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# Mothers of Sons with Substance Use Disorders: A Grounded Theory Approach Revealing Maternal Expectations and Three Stages of Change

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### Abstract

Addiction problems in a family present challenges in coping with the addicted family member's behaviors are often described in terms of the psychopathology of the interactions of the family members. The present article describes a qualitative study of the lived experiences of mothers whose male children have struggled or currently are struggling with chemical dependence. Our overall aim in the study was to explore critical stages or events in the experiences of these mothers relevant to their chemically dependent sons. As such, our research question was: What are the lived experiences of mothers of substance abusing sons who are either in recovery or are still using substances? Results of the interviews of nine mothers indicated that regardless of age, ethnicity, social status, education, or career, they experienced a process highlighted by maternal expectations and consisting of three stages: (a) the pre-addiction stage in which mother and son did not experience abnormal relational stress or conflict, (b) the addiction stage in which mother and son experienced extreme relational stress and conflict, and (c) the mother's recovery stage in which the mother experienced a confusion in her relationship with her son and his addiction leading to her own recovery and wellness.

### Keywords

Chemical Dependency, Family Relations, Grounded Theory

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## **Mothers of Sons with Substance Use Disorders: A Grounded Theory Approach Revealing Maternal Expectations and Three Stages of Change**

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*Addiction problems in a family present challenges in coping with the addicted family member's behaviors are often described in terms of the psychopathology of the interactions of the family members. The present article describes a qualitative study of the lived experiences of mothers whose male children have struggled or currently are struggling with chemical dependence. Our overall aim in the study was to explore critical stages or events in the experiences of these mothers relevant to their chemically dependent sons. As such, our research question was: What are the lived experiences of mothers of substance abusing sons who are either in recovery or are still using substances? Results of the interviews of nine mothers indicated that regardless of age, ethnicity, social status, education, or career, they experienced a process highlighted by maternal expectations and consisting of three stages: (a) the pre-addiction stage in which mother and son did not experience abnormal relational stress or conflict, (b) the addiction stage in which mother and son experienced extreme relational stress and conflict, and (c) the mother's recovery stage in which the mother experienced a confusion in her relationship with her son and his addiction leading to her own recovery and wellness. Keywords: Chemical Dependency, Family Relations, Grounded Theory*

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Addiction problems in families are often described in terms of the psychopathology of the interactions of the family members (Orford et al., 2005) who may be designated as the co-dependents or the co-addicts (Brooks & McHenry, 2009). Theorists of the general systems approach (Bertalanffy, 1968; Brock & Barnard, 2009; Goldenberg & Goldenberg, 2012; Haley, 1986) espouse that the family is an organism, and counselors working with families explore the relationships and communication patterns of the members (or parts of the organism). Additionally, the life cycle of the family system inevitably changes and impacts the equilibrium of the system (Ansbacher & Ansbacher, 1956; DeJong & Kim Berg, 2008; Goldenberg & Goldenberg, 2012) particularly when unforeseen events or circumstances challenge the family's capacity to cope with such events. For example, addiction problems in a family present challenges in coping with the addicted family member's behaviors and the consequences of those behaviors.

According to Brooks and McHenry (2009), "Addiction in families significantly disrupts the system" (p. 143). Family roles in addicted families tend to be described as predictable and having certain characteristics that will have negative impacts on the members if left unaddressed (Black, 1981; Rice, Dandreaux, Handley, & Chassin, 2006; Wegscheider-Cruise, 1981). One of those roles is that of the co-alcoholic or co-addict whose primary focus is often described as the addict's use of substances and the subsequent consequences of that use (Brooks & McHenry). When adolescent or adult children are using drugs or alcohol, the mother of a chemically dependent child may be considered by some helping professionals and researchers to be the co-alcoholic or co-addict. In Orford et al. (2010), mothers in particular showed signs of acute stress when dealing with an alcoholic family member (a

child) and may demonstrate behaviors that have been described as rescuing and enabling (Mayr & Price, 1993; *Codependent No More Celebrates 20<sup>th</sup> Anniversary*, 2007) which may actually lead to the child's failure to take responsibility for actions. Further, recent research recognizes that adolescent-focused and family-based treatments show strong findings for viable treatment of drug abuse (Rowe, 2012; O'Farrell & Clements, 2012) suggesting that parental (including mothers) participation in the treatment of teen drug abuse is best practice. We agree that the entire family system can be beneficial to the treatment of drug and alcohol abuse of any family member; however, we also recognize that the family may include the parental subsystem as well as the individual parents who each have a significant relationship with the a son with substance use disorders. With this in mind, we chose to focus on the mothers' experiences for this study and to offer an alternate perspective to mental health professionals working with substance abusing males.

## **Families and Addiction**

### **Stress and Coping of Family Members of Chemically Dependent Relatives**

The stressful effects of family members coping with a chemically dependent relative have been well documented (Dorn, Ribbens, & South, 1987; Hurcom, Copello, & Orford, 2000; Jackson, 1954; Kroll & Taylor, 2003; Orford & Harwin, 1982). Many theories of addiction and the family have originated in the mental health field and have emphasized the psychopathology of individual family members, the dysfunction of the nuclear family, or the abnormality of interaction patterns thought to be associated with problem drinking or drug-taking (Orford, 1998).

