MOTHERS OF YOUNG ADULTS WITH MULTIPLE SUBSTANCE DEPENDENCE

(A Psycho-social study of 72 Mothers from central Kerala)

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Introduction

Psychoactive substance dependence – or drug addiction as it is commonly called – is an interminable struggle for not only the person using the substances, but also for the family members. The significant family members have to compromise their daily activities and much more in their efforts to help the person with substance dependence (PSD). In addition, substance dependence affects the safety and security of a country by encouraging anti-social and terrorist activities.

According to World Drug Report 2022, there are 40 million people suffering from substance use disorders, globally. Out of this, approximately twenty million people belong to the age group 18-24 years. The latest substance abuse data from India, published by Ministry of Social Justice and Empowerment point towards alarming prevalence (23.1 %) among young adults, considering all psychoactive substances put together.

According to National Mental Health Survey of India 2015-16, Substance use disorders (SUDs), including alcohol use disorder, moderate to severe use of tobacco and use of other drugs (illicit and prescription drugs) was prevalent in 22.4 % of the population above 18 years in all the 12 surveyed states. The prevalence of alcoholism and other drug abuse in Kerala is 20-38% and 5-7% respectively, highlighting its position among other states in India (Raphael L, Raveendran R & Sajna M. V.,2017).

Problem Statement

Substance dependence is considered as a family disease, as it does not spare any member in the family. Even though women and children are more victimised due to the consequences of addiction, the wife/ mother of the substance dependent is the most severely affected person in the family. When the age of initiation and dependence sneaks down to early adulthood and early teenage, the burden of caregiving befalls on the shoulders of the parents, especially the mothers. Mothers, who are already struggling with their own middle-age related issues, are loaded with the brunt of caring their son with substance dependence. This affects the mothers' health in multiple domains.

Mothers are found to influence their children during their path of recovery, by extending unconditional support and care. There are studies involving mothers as partners in care for the substance dependent adolescents which showed that they can be trained to reduce relapse or reduce the harm of relapse. (Szapocznik et.al 2015, Klostermann & O'Farrell, 2017; Logan & Marlatt, 2018; McGillicuddy et.al 2018). But, studies on the lived experiences of the mothers or about their health indicators are comparatively less.

The current study is an attempt to describe the psychosocial condition of the mothers of young adults with multiple substance dependence and to explore their struggles while helping their sons.

Research Methodology

Scope of the Study

The present research 'Mothers of Young Adults with Multiple Substance Dependence – A psychosocial study from Kerala' is an attempt to understand the psychosocial conditions of the mothers and to explore their struggles while helping their sons through the process of recovery.

Reviewing the statistics given by World Drug Report 2022 and World Health Statistics 2022, it is evident that about 37 million people suffer from substance use disorders globally. This account for 5.6 per cent of the global population, signalling millions of families suffering from the adverse consequences of substance dependence. Caregiving is usually a feminine responsibility in almost all cultures. Mothers and wives become more vulnerable to the substance dependent person's atrocities, both for availing the substance and after intoxication. Physical, psychological, social and gender based factors play determining role in the burden perceived by the primary caregivers.

Considering the increasing trend of young adults becoming dependent to multiple substances at early ages of teenage, the parents are ensued to bear the load of caregiving. Mothers are found to be more susceptible to stress and psychological disorders as compared to fathers, even though mothers show more endurance and dedication towards engaging the children (adult sons and/or daughters) in the treatment and sobriety. Understanding the psychosocial glitches of the mothers

and helping them to resolve their issues aid the treatment and management of substance dependent young adults.

The Aim of the Study

The general aim of the study is to understand the psychosocial profile of mothers of young adults with multiple substance dependence.

Specific Objectives

- To understand the demographic background of the mothers of young adults with MSD
- To study the psycho-social profile of the target group
  - To measure the level of depression
  - To assess their perceived social support
  - To understand their coping mechanisms
  - To study the burden experienced by them

Hypotheses

Majority of the mothers of young adults with MSD experience high degree of Depression

Majority of the mothers of young adults with MSD experience low perceived social support.

Majority of the mothers of young adults with MSD experience high degree of burden

Definition

Youth- Those persons between the ages of 15 and 24 years are referred to as 'youth' by the United Nations (1981).

Young Adult- According to Ministry of Youth Affairs, persons belonging to the age group ranging from 18 to 24 are considered as young adults in India.

Multiple Substance Dependence- Multiple substance dependence is the term used when an individual develops dependence towards a wide range of substances (ICD-10). Dependence syndrome is defined as a cluster of physiological, behavioral and cognitive phenomena in which

the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviors that once had greater value.

Depression- According to ICD-10, in typical depressive episodes, the individual usually suffers from depressed mood, loss of interest and enjoyment, and reduced energy leading to increased fatigability and diminished activity. Other common symptoms are reduced concentration and attention, reduced self-esteem and self-confidence, ideas of guilt and unworthiness, bleak and pessimistic views of future, ideas or acts of self-harm or suicide, disturbed sleep and diminished appetite.

Social Support- Social support is the perception and actuality that one is cared for, has assistance available from other people, and most popularly, that one is part of a supportive social network (Cohen, S; Wills, T.A. 1985).

Coping Skills- Coping skills (also called coping strategies or coping mechanisms) are tools and techniques used to handle difficult emotions, decrease stress, and establish or maintain a sense of internal order (Zeidner, M. & Endler, N.S. 1996).

Caregiver Burden- Caregiver burden can be defined as the multidimensional response to physical, psychological, emotional, social, and financial stressors associated with the caregiving experience (Stucki & Mulvey, 2000).

Operational Definition

Mother – In this study, the term mother is used to describe biological mother of the dependent individual, who is performing the function of caregiving.

Young Adult – 'Young Adult' is operationalized to describe persons belonging to the age group 18 – 24 years.

Multiple Substance Dependence – By the term 'Multiple Substance Dependence', the researcher proposes to describe the group of physical, psychological and social symptoms a person manifests after being a habitual abuser of two or more class of psychoactive substances viz. alcohol, opioids, cannabinoids, sedatives or hypnotics, cocaine, stimulants, hallucinogens, tobacco and volatile solvents.

The Index son- the term index son refers to the son who is dependent to multiple psychoactive substances.

