CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

Introduction

This chapter deals with the analysis of data collected through various quantitative and qualitative methods. Quantitative data include that information obtained from semi-structured interview schedule and scales on perceived social support, burden, depression and coping inventory. Qualitative gist of data comprises that information gathered from in-depth interviews of selected respondents by the researcher. This information is analyzed as case vignettes and thematic analysis of the verbatim responses given by the respondents during in-depth interviews. The bulk of information obtained from quantitative and qualitative methods are then triangulated to derive a comprehensive understanding of the condition of mothers of young adults with multiple substance dependence.

The order of presentation of tables is as follows:

1. Quantitative analysis
2. Qualitative analysis

    2.1 Case vignettes 1-5

    2.2 Thematic analysis

    2.3 Summary of thematic analysis
3. Triangulation

Quantitative Analysis

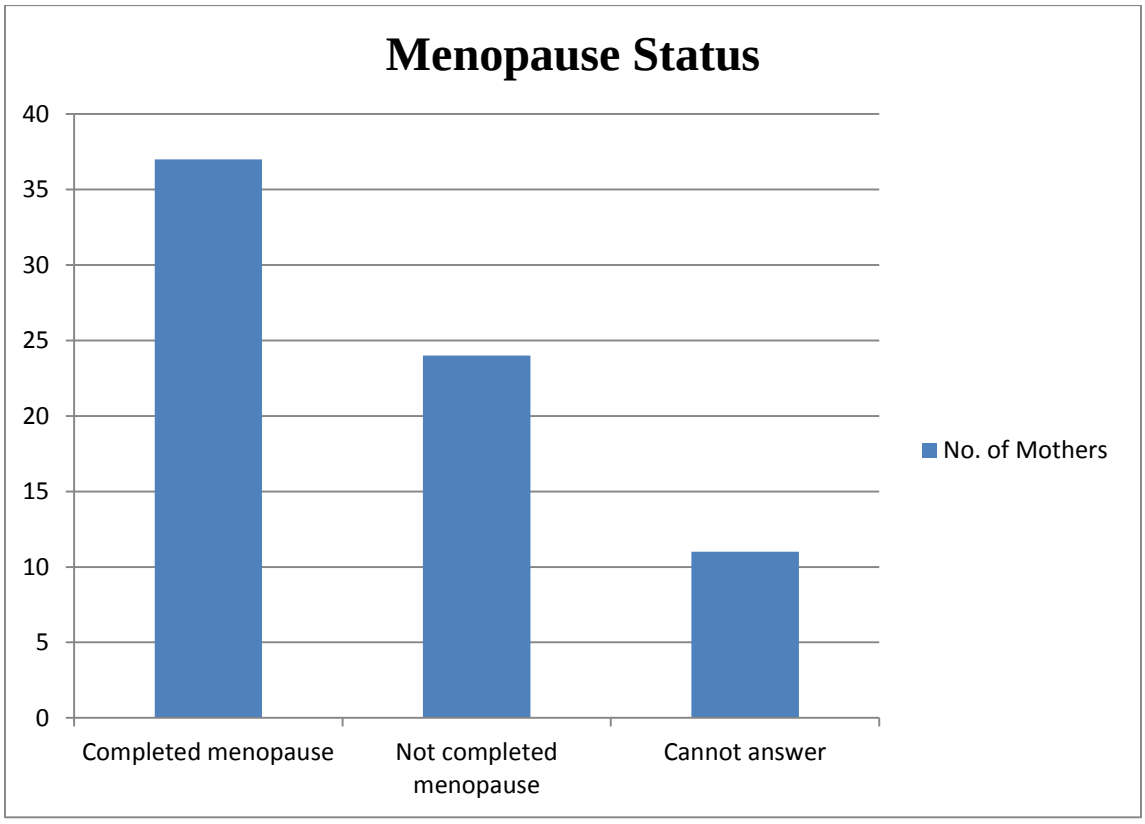
1. Socio-Demographic Profile of Mothers

Table 4.1.01.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.

