

CHAPTER V

FINDINGS AND DISCUSSIONS

Overview

This chapter elaborates major findings of the study entitled ‘Psychosocial profile of young adults with multiple substance dependence’ and discusses the relevance with respect to the existing scientific literature. The main intention of the study was to understand the psychosocial condition of the mothers of young adults with multiple substance dependence. The researcher planned to conduct the study such that she could collect quantitative and qualitative data from the mothers and to blend the information to derive a comprehensive picture. For this triangulation was carried out.

Triangulation of Quantitative and Qualitative Data

Introduction

Triangulation is the process by which data collected from different methods are converged and inferences are drawn from the multitude of information (Mays & Pope, 2000). It is a method used to increase the credibility and validity of research findings (Tashakkori & Teddley, 2003). By combining observation from different methods of data collection, the researcher can ensure that fundamental bias can be avoided and complex human behavior can be explored more comprehensively.

Method of Triangulation

In the current study, the method of triangulation used is by converging the data collected with the help of quantitative and qualitative tools. The researcher had collected quantitative data from seventy two respondents by administering semi-structured interview schedule, Multidimensional scale for Perceived Social Support, Burden scale for family care givers, COPE inventory, and Beck's Depression Inventory. For collecting qualitative data, the researcher conducted in-depth interviews with at least twenty two mothers and documented those interviews.

Coding, tabulation and analysis of quantitative data was done conventionally by using simple statistical techniques. Thematic analysis was used for the analysis of qualitative bulk of information. Superimposing results of quantitative and qualitative analysis, the comprehensive picture of the state of affairs of the mothers of young adults with multiple substance dependence came to forefront.

Results of Triangulation

1. Socio-demographic profile:-

The principal proportion of the respondents belonged to the age group 45-54, graduates or post graduates, hailing from middle socio-economic status, urban or semi-urban nuclear families. More than half of them had attained menopause. Most of them lost their jobs or stopped their self-employment (SSI) or resigned from full – time job and opted part – time jobs, due to the constraints of caregiving. Most of the mothers were unable to continue their work due to social stigma and social sanctions. Lack of sharing of caregiving responsibilities by the family members also lead to the drastic change in occupational status of the mothers. This in turn leads to decline in financial income, eventually deteriorating their social, financial, emotional and physical stability.

2. Duration of caregiving:-

Almost 90 percent of the mothers were engaged in caregiving for more than two years and 40 percent for more than four years. Most of them were unaware of the son's substance use for less than two years. All the mothers were consistent in taking care of their son with MSD, in spite of the opposition from the family and society, which is evident from the different treatments they availed for the son in the past four years. They overcame their own emotional and attitudinal fluctuations to support their sons. They have also suspended other middle age related challenges while extending unconditional support to their sons.

3. Detection of the son's substance abuse:-

Majority of the mothers were informed by the Police or other law enforcement officials that their son was using the psychoactive substance or that their son arrested under The Narcotic Drugs and Psychotropic Substances Act (prevention and regulation, 1985, IPC) for either keeping illicit drugs or engaging in other illicit activities. Some of the respondents were informed by other close relatives. Some mothers detected it themselves after seeing suspicious materials in the index son's room.

4. Initial emotional reaction of the respondent towards the detection:-

All mothers passed through a variety of emotional reactions towards the detection of substance abuse in son. But the predominant reactions were disbelief and feeling of being cheated by the index son. The mothers who were informed by the Police or other officials, record the event as a shocking life event, which caused painful and intrusive memories.

5. Behavioral response of the spouse and other members of the family:-

A large proportion of the mothers detailed to the researcher that they did not receive any solace or reassurance from the spouse or other members of the family. Instead, they criticized or blamed the respondent for the index son's substance abuse. These mothers expected reassurance from the intimate family members and the spouse, but expectation was not fulfilled for many of them. Most of them became sad and felt rejected by this response.

6. Emotional response of the spouse and other members of the family:-

Emotional response of a great section of the family members and spouse was characterized by negative emotions such as hatred and apathy. Positive emotions such as empathy, love, warmth were expressed minimally by the family. As a result, the mothers did not receive any emotional support from spouse or other members in the family.

7. Embarrassing situations in public:-

All mothers had many stories of embarrassing situations in public due to their son's substance dependence. It ranged from son behaving awkward in public to son using psychoactive substances in public to being humiliated and assaulted by others. Some mothers had to see their son engaging in illicit activities, while others had to witness their son being arrested by Police. These situations prompted mothers to seclude themselves more from public.

8. Experiences of being assaulted by the index son and his affiliates:-

The respondents were repeatedly threatened and/or assaulted by the index son and his familiar people. They were subjected to multiple ways of harassment including physical, verbal, emotional, financial and sexual assaults. Most of the mothers were at the stage of quitting resistance and complete submission to the index son and his affiliates. They were bombarded with many bad experiences such that their self- image was shattered and most of them plunged into moderate to severe depression. This has to be noted in the background of lack of social support from family and society, along with poor coping strategies of the respondent.

9. Bad experiences from Police and other enforcement officials:-

A lion's share of the respondents had mixed experiences from the Police and other enforcement officials. A huge proportion of the mothers reported that they had bad experiences from the officials. Starting from informing the mothers about the index son's law breaking activities, to blaming and ridiculing the mothers for not raising their sons properly, the unforgettable hurtful events varied in the narration of each mothers. The mothers who had better social support from the community utilized that support to tide away the official formalities easily, but it was the other way round for large majority of the mothers who did not have ample social support.

10. Bad experiences from friends, relatives and public:-

A huge majority of the respondents told that they were unable to interact with their friends, relatives and neighbors as easily as before because of the social stigma, fear of humiliation, rejection sensitivity and restrictions imposed by their index son. This strained their relationships with others. Mothers had incidences of hurt from friends, relatives and neighbors. Neighbors hesitated to mingle with them and their family, while some of their own friends blamed and annoyed them with unnecessary questions. This is evident from the low perceived social support score from relatives and friends.

11. Attitudes, emotions and behavior of index son towards respondent:-

Mothers explained that their index son expressed love towards them occasionally and sought help from them at times. Mothers were very happy when they told that their son loved them. Seeking for help was more when he was sober. The sons were more emotionally attached to the mothers than to any other person in the family, and so the sons asked/expected emotional and material help from the mothers. The mothers were most of the time aware of the son's

manipulative behavior. All the mothers were extremely hurt and sad while detailing the son's expressions of hate towards them.

12. Attitudes, emotions and behavior of other members in the family towards respondent:-

The spouse and other members in the family showed supportive and opposing attitudes, emotions and behavior towards the respondent. However the opposing patterns overruled the effects of supportive patterns, in view of frequency and intensity of happenings. Some of the spouse and family members were ready to help the mothers by sharing the responsibilities of care, but predominantly neglected the mothers' emotional burden and blamed her for unconditionally supporting the index son. Some of the families believed that soft emotions such as love and warmth should not be expressed. In addition, the mothers perceived low social support from spouse and other family members, especially in care giving and managing household role – responsibilities. Hardly any mother utilized the social support from the family as her coping against the index son's substance dependence.

13. Search for reasons for son's MSD:-

Each mother interviewed by the researcher had her own explanations or justifications for her son's substance dependence. Some of the mothers refused to accept that it is an illness, rather blamed the son's friends for forcing him to use the substance. Most of them did not completely negate the probability of illness, but attributed the presence to unhealthy childhood experiences and setbacks from life. More than half of them considered faulty parenting as the main cause and assumed themselves responsible for their son's substance dependence. This aggravated a sense of inadequacy, shame and guilt in the mothers.

14. Ideas of guilt and helplessness in managing son's MSD:-

More than half of the mothers had ideas of guilt and felt helpless in managing their son's multiple substance dependence. Majority of the mothers told the researcher that they were not ready to complain about their son and his assaultive behavior, as they themselves were contributory in his present state. The mothers therefore wavered to protect themselves from the index son or to reach out for help.

15. Help seeking for index son:-

All the respondents reached out to different agencies in the society for seeking help for the son with multiple substance dependence. Almost all mothers sought formal deaddiction and rehabilitation treatment for their index son, but most of them coupled that with magico-religious treatments. Mothers did not approach any law enforcement authority or mental health professional until they understood that they cannot 'correct' their son with love and suggestions. They considered the need for formal treatment when the son turned extremely assaultive to other members in the family.

16. Frequent relapses of index son:-

The son with multiple substance dependence had multiple relapses in spite of the efforts of the mother. A huge majority of the mothers stated that their index son relapsed 2-3 times in the past four years. Each relapse was complicated with hurtful experiences and a chain reaction of negative emotions in the mother. Most of the times, the notified son ended up in having a conflict with law or became awfully violent at home. Both of these triggered terrifying experiences and memories in the mother. In nutshell, all the mothers were fearful about the relapse and always contained the anticipatory anxiety. Mothers lost peace of mind due to this and

became more suspicious towards the son. This further deteriorated their relationship with the son and also with other members of the family.

17. Mother's emotional response to first relapse and recurrent relapses:-

The chief proportion of the mothers was shocked at the son's initial response and most of them had a feeling of being cheated by the index son. They were angry towards the son when he relapsed recurrently. Mothers reported that they felt as if their efforts and sacrifices washing away ruthlessly at subsequent relapse. A significant group of mothers felt numb and hopeless after each relapse. Some of the mothers reported that they wanted to punish their son, when he turned irresponsible and under-evaluated their efforts to help him. On the other hand, the mothers started developing a sense of inadequacy and guilt, due to repeated failure in managing son's substance dependence.