Major disruption to the family's way of life (their roles and routines) is consistent with addiction problems in a family member (Dorn et al., 1987; Velleman, 2004; Velleman et al., 1993). The substance use disorders and the resulting problems often create further difficulties for the family in knowing the best way to cope with either the substance misuse or the complex situations that often develop as a result of the misuse (Dorn et al., 1987; Orford, 1998). Additionally, those family members living with chemical dependence in the home often develop their own high levels of physical and psychological problems associated with the stress of the dynamics that develop around substance misuse (Copello & Orford, 2002). In contrast to the pathology model of family systems and addiction, Orford, Velleman, Copello, Templeton, & Ibanga (2010) described *affected family members* (family members who have a chemically dependent loved one) as ordinary people experiencing the extreme stress of dealing with a close family member's addiction, and these researchers believe that a sound model of addiction problems and the family system does not exist. As such, the stress and coping of family members have not been adequately addressed.

### **Universality of Family Members Affected by Addiction of a Relative**

Orford et al. (2010) described their studies that included two decades of qualitative research in England, Italy, Australia, and Mexico, and the researchers concluded that they "believe the core experience for affected family members is a universal one" (p. 44). Themes that emerged from these studies included the stress on family relationships, conflict over money and possessions, worry and concern about the loved one, experiencing uncertainty about the future, and a feeling that family life is threatened. In addition, symptoms of affected family members' ill health included generally poor health habits; psychological symptoms such as depression and anxiety; physical symptoms including headaches, back pain, hypertension, and hair loss; and general poor health. Mothers in particular showed signs

of acute stress as exemplified by a mother in one of the studies who described feeling upset and hopeless, crying, and contemplating suicide. The authors concluded that their research “provided further evidence of the disempowerment experienced by wives or female partners, and mothers, who constituted the largest groups in our research” (Orford et al., p. 60).

In an interview with Sir Richard Bowlby on attachment theory, Newland and Coyl (2010) ask Bowlby about the different roles of mothers and fathers in child rearing. According to Bowlby in the interview:

Researchers have found that children who excel in social situations as young adults had mothers who provided an enduring secure base and a positive model for intimate relationships within the family, and fathers who had provided exciting play and interactive challenges. There seem to be two separate attachment roles for two separate but equally significant functions – one attachment role is to provide love and security, and the other attachment role is to engage in exciting and challenging experiences (see, e.g., Grossmann et al., 2002; NICHD Early Childcare Research Network, 2004). (Newland & Coyl, 2010, p. 26)

As such, we wanted to investigate the nature of the mothers’ journeys as they attempted to provide security and comfort to their sons with substance use disorders. The researchers found significant information in the literature relevant to the importance of including the family in drug treatment for affected family members, particularly adolescents (O’Farrell & Clements, 2012; Rowe, 2012); however, a gap in the literature exists on the mother’s role in the treatment of addicted children, specifically male children.

### **Purpose of the Study**

According to Hook (2012), there are serious gaps in the literature on families and addiction. The author also stated that “Addiction has a long-term and devastating effect on the family, disrupting healthy family dynamics, and increasing the likelihood that family members will suffer negative physical and psychological harm” (Hook, p. 278). Furthermore, for every person addicted to drugs or alcohol, there may be as many as four to six significant others (parents, partners, and children) who are equally affected (McIntyre, 2004). Additionally, according to Barnard (2007), there is little research focused on the experience of being a parent of a drug user. While studies have been conducted regarding women’s relationships with an addicted family member, these studies have focused primarily on women who were concerned about their husbands’ drinking (Orford et al., 2010).

The present article describes a qualitative study of the lived experiences of mothers whose male children have struggled or currently are struggling with substance use disorders. Our overall aim in the study was to explore critical stages or events in the experiences of these mothers relevant to their sons with substance use disorders. In a thorough search of the literature on families and addiction, no studies were found that examined the in-depth, lived experiences of mothers of sons with substance use disorders. Although a significant data base of articles on addiction and families exists, there is a paucity of research that examines the actual experiences of people who are living with or emotionally attached to addicted family members. As such, our research question was: What are the lived experiences of mothers of substance abusing sons who are either in recovery or are still using substances? We believe our study, in which mothers of sons with substance use disorders, participated in in-depth interviews and follow-up conversations regarding their lived experiences will contribute significantly to the literature on substance use disorders.

## **Methodology**

### **Researcher Perspective**

One of the key aspects of qualitative research is that it allows the researchers to describe the lens through which they view their research topics. This research study was conducted from an insider and outsider perspective. As an insider, we believed that one of the researchers having experienced the phenomenon of being the mother of a son with substance use disorders provided the insight necessary to question the process of recovery experienced by those mothers and was able to conduct the interviews with empathy and respect. Additionally, we accepted as true that having a research team member who had overcome a chemical addiction would provide a unique insight into the recovery process of the mothers and would lead to a different perspective of the mothers' recovery process. Finally, we included a third researcher who had no personal history with substance use of either having a son or daughter with an addiction problem or of being an addict, but who has a health background and led an alcohol awareness initiative on a mid-sized state university in the southwest. This gave us the opportunity to have a researcher who held a neutral stance related to the mothers' recovery process.

