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**Faculty of Community and Health Sciences**

**RESEARCH REPORT**

**Title:** Young adults' experiences of providing social support to  
a parent with alcohol abuse problems

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## **Abstract**

Supportive relationships have been found to be very beneficial for health and well-being. However, amongst alcohol dependent individuals, family support is often low, as alcohol abuse can pose a barrier between the individual and his or her family. The aim of this study was to gain an understanding of how adult children experienced providing social support to a parent with alcohol abuse problems or recovering from alcohol addiction. To conceptualize the study, Bowen's Family Systems Theory was used, which highlights the impact that alcohol abuse has on a family as a whole, and that it does not solely affect the individual who is addicted to alcohol. Participants were selected using convenience sampling. Adopting a qualitative approach, the researcher conducted individual semi-structured interviews in which participants were students between the ages of 25 and 38 years. The qualitative interviews were transcribed verbatim and transcriptions were analyzed using Interpretative Phenomenological Analysis (IPA). Ethical clearance was obtained from the University of the Western Cape Higher Degrees Committee. Informed consent for conducting this research study was obtained from the University of the Western Cape (UWC) and Kensington Treatment Centre (KTC) as well as from participants. The consent forms indicate that only the researcher and the researcher's supervisor have access to the data obtained. The researcher pledged confidentiality and adherence to ethical rules and regulations. The researcher ensured that participant anonymity was not compromised upon analysis of the data. The study found that parental alcohol abuse has negative effects on the support provider's well-being and their involvement in the parent-child relationship. Effects included feelings of anger and shame; giving in to peer pressure; engaging in substance use and risky sexual behaviours; distancing themselves emotionally; and keeping secrets. Furthermore, participants also experienced social alienation; emotional and sexual abuse; and a fragmentation of the parent-child relationship.

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# **1. Introduction**

## **1.1 Background and Rationale**

The South African term "Ubuntu", literally translated meaning "Humanness", is used by South Africans to embody a philosophy of humanity (Gade, 2011) and people's interconnectedness (Hailey, 2008). This philosophy alludes to the importance of social support for South Africans, and the inability to thrive without it. Social support is defined as "resources, including material aid, socio-emotional support, and informational aid, provided by others to help a person cope with stress" (American Psychological Association, 2014). Supportive relationships have been found to be very beneficial for health and well-being. Furthermore, individuals provide social support to others because of the profit they gain from those interactions and because they are evaluated on the basis of their contribution to their personal network (Slesnick & Prestopnik, 2009).

Consequently, alcohol dependent individuals, who have a limited ability to share resources with others due to their investment in alcohol rather than social relationships, are often perceived as incompetent, unreliable, or inaccessible, and are more likely to be socially rejected (Offer, 2012). Therefore, social support amongst alcohol dependent individuals is often low, as alcohol abuse poses a barrier between the individual and his or her family. Simultaneously, it is reported that low levels of family support is a risk factor for alcohol abuse (Slesnick & Prestopnik, 2009). This negative cycle highlights the difficulty faced by alcohol abusers trying to recover from their addiction.

Alcohol abuse in this study is defined as a problematic pattern of alcohol use that leads to a person experiencing social and interpersonal problems, and difficulties in fulfilling one's major obligation at home or work (American Psychiatric Association, 2013).

Findings on alcohol abuse are indicative of the country's high rates of alcohol abuse. It is reported that 14% of the South African population has a lifetime prevalence of alcohol abuse and/or dependence (Adams, Savahl, Isaacs & Carels, 2013), and that approximately 1 in 4 adult men and 1 in 10 adult women experience symptoms of alcohol related problems (Odendaal, Levitt, & Steyn, 2014).

In the Western Cape Province, the most recent Demographic and Health Survey (SADHS, 2007 as cited in Adams et al., 2013) indicate that, of the province's male and female population, 51% and 28.8% respectively had consumed alcohol in the past year, and that 37.3% and 18.8% had consumed alcohol in the past week. The most recent statistical findings indicate lifetime alcohol use of 30.6% and daily use of 17.8% (Harker et al., 2008).

Given the above context, an understanding of the experiences of providing social support to a parent with alcohol abuse problems is of great importance. With the acquisition of new and enhanced knowledge around this issue, it may be possible to address the issues that alcohol users' children raise. This may be achieved through the development of interventions with which to rectify any misconceptions about social support, the family's support role in an alcohol dependent person's life, and any lack of understanding regarding the importance of social support in the recovery from alcohol addiction.

## **2. Aim and objectives**

The aim of this study was to gain an understanding of the meaning that young adult children attach to their experience of providing social support (in the past and present) to a parent experiencing alcohol abuse problems or recovering from alcohol addiction.

This study explored these experiences in an attempt to find out

- what the experience of providing support is like
- what impact the provision of support has on the adult child

### **3. Literature Review**

The following chapter reviews relevant studies on substance abuse and social support that were conducted in South Africa as well as globally. The review will draw attention to agreements and contradictions in findings, and point out gaps in the literature, which in turn may serve to inform future research.

#### **3.1 Global alcohol use**

The most prevalent tendency worldwide is an increase in recorded alcohol per capita Consumption (WHO, 2014). This trend is mainly driven by an increase in alcohol consumption in China and India, which could potentially be linked to active marketing by the alcohol industry and increased income in these countries. Since the last Global status report on alcohol and health (WHO, 2011), there have been some changes in levels and patterns of alcohol consumption at the regional level. Globally, total per capita consumption (in persons aged 15+ years) has slightly increased. Worldwide, 3.3 million deaths every year result from harmful use of alcohol, which represent 5.9% of all deaths (WHO, 2014). Alcohol consumption causes death and disability relatively early in life. In the age group of 20 – 39 year olds approximately 25% of the total deaths are alcohol-attributable. There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other non-communicable conditions, as well as injuries (WHO, 2014). Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large.

Up until 2025, alcohol per capita consumption is expected to continue to increase unless effective policy responses reverse this trend (WHO, 2014). The highest increase is expected in the populations of the WHO Western Pacific Region, dominated by the population of China. Recorded alcohol per capita consumption is also expected to increase in the WHO Region of the Americas and the WHO South-East Asia Region. Alcohol consumption in the WHO Eastern Mediterranean Region and the WHO African Region is expected to remain stable.