Figure 3.1 Menopause Status of the Respondents



The above column graph indicates that majority of the mothers (37/72; 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 4.1.02 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

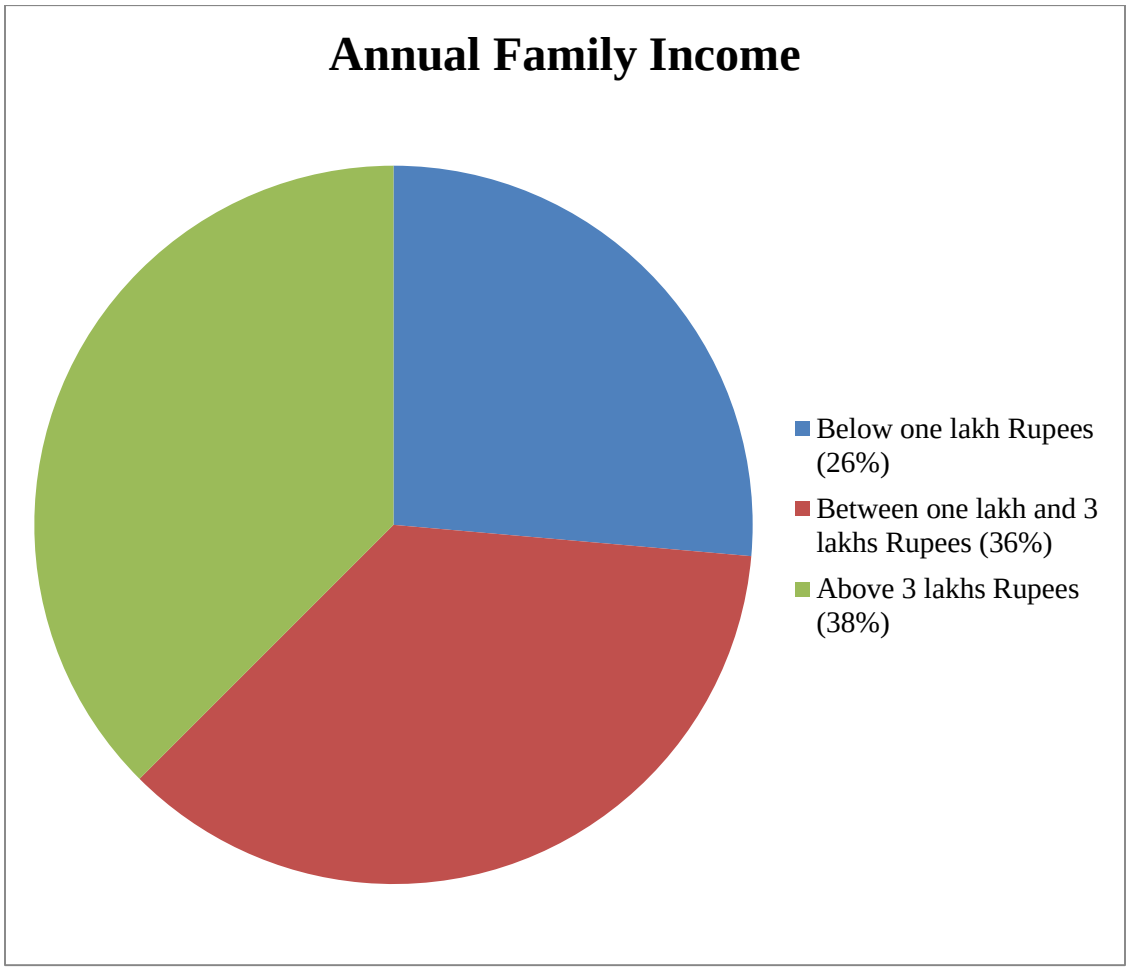
It is clear from the above table that unemployment increased more than four times (from six to twenty eight) after being a caregiver. Some of the government employees (five) took voluntary retirement or resigned their jobs after becoming a caregiver. A huge number of private employees (twenty six) lost their job and out of them many took up private part-time jobs. There is an increase in the number of respondents doing private part-time jobs. Mothers from lower and middle socio-economic strata, who became unable to go for work regularly, preferred part-time jobs like domestic help, sales girl in shops, data entry in shopping malls etc. It is also noteworthy that mothers who are professionals (four) continue to stick on to their profession itself.