Study Design

The design of the research is descriptive as it aims to describe the psychological and social condition of the mothers. Both quantitative and qualitative data were used by the researcher. Standardized scales were used for collecting quantitative information (social support, burden, depression and coping mechanisms) and case study method and in-depth interviews were used for collecting the qualitative data.

Duration of the Study

The collection of data was done from November 2021 to April 2022. The duration of the period of data collection was six months.

Universe

The universe of the study is the mothers of young adults with multiple substance dependence.

Population

The population of the study is the mothers of young adults with multiple substance dependence, who are receiving residential deaddiction treatment from three psychiatric hospitals in central Kerala, namely Santhula Trust Hospital, Koothattukulam, Bishop Vayalil Medical Centre, Moolamattom, and Nair's Hospital, Ernakulam.

Sample Frame, Method of Sampling and Sample size

Sample frame consisted of list of persons admitted for treatment of multiple substance dependence in the aforesaid hospitals, during the time period of data collection. Method of sampling was purposive sampling. A minimum of 72 samples were interviewed for the study.

Inclusion- Exclusion Criteria

Inclusion Criteria

- Mothers of young adults (age group 18-24) who belong to the age group of 40-54 years
- Mothers of young adults receiving residential deaddiction treatment from mental health centers in central Kerala for dependence in more than two class of psychoactive substances
- Biological mothers of the substance dependent young adults
- Mothers whose minimum educational qualification is pre-degree or pre-university

Exclusion Criteria

- Mothers of young adults whose age is either below 40 or above 55 years
- Young dependents who do not conform to the age group of 18-24, or females, or other gender minorities
- Mothers who have other chronic psychiatric illness before the onset of pattern of dependence in their child/children
- Mothers who have physical disabilities; Mothers who are single parents, who have marital history of divorce, death of spouse, or remarriage
- Mothers whose more than one child is substance dependent.
- Mothers whose educational qualification is lower than Pre-Degree/Plus Two

Pilot Study

Pilot study was done by the researcher by conducting focus group discussion with mothers of young adults with MSD, admitted in the three centres. She found the study feasible and the tools efferctive in deriving the expected information from the respondents.

Tools of Data Collection

The data was collected using the following tools

A) **Interview Schedule –** prepared by the researcher in order to collect information about socio-demographic variables

B) **Interview guide** – prepared by the researcher in order to conduct in-depth interviews with the respondents to collect qualitative information

C) **Beck's Depression Inventory (BDI 1961) –** created by Aaron T. Beck, is a 21-question multiple-choice self-report inventory. It has a one-week test–retest reliability of r = 0.93 (Beck, Steer, & Garbin, 1988). It has high internal consistency also.

D) **Multidimensional Scale for Perceived Social Support (1988) –** developed by Zimet et.al in 1988 is a 12 item self- administered questionnaire. It has three sub-scales. It has high test-retest reliability, high internal consistency and high construct validity (Zimet et.al 1990).

E) **COPE Inventory (1989) –** developed by Carver, Scheier & Weintraub (1989) is a 60 item inventory, covering 15 sub-scales or types of coping strategies. Reliability and validity of COPE inventory has been established by various studies of Carver et al. (1989)

F) **Burden Scale for Family Caregivers (English version 1999) -** is a 28 item Questionnaire developed by Elmar Grasel, Teresa Chiu and Rosemary Oliver in 1999. Studies done by Grasel (2001), Grasel et.al (2003), Chiu (2003) and Hecht et.al (2003) indicate that BSFC has the suitable psychometric properties to be used for both research and clinical purposes.

Method of Data Collection

The data was collected directly by the researcher, by applying two methods - by administering the self- report scales and through her one-to-one interactions with the respondent - after getting an informed consent.

Ethical Issues

Permission was taken from the concerned hospitals before identifying the respondents. Informed consent was taken from the respondent and confidentiality of the respondent and the patient was respected. Respondents were given adequate therapeutic services by the researcher, whenever needed.

Results

This chapter describes the important results of data analysis, which was done in three steps. First step was quantitative analysis, second was qualitative analysis by using thematic analysis and the third step was triangulation of the results of quantitative and qualitative analysis.

Quantitative Analysis

Socio-Demographic Profile of Mothers

Table 1.01.Age and Education of the Respondents

Age	**F**	**Percentage**	**Education**	**F**	**Percentage**
40-44	7	9.8	Pre-degree	8	11
45-49	29	40.2	Graduate	46	63.8
50-54	36	50	Post graduate	14	19.2
Total	72	100	Professional	4	6
			Total	72	100

The table suggests that majority of the mothers (50%) were in the age group of 50-54 years. Almost 90% of the respondents were above 44 years of age, entering the middle age phase of life cycle. Most of them (89%) were educated up to graduate level and only 8 (11%) of them were undergraduates.

Table 1.02 Menopause Status of the Respondents

Response	**F**	**Percent**
Completed menopause	37	51.4
Not completed menopause	24	33.3
Cannot answer	11	15.3
Total	72	100

The table indicate that majority of the mothers (51.4%) have completed menopause. This further point out that a large majority of the respondents are going through this biological phase of transition, involving multitude of hormonal, physical, emotional and social changes.

Table 1.03 Occupation – Before and After being a Caregiver

Present Occupation	**F**	**Percent**	**Occupation before being a Caregiver**	**F**	**Percent**
Unemployed	28	38.8	Unemployed	6	8.8
Self employed	6	8.5	Self employed	10	13.9
Govt. job	15	20.8	Govt. job	20	27.8
Pvt. full time job	3	4.1	Pvt. full time job	29	40.3
Pvt. part time job	16	22.2	Pvt. part time job	3	4.1
Professional	4	5.6	Professional	4	5.6
Total	72	100	Total	72	100

It is clear from the above table that unemployment increased more than four times (from six to twenty eight) after being a caregiver. Some of the government employees (five) took voluntary

retirement or resigned their jobs after becoming a caregiver. A huge number of private employees (twenty six) lost their job and out of them many took up private part-time jobs.

Table 1.04 Duration of Caregiving

Duration of Caregiving	**F**	**Percent**
Less than two years	09	12.5
2-4 years	34	47.2
More than 4 years	29	40.3
Total	72	100

From the above table, it can be understood that a lion's share of the respondents (87.5%) have been engaged in the act of caregiving for not less than two years. A significant proportion of the mothers (40 %) are relentlessly caring their sons for more than four years.