### **3.2 Alcohol abuse in South Africa**

Although alcohol abuse in South Africa has a multifactorial aetiology, it is recognised to have its roots in the country's socio-political history (Adams et al., 2013). South Africa's colonial history has had lasting effects on South Africans and their vulnerability towards alcohol abuse. In colonial times, the "dop system" was used throughout South Africa, where workers would receive alcohol in exchange for labour (Kalebka, Bruijns & van Hoving, 2013; van Vuuren & Learmonth, 2013). Especially in the Western Cape Province, wine farmers commonly implemented the 'dop system' to attract workers from rural areas. The developing alcohol addictions amongst the workers ensured their commitment to the job, and perpetuated the system. Hence, due to the long-lasting effects of the 'dop system', alcohol has become the primary substance of abuse in South Africa, as well as the most commonly misused substance in the Western Cape (Pasche & Myers, 2012; Adams et al., 2013).

It is reported that 14% of the South African population has a lifetime prevalence of alcohol abuse and/or dependence (Adams et al., 2013). Findings indicate that in South Africa approximately 1 in 4 adult men and 1 in 10 adult women experience symptoms of alcohol related problems (Odendaal, Levitt, & Steyn, 2014). Furthermore, South Africa is said to



have one of the highest alcohol consumption rates per capita globally (Parry, 2005; World Health Organisation, 2011).

There are many other socio-cultural factors that contribute towards alcohol abuse in South Africa, most of which have been shaped by the country's socio-political past. Some of the key contributors to alcohol abuse amongst South African adolescents and adults are their vulnerability, inadequate role modelling by guardians, peer pressure, community tolerance, availability, as well as unemployment and poverty (van Zyl, 2013; Adams et al., 2013). These factors are further explored in the following sections.

### 3.2.1 Vulnerability

Adolescents who experience physical and psychological distress are at higher risk of succumbing to substance use (van Zyl, 2013). Many young people in South Africa use substances when they feel stressed and overwhelmed with life's challenges, their families, and the environment in which they live in (Mahosa, 2010 as cited in van Zyl, 2013). Due to inadequate role modelling by parents and other carers, adolescents may also use substances in an attempt to gain confidence during interactions with others, as they were not modelled effective interaction styles while growing up (van Zyl, 2013).

### 3.2.2 Inadequate role modelling by guardians

Expanding on an above-mentioned vulnerability factor, inadequate role modelling by parents and guardians has been associated with the use of substances in the exiting literature. A study found that adolescents were more likely to use alcohol if they often observed their fathers being intoxicated (Ghuman et al., 2012). Morojele et al. (2006, as cited in van Zyl, 2013) found that adolescent substance use was partly due to the mimicking of parental behaviour.

Similarly, Brook et al. (2005) report that the modelling of substance use by friends, siblings, and significant others, is an important factor of social influence.

### 3.2.3 Peer pressure

Peer pressure is a key factor for substance use amongst South African adolescents, since social acceptance from their peers is highly valued (Rocha-Silva, Miranda & Erasmus, 1996), and adolescents have great respect for their peers' opinions (Hoberg, 2003). A study conducted by Mohasia and Fourie (2012, as cited in van Zyl, 2013) showed that peers were considered the primary providers of support, above parents and teachers, and the most prominent factor causing substance use amongst youths.

### 3.2.4 Community tolerance

A study conducted by King et al (2003) explored "subjective adults norms" (p. 120) by which adults agree to their adolescent children's use of alcohol and tobacco, and condone the use of cannabis. Parry et al. (2004) showed a significant relation between substance use and community tolerance. They indicated a correlation between adolescents who had been intoxicated and communities where alcohol could easily be obtained and where police failed to respond to adolescents' alcohol use.

### 3.2.5 Availability

Related to community tolerance is the availability of street drugs for adolescents. Studies conducted in South African communities showed that adolescents were of the opinion that they could easily obtain substances from local shops, taverns, and butcheries (Mohasoa, 2010, as cited in van Zyl, 2013), that cannabis could be obtained within an hour, and that most other drugs could be bought within a day (Neser et al., 2001, as cited in van Zyl, 2013).

### 3.2.6 Unemployment and poverty

Poverty is associated with substance use since substances may be used as an attempt to cope with the stressors caused by poverty (van Zyl, 2013). According to the latest national statistics recorded between June 2014 and September 2015, the unemployment rate among 15- to 24-year-old South Africans is 50.04 percent (StatsSA, 2015). In 2011, COSATU's general secretary accentuated the relation between substance use and poverty by stating:

*In short, it is poverty and unemployment and the lack of any recreational facilities that leave young people with a feeling of hopelessness and worthlessness. If they see no prospect of ever getting a decent job and enough income to live a normal live, seeking oblivion through drugs and/or alcohol becomes a tempting escape route.*

(Congress of South African Trade Unions, 2011)

### 3.3 Children of parents with alcohol abuse problems

The literature shows that children of parents with alcohol abuse problems experience greater difficulties when there are two parents abusing alcohol (Hussong et al., 2008). For example children who have two alcohol-abusing parents show more externalizing symptoms, as a result of the heightened stress levels they experience at home. Externalizing symptoms increase the children's risk of later on developing their own alcohol abuse problems during adolescence. They also exhibit greater internalising symptoms, such as impaired social competence, since there is a greater chance that their primary caregiver abuses alcohol. Later on in life as adults, children of parents with alcohol abuse problems tend to have greater difficulties obtaining and maintaining healthy adult roles and relationships, such as marriage (Flora & Chassin, 2005).

### 3.4 Importance of social support

Social support has been identified as a significant factor influencing recovery from alcohol abuse and, for this reason, treatment facilities often encourage family members to actively participate in the patient's treatment process (Gifford, 2011). Social support is defined as "resources, including material aid, socio-emotional support, and informational aid, provided by others to help a person cope with stress" (American Psychological Association, 2014).

House (House, Umberson, & Landis, 1988) distinguished between four types of social support: *Informational support* such as advice, guidance, suggestions, or useful information; *instrumental support* such as financial help, goods, and services; *emotional support* such as comfort, nurturance, reassurance, and encouragement; and lastly; *appraisal support* based on others' constructive feedback, affirmation, and social comparison. Another important dimension of social support involves the *perception* that the resources mentioned above are available to the person.

Social support in the context of this study will therefore refer to informational support; instrumental support; emotional support; appraisal support provided by an adult child to a parent with alcohol abuse problems.