18. Number of formal treatments given for the index son and financial drain:-

A momentous fraction of the respondents have treated their index son more than twice in the past four years. The treatment cost during each relapse ranges from Rs. 50,000 - Rs. 75,000 on an average. The financial loss created by his destructive and assaultive behavior is additional to aforesaid expenses. Penalties and legal expenses also add to these expenses. Mothers usually meet these expenses by taking loans, mortgaging house, property and gold. This increases the financial burden of the mothers. Mothers usually compensate this loss by sacrificing their own needs, compromising their recreational activities or money spend on their medicines.

19. Decline in social status:-

Almost all mothers conveyed to the researcher that they were aware of their deteriorating social status from their decreased social interactions and decreased social functioning. Their social support declined and they became more and more fearful of the society's remarks on the index son's MSD. Many mothers reported that they don't have any visitors currently and that they don't visit any other relatives or friends. Some mothers even said that their neighbors don't come for their help if they cry out for assistance. Scarcity of social support can be visible from low scores of perceived social support from friends and relatives.

20. Burden and low perceived social support:-

Almost 80 percent of the mothers recorded severe burden and 70 percent rated low perceived social support, when social support from spouse, family members and friends were taken together. This trend was lucid in the narrations of the mothers. As the mothers received minimal social support from the family and society, they had to undergo the hurtful experiences all alone. Most of the mothers reported that they had to accompany their index son many times to hospitals and courts. Most of the time, they were alone in these trips. High burden and low social support combined together and influenced the mental health of the mothers.

21. Emotions and attitudes towards the index son:-

Exploring deep into the verbatim records of mothers on their emotions and attitudes towards the index son, those were classified into supportive and opposing patterns. Almost all mothers have mixed emotions towards their son with multiple substance dependence. It is interesting to note that the mothers were persistent in supporting their sons even though they had mixed emotions

and attitudes. Mothers are ready to help their sons in spite of the negative experiences from the son.

22. Emotions and attitudes towards self:-

The qualitative bulk of data suggest that the respondents predominantly had opposing emotions and attitudes towards self. Principal emotions were guilt, hate, apathy and despair. Self- hurting and self- destructive attitudes and assumptions dominated their thoughts, which in turn produced negative emotional states. They had low self- worth and lacked self-confidence. A large majority of the mothers were not assertive for their needs and expectations.

23. PTSD, panic attack, anxiety and depression in respondents:-

Almost all the respondents exhibited psychopathology in the forms of Post-Traumatic Stress Disorder, panic attack and generalized anxiety disorder. Taking into account of their depression scores, it can be interpreted that a huge majority undergo severe to extreme depression. Depressive cognitions of worthlessness, helplessness and hopelessness were eloquent from the narrations of the mothers. But, somewhere deep down their stories, islands of persistence, optimism and resilience were also visible.

24. Help seeking for self:-

Investigating thoroughly the qualitative information, it can be understood that reaching out for seeking help was minimal in majority of the mothers, unless it is for their physical ailments. They usually ask help from spouse or their family members, but hesitate to ask help from friends and other informal agencies. Help seeking is neither felt as a need by the mothers nor by other primary support group members. Generally, mothers seeking help for their physical disorders is

acceptable and validated by the society, but seeking help for psychological issues or other personal problems is viewed with a tag of suspicion. In addition, help seeking among middle aged women is restricted by social and financial factors as well. Among the social factors, social support offered by the primary group is significant, while financial stability is yet another financial factor.

25. Coping strategies of the respondents:-

The researcher could identify enormous variation in the coping mechanisms of the respondents. It was difficult for the mothers to point out one coping mechanism that they employed universally. Rather, Self-damaging coping strategies like behavioral disengagement and suppression of competing activities are also used often by the mothers. Largely neutral or non-challenging coping strategies like focusing on and venting of emotions and planning future actions are used in a risky way by many of the respondents. Most of them who employ the aforesaid methods, usually vent out their emotions without thinking about the consequences. Some of them plan future actions and happenings so much such that deviations from the plan are perceived as threats to self. Denial is not used as a coping mechanism by a majority of the mothers. Mothers are almost always in cognitive dissonance either to deny the illness completely or to accept their helplessness completely. They are often in gray areas of insight. Substance abuse was also not seen as a mechanism of coping by the mothers. Presence of constructive coping mechanisms indicates the resilience and quest for wellbeing of the mothers.

Conclusion of Findings

This section was on the analysis of the data collected by mixed methods. Qualitative and quantitative information were analyzed separately and then superimposed with the help of triangulation technique. It helped the researcher to get a collective picture of the respondents. The main purpose of data analysis was to derive facts out of qualitative and quantitative data and synthesis an objective and comprehensive appraisal on the psycho-social status of the mothers of young adults with multiple substance dependence.

The researcher could develop understanding about various topics including socio-demographic profile of the respondents, emotional responses of mothers and other family members towards the patient's substance dependence, patterns of interaction between/among patient and his family members including the mother, mother's experiences of caregiving, burden of care, social support perceived by the mother, level of depression of the mother, coping strategies adopted by the mother and signs of resilience expressed by the mother.

DISCUSSION

This section deals with the discussion of the analyzed, summarized and triangulated facts. The purpose of the research was to understand the psycho-social aspects of mothers of young adults with multiple substance dependence. The researcher investigated the details of psycho-social aspects of those mothers, by using quantitative and qualitative methods. She then triangulated the information derived out of both the techniques and synthesized a comprehensive picture of the current state of affairs of those mothers.

1. Socio-demographic profile of the mothers

Mothers of young adults with substance dependence fall in the age group 40-60, which is described as middle age (Hoek & Van Hal, 2012). In the present study, the age of the respondents ranged from 40-54 years. Majority of them had attained menopause. Most of them were educated above graduation and were working women before the caregiver role. It is striking to note the drift in occupational status of the mothers after being a caregiver. A number of social and psychological underpinnings determine the occupational status of a middle aged lady who has a son with multiple substance dependence (MSD). Feminine gender, social support from the family and community, and health conditions of the lady are some of the important factors. The caregiving responsibilities of a person with MSD, low perceived social support from the primary support group, social discrimination and isolation and poor health conditions of the mothers prevent them from continuing a full time job. The case vignettes give evidence for this assumption, as even professionals are forced to quit jobs or to prefer part-time jobs.

Decline in financial status affects the mothers' independent decision making, help seeking behavior, recreational activities and social functioning. In sequentially influences the physical

and mental health of the mothers. Similar causal conditions were reported by Carver (2013) in his studies on socio-economic status and coping strategies of caregivers.

2. Traumatic experiences in relation to son's multiple substance dependence

The researcher was able to explore in detail about the lived experiences of the mothers with the help of quantitative and qualitative methods of data collection. All mothers had heartbreaking stories of hurtful experiences from the index son, from spouse, from family members and from the community. These include embarrassing situations, incidents of being threatened and/or assaulted by their substance dependent sons and /or their acquaintances, recurring intrusive memories of encounters with law enforcement officers and opposing attitudes and behavior from spouse and other members of the family. Each day opened with new and varied challenges and unwelcome events, which impacted the mother's health in multiple domains.

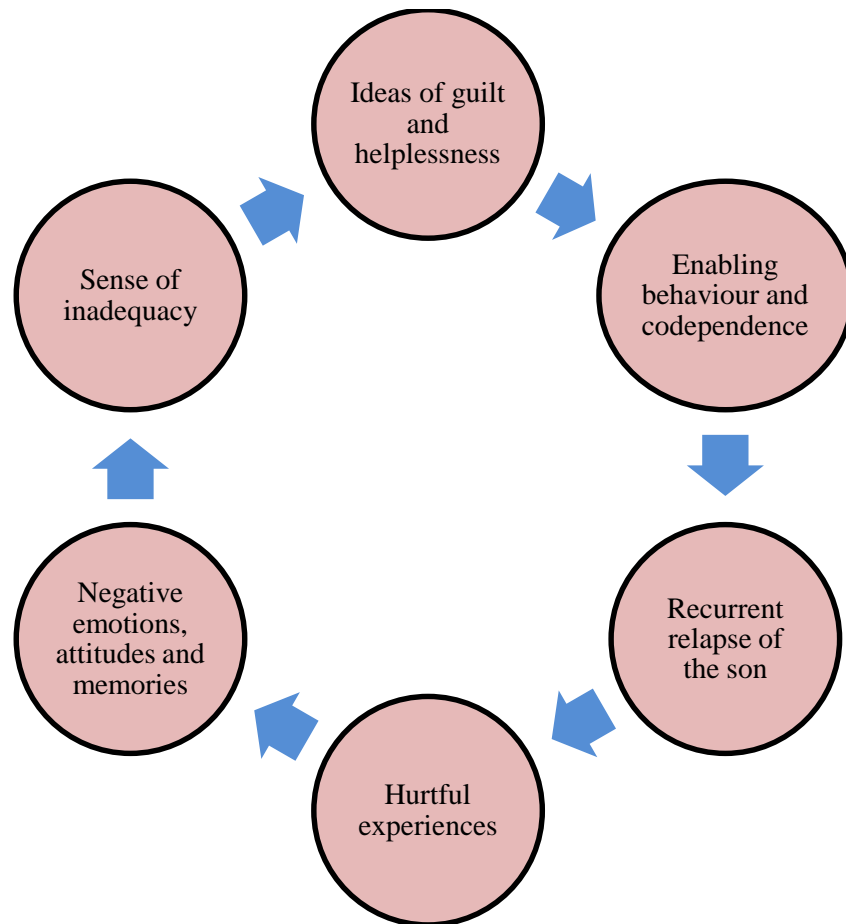
Various qualitative researches done by foreign researchers (Smith & Estefan (2017); Reyes & Duchene (2015), Chaote (2015), Groenewald & Bhana (2017) and Hoeck & Van Hal (2012)) fetch similar challenges and stressful events in the life journey of parents of adolescents and youths with substance use disorders (SUDs). The current study is an elaboration of those unpleasant experiences and struggles of mothers in Indian context. The study was able to bring forth much of their experiences and resilience expressed by Indian mothers.