Table 4.1.03 Type of Family and Domicile of the Person with Multiple Substance Dependence

Type of Family	F	Percent	Domicile	F	Percent
Nuclear	53	73.6	Rural	13	18.3
With parents and grand parents	17	23.6	Semi-urban	26	36
With parents, grandparents, uncles, aunts and cousins	2	2.8	Urban	33	45.7
Total	72	100	Total	72	100

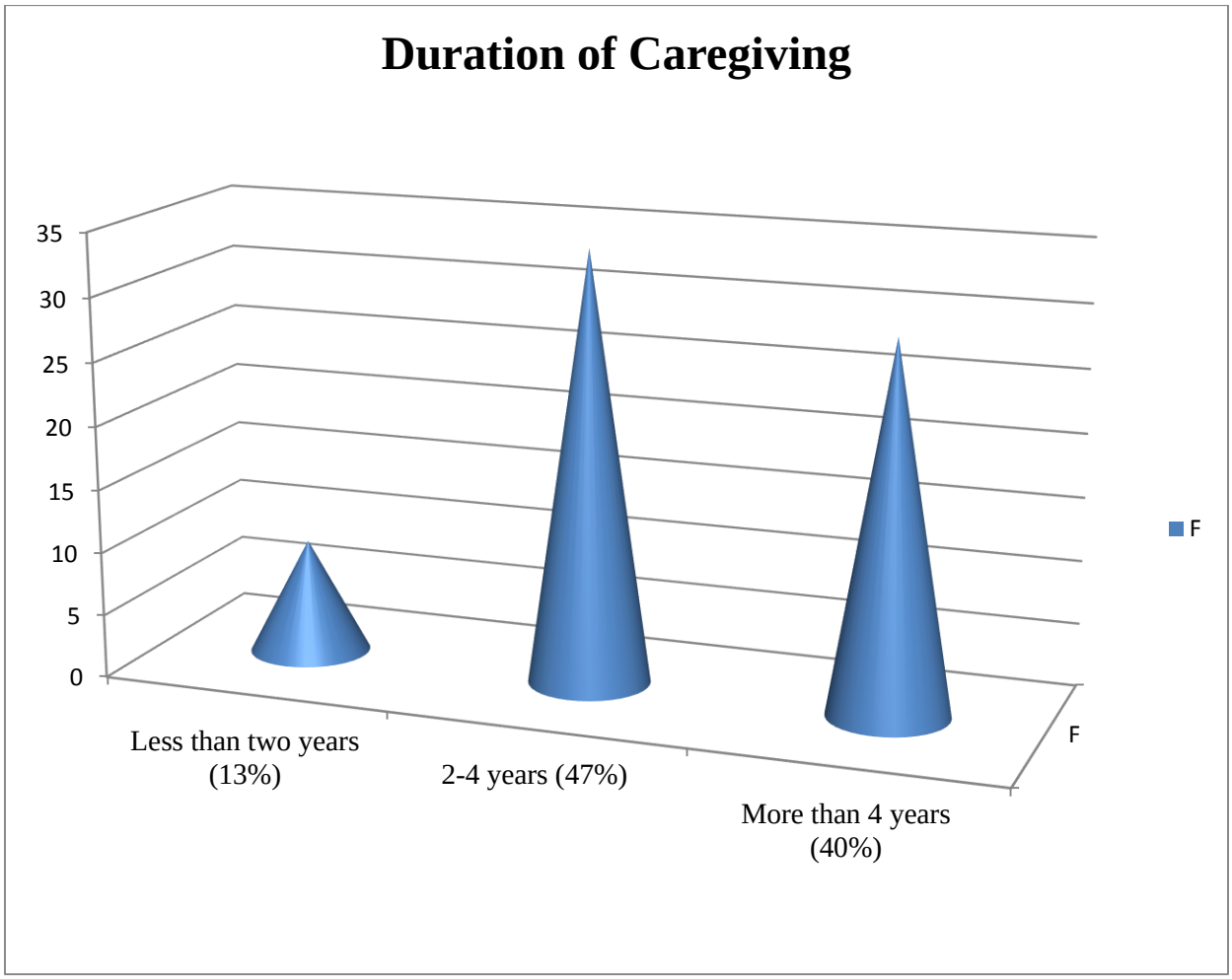
The above table points out that a huge majority of the substance dependent young adults (73.6%) live in nuclear families. Only two respondents (among seventy two, i.e. ~3%) reported that they live in joint families. While most of the respondents (45.7%) live in urban area, only lesser number of respondents (18.3 %) lives in rural areas.

Figure 3.2 Annual Family Income of the Respondents



Considering the financial status of the respondents, as given in the above table, only a quarter portion (26%) of the respondents belonged to lower financial income group, while others had annual family income more than one lakh rupees.

Figure 3.3 Duration of Caregiving



From the above figure, 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.