Social support has been shown to be a consistent protective factor for populations with high psychological distress, such as those in South Africa (Canadian Institute for Health Information, 2012). It has been found that positive interactions and emotional support predict improvements in distress. Therefore, emotional support is an important determinant of

health and well-being (Westaway, Seager, Rheeder, & Van Zyl, 2005; Hendryx, Green, & Perrin, 2009).

Research studies (Cohen, 2004; Kiecolt-Glaser, Gouin, & Hantsoo, 2010) have found that social support is beneficial because it provides individuals with regular positive experiences and a set of stable, socially rewarded roles in their community. Furthermore, not only does social support provide positive experiences, but it also helps individuals to avoid negative experiences that could lead to psychological distress, such as legal problems.

### **3.5 Young carers of the mentally ill**

There is limited research that specifically focuses on social support provided by adult children of alcohol dependent parents. However, there is a significant body of research on young adults who provide care to parents suffering from other psychological problems.

Alcohol abuse is a psychological condition diagnosable in people who experience a range of negative effects from alcohol use, such as social and interpersonal difficulties (American Psychiatric Association, 2013). Therefore, as these studies focus on the experience of caring for someone who suffers from a psychological disorder, they can also shed light on people's experiences of providing social support to a parent with alcohol abuse problems.

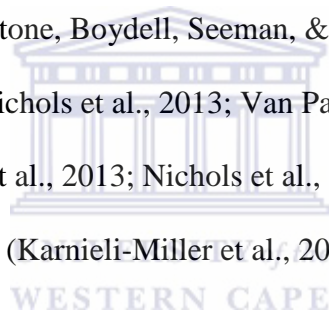
The literature includes studies conducted with adult participants providing retrospective accounts from their childhood, as well as child and adult participants providing accounts of current experiences with a mentally ill family member. The majority of studies include *childhood experiences* of caring for a mentally ill parent, and *mental disorder in general*, rather than alcohol addiction in specific, and a *parent* as the mentally ill family member.

While there are differences between 'providing social support' and 'caring', the two concepts

are related and comparable. Hence, the literature is very relevant to and informative for the current study.

Existing research has highlighted that providing social support to a family member with a psychological disorder can be both challenging and rewarding. The main themes identified in the literature are negative consequences and emotional impact of caring for a mentally ill family member; challenges and rewards; tasks and activities; child parentification; and coping strategies.

Studies show that family members caring for mentally ill people are more likely to feel negative about themselves (Gladstone, Boydell, Seeman, & McKeever, 2011); experience excessive guilt and self-blame (Nichols et al., 2013; Van Parys & Rober, 2013); shame and embarrassment (Karnieli-Miller et al., 2013; Nichols et al., 2013); as well as stigmatisation, rejection and avoidance by others (Karnieli-Miller et al., 2013; Nichols et al., 2013).



Carers find it challenging to balance being a child and a caregiver (Nichols et al., 2013); dealing with outsiders and rumours (Weimand, Hall-Lord, Sällström & Hedelin, 2013; Nichols et al., 2013) and worrying about their family member (Nichols et al., 2013; Van Parys & Rober, 2013). Research shows that while people may experience an increased appreciation and understanding of their healthy parent and develop stronger relationships with them, their relationship to the mentally ill parent is often characterised by a deterioration in closeness and trust (Weimand et al., 2013; Nichols et al., 2013). However, some people experience care giving as rewarding as it has brought them closer to their family member, has made them better people, and more understanding of others and their differences (Weimand, et al., 2013; Nichols et al., 2013).

A lot of tasks fall onto children of mentally ill people, such as physical support (Nichols et al., 2013); household chores; instrumental and emotional caring activities (Gladstone et al., 2011); and ancillary activities uncharacteristic of a child's responsibilities (Van Parys & Rober, 2013). Taking on such tasks and responsibilities can take a toll on the care provider.

Child parentification frequently occurs in families where there is a mentally ill parent (Abraham & Stein, 2013; Van Parys & Rober, 2013). Parentification, or role reversal, is considered a structure of family roles that is characterized by a one-sided nature of exchange where children assume the role of parenting their parents (Abraham & Stein, 2013).

To help them cope with their situation, many report talking to friends (Wainwright, Glentworth, Haddock, Bentley & Lobban, 2014; Nichols et al., 2013); doing sports and other recreational activities (Nichols et al., 2013; Van Parys & Rober, 2013); ignoring judgmental people; and directing interactions with their mentally ill family member to pleasant topics that lacked conflict (Nichols et al., 2013).

### **3.6 The experience of providing social support**

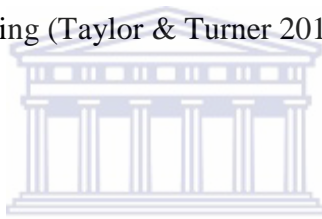
A review on social support by Taylor (2011) found that social support is beneficial for the recipient and costly for the provider. Individuals involved in providing care to elderly parents, spouses, or disabled children, find their provision of support to be difficult, grinding, and a chronic stressor. These findings were extracted from studies focusing on populations that required particularly burdensome caregiving, such as the elderly, terminally ill, and disabled. Hence, these studies may not be characteristic of social support provision in general but provide some insights about the experience of providing social support. Alcohol abusers

may also require burdensome caregiving, and therefore might also yield similar findings as those studies focusing on elderly, terminally ill, and disabled individuals.

On the other hand, 'reciprocal altruism' suggests that providing support to others may be stress reducing for the provider and the recipient (Hamilton 1963 in Taylor 2011). Reciprocal altruism asserts that individuals aid others when some expectation of reciprocity exists.

Hence, offering support to others may be stress reducing for an individual who finds comfort in knowing that others will be there in return when the need for support arises.

Providing social support may also benefit individuals by reinforcing relationships, providing a sense of meaning or purpose, and signifying that one matters to others. These factors have all been found to promote well-being (Taylor & Turner 2011 in Taylor, 2011).



#### **4. Theoretical Framework**

The theoretical framework for this research study is Bowen's Family Systems Theory, which asserts that individuals cannot be viewed in isolation, but that their relationships to their family need to be taken into consideration too (Steinglass, Bennett, Wolin & Reiss, 1987).

Bowen asserts that all family dysfunctions, including alcohol abuse, derive from ineffective management of anxiety within a family system. According to his theory, alcohol abuse is a way in which the addict and the family collectively manage their anxiety. Hence, in the case of a alcohol abuser's family, their alcohol use and related behaviours have become the central organizing principle around which the family life is structured. As a result family life and behaviours change to gradually accommodate the coexisting demands of alcohol abuse.