3. Mothers' emotional response to son's recurrent relapses

A large number of mothers contain ideas of guilt and helplessness which restrict them from complaining against their index son or to protect themselves from his assaultive behaviors. This leads to enabling behavior from the part of mother and progression of codependency. This is further evident from the delay in approaching formal deaddiction treatment providers until precipitated by an acute crisis.

As the son relapses intermittently, the mother gets dislodged from her routine and perches on a rail of distressing events. Each relapse beckons unpredictable, risky, assaultive or law breaking activities from the son. This triggers an array of negative emotions like shock, disbelief, betrayal and numbness. This is manifested as decline in role performance, deteriorating family relationships. The mother feels inadequate about herself in fulfilling familial responsibilities and this aggravates the ideas of guilt. Thus a vicious circle is formed, which traps the mother and the son in dependence and codependency.

Figure 4.01 Diagrammatic Representation of Mother's Emotional Response and Son's Recurrent Relapses



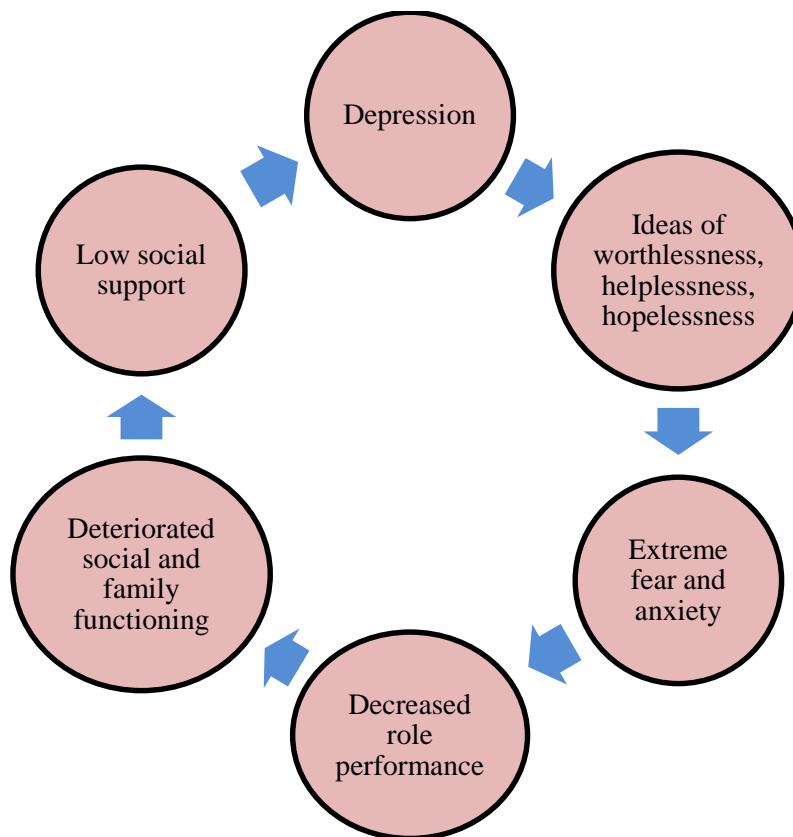
Help seeking from faith healers and magico-religious treatment providers is a unique trend shown by Indian culture, dissimilar to other foreign researches. Religious treatment is considered as one of the main alternative treatment modality in Indian scenario of treating psychiatric disorders, including substance dependence (Rajan et.al. (2016); Campion & Bhugra (1997); Khemani et.al (2020)). In the current study also, faith healers and magico-religious treatment providers were approached by the respondents for the treatment of their index sons.

4. Clinical profile of the mothers

Clinical picture of the mothers is characterized by symptoms of multiple psychological and psychiatric conditions. Huge majority of them undergo severe to extreme depression. PTSD, panic attack and generalized anxiety disorders are very common among them. They hold depressive cognitions- viz. worthlessness, helplessness and hopelessness. Some of them reported that they are extremely fearful that something bad would happen to other family members, that their index son would kill her or other members of the family. In this perturbed state of mind, they become unable to perform their other responsibilities which in turn disturb the family functioning and social functioning. If the family members are unable to provide emotional and social support to the mothers, their mental health worsens and more and more symptoms appear. Repeated relapse of the index son, financial loss, loss of social status and decline in physical health are some among the other determining factors of mother's clinical profile. Eventually, the mothers are caged in the labyrinth of depression and disability.

Clinical profile of the mothers is not studied directly by many of the researchers, but clues to distressed emotional states were provided in the works of Chaote 2015, Conyers 2017, Hoek & Van Hal 2012, Jackson and Mannix 2012, Rays & Duchene 2015, Usher, Jackson & O'Brien 2017, Smith & Estefan (2015-2018).

Figure 4.02 Diagrammatic Representation of Cause and Effect Relationship Determining the Clinical Profile of Mothers



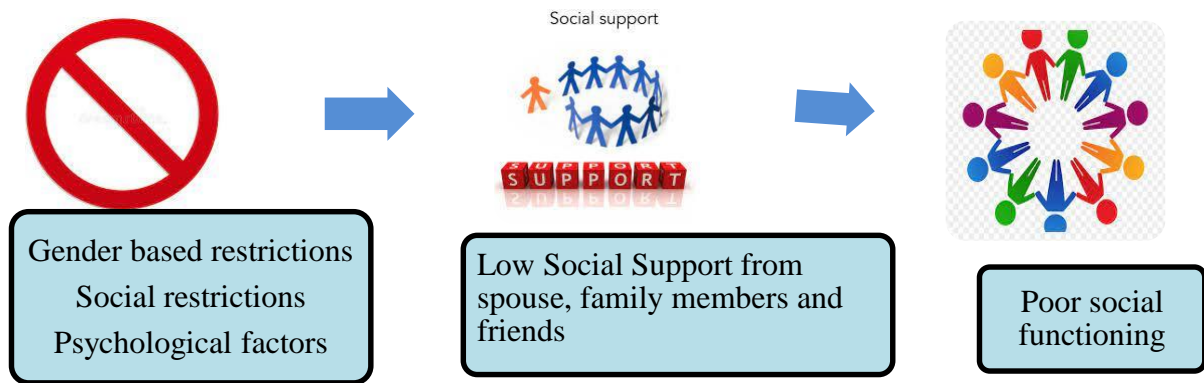
5. Perceived social support and social functioning

The present study explored in detail about the social support systems and social functioning of the mothers of young adults with multiple substance dependence. Triangulated findings from the quantitative and qualitative data suggest that the mothers receive minimal social support from primary support providers (spouse and other members in the family). This can be explained by summoning in gender, social and psychological attributes. Studies done by Mathias et.al (2018) Addlakha (2008) and Jagannathan et.al (2014) suggest that women caregivers receive less social support as compared to their male counterparts, have less opportunities of respite, have fewer

social interactions outside family and unable to utilize positive coping strategies of reaching out for ventilation and help. Kate et.al (2013) and Kumar and Gupta (2014) also pinpoint that women do not tend to outsource support for performing familial responsibilities and household chores, and also receive less acceptance for these, as compared to male caregivers. Indian researchers such as Mattoo et.al (2013), Gupta et.al (2014) and Bhowmick et.al (2001) also suggest low social support to spouses of male substance dependents.

Majority of the mothers described their life and journey as lonely and unsupported by their spouse and other members in the family. The sense of loneliness is not abrupt, but has evolved gradually through multiple events of rejection and violence inside the family. Most of the mothers had marital discord from the beginning of their marriage, which was worsened by the son's substance dependence. Their inability in handling multiple roles as mother, wife and caregiver, resulted in deteriorated family functioning, manifested as low perceived social support from other members of the family. The mothers were not able to reach out for instrumental, emotional, material or social support from friends, relatives or other members in the community because of the restrictions imposed by the index son. They were also afraid of social stigma and bad experiences from the community members, which in turn adversely affected their social functioning.