An Overview of Mothers' Experiences of Caregiving Son with MSD

Table 2.01 Duration of Awareness about the Son's Substance Use

Duration of awareness	**F**	**Percent**
Less than 2 years	05	6.9
2-4 years	36	50
More than 4 years	31	43.1
Total	72	100

Half of the mothers (50%) responded that they knew about son's substance abuse 2-4 years ago. A significant proportion of the respondents (43%) answered that they were aware of it more than four years ago.

Table 2.02 Mode of Detection about the Son's Substance Use

Mode of detection	**F**	**Percent**
My son told me	3	4.1
My husband told me	13	18
Other family members told me	9	12.5
Friends/relatives told me	16	22.3
Informed by Police/enforcement authority	28	40
Any other	3	4.1
Total	72	100

A noteworthy segment of the respondents (40%) came to know about the fact of their son's substance abuse from Police or other enforcement agency, when the authority inform them about their son's unsolicited activities.

Table 2.03 Initial Reaction of Mother and Father

Initial reaction of the mother	**F**	**Percent**	**Initial reaction of the husband**	**F**	**Percent**
Disbelief	23	32	Disbelief	18	25
Fear	13	18	Fear	16	22.2
Panic	8	11	Panic	3	4.1
Anger	4	5.5	Anger	22	30.7
Feeling of being cheated	19	26.4	Feeling of being cheated	10	14
Any other	5	6.9	Any other	3	4.1
Total	72	100	Total	72	100

The above table shows the similarities and differences in the initial reactions of parents. Initial reaction of majority of the mothers was disbelief (32%) and feeling of being cheated (26.4%). The initial reaction of majority of the fathers was anger (~31%) and disbelief (25%). Only a minority of the mothers (4%) responded that their initial reaction was anger.

Family's Reaction

Table 2.04.1 Behavioral Response of the Respondent's Spouse towards the Respondent

Behavioral response of the respondent's spouse towards the respondent	**Raw Counts**	**Choice as predominant response**	**Percentage**
Consoling	18	15	20.8
Reassuring	15	11	15.2
Criticizing	42	23	31.9
Blaming	36	17	23.7
Any other	12	6	8.4
Total	-	72	100

Countable majority of the mothers (32%) reported that they faced criticism (as the primary response) from their spouses and 24% of the respondents were subjected to blaming. Considering the row counts, a huge majority of the mothers had to suffer criticism (42/72) and blaming (36/72) from their spouses.

Table 2.04.2 Behavioral Response of Other Family Members towards the Respondent

Behavioral response of other family members towards the respondent	**Raw Counts**	**Choice as predominant response**	**Percentage**
Consoling	13	3	4.1
Reassuring	19	6	8.4
Criticizing	34	19	26.5
Blaming	42	39	54.1
Any other	12	5	6.9
Total	-	72	100

By the term other family members, the researcher implied other members in the family, apart from the dependent, respondent and her spouse. A large bulk (54%) of the respondents reported that they were blamed by their primary family members. Taking into account of the raw counts given by the respondents, a huge section identified blaming (42/72) and criticism (34/72) as the behavior response of the other family members towards them.

Table 2.04.3 Emotional Response of the Respondent's Spouse towards the Respondent

Emotional response of the respondent's spouse towards the respondent	**Raw Counts**	**Choice as predominant response**	**Percentage**
Empathetic	24	15	20.8
Apathetic	46	21	29.1
Hatred	53	28	38.9
Any other	16	8	11.2
Total	-	72	100

A large fraction of the mothers reported that the predominant response of their spouse towards them was hatred (39%) and apathy (29%). With regard to the raw counts chosen, 53 mothers out of 72 had to face hatred from their spouse and 46 mothers out of 72 faced apathy.

Table 2.04.4 Emotional Response of Other Family Members towards the Respondent

Emotional response of other family members towards the respondent	Raw Counts	Choice as predominant response	Percentage
Empathetic	16	6	8.4
Apathetic	22	28	38.8
Hatred	36	34	47.2
Any other	14	4	5.6
Total	-	72	100

Majority of the mothers (47.2%) reported that the emotional response of other family members towards her was hatred. Approximately 39% of the respondents selected apathy as the primary response of the other family members. Analyzing the raw counts, most of the mothers experienced hatred (36 out of 72) and apathy (22 out of 72) from the immediate family members.

Traumatic Experiences Due to Son's Psychoactive Substance Dependence

Table 2.05.1 Experiences of Being Embarrassed in Public Due to Son's Dependence

Experiences of being embarrassed in public due to son's dependence	F	Percent
1 – 2 times	7	9.7
3 – 4 times	14	19.4
Many times	51	70.9
Total	72	100

An alarming majority of mothers (71%) reported that they had many experiences of being embarrassed in public due to son's substance dependence. These shameful incidences happened in the past three or four years. Awkward moments include the appearance of the son under intoxicated state in public, son's addiction being revealed in public, son's disinhibited behavior under the influence of substance and so on.

Table 2.05.2 Experiences of Being Threatened or Assaulted by Son or His Affiliates in Connection with his Substance Dependence

Threatened or assaulted by son	**F**	**Percent**	**Threatened or assaulted by son's affiliates**	**F**	**Percent**
1 – 2 times	3	4.8	1 – 2 times	16	22.2
3 – 4 times	8	11.3	3 – 4 times	19	26.4
Many times	60	84.7	Many times	37	51.4
Total	72	100	Total	72	100

Mothers who recounted more than four incidences of being threatened or assaulted by son, under the influence of psychoactive substances, constituted almost 85 percent of the respondents. A striking majority of the mothers (37/72) conveyed that they were threatened or assaulted many times by their son's affiliates. Almost 27% of mothers told that they were threatened or harmed 3 – 4 times.

Table 2.05.2 Experiences of Being Taunted by Police/Enforcement Official in Connection with Son's Substance Dependence

Experiences of being taunted by Police/Enforcement official	**F**	**Percent**
1 – 2 times	25	34.7
3 – 4 times	39	54.1
Many times	8	11.2
Total	72	100

A large portion of the mothers (54%) revealed that they were humiliated, verbally abused and teased 3 – 4 times by the Police or other enforcement authority.