These changes affect the family's growth and development to include distortions and dysfunction, and perpetuate the alcohol user's addiction. Family Systems Theory is an appropriate position from which to view the effects that alcohol abuse has on the user's



children, their involvement, and their support. It highlights the impact that alcohol abuse has on a family as a whole, and that it does not solely affect the addicted individual.

## **5. Methodology**

### **5.1 Research Design**

As the main aim of this study was to explore the meaning that young adult children attach to their experience of providing social support to an alcohol dependent parent, this study implemented a qualitative approach, grounded in the interpretive paradigm. An interpretative phenomenological design maps out the participants' concerns and cares by giving them a voice with which to express these (Larkin, Watts, & Clifton, 2006). Adopting a qualitative approach allowed for deep descriptions and understanding of the participants' lived experiences as told from their perspective (Babbie & Mouton, 2001). Hence, the participants' own words were used to discover their experiences, which generated rich, detailed, and valid process information that contributed to an in-depth understanding of their context. The outcome of this design is renewed insight into the 'phenomenon at hand', informed by the participants' own relatedness to and engagement with the phenomenon (Larkin, 2006).

### **5.2 Participants**

The participants for this study were 7 young adults between the ages of 21 and 34 whose parent is currently dependent on alcohol or recovering from alcohol addiction. See Table A below for participant characteristics:

Table A: Participant characteristics

Participant*	Gender	Age	Parent(s) who abused alcohol
Linda	Female	25	Mother

Gavin	Male	34	Both parents
Saajidah	Female	25	Father
Kayleigh	Female	21	Both parents
Robyn	Female	30	Father
Ziyanda	Female	21	Mother
Chantal	Female	28	Mother

\* All participants have been given pseudonyms.

Participants were recruited by advertising the aims of the study on student notice boards at the university, and via direct announcements made in class with the assistance of lecturers.

Participants were also recruited by advertising the need for research participants at a substance abuse treatment centre via direct announcements made by all case workers.

The participants for this study were selected through convenience sampling. Convenience sampling involves approaching a group of easily accessible individuals and asking them to participate in the study regardless of their characteristics (Cozby, 2007). The only predetermined criteria required for participation in this study is occupation (student) and having a parent with alcohol abuse problems.

### **5.3 Data Collection**

The data was collected by means of individual, semi-structured interviews in which participants were asked open-ended questions on their experiences. Examples of interview questions include "What is it like providing support to your parent?", "How does providing support to your parent affect you?", "What emotional impact does providing support have on you?", "How is the experience of providing support to your parent rewarding?", "How is the

experience of providing support to your parent challenging?", "How would you describe your role in the relationship between you and your parent?", and "How do you cope with your parent's alcohol abuse problems?".

The interviews took place in the University of the Western Cape's (UWC) psychology department, as well as Kensington Treatment Centre (KTC) premises. Even though the UWC venue includes audio-visual equipment, the researchers mobile phone was used to record all interviews, as it produced better sound quality. The recordings, which were transcribed verbatim, together with process notes, make up the relevant data.

The use of interviews was suitable to this study as this method allowed the participants to share their personal experiences of providing support to an alcohol dependent parent, and allowed the researcher to obtain detailed and in-depth information about these experiences. Furthermore, as alcohol abuse is such a sensitive topic, a strength of conducting individual interviews is that it ensured each participant's complete anonymity.

#### **5.4 Data Analysis**

The transcribed information gathered from participants during the interviews was analysed using Interpretative Phenomenological Analysis (IPA). IPA allowed for reflection on preconceptions and processes, as well as a close, line-by-line coding of the experiential claims, concerns, and understandings made by each participant (Palmer, Larkin, de Visser, & Fadden, 2010). The first step in IPA involved reading the transcripts thoroughly, several times over. Once an overall sense of the data was achieved, the researcher made notes regarding any prominent issues. After this was done, further reviewing enabled the identification of themes by a process of abstraction. Once this coding process was completed,

the themes were extracted from the transcript and listed. Next, the researcher looked for links between the themes and then clustered them together in a meaningful way. It was then possible to identify commonalities between the many sub-themes and extract several overarching themes.

## **5.5 Reflexivity**

Reflexivity involves the researcher's recognition of her influence on the research process. The researcher's gender, ethnic background, education, and social status, amongst other things, influence the choices she makes during the research process (Kuper, Lingard, & Levinson, 2008). The following is the researcher's reflexivity in her own words:

I acknowledge my subjective response in this research process and am aware of the multiple influences I have on these processes, as well as how these processes affected me. Since I myself grew up as a support provider for a parent with alcohol abuse problems, it was very important that I remained mindful of the impact conducting this research could have on me, and in turn the possible impact my experiences could have on the research process. My aim was to help other support providers voice their experiences, and to provide them with an environment free of stigma and judgement. In turn, this experience provided me with my own opportunity for processing, belonging, and healing. I aimed at conducting research that uncovered the respondents' realities without contaminating it with my own assumptions and beliefs. I achieved this by remaining impartial, acknowledging my own preconceptions, and operating in as unbiased and value-free a manner as possible. My aim was to attain findings that stem from the experiences and thoughts of the respondents, rather than from my own preferences and traits. To ensure accurate, reliable and unbiased information, I used sound research methods to generate the data and explore the findings. To enhance my reflexivity during the

research process, I used a reflexive journal to trace my thoughts, feelings, decisions, and responses.

## **5.6 Rigor: Reliability and Validity**

To promote the trustworthiness of this study, the four criteria identified by Guba (1981) for enhancing the rigor of qualitative research studies were satisfied. To attain *credibility*, this study only utilized well-established research methods. Furthermore, participation was voluntary and could be discontinued at any point. This ensured that data collection only involved genuinely willing participants. The use of a qualitative approach yielded thick descriptions of the phenomenon, which also promote credibility. The researcher's reflexivity journal furthermore helped with this process. Secondly, regarding *transferability*, although the study's sample size of 7 is small and each case is unique, each case is also an example within a broader group. Hence, although this study employed a qualitative approach, transferability should not be completely rejected. To ensure *dependability*, the research process was reported in detail, which may enable future researchers to repeat this study. Considering that there is a gap in the literature, future investigations may be quite dependable on this research. Lastly, the researcher demonstrated *confirmability* by recoding interviews and transcribing them verbatim, to ensure as far as possible that the study's findings resulted from the participants' ideas and experiences, rather than from the researcher's own predispositions (Shenton, 2004).