Figure 4.03 Diagrammatic Representation of Low Social Support & Poor Social Functioning



6. Burden

The predominant proportion of the respondents experienced severe burden signaling the probability of psychosomatic disorders. This finding is in tune with several studies done in India and abroad on the family based caregivers of patients with substance dependence. Daley (2013), Bernard(2007), Crowley & Whitmore (2007), Miciel et.al (2018) are some of the foreign researchers and Mattoo et.al (2013), Kaur et.al (2018), Ramanujan et.al (2017), Swaroopachary et.al (2018) are some among the Indian researchers who established the presence of high level of burden among the family based caregivers/spouses of patients with substance dependence. Most of the studies highlight the disruption in family routine and family interaction patterns as a result of increased burden and stress among the family members.

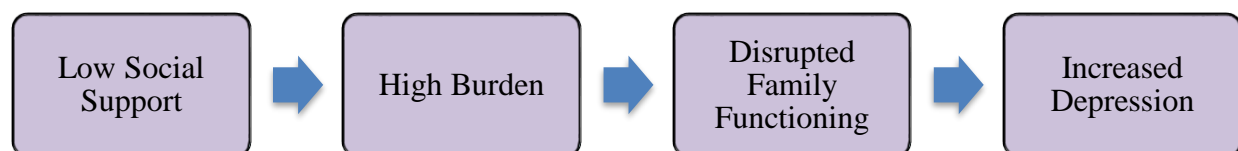
The current study also brings forth similar findings in terms of increased burden experienced by the mother and disrupted family patterns of interactions. Lack of role complementarity, poor

recognition and acceptance of role performance by the mother, scarcity of positive reinforcement, minimal family rituals and chaotic problem solving, which are inferred from narrations of mothers are suggestive of disrupted family dynamics.

The relationship between burden and social support is studied in present research. It is found out that there is a significant negative correlation between the two. This finding supported by the findings of Soares et.al (2016) and Marcon et.al (2012) who established the negative correlation between burden and social support among the caregivers of substance dependents.

Causal relationship between burden and depression among the mothers of young adults with multiple substance dependence was investigated in the present study. Karl Pearson's test for correlation suggested strong positive correlation between the two variables. The researches done by Olafsdottir, Hrafnisdottir & Orjasniemi, (2018) and Marcon et.al (2012) fetches similar results, while reporting increased levels of depression, high level of burden, low QOL, and severe anxiety among the family members of persons with substance use disorders.

Figure 4.04 Diagrammatic Representation of Burden and its Consequences



7. Coping mechanisms

The current research focuses on the coping strategies employed by the mothers of young adults with multiple substance dependence. The study discovers that the respondents employ different coping mechanisms at different occasions, depending up on severity of the problem, perpetrator and victim(s), social/familial restrictions, perceived need of the mother to solve the problem and approachability of the help provider. They utilize instrumental and emotional social support as a coping mechanism to solve the problem only during severe acute emergencies. Most of the time, they are tolerate the index son's behavioral problems unless he seriously injures any other member in the family. Religious coping is one of the accepted and commonly used coping techniques as it surpasses the social/familial restrictions. They suspend other familial/social responsibilities and tasks in order to concentrate on the index son's recovery, but, this in turn becomes double-way destructive. It not only destroys the familial routine and family interaction, but also annoys the index son by applying unwelcome supervision. Many mothers overestimate the influences of the son and his affiliates and thus accept defeat so early and quit efforts to solve the problem. This further complicates the problem.

Some of the mothers employ emotion focused coping mechanism by appreciating own frustrations and venting out the emotions. Most of the times, such expressions of emotions are directed towards the index son or any other member in the family. This again damages the familial bonds and stability. Planning is also a commonly employed coping technique, but it is not effectively utilized. They become angry or desperate when the things do not happen according to their plans.

Denial was not used frequently by the mothers of the young adults with multiple substance dependence. They could not completely deny the existence of dependence as they are confronted by the legal or physical consequences of MSD. Substance abuse is also not used as a coping mechanism by the mothers. This can be attributed to the strong social and moral restrictions acting on the mother.

The coping mechanisms used by the mothers of the current study were not completely different from those used by the mothers of adolescent drug users as stated by Groenewald & Bhana (2017). Mothers of the adolescents used problem focused and emotion focused coping strategies while tolerating, engaging and withdrawing from the substance dependent adolescent. The selection of coping strategies was influenced by factors like mother's subjective distress and the relationship with the adolescent. In the present study also, the choice of the coping strategy was determined by the mother's emotional status and her relationship with the index son. Wide use of religious coping is validated by an Indian scholar (Chandonkar et.al 2018) in his study on the caregivers of mentally ill persons.

A number of qualitative researches done on the mothers of persons with substance dependence bring forth their lived experiences, needs and challenges (Chaote (2015), Conyers (2017), Jackson & Mannix (2012), Hoek & Van Hal (2012)).

The current study stipulates that the coping strategies employed by the mothers influence their subjective burden experiences. Delving deep into the narratives of the mothers, it can be understood that the mothers who used avoidant coping mechanisms in forms of neglecting the behavioral problems of the index son, ignoring the 'warning signs', discarding the clues given by relatives and neighbors ended up having greater issues (legal issues or assaultive behavior) of the

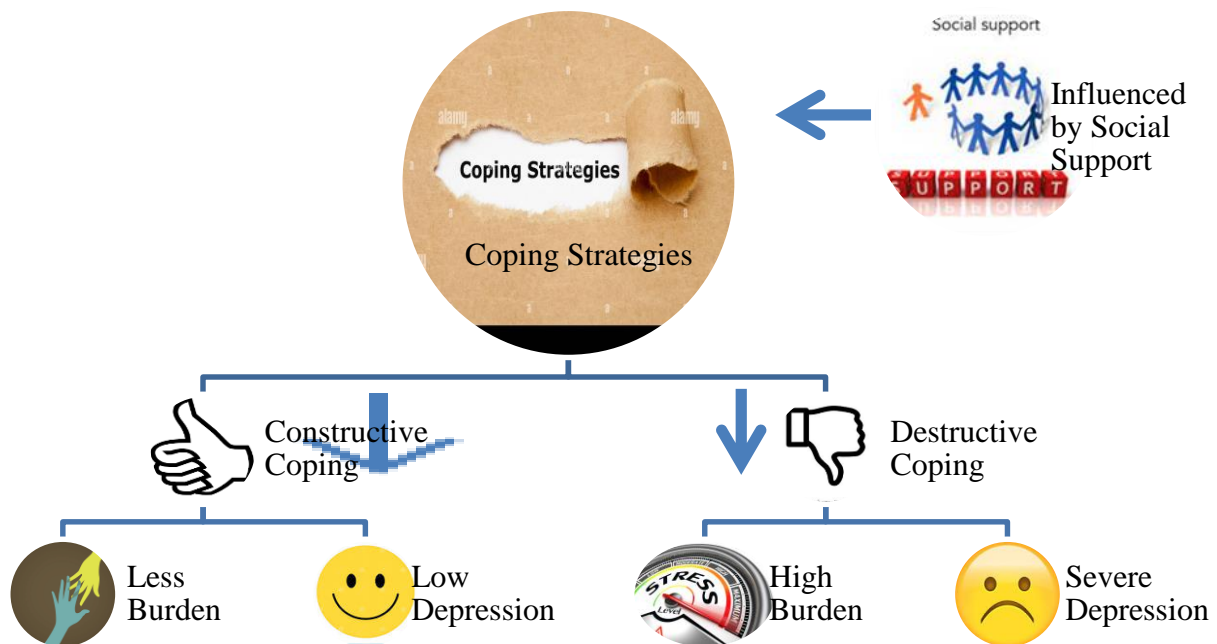
index son. Those who employed active coping strategies and problem focused strategies, became successful in reducing their caregiving stress and burden. Venner (1988) and Jonker & Greef (2009) explained the use of problem focused and active coping strategies in reducing the caregiver burden and impact of avoidant coping in aggravating caregiver burden.

Coping mechanisms play a determining role in the mental health of the mothers. Mothers who used instrumental and emotional social support, religious coping and self-restraint were found to have comparatively lower scores of depression. They stated that they have low rates of horrible memories and panic attacks as compared to those did not employ above mentioned strategies. The mothers who utilized behavioral disengagement, venting of emotions and suppression of other competing activities more described their mental health to be worse in terms of increased depression, more somatic symptoms and excessive anxiety. Even though very few respondents used the coping mechanisms based on acceptance and finding positive meanings, they recorded better scores on depression inventory and enhanced feeling of subjective wellbeing. Higgins & Endler (1995) pointed out that coping strategies without acceptance based coping styles lead to anxiety and depression in long run.

Coping strategies are indisputably influenced by the level of perceived social support from the spouse and the other members in the family. The respondents who received moderate to high social support from spouse and other members in the family employed active coping strategies, mental disengagement and utilized the instrumental and emotional support provided by the primary relatives. These made their struggles easier and showed less burden and depression scores. On the other end, majority of the mothers who received low social support from spouse and family members were unable to use aforesaid strategies and so utilized avoidance and

withdrawal based methods of coping. This resulted in self- blame and depression. The research work done by Gangiwala et. al (2016) corresponds to this conclusion.

Figure 4.05 Diagrammatic Representation of Coping Mechanisms and its Influences on Burden and Depression



8. Emotions and attitudes towards index son

The qualitative component of the study enriches itself by exploring and elaborating the documentations of in-depth interviews done with the mothers of young adults with multiple substance dependence. One of the themes examined in the study was emotions and attitudes towards the index son.