Psychological Condition of the Respondents

Table 2.06. PTSD, Panic Attack and Anxiety Symptoms in Respondents

Disturbing memories	F	Percent	Panic attack	F	Percent	Anxiety symptoms	F	Percent
A Few	4	5.5	Never	11	15.3	Never	0	0
Some	12	16.7	Sometimes	38	52.8	Sometimes	7	9.7
Many	56	77.8	Often	23	31.9	Often	65	90.3
Total	72	100	Total	72	100	Total	72	100

Considering the disturbing memories, a substantial majority of the mothers (78%) had many disturbing memories relating to son's substance dependence. 32 percent of the mothers described that they have symptoms of panic attack often, while 53 percent experienced it sometimes in the past four years. More than 90 percent of the mothers suffer from anxiety symptoms often and rest of them suffers from it sometimes. No mother is free of anxiety symptom.

Emotions towards Self and towards the Son with Multiple Substance Dependence (MSD)

Table 2.07.1 Emotions towards Self

Emotions towards self	Raw Counts	Choice as predominant response	Percentage
Love	5	0	0
Hatred	20	10	13.8
Despair	22	19	26.6
Guilt	31	28	38.8
Shame	19	15	20.8
Any other	5	0	0
Total	-	72	100

Majority of the mothers (39%) revealed that they have guilt feelings towards themselves. A notable 27% of them contained feelings of despair and 21 % had feeling of shame towards themselves.

Table 2.07.2 Emotions towards the Son with MSD

Emotions towards son	**Raw Counts**	**Choice as predominant response**	**Percentage**
Love	23	4	5.5
Empathy	17	12	16.6
Hate	34	2	2.7
Apathy	32	6	8.3
Fear	57	27	37.6
Uncertain Feelings	62	21	29.3
Any Other	9	0	0
Total	-	72	100

Majority of the mothers (37.6 %) reported fear as their predominant emotion towards their son. Uncertain feelings were also common (~30 %) among the predominant responses. Considering the raw counts, 34 out of 72 mothers revealed that they share emotions of hate and 32 out of 72 mothers contained emotions of apathy along with other important emotions.

Thoughts and Assumptions

Table 2.08.1 Assumptions about the Cause of Son's Substance Dependence

Assumptions	**Raw Counts**	**Choice as predominant response**	**Percentage**
Traumatic childhood experiences	36	12	16.7
Hereditary	22	5	7
Uncongenial family environment in childhood	43	27	37.6
Peer pressure	52	13	18
Age related problem	21	11	15.2
Any other	13	4	5.5
Total	-	72	100

Majority of the mothers consider uncongenial family environment in childhood and traumatic childhood experiences as the predominant causes for the substance dependence.

Table 2.08.2 Ideas of Guilt and Helplessness in Managing Son's Substance Dependence

Ideas of guilt	**F**	**Percent**	**Ideas of helplessness**	**F**	**Percent**
Never	5	7	Never	0	0
Sometimes	28	38.8	Sometimes	25	34.7
Often	39	54.2	Often	47	65.3
Total	72	100	Total	72	100

A great majority of the respondents (54%) often felt guilty of not being able to guide their son to sobriety. Most of them (65%) were helpless and confused in managing their son's MSD.

Efforts Taken to Help the Son with MSD through the Path of Recovery and Mother's Emotional Responses

Table 2.09.1 Types of Treatments Given to the Patient

Treatments	**Raw Counts**	**Choice as predominant response**	**Percent**
Magico-religious treatments	17	0	0
Informal counseling	27	8	11.1
Deaddiction treatments	72	43	59.7
Rehabilitation centers	65	21	29.1
Any other	3	0	0
Total	-	72	100

Almost 60 percent of the mothers gave formal deaddiction for their sons, as the frontline method of treatment, even though they used several other alternative strategies. From the raw counts, it is

visible that magico-religious treatments and informal counseling are given as adjuncts to the main deaddiction treatment.

Table 2.09.2 Maximum Period of Abstinence of the Patient

Maximum period of abstinence	**F**	**Percent**
Less than three months	12	16.7
Three – six months	20	27.8
Six – nine months	23	31.9
Nine months – one year	17	23.6
Total	72	100

Maximum period of abstinence reported by majority (32%) of the mothers is six to nine months. None of them claimed an abstinence of more than one year in the past four years.

Table 2.09.3 Mother's Emotional Response to the Son's First Relapse

Emotion	**Raw Counts**	**Choice as predominant response**	**Percent**
Shock	35	28	38.9
Sadness	26	12	16.8
Despair	13	7	9.7
Betrayal	35	10	13.8
Anger	38	15	20.8
Any other	9	0	0
Total	-	72	100

Majority of the mothers (39%) conveyed that their predominant response was shock. Anger (21%), sadness (17%) and betrayal (14%) were the other predominant responses.

Table 2.09.4 Number of Formal Deaddiction and Rehab Treatments given to the Patient

Deaddiction and rehabilitation	**F**	**Percent**
One	23	32
Two	16	22.2
More than two	33	45.8
Total	72	100

Majority of the respondents (46%) have given more than two deaddiction and rehabilitation treatments to the patient.

Table 2.09.5 Emotional Response of Mothers to their Son's Recurrent Relapses

Emotion	**Raw Counts**	**Choice as predominant response**	**Percent**
Sadness	36	6	8.3
Despair	42	12	16.6
Numbness	51	23	32
Disgust	29	5	7
Anger	37	17	23.6
Urge to run away	45	9	12.5
Any other	13	0	0
Total	-	72	100

A substantial proportion of the respondents (32%) stated that their predominant emotional response is numbness, while another significant groups of mothers described anger (24%), despair(17%) and 'the urge to run away'(12.5%) as their predominant response.

Subjective Evaluation of Effect on Socio-Economic and Psychological Status of the Mothers

Table 2.10.1 Subjective Evaluation of Financial Loss and Decline in Social Status

Financial loss	**F**	**Percent**	**Decline in social status**	**F**	**Percent**
Mild (Less than five lakhs)	11	15.3	Mild	9	12.5
Moderate (Five –ten lakhs)	18	25	Moderate	15	20.8
Severe (More than ten lakhs)	43	59.7	Severe	48	66.7
Total	72	100	Total	72	100

A huge majority of the mothers (60%) testified that they had more than ten lakhs (rupees) of financial loss in the past four years. A large majority of the respondents (67%) chose severe decline in the social status after their son developing dependence on multiple substances.