Table 4.1.04 Mother's Opinion about her Son's Multiple Substance Dependence (MSD)

Mother's opinion about the son's substance dependence	**F**	**Percent**
A normal part of adolescence/ young adulthood	5	6.9
A problem of bad peer influence	29	40.3
An adverse effect of bad parenting	25	34.7
An illness affecting countable few	13	18.1
Total	72	100

Some of the attitudes and opinions of the mothers about their son's substance dependence were given as choice for the respondents to select. They were allowed to select only one response. Most of the mothers (40%) opined that their son's substance dependence is a problem of bad peer influence. 25 mothers (~35%) believed that it is an outcome of bad parenting. Only countable minority of the mothers (18%) had an awareness that their son is suffering from an illness which is very rare.

Table 4.1.05 Mother's Opinion about the Son's Motivation to Quit Psychoactive Substances

Mother's opinion about the son's motivation	**F**	**Percent**
Son cannot quit even though he is motivated	32	44.4
Son is not motivated to quit	29	40.3
Son can quit by himself	11	15.3
Total	72	100

Almost 85 % of the mothers understand that abstinence is not easy for their sons. A significant portion of the respondents (40%) recognize that their sons are not motivated at all, while other substantial group of mothers realize that their son cannot stop abusing substances, even if they wish to quit. However, 15 percent of the respondents believe that their sons can quit the abuse by themselves.

Table 4.1.06 Family History of Alcohol Addiction

Family history of alcohol addiction	**F**	**Percent**
None	20	27.8
One	33	45.8
Two	18	25
More than two	1	1.4
Total	72	100

With regard to the family history of the patients, a considerable majority (46%) had a family member who is/was alcohol dependent. Eighteen patients among seventy two (25%) had two such dependent members in the family. A notable proportion among them (28%) had no history of alcohol addiction in the family. Only one person reported presence of more than two substance dependent persons in the family.

Table 4.1.07 Family History of Conflict with Law

Family history of conflict with law	**F**	**Percent**
None	68	94.5
One	4	5.5
Two	0	0
More than two	0	0
Total	72	100

Sixty eight respondents out of seventy two (94.5 %) stated that they do not have a person in the family who has/had incidents of conflict with or violation of law. Only a meager proportion of the respondents (5.5%) reported the presence of a family member who violated law of the country.

2. An Overview of Mothers' Experiences of Caregiving Son with MSD

Table 4.2.01 Duration of Detection of the Son's Substance Use

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

As a response to the question "When did you first come to know that your son is using psycho-active substances?" half of the mothers (50%) responded that they knew about it 2-4 years ago. A significant proportion of the respondents (43%) answered that they were aware of it more than four years ago. Only five mothers (among 72) stated that they could recognize it only in the past two years.

Table 4.2.02 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

This table describes the answers to the question “How did you come to know about it initially?”. 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. Sixteen mothers (among seventy two) reported that they were informed by their friends/relatives. This is often accompanied by teasing or harassing of the mothers by friends or relatives who inform them. Some of the mothers (18%) were informed by their husbands and some others (12.5%) by other children, parents or siblings. Only three of the respondents remarked that they were informed by the dependent himself.

Table 4.2.03 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. While only a few fathers (3 out of 72) experienced panic, a little more number of mothers (8 out of 72) experienced it. Fear as the initial reaction was shown by 22% of the fathers and 18% of mothers. Other reactions like confusion, sadness, dismay, being stuck, disappointment, hate and denial were recorded by a small portion of mothers (7%) and fathers (4%).

Family's Reaction

Table 4.2.04.1 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

The above table shows the raw counts and the predominant response of the mothers to the question "What was the behavioral response of your husband towards you after knowing about your son's addiction?". As it was a multiple response question, the respondents were asked to mark one response as the predominant response while selecting multiple answers. 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. It is thus evident from the table that mothers had to face negative responses from their spouses than positive responses.

Table 4.2.04.2 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. These members can be the other children of the respondent, parents or parents-in-law of the respondent, and the direct siblings of the respondent. It is luminous from the above table that a large bulk (54%) of the respondents reported that they were blamed by their primary family members and 27% held that they were criticized. Only a small proportion of mothers (4%) acknowledged the consolation provided by the other family members. A little more than 8% of the mothers testified that they were reassured by their immediate family members, other than spouse and the dependent son. 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. This indicates the

intensity of negative responses showered on the respondent by other family members after the identification of drug abuse in the patient.

Table 4.2.04.3 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

The emotional response of the respondent's spouse towards the respondent after recognizing son's dependence is described in the above table. A large fraction of the mothers reported that the predominant response of their spouse towards them was hatred (39%) and apathy (29%). About 21 percent of the mothers received an empathetic response from their spouse as a primary retort. 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. Only a small portion of the mothers experienced emotional support from their spouse, where as a sizable portion (68%) suffered from negative emotional responses.