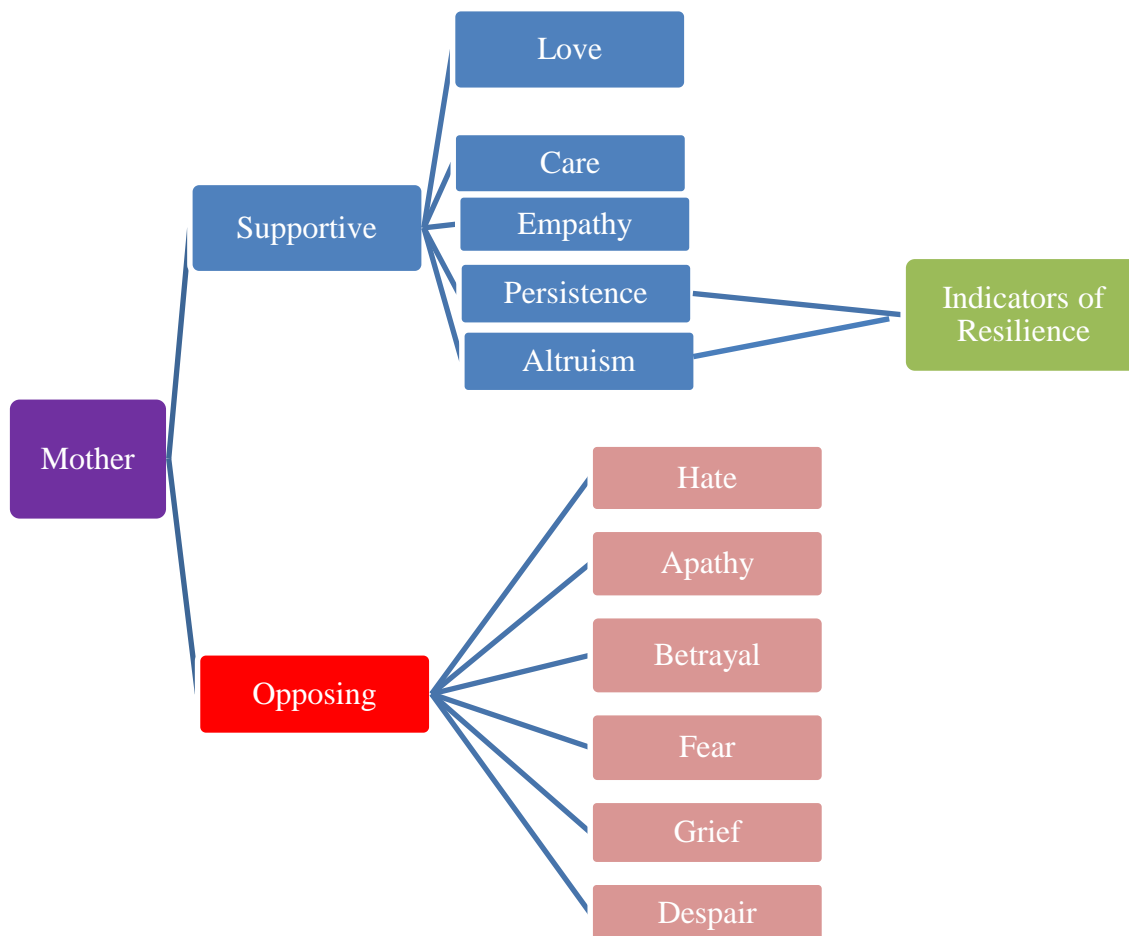
The study revealed that mothers possess supportive and opposing patterns of emotions and attitudes towards their son with MSD. Supportive patterns included love, care, empathy, persistence and altruism, whereas opposing patterns comprised of hate, apathy, betrayal, fear, grief and despair. But it was also interesting to discover that the mothers continued to help their index son, in spite of the uncongenial experiences from the index son, spouse, family members and the society. Mothers were able to surpass their own emotional interferences and remain supporting their index son. This unique quality of the mothers was highlighted by qualitative researches of Stewart & Brown (2018), Smith & Estepan (2014) and McArdle (2016). The behaviors and attitudes of persistence and altruism indicate resilience and positivity of mothers.

Help seeking attitudes of mothers in relation to their son's MSD was also studied deeply in this research. Most of the mothers held an attitude of 'knocking all possible doors' for helping the index son. They tried multiple approaches including magico-religious treatments, in addition to informal and formal treatment methodologies. Mothers, who were aware of the need for long-term treatment and rehabilitation, were ready to avail treatment for their son, compromising many of their priorities and privileges.

Almost all mothers reported that they were frequently tossed by cognitive dissonance- whether their unconditional support will be taken as enabling behavior by the index son or whether their

withdrawal of the support will precipitate relapse. This cognitive dissonance emerged from assuming responsibility of index son's substance dependence and a faulty trial of exercise of power on him. This finally became counter-productive when the son relapsed recurrently. Only a few mothers were able to disengage/withdraw themselves emotionally from the cycle of treatment and relapse and to employ passive coping strategies. Those mothers were able to help their sons better by solving the issues step –by – step and not emotionally investing in the dilemma.

Figure 4.06 Diagrammatic Representation of Mother's Emotions and attitudes towards index son



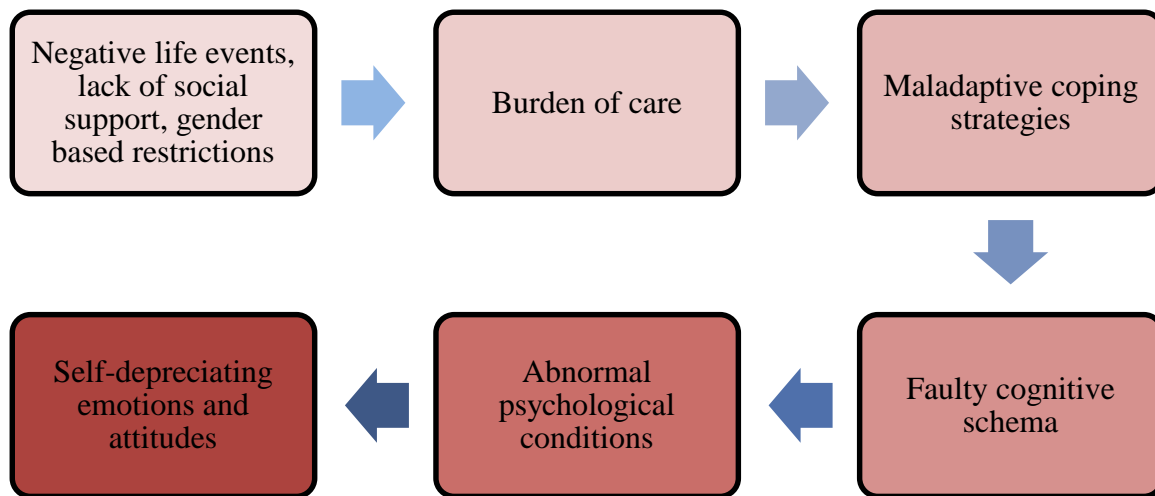
9. Emotions and attitudes towards self

Thematic analysis of the qualitative data in the theme ‘emotions and attitudes of the respondent towards self’ revealed panorama of feelings, sensations, assumptions, beliefs and concepts. There were conflicting emotions and thoughts simultaneously with supportive attitudes. But dissimilar to the emotions and attitudes towards the son, the predominant pattern was opposing the self. The chief emotions and attitudes were blaming, guilt, hate, apathy and despair. Most of the time, the supportive patterns of love, reassuring and helping were overpowered by the opposing patterns. Emotions of shame and guilt were reported by Jackson, O’ Brien and Usher (2007) among the parents of adolescents with substance abuse. Meta-analytic study of Settley (2020) also revealed the severity of despair, guilt and hate among the caregivers of substance dependents.

Opposing patterns of emotions, attitudes and behaviors towards self are resultant of interplay of multiple factors like negative life events, lack of social support, gender based restrictions, burden of care, maladaptive coping strategies, faulty cognitive schemas inculcated by process of socialization and psychological condition of the respondents. These factors alter and influence each other, complicating the result. Repeated negative life events shattered the mother’s coping mechanisms and problem solving abilities, making her more vulnerable to stress and anxiety. Chaote (2015) confirms this stipulation through his work on parents of adolescent substance dependents. Lack of social support from primary support providers and social/gender based limitations restrict her from employing positive coping strategies, thereby increasing the burden of care. The process of socialization teaches the mothers to be caring and tolerant to all atrocities. Society perceives child rearing and household chores as feminine responsibilities and inadequacies in fulfilling these responsibilities are ruthlessly ridiculed, whereas fulfillment of the

responsibilities is not appreciated or encouraged. This injects a quest for perfection in the mother and the mother starts evaluating herself based on the outcomes of her role performance. Further, devaluation and blaming by the family members depreciated her self-image and self-confidence. Self –depreciating attitudes, emotions and behaviors are consequential of aforesaid array of changes. Qualitative researches of Rusnakova (2014) and Bortolon et.al (2016) also points out phases of self-blame, self-negligence and self-derogation, through the life journey of codependents and family members of drug dependents. These validate above mentioned inference. Self – depreciating emotions and attitudes are hazardous to the mother’s mental health.