Table 2.10.2 Subjective Evaluation of Effect on Mental Health and Need for Mental Health Professional Consultation

Subjective feeling of mental health deterioration	**F**	**Percent**	**Subjective need for mental health professional consultation**	**F**	**Percent**
Mild	0	0	Never	11	15.3
Moderate	19	26.4	Sometimes	19	26.4
Severe	53	73.6	Often	42	58.3
Total	72	100	Total	72	100

Almost three- fourth of the mothers evaluated that their mental health worsened severely after being caregiver to their substance dependent son. More than 58 percent of the respondents often felt the need for mental health professional consultation in order to address their mental health issues after being the caregiver.

Middle Age Related Conditions

Table 2.11 Middle Age Related Issues Other than Son's Multiple Substance Dependence

Middle age related issues	Raw Counts	Choice as predominant response	Percent
Caregiving of elderly parents	43	22	30.5
Loss of job	35	3	4.1
Decrease in income	56	19	26.5
Parental role related responsibilities towards other children	51	21	29.2
Age related life-style disorders	39	7	9.7
Any other	11	0	0
Total	-	72	100

Almost equal proportion of respondents denoted caring elderly parents (22/72) and motherly responsibilities towards other children (21/72) as their predominant responses. A significant fraction of mothers (26.5%) labeled decrease in income as their prime worry. Health related lifestyle disorders were the predominant middle age related issue for around ten percent of the mothers. Considering the raw counts, decrease in income was chosen by 56 out of 72 respondents.

Perceived Social Support of the Respondents

Table 3.01 Perceived Social Support from Husband

Perceived social support	F	Percent
Low (≤ 12)	33	45.9
Moderate (13 – 20)	30	41.6
High (21 – 28)	9	12.5
Total	72	100

Majority (46%) of the respondents perceived low social support from their husband. 42 percent of the mothers rated moderate social support.

Table 3.02 Perceived Social Support from Other Members of the Family

Perceived social support	**F**	**Percent**
Low (≤ 12)	47	65.3
Moderate (13 – 20)	22	30.6
High (21 – 28)	3	4.1
Total	72	100

A huge majority (65%) of the respondents perceived low social support from other members in the family. More than 30 percent of the mothers recorded moderate social support.

Table 3.03 Perceived Social Support from Friends

Perceived social support	**F**	**Percent**
Low (≤ 12)	63	87.5
Moderate (13 – 20)	8	11.1
High (21 – 28)	1	1.4
Total	72	100

A lion's share of respondents (87.5%) received low social support from their friends.

Table 3.04 Total Perceived Social Support

Perceived social support	**F**	**Percent**
Low (≤ 36)	51	70.8
Moderate (36 – 60)	17	23.7
High (60 – 84)	4	5.5
Total	72	100

More than 70 percent of the mothers commented total perceived social support as low. While 24 percent of the respondents received moderate social support totally, only a small minority (5.5%) received high social support.

Burden Perceived by the Respondents

Table 4 Subjective Burden of the Mothers

Subjective burden categories	**Risk for psychosomatic symptoms**	**F**	**Percent**
Mild (0 – 41)	Not at risk	4	5.5
Moderate (42 – 55)	Increased	11	15.3
Severe (56 – 84)	Very high risk	57	79.2
Total		72	100

Nearly 80 percent of the respondents scored in the category of severe burden, indicating very high risk for psychosomatic symptoms. While remaining 15 percent came in the category of moderate burden, only 5 percent recorded mild burden.

Respondents' Scores on Beck's Depression Inventory

Table 5 Level of Depression among the Respondents

Categories of Depression	**F**	**Percentage**
Usual ups and downs (1 – 10)	0	0
Mild mood disturbance (11 – 16)	2	2.8
Borderline clinical depression (17 – 20)	7	9.7
Moderate depression (21 – 30)	21	29.2
Severe depression (31 – 40)	37	51.3
Extreme depression (>40)	5	7
Total	72	100

More than half (51.3%) of the mothers scored severe depression and a significant share (7 %) recorded extreme depression. Almost 30 percent of them had moderate depression.

Coping Mechanisms Of the Respondents

Table 6.01 Positive Reinterpretation and Growth as a Coping Mechanism

Frequency of use	**F**	**Percent**
Seldom used (1 – 4)	5	7
Very rarely used (5 – 8)	56	77.8
Sometimes used (9 – 12)	7	9.7
Frequently used (13 – 16)	4	5.5
Total	72	100

Only a minority proportion of the mothers (5.5%) used this strategy frequently, whereas a huge majority (78%) used this very rarely.

Table 6.02 Mental Disengagement as a Coping Mechanism

Frequency of use	**F**	**Percent**
Seldom used (1 – 4)	13	18
Very rarely used (5 – 8)	39	54
Sometimes used (9 – 12)	13	18
Frequently used (13 – 16)	7	10
Total	72	100

In mental disengagement, people tend to substitute the stressful activity or its memories with other less stressful activities or thoughts. 39 out of 72 respondents said that they used this strategy very rarely.

Table 6.03 Focus on and Venting of Emotions as a Coping Mechanism

Frequency of use	**F**	**Percent**
Seldom used (1 – 4)	2	2.7
Very rarely used (5 – 8)	4	5.5
Sometimes used (9 – 12)	47	65.3
Frequently used (13 – 16)	19	26.5
Total	72	100

Majority of the respondents (65%) sometimes use this method and a significant fraction (26.5%) use this frequently.

Table 6.04 Use of Instrumental Social Support as a Coping Mechanism

Frequency of use	**F**	**Percent**
Seldom used (1 – 4)	1	1.3
Very rarely used (5 – 8)	8	11.2
Sometimes used (9 – 12)	41	56.9
Frequently used (13 – 16)	22	30.6
Total	72	100

Use of instrumental social support is the method of asking practical advices from people who know more about the situation and thus trying to understand more about it. While almost 31 percent of the mothers used this technique frequently, 57 percent used it sometimes to solve their issues.

Table 6.05 Active Coping as a Coping Mechanism

Frequency of use	**F**	**Percent**
Seldom used (1 – 4)	9	12.5
Very rarely used (5 – 8)	37	51.4
Sometimes used (9 – 12)	21	29.1
Frequently used (13 – 16)	5	7
Total	72	100

In active coping, people take conscious feasible step by step efforts to solve the problem. Only seven percent of the mothers follow this method frequently, whereas a significant fraction of the respondents (~30%) sometimes use this method.