Table 4.2.04.4 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. Some of the mothers (4/72) stated that the other members sometimes loved and cared for her. Only 8.4 % of the mothers reported that other members in the family empathized with her primarily. 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. This shows that mothers did not receive enough emotional support from their family members. The other responses mentioned by the mothers were love, anger, hopelessness etc.

Traumatic Experiences Due to Son's Psychoactive Substance Dependence

Table 4.2.05.1 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 4.2.05.2 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. Only three mothers (out of seventy two) reported less than three such occurrences in the past four years.

The person with psychoactive substance dependence interacts and involves with multiple kinds of people during his substance availing practices. By the term 'son's affiliates', the researcher implies drug peddlers, suppliers, money lenders, gangsters, criminals, other substance dependents and so on who involve with the son during his day-to-day life. 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, while 22 percent experienced it once or twice in the past four years.

The above table reveals the magnitude of physical and verbal aggression faced by the mothers. Many times they sustain wounds and injuries risking their physical and mental health.

Table 4.2.05.3 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. This happens either when the

mothers approach the authority for help or when the authority confronts the mother as a part of investigation. It is worth mentioning that all respondents had at least one such experience from the law enforcement authority.

Psychological Condition of the Respondents

Table 4.2.06. 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

The above table describes the psychological condition of the respondents. Considering the disturbing memories, a substantial majority of the mothers (78%) had many disturbing memories relating to son's substance dependence. Most of them detailed that they relive those traumatic events, triggered by similar incidences or antecedents. Those are memories related to physical or verbal abuse, humiliating events, or the agony of experiencing the negative events.

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 suffer from it sometimes. No mother is free of anxiety symptom.

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

Table 4.2.07.1 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

This table explains the respondent's emotion towards herself. 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. Nobody chose love as her predominant emotion, where as 14 percent indicated hatred as their predominant response. The emotions of guilt and shame towards self are in association with sense of inadequacy in fulfilling maternal responsibilities.

Table 4.2.07.2 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

The above table describes the emotions of the mothers towards their sons who are multiple substance dependents. 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. Describing the 'uncertain feelings', most of the mothers said that they have a mixture of emotions including anger love and fear. A significant fraction of the mothers recorded empathy as their predominant emotion, substantiating their relentless support and care towards their son. 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 4.2.08.1 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

The above table enlists some of the assumptions of the mothers regarding their son's substance dependence. Majority of the mothers (~38%) assume that uncongenial family environment in childhood is the predominant cause for the substance dependence. 17 percent of the mother consider traumatic childhood experiences as the determining factor, while 18 percent blame peer pressure for their son's dependence. A countable number of respondents (11/72) contemplate that substance dependence is a simple age related problem. Taking into account of the raw counts, most of the mothers (52 out of 72) value peer pressure as one of the important causes of substance dependence.

Table 4.2.08.2 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. Only a small minority (7%) of mothers reported that they never felt guilty. All mothers have had ideas of helplessness in the past four years. Most of them (65%) revealed that they were helpless and confused in managing their son's substance dependence.

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

Table 4.2.09.1 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. A little less than 30 percent of the mothers opted rehabilitation centers as their predominant choice of treatment. A small minority (11%) considered informal counseling as the predominant choice, but none of them chose magico-religious treatments as the main treatment modality. From the raw counts, it is visible that magico-religious treatments and informal counseling are given as adjuncts to the main deaddiction treatment.

Table 4.2.09.2 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. 29 percent of the mothers stated that maximum period of abstinence of their son was three – six months. It is important to note that none of them claimed an abstinence of more than one year in the past four years.

Table 4.2.09.3 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 to the researcher that their predominant response was shock. Anger (21%), sadness (17%) and betrayal (14%) were the other predominant responses notified by the respondents. Nearly 10 percent said that despair was their immediate reaction. Considering the raw counts, anger, betrayal and shock were the most common emotional responses.

Table 4.2.09.4 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

From the above table, it can be understood that majority of the respondents (46%) have given more than two deaddiction and rehabilitation treatments to the patient. A significant fraction of the mothers (22%) have given two such treatments.

Table 4.2.09.5 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

The above table describes the emotional reaction of the mothers when their son relapses recurrently. A substantial proportion of the respondents (32%) stated that their predominant emotional response is numbness, while another significant group of mothers (24%) described their predominant emotional response as anger. Approximately 17 percent of the mothers reflected that their primary response is despair. Another 12.5 percent of the respondents quoted that their primary emotional response is 'the urge to run away'. Analyzing the raw counts, 45 out of 72 respondents chose 'urge to run away' and 42 out of 72 mothers chose despair as one of their important emotional responses.