Figure 4.07 Diagrammatic Representation of the Synthesis of Self- depreciating Emotions and Attitudes in Mothers



Mother's help seeking attitude for self was also studied. Health related help seeking is frequently seen among the respondents, while help seeking for personal issues other than that caused by the index son is restricted to intimate friends. Health related help seeking is influenced mainly by three factors – duration of caregiving, period of abstinence of the index son and psychological condition of the mothers. Mothers show a tendency to neglect their physical health as the duration of caregiving progresses. Relapse rate intensifies mother's psychological distress. A large proportion of the mothers neglect their mental health as they do to physical health and a negligible portion seek professional assistance for their own mental health problems. Decline in health related help seeking among primary caregivers of patients with substance dependence was reported by Svenson (2019), Cullen & Carr (2007) and Carson & Baker (2014) also.

Figure 4.08 Diagrammatic Representation of Mother's Emotions and Attitudes towards Self

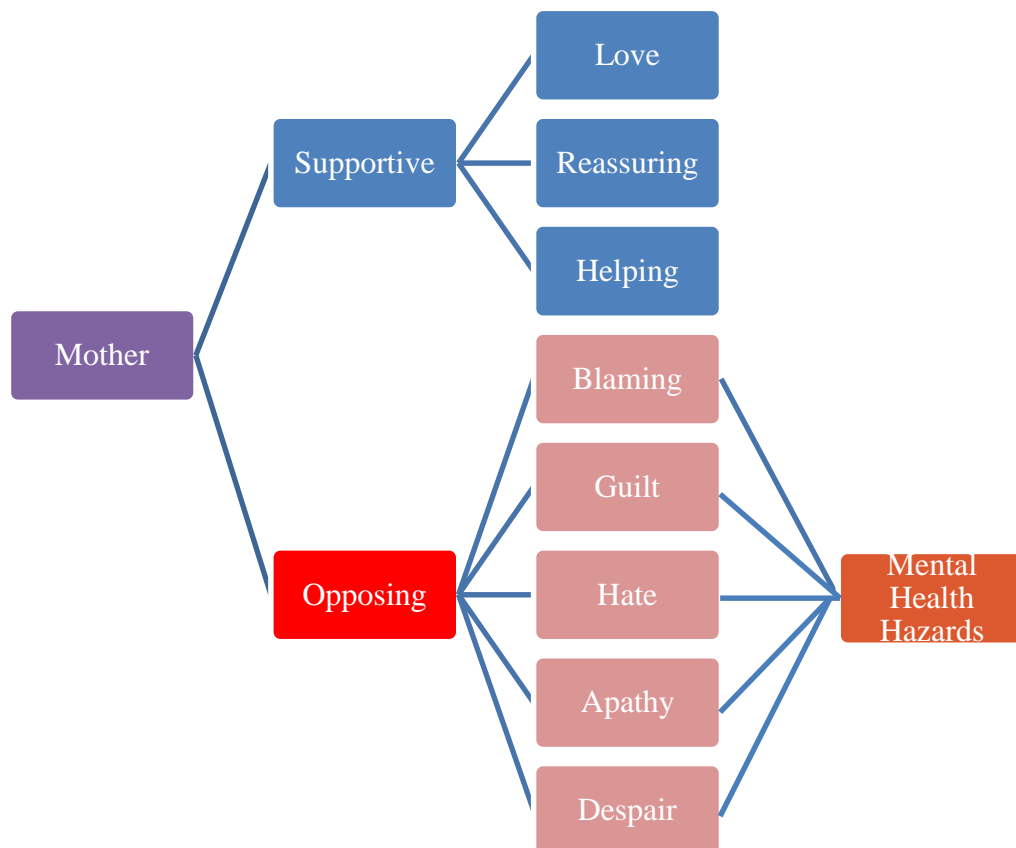
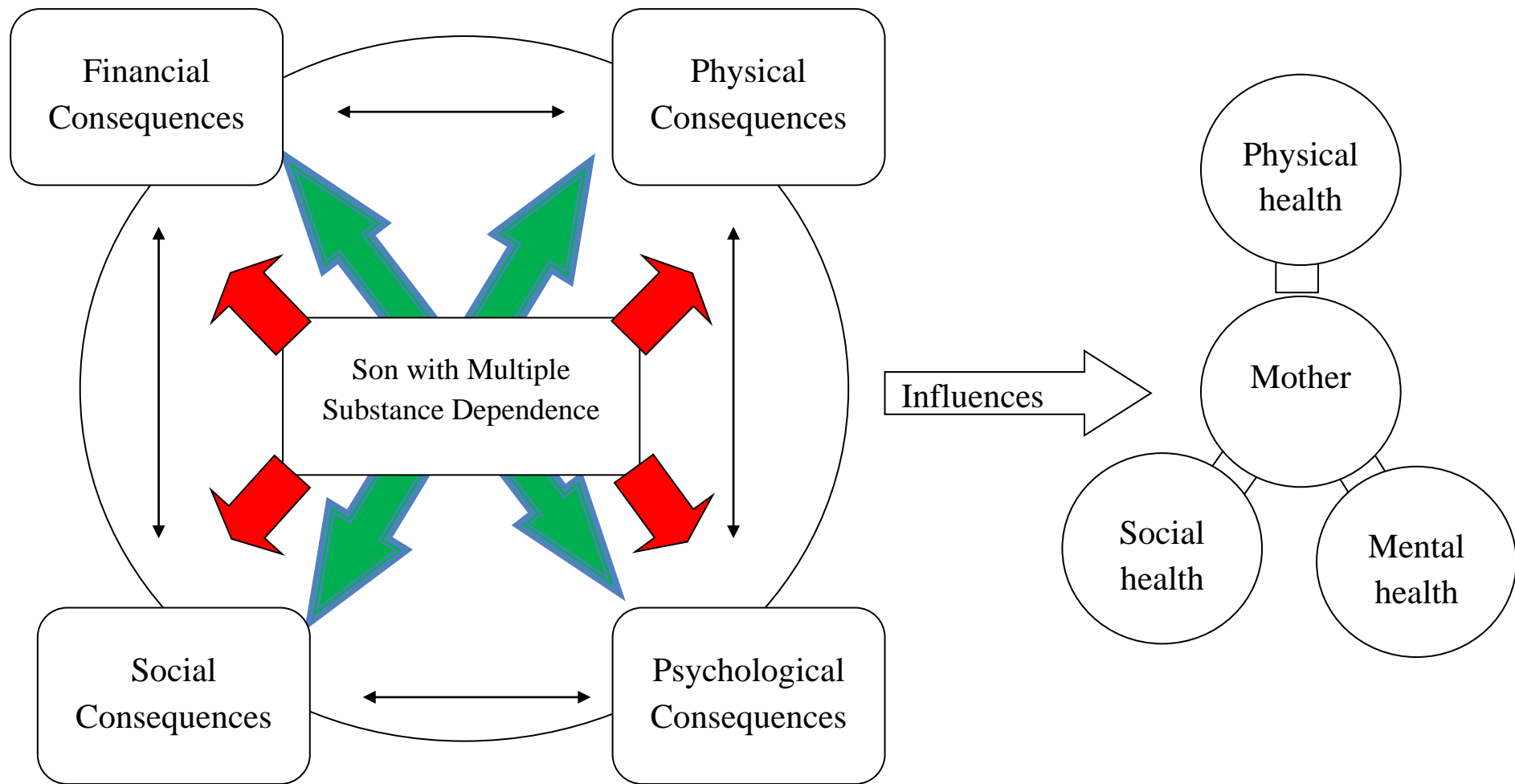