Table 6.06 Denial as a Coping Mechanism

Frequency of use	**F**	**Percentage**
Seldom used (1 – 4)	59	81.9
Very rarely used (5 – 8)	11	15.3
Sometimes used (9 – 12)	2	2.8
Frequently used (13 – 16)	0	0
Total	72	100

Denial is that type of coping in which the individual refuse to accept the reality and think/act as if the stressful happening never happened. None of the mothers used denial frequently as her coping mechanism even though 15 percent used it very rarely.

Table 6.07 Religious Coping as a Coping Mechanism

Frequency of use	**F**	**Percentage**
Seldom used (1 – 4)	2	2.7
Very rarely used (5 – 8)	10	13.8
Sometimes used (9 – 12)	55	76.5
Frequently used (13 – 16)	5	7
Total	72	100

76.5 percent of the respondents reported that they sometimes use religious coping and 7 percent frequently used it as their prime coping mechanism.

Table 6.08 Humor as a Coping Mechanism

Frequency of use	F	Percentage
Seldom used (1 – 4)	65	90.2
Very rarely used (5 – 8)	7	9.8
Sometimes used (9 – 12)	0	0
Frequently used (13 – 16)	0	0
Total	72	100

Most of respondents were unable to use this coping at least one during the stressful situation.

Table 6.09 Behavioral Disengagement as a Coping Mechanism

Frequency of use	**F**	**Percentage**
Seldom used (1 – 4)	4	5.5
Very rarely used (5 – 8)	25	34.7
Sometimes used (9 – 12)	38	52.8
Frequently used (13 – 16)	5	7
Total	72	100

In behavioral disengagement, people admit to themselves that they cannot deal with the stress and quit/reduce the attempts to solve it. More than half of the respondents (~53%) sometimes use this strategy to find relief from the stress they undergo. Another significant proportion (~ 35%) used this strategy once or twice in life.

Table 6.10 Restraint as a Coping Mechanism

Frequency of use	**F**	**Percent**
Seldom used (1 – 4)	2	2.7
Very rarely used (5 – 8)	16	22.3
Sometimes used (9 – 12)	33	45.8
Frequently used (13 – 16)	21	29.2
Total	72	100

Restraint is the coping technique in which people restrict themselves mentally from taking immediate steps to correct the situation, rather chose to wait for the right time to act. Biggest share of respondents (46%) shared that they used this technique three to four times during stressful situations and another important fraction (~30%) used it very often.

Table 6.11 Use of Emotional Social Support as a Coping Mechanism

Frequency of use	**F**	**Percentage**
Seldom used (1 – 4)	3	4.1
Very rarely used (5 – 8)	2	2.7
Sometimes used (9 – 12)	44	61.2
Frequently used (13 – 16)	23	32
Total	72	100

Use of emotional social support is done when people share their emotions with others and seek emotional support from others. A chief portion of the respondents (61%) sometimes use this technique to reduce their stress. 23 mothers out of 72 said that they use it frequently under stress.

Table 6.12 Substance Abuse as a Coping Mechanism

Frequency of use	**F**	**Percentage**
Seldom used (1 – 4)	62	86.1
Very rarely used (5 – 8)	6	8.4
Sometimes used (9 – 12)	4	5.5
Frequently used (13 – 16)	0	0
Total	72	100

A principal part (86%) of the mothers negated the use of substances as a coping strategy, while only 8.4% conveyed that they used alcohol/drugs very rarely.

Table 6.13 Acceptance as a Coping Mechanism

Frequency of use	**F**	**Percentage**
Seldom used (1 – 4)	37	51.4
Very rarely used (5 – 8)	30	41.6
Sometimes used (9 – 12)	3	4.2
Frequently used (13 – 16)	2	2.8
Total	72	100

More than half of the mothers (51.4%) were not able to apply this strategy not even once. Almost 42 percent reported that they accepted the reality (in varied intensity) very rarely.

Table 6.14 Suppression of Competing Activities as a Coping Mechanism

Frequency of use	**F**	**Percentage**
Seldom used (1 – 4)	5	7
Very rarely used (5 – 8)	8	11.1
Sometimes used (9 – 12)	57	79.2
Frequently used (13 – 16)	2	2.7
Total	72	100

Individuals tend to focus on the stress provoking fact/event and compromise other important things in order to sustain concentration in solving the problem. This is named as suppression of competing activities. Predominant proportion (79.2 %) of the mothers reported that they sometimes employed this technique.

Table 6.15 Planning as a Coping Mechanism

Frequency of use	**F**	**Percentage**
Seldom used (1 – 4)	5	7
Very rarely used (5 – 8)	19	26.4
Sometimes used (9 – 12)	22	30.5
Frequently used (13 – 16)	26	36.1
Total	72	100

By employing planning, human beings think about the subject and come up with strategies to best handle the problem. Greater number of mothers (26/72) frequently used this technique, while twenty two mothers used it sometimes to prepare a plan of action.

Statistical Tests

1.1 Hypotheses Testing 1

Research Hypothesis 1- Majority of the mothers of young adults with MSD experience high level of Depression

Null Hypothesis 1- Majority of the mothers of young adults with MSD does not experience significant depression

Calculated value of Z= 2.13

Significance at 5% level of significance: - The significant value of Z for a right tailed test at 5% level of significance is 1.645. Since the calculated value of Z is greater than 1.645, it is significant and the null hypothesis is rejected. Hence we conclude that majority of the mothers of young adults with MSD experience high level of depression.

1.2 Hypotheses Testing 2

Research Hypothesis 2- Majority of the mothers of young adults with MSD experience low perceived social support.

Null Hypothesis 2- Majority of the mothers of young adults with MSD does not experience low perceived social support.

Calculated value of Z= 2.32

Significance at 5% level of significance: - The significant value of Z for a right tailed test at 5% level of significance is 1.645. Since the calculated value of Z is greater than 1.645, it is significant and the null hypothesis is rejected. Hence we conclude that majority of the mothers of young adults with MSD experience low perceived social support.