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

Table 4.2.10.1 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

The above table describes the subjective evaluation of the respondents on the financial loss and decline in social status, consequent to their son's multiple substance dependence. Financial loss was categorized into mild, moderate and severe depending upon the margin of economic decline. A huge majority of the mothers (60%) testified that they had more than ten lakhs (rupees) of financial loss in the past four years. This financial loss is incurred from the treatment and rehabilitation expenses of the patient, repair and renovation expenses of the items and gadgets destroyed by the son and litigation expenses when the patient is in conflict with law.

Decline in social status is also a subjective measure, in which the respondents were asked to choose from three options which they consider most appropriate to describe their current status. A large majority of the respondents (67%) chose severe decline in the social status after their son developing dependence on multiple substances. Mothers with severe social status deterioration explained that they had to face stigma and isolation from the society and they in turn preferred not to interact with the main stream community.

Table 4.2.10.2 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

The above table gives information about the respondents' subjective feeling of mental health deterioration and subjective need for mental health professional consultation. 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.

Table 4.2.10.3 Openness to Share Emotions and Experiences with Mothers having Similar Challenges

Response	F	Percent
Open	30	41.6
Closed	42	58.4
Total	72	100

The above table shows the openness of the mothers to share their subjective emotions and experiences with similar mothers in an open forum or in group situation. The respondents were asked if they were ready to share their lived experiences in a similar group. Surprisingly, only 30

out of 72 respondents were prepared to do so, while remaining 42 respondents wished to keep their anonymity.

Middle Age Related Conditions

Table 4.2.11 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

Middle age related issues are widely scattered. This table throws light on the main challenges faced by a middle aged woman, regardless of the caregiver status. 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.

3. Perceived Social Support of the Respondents

Table 4.3.01 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

The above table shows the perceived social support from the husband. The scores from the rating scale (Multidimensional Scale for Perceived Social Support) were categorized into low, moderate and high, depending upon the cut-off scores given by the author of the scale. Majority (46%) of the respondents perceived low social support from their husband. While 42 percent of the mothers rated moderate social support, only a minority (12.5%) perceived high social support from husband.

Table 4. 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. Only a trivial proportion (4%) rated high social support, while more than 30 percent of the mothers recorded moderate social support.

Table 4.3.03 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. Only a mother reported that she perceived high social support from her friends.

Table 4.3.04 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.

4. Burden Perceived by the Respondents

Table 4.4 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

The Burden Scale categorizes the responses into mild, moderate and severe based on the cut-off scores. 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.

5. Respondents' Scores on Beck's Depression Inventory

Table 4.5 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

The above table describes the level of depression among the respondents. The scores are categorized with regard to the range of total scores. 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. This shows the gravity of sadness experienced by these mothers.

6. Coping Mechanisms Of the Respondents

The following are the tables and analysis of the coping mechanisms employed by the respondents. As the techniques used for coping cannot be grouped as good or bad, mild moderate or severe, it can only be categorized according to the commonality of usage. For the convenience of the study, the researcher grouped the scores depending upon the range, as seldom used (1 – 4), very rarely used (5 – 8), sometimes used (9 – 12) and frequently used coping strategies.

Table 4.6.01 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

Under this coping strategy, individuals try to find positive interpretation of the happenings and try to learn from the experiences. Only a minority proportion of the mothers (5.5%) used this strategy frequently, whereas a huge majority (78%) used this very rarely.

Table 4.6.02 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. Ten percent of the mothers employed this strategy frequently to overcome the stress. 39 out of 72 respondents said that they used this strategy very rarely. But 18 percent of the respondents were unable to use this technique at all.

Table 4.6.03 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

Under this coping strategy, individuals get upset and express those emotions straight away. Majority of the respondents (65%) sometimes use this method and a significant fraction (26.5%) use this frequently.

Table 4.6.04 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 4.6.05 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. 37 mothers out of 72 reported that they used this approach very rarely.

Table 4.6.06 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. It is interesting to note that none of the mothers used denial frequently as her coping mechanism even though 15 percent used it very rarely. A huge majority of the mothers stated that they did not used denial even once.