Figure 4.09 Psychosocial State of Mothers of Multiple Substance Dependents



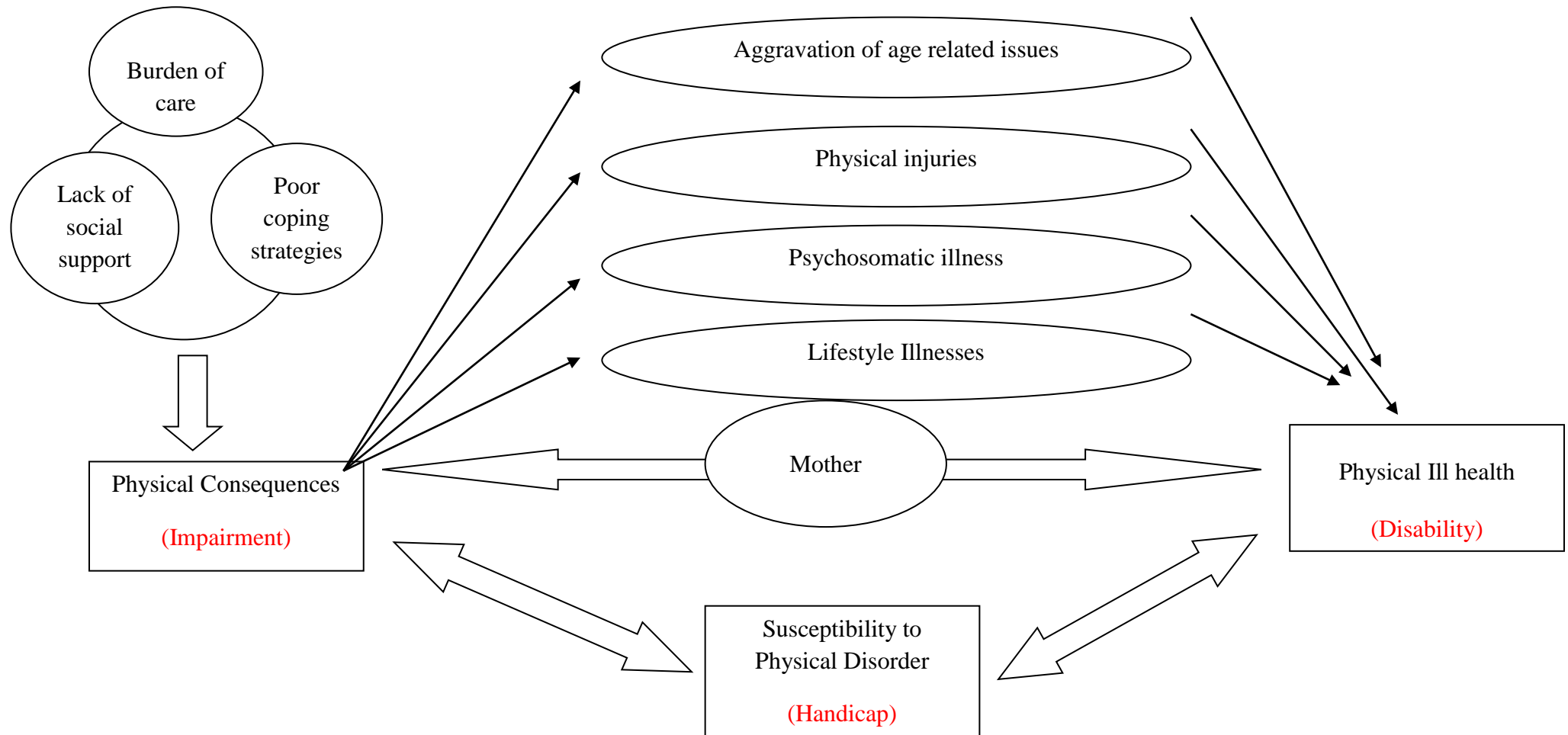
Multiple substance dependence of the son generates multi-dimensional impact on mothers' physical, psychological, social and financial background. These different dimensions are not isolated, as they influence and modify each other.

Physical consequences are a set of physical health related issues generated by the son's substance dependence. Psychological consequences are those changes that happen to the mental health of the mother, subsequent to son's substance dependence. Physical and psychological consequences are inter-related. Any change in one domain produces a corresponding change in the other domain.

Social consequences include the set of changes taking place in the social background of the mother and financial consequences comprise of the economic changes. Social and financial consequences are also inter-related.

It is interesting to note that physical and psychological consequences are influenced by social and financial background of the mother. Thus interplay of physical, psychological, social and financial factors affect the mother's overall well-being.

Figure 4.10 Physical Consequences

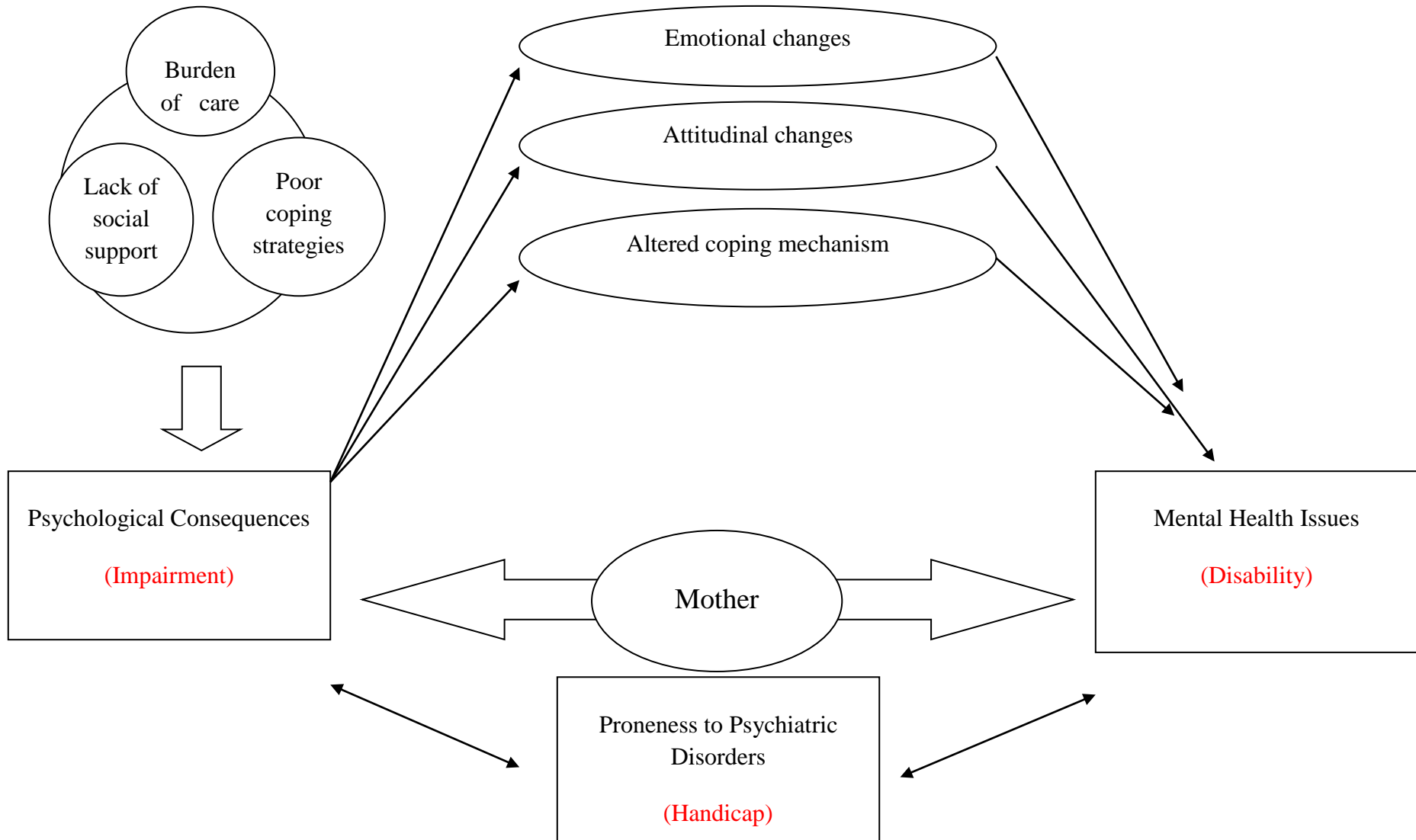


Physical consequences include aggravation of age-related health issues, physical injuries caused by the aggressive behaviour of the son, psycho-somatic illness like headache, back pain, generalised aches and pains, stomach discomfort, gastritis, psoriasis, asthma etc., life style diseases that are caused due to sedentary life of the mothers. Physical consequences lead to physical illness, fatigue and diminished interest in activities. Physical illness increases the susceptibility to physical disorders and further deteriorates the physical consequences. Thus the cycle of changes is repeated.

Physical consequences are affected by a triad of factors comprising burden of care, lack of social support and poor coping strategies.

This relationship can be better understood by adopting impairment – disability – handicap model. Physical consequences like bruises (cuts and fractures) caused by the son's aggressive behaviour, psychosomatic illnesses and life style illnesses are impairments caused due to the son's substance dependence. These impairments lead to physical disability in the form of physical diseases. Disability paves way to handicap when it makes the mother more susceptible to physical disorders. Due to lack of adequate social support from family and friends, and defective coping mechanisms of the mother, disability (diseases) turns into handicap (vulnerability, disorder).