Family issues, as they directly relate to addiction in the family, are areas that are highly under-researched in the field of counseling, particularly how the mothers of sons with substance use disorders engage their own recovery which, in our study, was found to be a return to well-being and healthy living. Additionally, the research that does exist tends to pathologize the family and maintain focus on the dysfunctions of the family rather than any of the family members' own courses of development through the experience of addiction and recovery. We were interested in exploring and adding a new understanding to the literature of the experiences of mothers of sons with substance use disorders.

### **Method**

The decision to use a grounded theory methodology rather than a quantitative methodology stems from the purpose and population of the study (Patton, 2002). Additionally, while exploring the experiences of participants might suggest a phenomenological approach, grounded theory approach was used to provide a theoretical foundation for future research. A phenomenological study would focus more on the essence of the experience of being a mother of a son with a substance use disorder which would not provide the theoretical foundation that we hoped to find. Given the exploratory nature of the study's purpose of holistically understanding the recovery process of mothers with addicted sons, the researchers chose to conduct a grounded theory study.

Not unlike the therapist in the family systems approach, the researcher in grounded theory research views the experiences of each participant (substitute each family member in family systems) as integrated and inseparable from the totality of the human experiences and the resulting theoretical perspective. In addition, Charmaz (2006) identified the following features of grounded theory studies:

- a) they allow the researcher to go beneath the surface of the participants experiences;
- b) the researcher can explore statements and topics;
- c) researchers can request additional details and explanations;
- d) researchers can ask about participant thoughts, feelings, and behaviors;
- e) researchers can also keep the participant on the subject, go back to earlier

points, check for accuracy during the interview, monitor the pace of the interview, and shift the topic.

As such, grounded research theory was the method chosen to investigate the experiences of mothers of male children struggling with substance use problems with the aim of sorting out the elements of the experiences and the interrelationships of those experiences, and, thus, developing a theory that would enable us to understand the nature and meaning of the experiences of this particular group of people (Glaser & Strauss, 1967). Grounded theory is a research method that supports investigators as they create a product that is fluid, yet follows specific guidelines to ensure the research is practical and reflective of the participants' views (Charmaz, 2006). The grounded theory method assisted us throughout the research process, from the development of the purpose of the study to analyzing the data. Developing the theory involved coding the data, building concepts, themes, and identifying relationships (Charmaz).

## **Participants**

Prior to beginning the study, the research study and data collection with mothers who had sons with substance use disorders was approved by the Institutional Review Board at a mid-sized university in the Southwest United States. Participants were then selected via snowball sampling, which Patton (2002) described as informants assisting researchers in connecting with research participants. Community based counseling programs in the field of substance use disorders were used to access initial study participants. The principal researcher identified two substance use treatment programs that were involved with providing counseling services to families in the Southwest United States. The programs were asked to distribute the study information to families to determine if there were any mothers interested in contacting the researchers for possible participation in this study. The mothers who contacted the researchers were also asked to pass the invitation to other potential participants. As such, the programs had no knowledge of which participants followed through with the study and which did not, and some of the participants did not have any connection to the treatment centers.

There were a total of nine participants. Saturation of data was achieved by the seventh interview, and two additional interviews were conducted to ensure saturation and to search for discrepant data. Theoretical sampling (Glaser, 1978) was used throughout the data collection process as we chose new cases to compare with those already studied until we found no new or discrepant data. Six of the participants were married, and three were divorced. All of the mothers were employed or retired from working. One mother identified herself as Black and the remaining mothers identified as White. The mothers ranged in age from 51 to 69 with an average age of 60, and they had educational backgrounds that included two with a high school diploma, three with an associate's degree, one with a bachelor's degree, and three with a master's degree. Five of the mothers were children of an alcoholic, and seven of the mothers indicated that their sons had a parent who was alcoholic. The mothers' sons ranged in age from 20 to 43 with an average age of 30 years old. Two of the sons lived with the mother, two sons lived with a spouse, one son cohabited with his girlfriend, three sons lived alone, and one son was in prison. Four sons were self-supporting, two were partially parent supported, two were totally parent supported, and one was state supported. Six sons had high school diplomas, and three had associate degrees. All but one of the sons received addiction treatment, and six of the sons are currently sober.

## **Instrumentation**

Researchers (Creswell, 2007; Maxwell, 2005) concur that face-to-face interviews are a desirable method of collecting data in qualitative research projects. Six interview questions were created, based on the literature review, to begin exploration of the experiences of mothers of sons with substance use disorders:

- a) What challenges did or do you face having a child who is alcoholic/addict?,
- b) As a mother, how were you impacted when you learned that your child was or is an alcoholic/addict?,
- c) What resources were available to you as a mother of an alcoholic/addicted child?,
- d) What resources would you like to have been available to help you with your alcoholic/addicted child?,
- e) How did your family support you in your efforts to deal with having an alcoholic/addicted child?, and
- f) How did you take care of your own physical and mental health as a mother of an alcoholic/addicted child?