## **5.7 Ethical Considerations**

Consent for conducting this research study was obtained from UWC, as well as from KTC. Thereafter, participants were asked to complete an informed consent form stating their voluntary participation in this study. Participants were informed about various aspects of the

research such as: what will happen to the data; where will the results be published; accessibility of results; confidentiality and anonymity; benefits and risks of participation; etc.

Participants were told that they are free to withdraw from the research at any point, and were informed about significant factors that may have influenced their willingness to participate (Babbie & Mouton, 2001). It is the ethical responsibility of the researcher to protect participants from any harm during the research process. As alcohol abuse and support-giving are sensitive topics, participants were bound to only share their experiences once they felt that they had complete anonymity, confidentiality, and trust. Furthermore, the researcher obtained permission from each participant to record the session.

To comply with ethical research practices, the transcribed information obtained from interviews will be stored securely for at least ten years. Thereafter, the data will be destroyed. The data will only be accessible to the researcher and supervisor of this study, and the participants if they request to view these. The goal of this study was the welfare and rights of research participants, and the understanding of human beings.

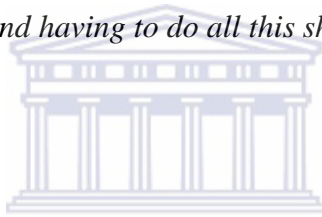
## **6. Findings**

The aim of this research study was to gain an understanding of how young adults experience(d) providing social support to a parent with alcohol abuse problems. This section presents the main themes that emerged throughout the participants' accounts with the use thematic analysis. The emergent themes included 'role reversal ', 'emotional distancing', 'feeling ashamed', 'lack of guidance', 'vulnerability to abuse', and 'keeping secrets'.

### **Theme 1: Role reversal: “I had to take responsibility for everything”**

All participants reported having experienced a sense of role reversal during childhood in that, owing to their parent's substance abuse and related inability to provide care, they were forced to take responsibility for domestic chores, caring for their younger siblings and looking after their parents and themselves. These responsibilities were perceived as 'unfair' and evoked a sense of being burdened and overwhelmed. For several of the participants, it was especially overwhelming to support their parent while going to school. Linda recalled a time in her final year of school during which she felt overwhelmed and burdened by her mother's need for support:

*I remember in Matric, it was a nightmare, because I was writing my exams, my finals. And I was looking after the house, and I was looking after Rob\*, and I'm driving the car, and I was only 17... and having to do all this shit. My dad was away, it was intense.*



Zandile reported *I couldn't concentrate at school*, while Saajidah described:

*I often bunked school, stayed out of class... I would sit in the corner and cry.*

Similarly, Linda felt overwhelmed by the pressure she was put under to support her mother:

*It was irritating growing up that I am always like the sun around her whole existence, which is quite an unfair thing to be towards a child. Because you can't be that everything. It puts a lot of pressure on you as a child.*

Parental absences due to substance abuse often meant that participants had to care for themselves even when they were ill, and was associated with a feeling of disappointment in their parents. Linda recalled such a time, which left her feeling devastated about her mother's unavailability:

*And I got so ill; I got a really bad bladder infection. And I remember my mum's friend had to come and look after me, my mum wasn't there. I was devastated.*

These experiences of role reversal evoked feelings of anger and resentment towards their parents as can be seen in the accounts below:

Linda expressed feelings of anger towards her mother for failing to fulfil her responsibilities as a parent due to alcohol abuse, and for leaving her children to take care of themselves:

*I think that was a responsibility that she didn't fulfil - taking care of the family unit. It's her child I was looking after, and I was her child! ...You expect the parent to be the parent and be the one supporting you as the child. ...So taking responsibility for our own lives at the time when she was supposed to take responsibility, you know. I think as a mom she didn't take responsibility for us.*

Linda's language and facial expressions during the interview demonstrated the anger she was experiencing. Her speech was oftentimes fast, loud, and she frowned and clenched her teeth. She reported *I remember the one time screaming "I fucking hate you!"*,

Saajidah reporting feelings of resentment towards her father after he “disappeared from [her] life for a long time”. He returned into her life, but his alcohol abuse and consequent failure to fulfil parental responsibilities repeated itself. She described:

*Now that he is there, I am taking care of him. So he did not take care of me then and he still is not taking care of me now. I am angry for him basically not giving me what I needed back then and now I have to give it to him but he never gave it to me.*



Both Linda and well as Saajidah were not only angry because their parents failed to take care of them, but also because their parents failed to take care of their siblings. Saajidah explained:

*So I still get very angry, especially because I have got a five year old sister that is in his care so I get really angry at him for not being okay, for not getting himself together and for not playing the role of a parent, for not being responsible.*

Gavin and Ziyanda's anger revolved around their parents' failure to provide for them as a result of their alcohol abuse. For Ziyanda, it was her mother's failure to provide her with necessary tangible goods and meet her basic needs:

*She couldn't buy me school clothes, give me lunch money, or buy us Christmas food.*

For Gavin, his anger was related to his mother's inability to provide him with advice and help equip him with necessary coping skills:

*She never seemed to have the ability to cultivate and maintain a healthy relationship.*

*So she couldn't give me advice on how to survive socially. She couldn't give me relationship advice. She couldn't give me academic or school advice. She was absent basically in all those areas where I needed her, where I had to kind of cope on my own.*

## **Theme 2: Emotional distancing: "Her alcohol made me stay away from her"**

As participants grew older, they tried to cope with feelings of being overwhelmed by withdrawing from their parents and trying to minimise contact with them. Participants chose to detach, withdraw, and stay away from their parent, especially when they felt they could no longer cope and give more of their support. Since many of the participants were sole

providers of support, their withdrawal meant that the entire family unit was at threat, including siblings and extended family.