1.3 Hypotheses Testing 3

Research Hypothesis 3- Majority of the mothers of young adults with MSD experience high degree of burden

Null Hypothesis 3- Majority of the mothers of young adults with MSD does not experience significant burden

Calculated value of Z= 2.34

Significance at 5% level of significance: - The significant value of Z for a right tailed test at 5% level of significance is 1.645. Since the calculated value of Z is greater than 1.645, it is significant and the null hypothesis is rejected. Hence we conclude that majority of the mothers of young adults with MSD experience high degree of burden.

2 Correlation Analysis

1. **Correlation between Perceived Social Support and Burden experienced by mothers of young adults with MSD**

   Karl Pearson's coefficient of correlation r = -0. 732 which indicates significant negative correlation at the 0.01 level (2 tailed).

It can be concluded that with decrease in perceived social support, there is a corresponding increase in the burden experienced by mothers of young adults with MSD.

2. **Correlation between Burden and severity of Depression experienced by mothers of young adults with MSD**

   Karl Pearson's coefficient of correlation r = 0. 829 which indicates strong positive correlation at the 0.01 level (2 tailed).

It can be concluded that with increase in burden experienced by the mothers, there is a corresponding increase in the severity of their depression scores.

3. **Correlation between Perceived Social Support and severity of Depression experienced by mothers of young adults with MSD**

   Karl Pearson's coefficient of correlation r = -0. 861 which indicates strong negative correlation at the 0.01 level (2 tailed).

It can be concluded that with decrease in perceived social support, there is a corresponding increase in the severity of the depression scores experienced by mothers of young adults with MSD.

Qualitative Analysis- Thematic Analysis

Thematic analysis of the in-depth interviews came up with heartbreaking realities and observations. It helped the researcher to understand the gravity of struggle put forward by the mothers of young adults with multiple substance dependence, in terms of cause and consequence on their physical, social and psychological health. The method helped her to appreciate the life experiences of the respondents qualitatively and to pulse the nuances of those survival efforts. The following are the significant facts and annotations from the thematic analysis

1. Mothers **detected** their son's substance use accidentally. Most of them were informed by their family members or friends. Some of the mothers traces of the substances from the house. Some mothers questioned their sons after seeing change in his behavior and thus came to know about the abuse. Rarely, the patients told their mother about their substance use. It is striking that a significant portion of the mothers were unaware of the son's substance use until the enforcement authorities informed them. Almost all mothers reported that it was a shocking experience to know the fact and most of them could not believe that their son cheated them for long.
2. The mothers had to experience a number of **embarrassing situations** due to the son's substance dependence. These situations include seeing the disinhibited activities of the son in public, son being assaulted/humiliated by others, son engaging in unlawful activities and so on. These shameful incidences force mothers to avoid public appearances and social functions along with the son. Mothers reported that they are insecure and anxious about their son's behavior in public.
3. It is eloquent that the substance dependent **patient threatens/assaults** the mother, both with and without the substance. They were subjected to physical, emotional, verbal, financial and sexual assaults. A large proportion of the mothers were unable to remember the frequency and intensity of each kind of assaults, but they could say that every day their son behaved aggressively towards them, in some or other way. The mothers who had severe physical assaults remember those experiences as lively and vivid as it happened recently. Most of the mothers were of the opinion that the most traumatic of these all are hearing bad words from the son and being victim of sexual advances from their own son. After being subjected to sexual assault, those mothers lost their self-

worth, became more depressed and sleepless. This is evident from one quote "I started hating myself after that incident. I wanted to make myself ugly ...and to cut my hands…I placed my hands over the stove to burn.."

4. Mother had to face **threats and assaults from the patient's friends**, drug peddlers and other acquaintances of patient. Mothers shared that they were more anxious and frightened when those attacks were directed towards other members in the family, especially daughters and parents. They kept the mothers and others members in the family under terror. They sometimes isolated the whole family from the community. At times they broke into the personal boundaries and established control over the family whereabouts. This was recorded as heavily painful and perceived as dangerous by the mothers, who in turn tried further to shrink themselves to their own comfort zones, leading to severe social isolation.
5. Mothers had mixed **experiences with the law enforcement officials.** Some of them were supportive and empathetic, while others were vengeful and demotivating. Almost all mothers had unforgettable bad experiences from the authority. But they were reminiscent of the countable good events that happened during their help seeking interactions, in which the Police officials extended support in tiding over the acute crisis. The respondents ventilated emotionally that "no mother can withstand seeing her son being beaten up by the Police…" and being passive participant in those happening were terrific experiences in their lives. A large majority of the mothers were not able to come out the trauma, even after two-three years.
6. Three main sub-themes came up while analyzing the **patient's attitudes, emotions and behavior towards the mother.** They were – expressing love, seeking help and expressing hate. Mothers were very happy, proud and lustrous while enumerating the good experiences they shared with their son, especially when the son expressed his love towards mother. Certain patients sought emotional, instrumental and material help from their mothers, depending up on the openness of relationship and sobriety of the patient. The respondents were very sad, confused and bleak while explaining the bits of bad experiences they had from their son.
7. Mothers receive supporting and opposing patterns of **attitudes, emotions and behavior from the other members in the family.** Most of the mothers reported that the other

members in the family opposed or contradicted her more than supported her. The support was more in matters directly related to her while opposition was more in matters directly related to the patient. A principal proportion of the mothers complained that the family undermined her efforts to stabilize the family and to support the index son. Only in very few families, role complementarity exists, so that the mother's roles and responsibilities are shared and mothers get a bit respite. In most other families, the mothers are blamed, criticized, conflicted and abused for their inadequacies and inability to fulfill familial responsibilities. This trend mutilates the mother's self-concept and makes her more susceptible for mental health issues.