These questions were sensitive to the existing literature yet sufficiently open to allow the participants to express their reality. Demographic information was collected from each participant during the interview and no written questionnaires were utilized.

## **Data Collection**

The data collection for this study began with the interviews. Interviews ranged from 15 minutes to one hour in length. The average interview was 30 minutes. The first author conducted interviews with each participant either in person or over the phone. All interviews were audio recorded and transcribed for data analysis. Transcriptions were made by research assistants who were not involved in any other part of the study and were verified by the first two authors for accuracy. To maintain the confidentiality of the participants, each participant used a pseudonym. The audio tapes were maintained by the primary researcher in a locked office and were destroyed following verification of the accuracy of the transcriptions. Additionally, phone numbers used to contact participants were destroyed following member checking of the results. No phone numbers were kept with the actual names of the participants.

## **Data Analysis**

Data analysis in grounded theory is a process of finding themes and concepts in the data. These concepts are then used to build theory (Charmaz, 2006). Data from the initial questions asked in the first interview were analyzed and provided the basis for the questions used in subsequent interviews. Grounded theory is an emergent process and thus there was no piloting of the interview questions. Additional questions were asked of participants based on the emergent themes for the data analysis. This process of semi-structured interviews, analysis, and question generation continued throughout the study (Charmaz, 2006). Researchers included transcripts, audiotapes, and the principal researcher's journal as data. As the interviewer completed each interview, she wrote her thoughts and feelings about the interview in a journal to examine any biases that might interfere with the data analysis



procedures. Additionally, she discussed these thoughts and feelings with her co-researchers as another process for addressing her preconceived ideas that might impede the integrity of the interviews.

Transcripts were created from the audiotapes and checked against the audiotapes for accuracy. Then transcripts were systematically analyzed using grounded theory procedures including initial coding that involved word-by-word coding and line-by-line coding, *in vivo* coding (coding based on participants' special terms), focused coding (directed, selective, and conceptual coding), axial coding (specifying the dimensions of the codes), and theoretical coding that led to the development of a visual model of the theory (Charmaz). During the data analysis process we wrote preliminary analytic notes called memos about the codes and our comparisons of those codes and any other ideas about our data that occurred as we developed the resulting theoretical model (Charmaz, 2006). These memos and subsequent interviews were used to modify the theoretical model throughout the data analysis process. Additionally, all authors reviewed all aspects of the coding process to ensure that it was bias free. The results of the data coding process are found in the theoretical model depicted in Figure 1. This coding process generated an overall dimension (e.g., maternal expectations), properties (included all of the characteristics that formed each of the categories and helped to clarify each of the contexts), categories (e.g., pre-addiction, during addiction, and mother's recovery), and contexts (e.g., mother/son no conflict, mother/son conflict, and mother/son confused) that described the experience of mothers of sons with substance use disorders as the mothers moved through their individual recovery processes. The data analysis was conducted by the first two authors and constant comparisons of their results were made seeking interrater reliability. Comparisons of the themes discovered during the analysis did not result in any differences in definition. Different names for the themes were identified and a further look at the data led to new emergent names that more accurately reflected the themes.

### **Trustworthiness**

Several procedures were used to meet the criteria for trustworthy research. First, prolonged engagement with each participant took place to insure that rich data was collected from each mother (Denzin & Lincoln, 2005). Several measures were used to control researcher bias and produce credibility. Prior to conducting the study, the researchers explored and clarified their biases. The researchers' biases included

- a) beliefs about mothers with addicted sons,
- b) beliefs about the impact of alcoholic and addicted sons on their mothers,  
and
- c) and beliefs about the impact of alcoholism and addiction on the family.

Throughout the study, we consulted peers who asked critical questions about the findings to help keep researcher biases in check. By being clear about biases and debriefing with peers, we limited the impact of these biases upon analysis and theory and helped to develop an audit trail for validation of the study. Charmaz (2006) pointed out that as researchers we "are obligated to be reflexive about what we bring to the scene, what we see, and how we see it" (p. 15). Credibility was also obtained through the use of triangulation. Participants were asked to review the theory and reflect upon the accuracy of the theory. Additionally, literature reviews were used to triangulate the findings. A literature review was conducted after each round of interviews and coding was completed. The participants confirmed that the findings accurately reflected their experiences as mothers with an alcoholic or addicted son. Through

the use of techniques that promote credibility, this grounded theory is transferable on a case by case basis to other mothers with similar backgrounds. The results of this study not only represent the experiences of the mothers in this study but also provide information that may be useful to other settings and studies.

All interviews were conducted by the first author and data analysis was conducted by the first and second authors with the second author being the primary data analyst. All data analysis was reviewed by the third author and member checking was utilized to establish trustworthiness and accuracy of the results of the study.