Figure 4.11 Psychological Consequences

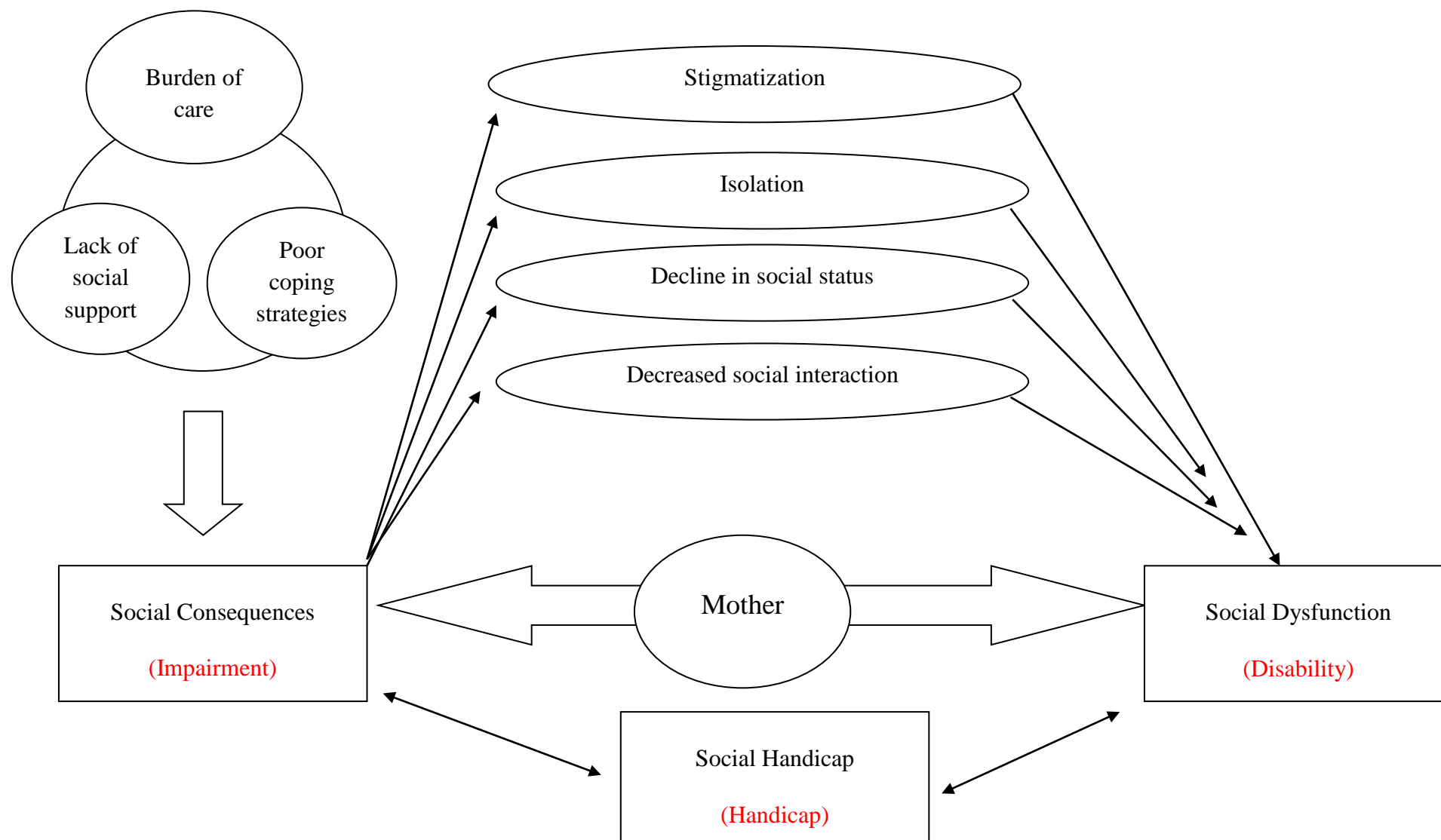


Psychological consequences comprise of emotional changes, attitudinal changes and altered coping mechanisms that determine the present mental status of the mother. After being caregiver of the son with MSD, the emotional state of the mother changes rapidly. Multiple emotions (sadness, guilt, hate, despair and hope) overwhelm the mother. Her attitude towards self and others also undergoes drastic change. She finds difficulty in surviving the stressors with the help of existing coping mechanisms.

The triplet variables – burden of care, lack of social support, poor coping strategies- also influence the psychological consequences in the mother.

Negative emotions, attitudes and behaviours of the mother are impairments caused by the son's substance dependence. These impairments lead to disability in the form of inability to perform role responsibilities according to expectations, leading to mental health issues. These finally result in making the mother more prone to psychiatric disorders – which by itself is a handicap

Figure 4.12 Social Consequences

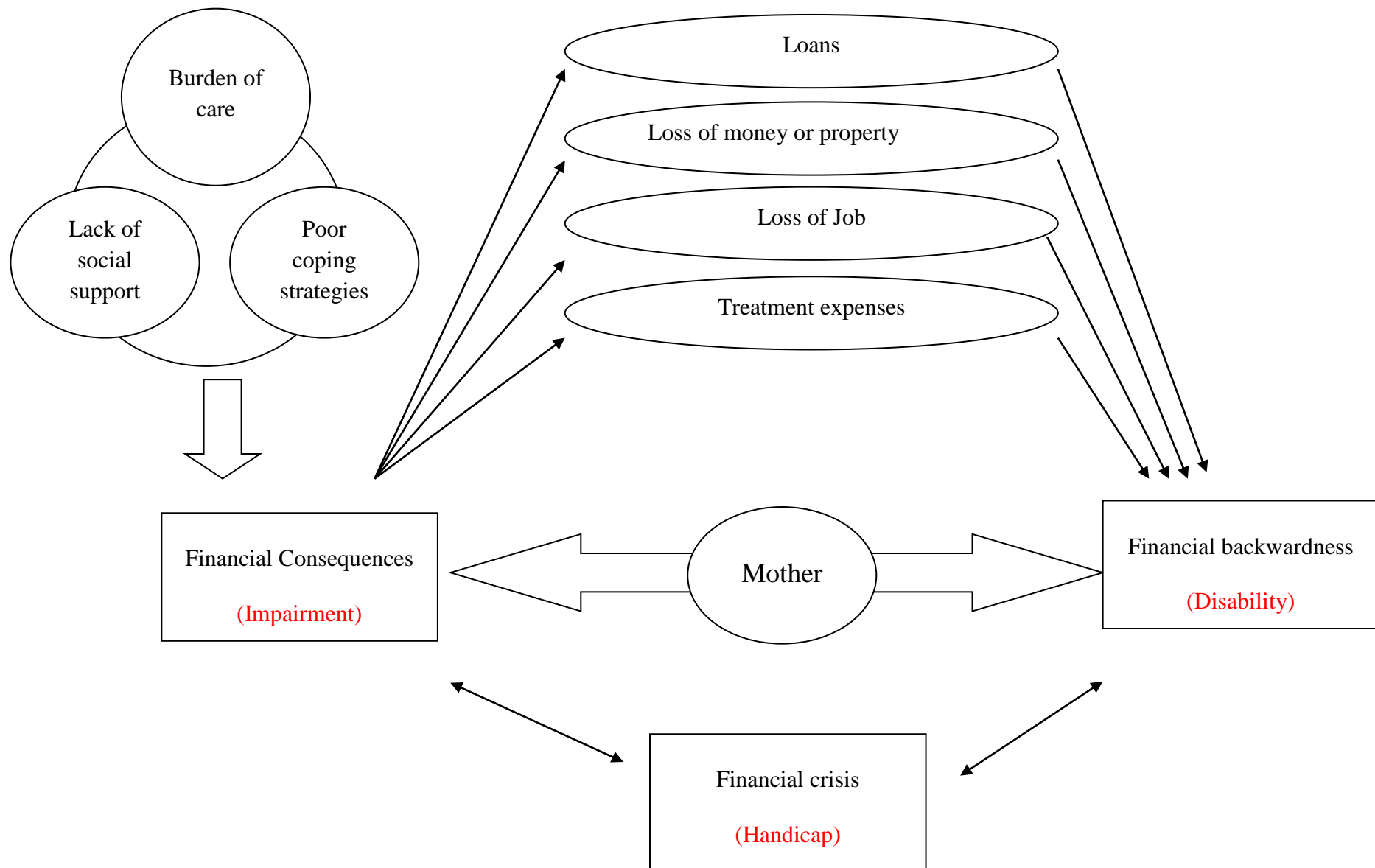


Social consequences are a set of social changes that happen in the life of mother, as a result of son's substance dependence. These are mainly stigmatization, isolation, decline in social status and decreased social interaction. The mothers have to confront stigma and discrimination from the other members in the community due to son's substance dependence. Most of the mothers are isolated and not included in social gatherings. Conversely, mothers isolate themselves from crowd due to fear of humiliation and rejection. Their social status declines, which is evident from reduction in respect and recognition given to them by other members in the society. Eventually, the social interaction is reduced to minimum, thereby deteriorating social functioning.

Social consequences are also affected by the triplet variables – burden of care, lack of social support and poor coping strategies.

Stigma, isolation, decreased social interaction, etc. are impairments caused by son's substance dependence. These impairments lead to social dysfunction which can be viewed as disability. Social disability, coupled with lack of social support and proper coping mechanisms, emerge as social vulnerability of the mother. Mother becomes more prone to social mishaps. This is the condition of social handicap.

Figure 4.13 Financial Consequences



Financial consequences include those finance/money related changes taking place in the life of mothers, due to son's substance dependence. Loans taken from various individuals and banks, loss of money or property, loss of job, decrease in income, treatment expenses, legal and other expenses are all part of financial consequences.

Financial consequences are influenced by triplet variables – lack of social support, burden of care and poor coping strategies.

Loans, loss of property, decline in income, treatment expenses etc. are the impairments caused by son's substance dependence. These impairments lead to financial backwardness – which is a disability. Due to this disability, mothers are not able to utilize certain facilities (treatments) in the society, which is a handicap. This is manifested as financial crisis.

Conclusion

This chapter was on interpretation and discussion of the facts derived out of data analysis. Major findings from the analysis of data were discussed in comparison with the existing scientific researches done by other scholars in the field.

The researcher could concord with some of the findings of other researchers, while she discovered her own unique relationship patterns among the study variables. The researcher explored in detail into the experiences, emotions, attitudes and behaviors of mothers of young adults with multiple substance dependence. The coping mechanisms employed by the mothers were also examined in detail to understand their survival techniques and resilience. These were her studied in Indian context. So the researcher could contribute her own findings to the knowledge pool about impact of substance dependents on families and especially on middle aged mothers.

Conclusion and suggestion of the research will be elaborated in the next chapter.