Table 4.6.07 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

Individuals use their trust in God and religion to cope with their stressful situations and find spiritual meaning in their ordeals. This happens in religious coping. 76.5 percent of the respondents reported that they sometimes use religious coping and 7 percent frequently used it as their prime coping mechanism. Only two mothers out of seventy two completely neglected the use of religious coping mechanism.

Table 4.6.08 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

Humor is the unique capacity of human beings to find wit/ something funny out of their experiences. A preponderance of respondents (65/72) was unable to use this coping at least one during the stressful situation. The remaining seven mothers told that they very rarely used to crack jokes about the situation or about their condition.

Table 4.6.09 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 4.6.10 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. Only two mothers said that they have not used this method at all.

Table 4.6.11 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 4.6.12 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

Substance abuse is taken as the coping mechanism, if someone uses alcohol or drugs to comfort himself/herself, under stressful situations. 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 4.6.13 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

Acceptance happens when people learn to live with the fact by accepting the reality. 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 4.6.14 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 4.6.15 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.

7. Statistical Tests

7.1 Hypothesis Testing

7.1.1 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.

7.1.2 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.

7.1.3 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.

7.2 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

Case Vignette- 1

Ms. A, 52 years old married lady, graduate and tailor by profession, from middle socio-economic background, with one of her sons (who is 20 years old) having multiple substance dependence, sought professional assistance from hospital X to manage her own distress and psychological issues. She had symptoms of persistent headache and occasional loss of consciousness, which was not explained by medical investigations.

On detailed interview, Ms. A revealed that her son, during his previous relapse, turned aggressive and assaultive, under the influence of psychoactive substance and destroyed her tailoring shop completely. In her small temporary shop, she held three sewing machines and essential furniture. She had taken loan from a private money lender to resume tailoring activities. Earlier her son himself had destroyed her sewing machine, which she kept at her house. This time she had received cloth materials from neighbors and a whole sale night-dress manufacturing unit. Her son threw all those materials, costing approximately Rs. seventy thousand, into the rain and mud such that she cannot clean and use them again. Her son took an axe to chop her sewing machines and furniture. He then placed the axe on her neck and threatened her not to do tailoring again.

The aforesaid event was one of the traumatic life events Ms. A had undergone recently due to her son's multiple substance dependence. She was unable to share this with any of her friends or relatives as she was afraid of social stigma and isolation.

Ms. A reported that she came to know about the substance use of her son when police called her and her husband to police station. Her son was arrested by the police on an affray between two

gangsters. Her son confessed to police that the fight took place under the influence of cannabis. Later, there were recurrent episodes in which her son engages himself in physical fights with other youngsters and get arrested by the police. Ms. A and her husband have to go to police station in order to take her son on bail or to compromise the issue without a criminal record.

Two years ago, Ms. A locked up her son in his room for three consecutive days when one of his acquaintances threatened to 'treat' him (harm him) and the family as he allegedly betrayed them by reporting to enforcement officials. She gave him food and water to his room. She took his biological wastes in cans and plastic tubs as their house did not have an attached toilet. She said that she did not allow his son to come out of his room because those people who threatened to harm him were waiting outside their house with weapons to harm them. On the fourth day, her son started expressing severe withdrawal symptoms in the form of muscle cramps and pains and diarrhea. In that evening he had seizures also. She was confused and wanted to save her son at any cost. She requested police assistance and got her son admitted in hospital Y.

In the past two years, Ms. A took her son for deaddiction treatments in various hospitals and rehabilitation centers. The duration of hospital stay varied from three weeks to three months. But period of abstinence did not prolong more than two months.

Initially Ms. A's response to her son's substance abuse was denial and blaming his affiliates for compelling her son to abuse substances. Gradually, she realized that her son is 'an independent' drug user and a loner who does not socialize much. Her husband and other family members blamed her for protecting her son from police cases and physical assaults from others. She reported that her daughter used to support her emotionally until her marriage being called off due to her son's drug abuse.

Currently, Ms. A reported that she does not receive any emotional support from her husband and other family members. She feels pervasive sadness and does not believe that her life will be better again. She is not interested in daily chores and earlier pleasurable activities. She restricts herself from meeting her relatives and friends and discussing about her family affairs. She is not able to sleep properly at night, terrified by night mares in which her son's friends harm her daughter. In the past three months, she has persistent headache and episodes of falling unconscious. She consulted neurologists and general physicians, who were unable to diagnose her illness. After spells of unconsciousness, her family members attend her with care and affection. She opines that her son can quit using the substances on his own will, without the help of mental health care professionals, but he does not wish to quit.