Several participants described how they would limit contact and communication between them and their parent. Saajidah did not contact her father at times during which she felt overwhelmed by his need for her support:

*Well I have this ability to compartmentalise, so at times when it feels too threatening I would repress it, that is the one thing I do, so I do not think about it now. ... I would not visit or phone for a while, like "out of sight out of mind".*

Similarly, Kayleigh described ways of limiting communication and admitted to making excuses in order to avoid contact with her father:

*Not answering messages, not answering the phone, not going there, saying I am very busy. I am supposed to go there on Thursday but I am not going to go because I feel I need to protect myself as well and I do not have the emotional capacity to cope with that right now. So yes; avoiding, making up excuses, pre-occupying myself.*

Chantal also admitted to finding ways of avoiding contact with her mother when she knew that her mother was intoxicated:

*So I just would not answer the phone or if she wants to come over I can hear, and I will just say, no we are busy or I will cut her short on the line.*

Other participants also gave accounts of times during which they withdrew their support, and their relationship with their parent deteriorated:

*It changed to me not actually wanting to be part of the family anymore and not wanting to be there.*

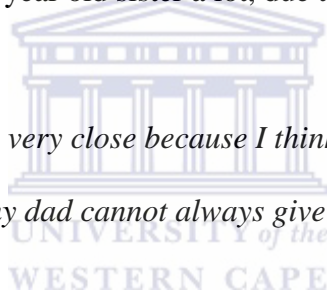
*I think I resented my mum for a really long time. So I kind of really just withdrew from her.*

*We didn't see eye to eye. It made me not want to be at home.*

On the other hand, for a few of the participants, their experience of providing social support to their parent resulted in a closer relationship to their siblings. For some, having to assume a parental role made them grow closer to younger siblings, whilst one participant turned to her older sister for comfort and support.

Saajidah has had to care for her 5-year old sister a lot, due to her father's alcohol abuse and unavailability:

*I guess my sister and I are very close because I think she regards me as the other care giver in her life because my dad cannot always give her that support.*



Chantal frequently coped by staying with her older sister over weekends from the age of 9 years, until completely moving out of home and in with her sister's family at the age of 13. Chantal was the eldest of the children living with her mother, and frequently protected and supported her mother and two younger siblings. While her experience of providing support led to a deterioration in closeness to her mother, she reported:

*I got closer to my eldest sister.*

### **Theme 3: Feeling ashamed: "I'd be like Oh my God Cringe"**

Participants reported experiencing feeling ashamed of their parents particularly in social contexts. Linda for example reported feeling embarrassed when her mother came home after having used substances and that her mother's behaviour would lead to her peers teasing her:

*The other day, I had friends over. ...She came to the house and she was way over 'tipsy' and I felt really embarrassed.*

*I felt embarrassed and ashamed in front of my school friends, they picked on me.*

Chantal often felt that she could not invite her friends to her home because of her father's behaviour:

*It was embarrassing to bring friends around to the house. So I didn't bring friends around anymore, because he would tell them stuff they didn't need to know about.*

#### **Theme 4: Lack of guidance: "I wasn't provided with any direction"**

Participants reported that one of the consequences of growing up with a parent who abused substances was that they were not offered guidance and direction.

Both Gavin and Robyn felt vulnerable due to a lack of parental guidance. Neither of them felt a sense of direction or certainty when they attempted to support their parent and themselves:

*I fell around doing all sorts of different things as an adult just because I didn't have any direction. I think if my mom was more involved then I would have maybe had more direction or found what I enjoy earlier in life, you know".*

*He wasn't there to tell me what not to do.*

The absence of guidance, direction, and parental monitoring, led to many of the participants engaging in activities such as going to night clubs, using substances, and engaging in risky sexual behaviour. The following are excerpts from various participants demonstrating these experiences:

*I went to clubs, having fun, and not thinking about it.*

*I was spending time with the guys a lot.*

*I turned to drugs and alcohol, and boys.*

### **Theme 5: Keeping secrets: "I had to learn to keep secrets"**

Some of the participants experienced support provision as lonely and shameful, and as something they wanted to hide from their peers. Kayleigh reported *I had to learn to keep it secret*, while Saajidah explained *I kept things and emotions to myself*.

Robyn also shared that she *wouldn't go speak to others or ask for help*. She explained:

*Maybe that is something that you don't really tell people. It is not something that I actively speak quite a lot about.*

### **Theme 6: Vulnerability to abuse: "Her friends would pick on me and abuse me"**

For some participants, parental substance abuse led to the experience of not being protected and having to protect themselves. One participant, Chantal, described how she felt vulnerable to abuse from her mother's acquaintances, and therefore decided to adopt a different gender role which allowed her to feel more protected and respected:

*I acted like a boy so no one could see I was a girl. I was forced to be a boy, so that her friends wouldn't pick on me and abuse me, and would respect me more.*

Nevertheless, Chantal's role as her mother's support provider made her vulnerable to dangerous alcohol-related situations. Chantal frequently protected her mother from physically abusive alcohol users, however Chantal herself became victim to their abuse:

*"I was raped by the guys she drank with at home.*

## 7. Discussion

The aim of this study was to gain an understanding of how young adult children experienced providing social support to a parent with alcohol abuse problems or recovering from alcohol addiction. This study explored these experiences in an attempt to find out what the experience of providing support is like, and what impact the provision of support has on the adult child.

An emergent theme recurring throughout this research study was that of role reversal, or child parentification. Participants in this study indicated that due to their parent's alcohol abuse and subsequent inability to fulfil parental responsibilities, the participants had to take on the role of primary carer for themselves, their siblings, and even their parents. The participants' experience in this study relates closely to those described in the literature, which highlights child parentification as a common outcome for children of alcohol abusing parents (Abraham & Stein, 2013; Van Parys & Rober, 2013). While the literature mostly highlights a one-sided nature of exchange where children assume the role of parenting their parents, the participants of this study also placed a lot of emphasis on their role of parenting their siblings.

All participants of this study described their role as carer and support provider as burdensome and overwhelming. The literature demonstrates that whilst some carers find their support provision to be burdensome and stressful, others find the experience stress-reducing, comforting, and meaningful (Taylor, 2011). However, literature findings of burdensome support provision outweigh findings of rewarding support provision. The participants' experiences therefore support the literature's emphasis on support provision for alcohol abusing parents as a predominantly negative experience.

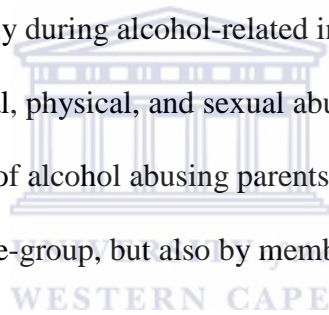
This is not surprising given the population from which the participants were obtained. South African communities face many challenges, especially those families affected by alcohol abuse: Adolescents are especially vulnerable to peer pressure and inadequate role modelling by guardians; their families are vulnerable to unemployment and poverty; and in their communities alcohol is readily available and relatively tolerated. The main challenges particular to these participants were peer pressure and inadequate role modelling, which are accompanied by a host of distressing emotions.