8. Mothers in general, did not have a scientific **understanding about the cause of illness** of their son. A huge majority of the respondents believed that their son's substance dependence is due to his peer pressure, shocking life events, repeated failures, traumatic childhood experiences, and faulty parenting. A very few appreciated the influence of hereditary factors in developing the dependence. This lack of proper understanding of the etiology proceeded into growth of disproportional guilt in mothers, which in turn affected their mental health. Most of the mothers searched for the reason for their son's illness and ended up in faulty assumptions. These assumptions were loaded with emotions to justify their son, and blame self or others. In this defective process, they were forsaking their own ego-defense mechanisms, falling prey to depression and anxiety disorders.
9. Mothers **took help** from multiple sectors of the community in order to 'rectify' or 'treat' their son. Many mothers sought help from religious and faith healers in order to 'free' their son from 'harmful chemicals'. Only one mother told that she was redirected to a psychiatrist by a faith healer, whereas all other mothers said that the faith healers promised them 'cure'. It was noticeable that these mothers did not restrict help seeking with faith healers, even though the differed very much on their belief on effectiveness of faith healers. They considered faith and magico-religious treatments as adjuncts to allopathic deaddiction treatment. A large number of the mothers considered the formal deaddiction and rehabilitation treatments as indispensable in managing their son's substance dependence.
10. Considering the **help seeking behavior for self**, the pattern is completely different. A greater proportion of mothers limited their help seeking to their own family members,

especially in matters related to son's substance dependence. They rationalize this behavior by saying that they are reluctant to publicize their son's illness, as it has far-reaching social consequences. Most of the mothers are worried about their son's marriage if their friends, relatives or neighbors come to know about the fact. So they try their maximum to conceal the problem. They reach out for help in other matters especially their health issues, from formal and professional agencies. Law enforcement authorities are approached for help as a last resort and at the last moment, when things turn adversely out of their control.

11. Mothers embrace mixed **emotions and attitudes towards their substance dependent son**. They contain unconditional love and positive regard for their son, at the same time, hold negative emotions (towards the son) and hurts (from the son). Mothers bore extreme fear and uncertainty while interacting with their son. Almost all mothers emphasize that they cannot stop supporting their son and dedicating themselves for their son's cause. But, simultaneously, they validate their frustration, despair and repeated feeling of crossing the limits, in managing their son's relapse. They reiterate that they are ready to help their son, provided the son also shows some motivation in quitting.
12. Delving deep into the **emotions and attitudes towards the self**, it was observed that a dominant majority of the mothers had opposing emotions and attitudes towards self. A minority of them had self-love and constructive attitudes towards self, which was manifested in their positive mental health. But, as most of them consciously or unconsciously inculcated self –destructive attitudes and emotions, such as hate, blame, guilt and apathy, they had corresponding repercussions in their physical, psychological and social health. A large number of mothers mentioned in the interview that the negative life experiences shattered their self –worth and made them more insecure. But, a countable few mothers told that negative life events helped them to rise above the circumstances and to find containment in what they have.

Triangulation

The collected was analyzed with the help of quantitative and qualitative techniques. It was then combined by using the method of triangulation in order to derive a comprehensive picture. Major results from triangulation are as follows:-

1. Most of the respondents belonged to the age group 45-54, hailing from a middle socio-economic status semi urban or urban nuclear families. Majority of them had attained menopause. A large proportion had to quit their regular job or discontinue their home based small scale production units and had to start part-time jobs for financial income.
2. Majority of them were caring their substance dependent son for more than two years and 40 percent were caregiving for more than four years.
3. Most of the mothers were informed by the enforcement officers about their son's substance use and illicit activities
4. Predominant initial reactions of the mothers towards the son's substance dependence were disbelief and betrayal by the son.
5. Behavioral responses of the spouse and other members of the family towards the respondent were criticism, blame and rejection. Their emotional responses towards the mother were hatred and apathy.
6. Mothers had to face many embarrassing situations in public, due to the son's substance dependence. These include son seen intoxicated or engaging in illicit activities in public, or being humiliated or assaulted by public.
7. Mothers had repeated experiences of being threatened or assaulted by her son (with MSD) and/or people connected with him. They were subjected to multiple ways of harassment including physical, verbal, emotional, financial and sexual assaults.
8. Mothers had bad experiences from Police and other enforcement officials. Most of them were bullied and teased by the officers when requested for help in managing the son.
9. The respondents had to undergo many bad experiences from friends, relatives and public. They were stigmatized, humiliated and rejected by others.
10. The son with MSD expressed love towards the mother occasionally and sought help from her when he was sober. Mother understands that her son is manipulative and utilizes her emotions. They were extremely hurt by their son's ruthless expressions of hate and anger.
11. Spouse and other members in the family had both supportive and opposing patterns of attitude, emotions and behavior towards the respondent, but the effect of opposing styles surpassed the effect of supporting patterns. Mothers felt rejected and lonely inside the family.

12. Most of the mothers attributed the unhealthy childhood experiences and negative life events to be the cause of substance dependence in their son.
13. A huge majority of the mothers felt guilty and helpless in managing their son's MSD. They reported that they did not receive any proper guidance in supporting their son
14. Mothers reached out to maximum number of treatment providing agencies- formal or informal- in order to fetch 'cure' for their son's dependence. They tried magico-religious treatments, in addition to formal and informal treatment methodologies.
15. The son with multiple substance dependence relapsed more than two times in the past four years. Mothers were flown into a train of negative emotions and memories during each relapse and so mothers were always worried about the relapse.
16. Mothers' emotional response to the initial relapse of the son was shock and betrayal. But they became angry, hopeless and numb when the son relapsed recurrently.
17. The son with substance dependence was treated more than twice for deaddiction in the past four years, the cost of which is more than two lakhs. Penalties and repair work of the destroyed articles add to the financial burden.
18. Mothers had decreased social interaction and deteriorated social functioning after the son developing substance dependence. Their social support declined and they became more isolated.
19. A huge majority of the mothers experienced severe burden due to caregiving and poor social support from the spouse, family members and friends.
20. Mothers had both supportive and opposing emotions, attitudes and behavior towards the son with MSD. But they were persistent in supporting their sons through the path of recovery.
21. Guilt, hate, apathy and despair were the predominant emotions of mothers towards self. They had self-destructive thoughts and attitudes towards self, causing negative emotional states.
22. Almost all the respondents showed signs of severe to extreme depression, PTSD, panic attack and generalized anxiety.
23. Reaching out for seeking help with regard to self 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.

24. Mothers used different coping strategies at different occasions. Constructive coping strategies like positive reinterpretation and growth, mental disengagement, active coping, humor and acceptance were used rarely by the mothers. Some practical and beneficial coping techniques like use of instrumental and emotional social support, religious coping and self- restraint are employed frequently.
25. Denial and substance abuse were not generally used as a coping mechanism by the mothers. There are signs of resilience and optimism in the mothers, which can be tapped for the treatment of the son and to improvise the condition of mother.

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