## Results

### Recovery Process of Mothers with Substance Addicted Sons

Results of the interviews (see Figure 1) of the nine mothers indicated that regardless of the characteristics of the participants in this study (i.e., age, ethnicity, social status, education, or career), all of them experienced a process highlighted by *maternal expectations* and consisting of three stages:

- a) the pre-addiction stage in which mother and son did not experience abnormal relational stress or conflict,
- b) the addiction stage in which mother and son experienced extreme relational stress and conflict, and
- c) the mother's recovery stage in which the mother experienced a confusion in her relationship with her son and his addiction leading to her own recovery and wellness.

Throughout the three stages, maternal expectations, particularly that of a mother's unique love for a son, remained constant:

- a) in stage one the expectation was *love your child*,
- b) in stage two the expectation was *love and anger*, and
- c) in stage three the expectation was *love and concern*.

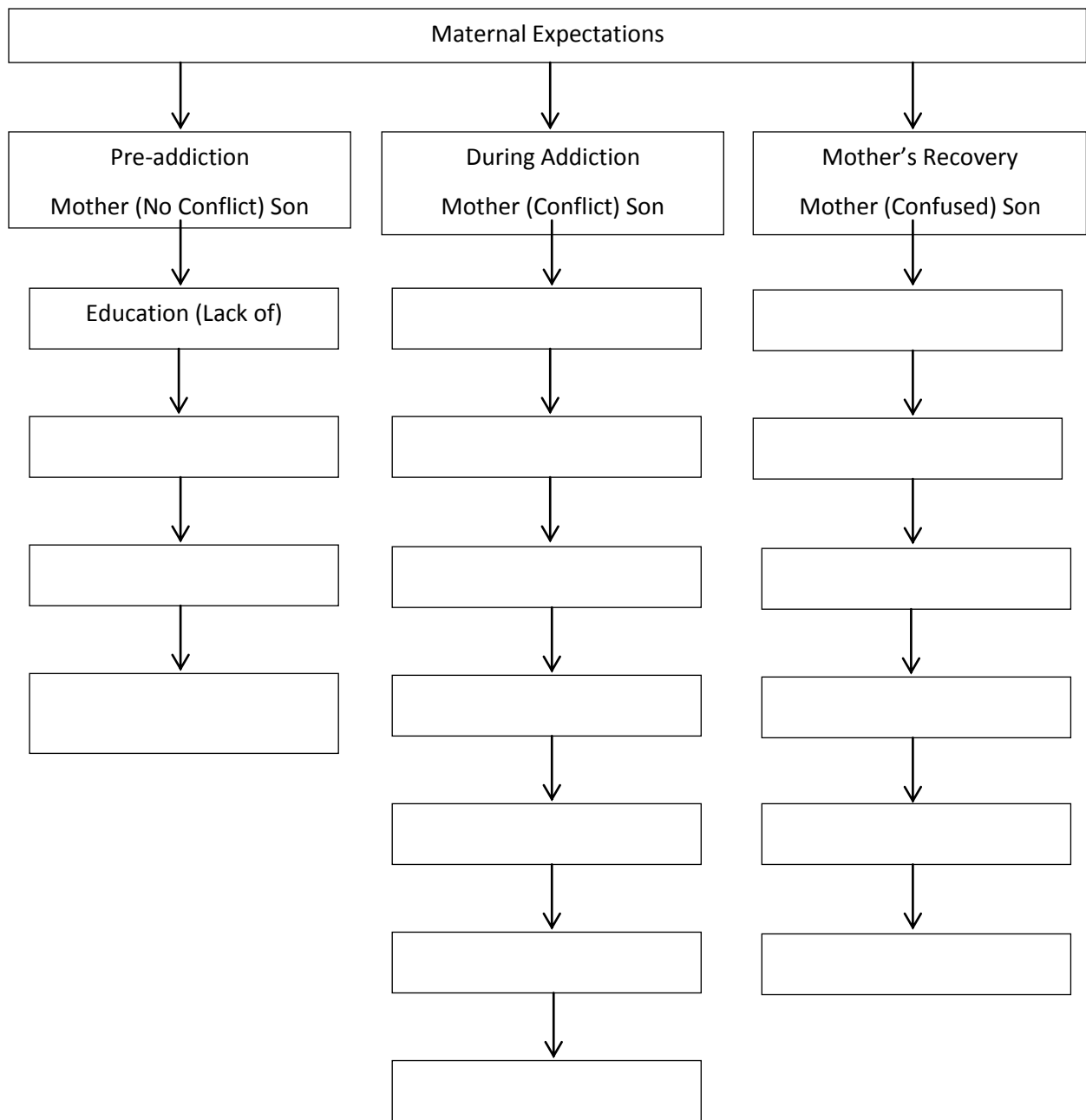
According to all of the participants, maternal love was interwoven throughout all of the stages we identified, drove the feelings they experienced, and impacted the choices the mothers made during their journeys of living with the knowledge that their sons were chemically dependent. While the term *recovery* was not one that was used by the mothers, we chose the term to describe their journeys which were those of persons becoming more emotionally healthy and differentiated from their sons with substance use disorders.