The emotional impact of supporting an alcohol abusing parent that the participants' described matched findings in previous studies. Particularly prominent were feelings of anger, resentment, and embarrassment. Embarrassment related mostly to mockery and rejection by peers and general stigmatisation of alcohol abuse, whilst feelings of anger and resentment were mostly due to parents' inadequate fulfilment of their parental role and responsibilities, and participants' ensuing experience of role reversal. Literature shows that amongst South African adolescents social acceptance from their peers is highly valued (Rocha-Silva, Miranda & Erasmus, 1996), and that adolescents have great respect for their peers' opinions (Hoberg, 2003). This therefore helps to explain why participants feel ashamed of their parents particularly in social contexts. It also helps in the understanding of the participants' secrecy around their parents' alcohol abuse. Participants oftentimes keep their parent's alcohol abuse, as well as their own support provision, a secret from their peers, out of fear of rejection and shaming.

As the literature states, adolescents who experience emotional and psychological distress are at higher risk of succumbing to substance use. This also held true for the participants of this study, who shared about their engagement in activities such as going to night clubs, using

substances, and engaging in risky sexual behaviour. For these participants in particular, these type of behaviours and activities came as a result of their parents' inability to provide them with guidance, direction, and parental monitoring.

The literature also states that due to inadequate role modelling by parents and other carers, adolescents may use substances in an attempt to gain confidence during interactions with others. Previous studies focused on social interactions occurring within the support providers' own social circles, such as their school peers. The literature describes peer interactions involving mocking, rejection, and peer pressure as dangerous and threatening. The participants of this study however also shared about abusive interactions involving their parent's acquaintances, particularly during alcohol-related incidences. These experiences involved psychological, emotional, physical, and sexual abuse. This study therefore highlights that support providers of alcohol abusing parents are not only at risk of being abused by their own peers and age-group, but also by members of their parents' social circles.



One positive outcome that was highlighted in a few of the participants' accounts was the strengthening of relationships with siblings. The literature focuses largely on the reinforcement of the relationship between the provider and the receiver of care and support, (i.e. between child and ill parent). The participants in this study however, distanced themselves more and more from their parent, while growing closer to siblings whom they were having to support, or whom they turned to for their own support.



## **8. Conclusion, Limitations and Recommendations**

### **8.1 Conclusion**

In this interpretative qualitative study, lies a glimpse into the struggles of South African young adults supporting a parent with alcohol abuse problems. This study explored these experiences in an attempt to find out what the experience of providing support is like; and what impact the provision of support has on the adult child.

The Bowen's Family Systems Theory provides a good theoretical framework for understanding the effects that alcohol abuse has on the user's children, their involvement, and their support. It highlights the impact that alcohol abuse has on a family as a whole, and that it does not solely affect the addicted individual. Any significant increase in parental dysfunction, such as alcohol abuse, can trigger other family members' dysfunctional behaviour. As this study showed, for the children that means giving in to peer pressure, engaging in substance use and risky sexual behaviours, distancing themselves emotionally, and keeping secrets. These participants have highlighted the importance of support providers needing support of their own. While being a child of and support provider for an alcohol abusing parent is challenging and distressing globally, South African youth face further challenges that frequently add to their experience of alienation, abuse, and the fragmentation of the parent-child relationship. The relationships that some participants in this study formed with their siblings highlight a useful coping resource and can be viewed as a positive outcome in a family affected by alcohol abuse. Hopefully this study demonstrated the importance of support amongst support providers, and demonstrated the need for sources of support for the children of South African alcohol users.

## **8.2 Limitations**

Several limitations should be kept in mind when interpreting the findings.

Firstly, there are limitations to using convenience sampling. The knowledge produced cannot be generalised and cannot be used as the basis for assumption about other people's experiences.

Secondly, alcohol abuse and interpersonal relationships and interactions with one's parent are sensitive topics. The participants may therefore not have been entirely open whilst sharing their experiences. To minimise socially desirable responses, the researcher adopted an empathic stance, and normalised the participants' experiences and behaviours when appropriate. Furthermore, confidentiality was emphasised and the participants were reminded that all data would remain anonymous and safely stored.

Thirdly, during IPA, the researcher may not always explicitly recognise either the theoretical preconceptions she brings to the data or her own role in interpretation. No minimise the impact of personal variables, the researcher made sure to engage in reflexivity, which was facilitated by the use of a reflexive journal.

Lastly, since the researcher had many population characteristics to choose from, the choice of social support for parents who abuse alcohol points out the researcher's own beliefs and subjectivity.

## **8.3 Recommendations**

The findings of this study highlight the need for support groups that assist adult children in supporting their parents with alcohol-related difficulties, and offer them their own support,

and encourage healthy coping strategies. Support groups for the children of alcohol abusing parents should educate members on healthy support provision, teach boundary-setting and limit-setting, address member's feeling of anger, shame, etc., and encourage members to engage in self-care.



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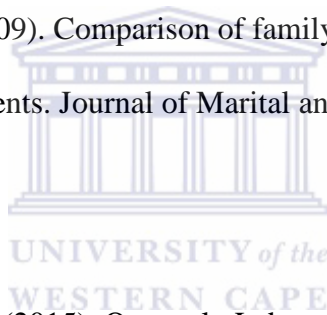


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## Appendix A



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*Email: jezebel.damotaribeiro@gmail.com*

## INFORMATION SHEET

**Project Title: Young adults' experiences of providing social support to a parent with alcohol abuse problems**

### **What is this study about?**

This is a research project being conducted by Jezebel da Mota Ribeiro at the University of the Western Cape. We are inviting you to participate in this research project because you have a parent with current or past alcohol abuse problems. The purpose of this research project is to gain an understanding of young adults' experiences of providing social support to a parent with alcohol abuse problems.

### **What will I be asked to do if I agree to participate?**

You will be asked to attend a 1-hour individual interview with the researcher of the study. The interview will be conducted at KTC. You will be asked to answer questions on the topic and talk about your own experiences. The interview will be audio-recorded.

