol and/or substances

She said that when her cousin is high on the substance he does not sleep at night, and that he stays up all night long, sings, and makes noise. She said that when the elders are not home, and she is left with her female cousin and the substance abuser, she and her female cousin are afraid to sleep alone with the abuser in the house. She said that sometimes her cousin walks around the house naked, and exhibits his private parts or asks them to "give him some". She said that she was afraid that one day he would rape them, and that she prays that day would never come. She said that when they are home alone without her uncle they do not feel "secure" or safe alone with him. She said that when he returns home in the early hours of the morning he would climb on the roof and sing out loud or bang the doors to wake them up.

The psychological and emotional effects of living with an individual who abuses alcohol and/or substances

When Ms. Pinky was asked about the psychological and emotional impact of living with her cousin who abuses *tik* she said that the experience is emotionally draining and tiring. She said that it is emotionally draining because the person who abuses the substance says he wants to change, but "then suddenly he returns home high".

The provision made to assisting family members in order for you to be able to live with your family member who is undergoing rehabilitation

Ms. Pinky said that her cousin went to multiple rehabilitation centre, however she was unable to recall any of the rehabilitation centre and the family was not involved in any of the rehabilitation processes, and if they had received assistance on how to cope with the situation when the individual returned to the home environment. Ms. Pinky said that the rehabilitation programs

accepts her cousin into the programs and then he "works", and then the week he returns home his behaviour changes and becomes "right". But as soon he goes back to "this Khayelitsha" he returns to his normal state and abuses substances again. She added that the only time that the rehabilitation process involve the family is during visitation only, and she attributed their minimal involvement to her cousin's good behaviour during rehabilitation.

Mrs. Nombeko's narrative

Mrs. Nombeko (pseudonym) is a 52 year old mother of four. She is married and lives with her husband and all of her children and two grandchildren in Khayelitsha E-section. She is a member of Ivangeli Mission Church and said that when she received information about the study she knew from the beginning that she wanted to participate.

The main challenges of living with an individual who abuses alcohol and/or substances

She said that she would first begin with explaining her challenges of living with a husband who abuses alcohol. She said that she constantly worries and wonder in what state he will be in when she arrives home. When it is his pay day she worries about the money. She said she worries that her husband might spend all the money on buying alcohol and on paying alcohol debts. She said that she is always unhappy during her husband's pay days. She said that her husband sometimes owes up to R600 at the taverns and when he is unable to pay the debts the tavern owners go to her to collect the debt. She said that her husband's pay day causes her significant anxiety.

She also reported challenges with her 29 year old son who was abusing *tik*. She said that she grew anxious every time a person in her family could not find their belongings. She said that the situation worsened for her because she used to come up with lies for her son, even though she knew he was guilty of taking the other sibling's belongings, she would say he did not.

The psychological and emotional effects of living with an individual who abuses alcohol and/or substance

She said that she experienced persistent headaches and "depression". She said that she was also diagnosed with high-blood pressure and she attributes her diagnoses to her challenging problems. She said she also has severe sleeping problems.

The provision made to assisting family members in order for you to be able to live with your family member who is undergoing rehabilitation

Mrs. Nombeko said that her family did not seek any professional assistance as she believed that when an individual needs to change they can because they possess the ability to "rehabilitate" themselves. She is hopeful that God will intervene and heal her family from alcohol and substance abuse.

APPENDIX A – semi structured interview

Researcher: Mama ngeyiphi imicelingeni oye uthi uyifumane ngenxayokuhlala nomntu osebenzisa iziyobisi okanye utywala?

Translation: Mam, what are the main challenges that you experience from living with an individual who abuses alcohol or substance?

Mrs. Mbeke: Akekho mna umnt'ana ondihluphayo ngaphandle ko Thulani. UThulani uyanxila, uyasela uThulani and akamameli undenzela amatyala, ndinamatyala akhe. Nangoku ndisematyaleni ee grinder ayibileyo. Funeka ndiyobhatala ooma R700.

Translation: There is no other child that hurts me, but Thulani. Thulani is a drunkard, he drinks, and Thulani does not listen, he causes debts for me, I have his debts. Even now I am in debt for a grinder that he stole. I must pay R700 because of him.

Researcher: Yho! Owuyini mama yinto ezakuthiwani na le?

Translation: Oh no! Oh man, what are does a person do in this situation?

Mrs.Mbeke: Akekho umntana ondiluphayo njengo Tulani. (Claps hands, and then folds arms. A gesture showing disbelief) UThulani ngoyena mntana ondigulisayo. Jonga nangoku ndibuya esibhedlele, oogqirha bathi mandenze i operation, ndinestress.

Translation: There is no other child that hurts me like. (Claps hands, and then folds arms. Illustrating disbelief) Thulani is the one child that is causing all my illness. Look even now I come from the hospital. I have been sick, and the Doctors say I need operation (referring to surgery). I am stressed.

Reasearcher: I operation yantoni ngoku mama? Hayibo!

Translation: An operation (referring to surgery). What for? Oh no!

Mrs.Mbeke: Kuthiwa ndine he heee he ntoni ntoni. Kuthiwa ndikrazuke ngaphakathi esiswini (she demonstrated where the cut is said to be).

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