### Maternal Expectations

The overarching theme governing the mother-son relationship as well as the journey for the mothers was *maternal expectations*. Betty Boop (all participants chose a pseudo name to protect their confidentiality), summarized one of the secondary themes of maternal expectations, *love your child* (your son), that highlighted the pre-addiction stage and was evident in all of the interviews: "It's hard being the mother of an alcoholic son because mothers have special relationships with their sons, like [a] closeness that I don't have with my daughter . . . Mothers are closer to their sons." As for the expectation of *love and anger* in the addiction stage, Ginger explained this dichotomy when she said: "And actually I

should have probably pulled over . . . and just said ‘get out of the car.’ But there was still that mother thing.” Finally, Bel Canto described how the expectation of *love and concern* evolved in the recovery stage as she recognized that her vision of a perfect mother was not what her son needed: “And then, as he got sober, I think I grieved over being the kind of mother I wanted to be. He needed a mother with more, a parent with more firm boundaries. And I wanted to be a sweet-cookie-bakery and put-a-smile-on-his-face kind of mom. And that wasn’t what he needed.” *Love and concern* seemed to emerge from the confused feelings the mothers experienced in this stage including grieving, relief, hopefulness, and concern and resulted in their own surrender to the uncontrollable urges they had to help their sons and their inability to do so.

**Figure 1.** Recovery Process of Mothers with Substance Addicted Sons



### **The Pre-Addiction Stage**

The pre-addiction stage was emphasized by the following themes:

- a) a lack of education on addiction,
- b) denial that the sons were using,
- c) a lack of awareness of what was happening in their own homes, and finally
- d) a sense that their sons were fighting the mothers for autonomy and independence.

These themes appear to indicate that the mothers were experiencing some pre-addiction delusions that all was well with their sons' growth and development and with their relationships with their sons. Additionally in spite of the fact that five of the nine mothers had grown up in families with addiction present, the addiction had not been addressed in these families, and the mothers were not educated about the disease. According to Lynn: "I was not aware of the fact that he was drinking or doing drugs. . . . And, and there were probably signs, but I knew nothing about alcohol and nothing about drugs. I knew nothing about addiction, to be, to be aware." Later in the interview she points out that her lack of education on addiction accounted for her lack of awareness of what her son was experiencing. And Emma phrased her denial nicely: "And then when we discovered that he was sneaking out at night and came home smelling like pot, at first there was disbelief, or perhaps he was hanging around with the wrong kids. Then we realized *he* was the wrong kid!" Sometimes a crisis disrupted the denial briefly as in the case of Marcella: "And uh, of him, of us suspecting that something was going on, and then him saying 'Oh, it's really nothing; oh I'm not doing that anymore,' and us believing him . . . he was in a private school and when he was asked to un-enroll . . ." Many of the mothers saw their sons' problematic behaviors as strategies to gain independence. Ginger stated: "And then after a certain point, they just – they determine what they're going to do."

### **The Addiction Stage**

This stage was the most psychologically and emotionally difficult for all of the mothers. The themes that emerged in the interviews relevant to the addiction stage were:

- a) challenges of their own negative feelings,
- b) relationships with extended family,
- c) self-care,
- d) faith and spirituality,
- e) denial,
- f) support, and
- g) family challenges.

All of the mothers were challenged by their negative feelings which ranged from self-loathing to fear and desperation regarding their sons' behaviors. Emma captured these negative feelings: "I was a failure as a mother. This doesn't happen to good families." And later in the interview, she revealed: "It was hard to remember to breathe every day . . . I was afraid the phone would ring and I wouldn't know if it was the police or a hospital or a morgue or who I would hear from." Katrina reiterated these fears saying that she worried about car accidents, her son going to jail, what kind of a parent he was to his own children, and even the possibility that he might die of an accident or just the disease itself. She

revealed: “. . . so this absolutely makes you insane, or it made me insane for a while. I felt kind of hopeless at some point.”

The mothers had a variety of experiences with and viewpoints from extended family. Ginger said this about the relationship between her adopted, addicted son with her own mother: “My mom was really his confidante. They had a good relationship and that started early on. She had grown up in a home with an alcoholic father. And so she – although there was no blood relation – she had that connection.” Later in the interview she revealed: “I think one of the saddest things for me, of course, personally, was when my mom died. And in addition to that, my son was not clean when she died.”

Self-care was a theme that emerged during the addiction stage. The mothers discovered that they needed some way to take care of their own health and welfare in the midst of the storm that was brewing. Some chose exercise; others turned to prayer and meditation; and others became involved in support groups. Emma described her spiritual journey during this period: “Um, my spiritual journey started [in Al-Anon]. I’ve always been a part of a religious household. But for the first time, I got on a spiritual journey that has brought a great deal of help.” For many of the mothers, support from outside the family granted them some respite from the turmoil. Katrina described the support she received: “Well, I think, basically I did a lot of talking to people that I trusted” [in her field of probation work]. Denial continued to resonate during the addiction stage of the process, but it was not so much denial that their sons’ had addiction problems, but rather denial that the mothers could not stop what was happening to their sons, their families, and themselves. Marcella summarized it nicely: “And of course I did not see the futility of my approach at the time. So, um, you know, it was, it was, it was infuriating for me that he refused to conform...”