### **Would my participation in this study be kept confidential?**

We will do our best to keep your personal information confidential. To help protect your confidentiality, the information recorded in the interview will be stored securely. The data will only be accessible to the researcher and supervisor of this study, and you, if you request to view these. Data forms will not state your true identity information, but will include identification codes only. All files stored on computers will be password protected. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

### **What are the risks of this research?**

There may be some risks from participating in this research study. You may experience emotional distress, discomfort, embarrassment, or fatigue.

### **What are the benefits of this research?**

The benefits to you may include a deeper understanding of your role as a support provider for your parent, and a better understanding of social support in general.

This research is designed to help the investigator learn more about social support in families with alcohol abuse. The sharing of experiences can potentially be cathartic for you.

**Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

**Is any assistance available if I am negatively affected by participating in this study?**

In the case of you experiencing emotional distress during or shortly after participation, you will be referred to a counsellor for counselling, if you wish so.

**What if I have questions?**

This research is being conducted by Jezebel da Mota Ribeiro of the Psychology Department at the University of the Western Cape. If you have any questions about the research study itself, please contact Jezebel da Mota Ribeiro at: 0723764776 or jezebel.damotaribeiro@gmail.com Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Michelle Andipatin  
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Bellville 7535

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

## Appendix A



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### **What will I be asked to do if I agree to participate?**

You will be asked to attend a 1-hour individual interview with the researcher of the study. The interview will be conducted at UWC in the Social Sciences building. You will be asked to answer questions on the topic and talk about your own experiences. The interview will be audio-recorded.

### **Would my participation in this study be kept confidential?**

We will do our best to keep your personal information confidential. To help protect your confidentiality, the information recorded in the interview will be stored securely. The data will only be accessible to the researcher and supervisor of this study, and you, if you request to view these. Data forms will not state your true identity information, but will include identification codes only. All files stored on computers will be password protected. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

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There may be some risks from participating in this research study. You may experience emotional distress, discomfort, embarrassment, or fatigue.

### **What are the benefits of this research?**

The benefits to you may include a deeper understanding of your role as a support provider for your parent, and a better understanding of social support in general.

This research is designed to help the investigator learn more about social support in families with alcohol abuse. We hope that, in the future, other people might benefit from this study through improved understanding of young adults' experiences of providing social support to a parent with alcohol abuse problems.

**Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

**Is any assistance available if I am negatively affected by participating in this study?**

In the case of you experiencing emotional distress during or shortly after participation, you will be referred to a counsellor for counselling, if you wish so.

**What if I have questions?**

This research is being conducted by Jezebel da Mota Ribeiro of the Psychology Department at the University of the Western Cape. If you have any questions about the research study itself, please contact Jezebel da Mota Ribeiro at: 0723764776 or jezebel.damotaribeiro@gmail.com. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department:  
Dr. Michelle Andipatin  
0219592453  
mandipatin@uwc.ac.za

University of the Western Cape  
Private Bag X17  
Bellville 7535

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Appendix B



UNIVERSITY OF THE WESTERN CAPE

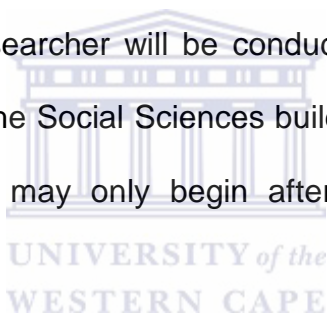
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959, Fax: 27 21-959

INSTITUTION CONSENT FORM

Title of Research Project:

Young adults' experiences of providing social support to a parent with alcohol abuse problems

I hereby give permission to Jezebel da Mota Ribeiro from the Psychology Department at the University of the Western Cape to conduct research at the University of the Western Cape (UWC). I acknowledge that the researcher will be conducting individual interviews on UWC's premises, and that a venue within the Social Sciences building will be provided for this purpose on the relevant dates. Interviews may only begin after consent has been obtained from participants.



UWC Representative's name.....

UWC representative's signature.....

Witness.....

Date.....

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

Study Coordinator's Name: Anita Padmanabhanunni

University of the Western Cape

Telephone: (021)9592842

Private Bag X17, Belville 7535

Email: apadmana@uwc.ac.za



Appendix B



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

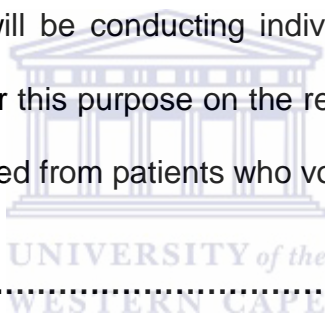
Tel: +27 21-959, Fax: 27 21-959

INSTITUTION CONSENT FORM

Title of Research Project:

Young adults' experiences of providing social support to a parent with alcohol abuse problems

I hereby give permission to Jezebel da Mota Ribeiro from the Psychology Department at the University of the Western Cape to conduct research at Kensington Treatment Centre. I acknowledge that the researcher will be conducting individual interviews on KTC's premises, and that a venue will be provided for this purpose on the relevant date. The interviews may only begin after consent has been obtained from patients who voluntarily participate in the study.



KTC Representative's name.....

KTC representative's signature.....

Witness.....

Date.....

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

Study Coordinator's Name: Anita Padmanabhanunni

University of the Western Cape

Email: apadmana@uwc.ac.za

Private Bag X17, Belville 7535

Telephone: (021)9592842



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Tel: +27 21-959, Fax: 27 21-959

## PARTICIPANT CONSENT FORM

Young adults' experiences of providing social support to a parent with alcohol abuse problems

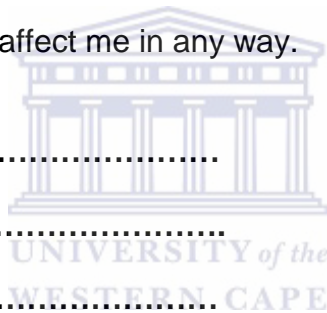
The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this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

Participant's name.....

Participant's signature.....

Witness.....

Date.....



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

**Study Coordinator's Name: Anita Padmanabhanunni**

**University of the Western Cape**

**Private Bag X17, Belville 7535**

**Telephone: (021)9592842**

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

## Appendix D

### Interview Questions

- What is it like providing support to your parent?
- How does providing support to your parent affect you?
- What emotional impact does providing support have on you?
- How is the experience of providing support to your parent rewarding?
- How is the experience of providing support to your parent challenging?
- How would you describe your role in the relationship between you and your parent?
- How do you cope with your parent's alcohol abuse problems?