All of the mothers experienced a variety of family challenges including worries about the other children in the family; dealing with their husbands inability to cope with their sons’ addiction; opening the communication lines among family members; struggling with finances; coping with the extreme feelings of other family members; and continuing to be responsible for the day-to-day activities of the household in spite of the chaos that the sons’ addiction caused. Bel Canto described these challenges: “So and I felt like I was, you know, at Chuck-E-Cheese™ when they have those boards where, you know, you pound on one thing and something else pops up.”

### **The Mothers’ Recovery**

As the mothers described their own journeys of recovery, the following themes emerged during the interviews:

- a) a changed vision,
- b) help,
- c) lack of support,
- d) telling their stories,
- e) family, and
- f) reflection.

All of the mothers experienced some form of changed vision as a result of being the mother of a son with substance use disorders. Many of them described their relationships with their sons as journeys of self-discovery. Marcella revealed her awakening: “And I’ve screwed everything up, and I’m a failure, and I’m the only failure, and I’m the only, you know, not only am I, you know, beating myself up for, no one else is a failure. I’m the only failure, and, of course, *there’s nothing farther from the truth on either count.*” And Emma said of her

son's addiction: "It's hard to look back on that and say, 'Yea, I'm glad he had that experience.' But I can say I'm glad he learned what he did from the experiences." And lastly, according to Sue: "Actually, the experience was a great gift to our whole family, though very painful at the time. We learned a lot about ourselves and our misguided child rearing beliefs. It has helped us with our relationships in many areas of our lives, particularly how important healthy boundaries [are]."

For most of the mothers, the journey involved their detachment from their sons' day-to-day choices, and most of them received some type of help in order to be able to take a healthier stance with their loved ones. For example, Marcella talked about giving her son the ultimatum of moving out of their home or going to church with the family if he was going to live at home. He did not choose to leave home, but she would have been fine if he had. She explained: "And, and it's the strength of the community [support group] that had gotten me there. The counseling, a lot, a lot, I mean hours and hours of counseling to where I finally came to the point where I had said I'm, it's not kicking you to the curb to say you're, you're out of here [if you don't comply]." And, Marcella contemplated on her total experience: "The lifeline. Yeah, I'm thinking, you know, the little ring thing with the, the life ring that they throw out to you and you grab on, and they haul you up onto the ship, so that was it. You know, just having those resources . . . ."

The mothers indicated that even in the recovery stage, some people continued to withhold support and understanding of the mothers' struggles with this addiction problem. For example, Elizabeth disclosed: "When we decided to eliminate all alcohol from our home or social life, that also eliminated *friends*. As a younger woman, I was isolated and lonely. As an older woman, I have a perspective. It is still lonely." Bel Canto was forthcoming with her own family's lack of understanding of what she and her son needed from them: "My parents were particularly non-supportive. My son was unable to visit my parents for a long time because my father refused to put up the liquor . . . . he [son] said he didn't feel like he could handle that temptation." On the other hand, some of the mothers found that family took on a new meaning as Marcella explained: ". . . you have to make a commitment as a family . . . It was a huge commitment. It [family meeting] was on a school night."

The interviews provided a venue for reflection and telling their stories, the final themes of the recovery stage. As the mothers reflected on their experiences, they spoke about themselves rather than their sons or the addiction. Emma found a new way of thinking about herself: "And so I went to a counselor and asked if some of these things [about her personally] were the result of being the daughter of an alcoholic. And so that sort of catapulted me into probably a three year participation in a group of children of alcoholics. And that helped a lot." Bel Canto indicated: "I've become a much more confident, emotionally-regulated person." And Elizabeth revealed the strength and challenges of being the mother of a chemically dependent son: "My sense of self? I am a fighter. I fight. I am hopeful. I hope for him and others. As a human, I tend to love people. I love unconditionally, most of the time." And Ginger reiterates the unconditional love of mothers: ". . . anything that is maternal feels as though it won't give up. A grandmother won't give up, a mom won't give up."

## Discussion

The purpose of our study was to explore critical stages or events in the experiences of mothers relevant to their sons with substance use problems. In a thorough search of the literature on families and addiction, no studies were found that examined the in-depth, lived experiences of the mother of a son with substance use disorders, particularly in the United States. Orford et al. (2010) conducted two decades of qualitative research in countries outside

of the United States on what they termed *affected family members*, or family members who live with a relative addicted to alcohol or other drugs. Consistent with their findings, our current study revealed feelings of disempowerment during the addiction stage and the importance of familial and social support in the recovery stage. Furthermore, we identified three stages (pre-addiction, addiction, and recovery) that mothers in our study experienced and emergent themes that defined each stage (see Figure 1). These stages appear to be consistent with Orford et al.'s three positions that *affected family members* take with their relatives who use alcohol and drugs excessively: "putting up with it," "standing up to it," and "withdrawing from it" (p. 52). The results of our study seemed to indicate that these *positions* may actually be a part of a process that includes implications for families, for counselors, and for public policy.

Although we found our results to be important for those affected by substance misuse, their families, and counselors who treat them; limitations are inherent and unavoidable in qualitative research. Sampling bias may be a limitation in our study due to the use of purposeful sampling. One way we addressed this limitation was to ask mental health professionals in the addiction field to recommend mothers to our study. Therefore, the researchers were not actively looking for the participants, but rather providing invitations to other mental health professionals to distribute to possible participants. It was incumbent upon the potential participants to contact the researchers. Additionally, the results of our study are not directly transferable to other populations; however, our resulting theory might be useful in understanding the process of navigating the complexities of helping addicted family members, specifically male children and may be transferable on a case by case basis. As such, we tentatively discussed the implications for families, counselors, and makers of public policy in the following sections. Other limitations included a lack of racial/ethnic diversity of our population, geographic location, and socioeconomic status. These limitations could form the basis for additional research that could demonstrate the transferability of these results.

### **Implications for Families**

As previously stated, often in addiction studies, family systems with addicted family members have been described as dysfunctional, enabling, and co-dependent (Orford et al., 2005). Our study calls into question the usefulness of pathologizing *affected family members* such as the mothers we interviewed. These mothers loved their sons unconditionally, tried many different strategies to assist them, and experienced a process that, in the end, was described as a *gift* and an experience that provided learning about themselves and their relationships. The mothers were, in fact, the *constants* in the lives of the chemically dependent sons. Often they cared for their other children, helped the fathers with their grief and anger, navigated the usual domestic duties of a household, *and* did not give up on their addicted sons. Perhaps viewing *affected family members* in strength-based terms rather than deficit descriptions would provide struggling families with much needed hope and encouragement. Families that view their behaviors relevant to their relationship with their children who use drugs or alcohol excessively in a non-pathological way might be better able to cope with an otherwise frustrating and fearful situation and might be receptive to engaging in their own behavioral changes in a timely fashion.

### **Implications for Counselors**

Counselors working in almost any environment are likely to be faced with families struggling with a family member with substance use disorders. Since women are more likely to seek counseling than men (Fischer & Farina, 1995; Moller-Leimkuhler, 2002), it would not

be surprising for counselors to see female clients in practice who present with concerns about their male children's use of alcohol or drugs. Utilizing the theory of the stages through which the mothers progressed could be helpful in planning interventions appropriate for each stage. Since the mothers we interviewed clearly were the *constants* for their sons who were using drugs or alcohol irresponsibly, counselors might consider utilizing this important relationship to assist in the recovery of sons who have substance use disorders. Our participants appeared to *learn quickly* once they became educated and part of the recovery process for their own health and wellness as well as that of their male children.

### **Implications for Public Policy**

Revisions to the Diagnostic and Statistical Manual of Mental Disorders (APA, 2012) include substantial changes to the substance use and dependence disorders. The recommendations for the DSM-5 are to move to a more bio/psycho/social model of addiction, and the results of our study support this move. For example, there will not be diagnoses focused on substance abuse and substance dependence; instead, the focus will be on the severity of the use as distinguished on a continuum that identifies a greater level of significant impairment due to the individual's substance use pattern. If counselors begin to view substance use in a bio/psycho/social model, they may be more likely to include family members in treatment planning in order to assist in the change process. Viewing change in a systemic way might assist children with substance use problems in the process of recovery.

All of the mothers (with the exception of the mother who identified as Black) in our study eventually found means of support, treatment programs, and community resources. Bel Canto commented about the drain on her personal finances even though she was a working professional. Betty Boop stated that many women do not know what is available and do not know how to access resources. Clearly the majority of the mothers saw the support groups, treatment programs, and community resources as vital to their own recovery as well as to the recovery of their sons. We were concerned that the one minority mother in the study did not seek treatment for herself and that her son was never in treatment, and we believe that treatment options for minority populations is worth investigating. The public and those who represent the public in government have been slow to acknowledge the need for affordable healthcare for those who suffer from addiction to substances. The Patient Protection and Affordable Care Act of 2009 and the revision to the substance use disorders in the DSM-5 will make it easier for public officials to identify programs and fund them that will meet the growing need for services.

### **Conclusion and Recommendations for Further Studies**

Our study generated an interesting look at how mothers of sons with substance use disorders cope with their sons' illnesses and provided implications for families, counseling professionals, and public policy. This study begins to fill a gap in the research of the role that mothers play in helping their addicted sons, the process that mothers experience as they move from the pre-addiction stage to the recovery stage, and what counseling professionals need to know about this process. A more extensive study in the United States of how *affected family members* (Orford et al., 2010) respond to their relatives would possibly shed additional light on how mothers in particular are affected by their son's addictive behaviors and how counseling professionals can help mothers of addicts be instrumental sooner in the recovery process. Also, investigating the types of interventions that are effective in each of the three stages would make use of the current study in determining practical applications. Finally, exploring, documenting, and advocating for ways in which public policy can assist families



as they struggle to help their loved ones would be appropriate for professional counselors to undertake.

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