Case Vignette- 2

Ms. B, 49 years old, married lady, gynecologist by profession, from upper socio-economic status, with one of her sons having multiple substance dependence for the past three years, was brought to hospital X by her neighbor after being unable to take care of herself for the past one week. She was found to have severe depressive features including death wishes and social withdrawal. According to the informant who brought her to the hospital, she apparently did not have food, took bath, or collected newspaper from her house gate. She refused to answer any phone calls from her colleagues, after admitting her son in hospital X for deaddiction.

After being admitted to the hospital X, Ms. B refused to interact with mental health professionals and to take food as she firmly contained that she choose to die without taking food. After repeated attempts to initiate rapport and to break her fasting, she started to take food orally. She reported that she was predominantly sad and was pissed off with life experiences that she wanted to end her life. Gradually, after gaining trust, in the treatment team, she started revealing herself. She said that her son, who was nineteen years old, is dependent on multiple psychoactive substances. Under intoxication, he becomes aggressive and abusive towards others and often disturbs her private practice at home. She used to work in a local hospital. One week ago, her son created havoc in her OPD, by throwing articles at the patients and their family members and physically abusing the hospital staff. The hospital authorities had to call Police for maintaining order and they requested her to take leave for one month. She brought her son to hospital X for deaddiction and preferred to stay alone in her apartment.

Ms. B, came to know about her son's substance use when her friends told her about this. She refused to believe this and to enquire about this to her son. Later, she started getting reports

about his substance use intermittently from his school authorities. When they informed her about his risk behaviors, she preferred to hide it from others and allowed him to continue friendship with friends who use different kind of substances. She maintained that her son has the right to determine for himself and believed that he would be able to quit substances 'when the time comes'. Significant marital discord endorsed her to take the sides of her son, rather than correcting him. Gradually, her son took benefit out of this drift and continued his substance taking behaviors.

Ms. B understood her son's dependence when his behavior change became more evident and when he started to fail in exams. By that time, her husband and other children started blaming her for her lenience. They used abusive words against her in public. Her son also aligned with other members in the family to point at her busy professional life and defective parenting.

Ms. B took the help of her friends and acquaintances to avail her son best deaddiction treatment. She took vacation from her profession and stayed with the son, along with other family members when he was treated at one of the premium institutes in India. While undergoing family therapy, their therapist implied uncongenial family atmosphere and marital discord in parents as one of the contributory factors for her son's substance dependence.

Ms. B started inculcating guilt after this and began blaming herself for her son's condition. Her husband and other family members continued to blame her with augmented vigor. Her son demanded money from her publicly for availing substances and abused her if she resisted to give money. Her patients and their family members saw he being abused and she restricted others from lodging complaints against him to enforcement authorities. Her guilt increased when her son met with a road traffic accident and sustained head injury. For this reason, she punished

herself by harming herself. She cut her hair (which was approximately 80 cm.s long) when her son held her by her hair and dragged her to a room. She did not allow her own family members or siblings to support her by saying that she has voluntarily chosen to be punished like this until her son dies an undue death. She told to her colleagues that even though she wished her son's death, she cannot kill him as she has given birth to him.

After each aggressive outbreak of the son, she turned to inflict pain in herself by slashing her body parts (usually concealed by cloths). She reduced taking food and consulting patients regularly. Her guilt and depressive features were not identified or were under diagnosed by her husband and other son who stayed at different places due to job concerns. Meanwhile, it became Ms. B's sole responsibility to treat her son and also to live with her dependent son. She took her son to various magico-religious treatments also, with a belief that he would quit his addiction if 'counseled' by a priest. She justified her choice by saying "I started believing in anything except myself and my dependent son".

Case Vignette 3

Ms. C, 47 years old married lady, unemployed, educated up to pre-degree, from low socio-economic background, with one of her sons (22 years old) being multiple substance dependent, was brought to hospital X by her sister for psycho-social evaluation and management. Ms. C was presented with multiple cuts and injuries whole throughout her body. She appeared terrified. She expressed panic attack like symptoms recurrently. She refused to talk and to take food.

Lived experiences of Ms. C were explored gradually, in serial sessions, after establishing a therapeutic relationship. She was allowed to ventilate her emotions through guided narration technique. She disclosed that one of her children is dependent on multiple psychoactive substances from 17 years of age and she has been suffering since then. On the day of her presentation, she was physically abused by a set of her son's affiliates who suspected her to do spy work for excise officers. She was returning home from a grocery shop and was walking alone in a small bye-road when a group of 3-4 boys of her son's age came and surrounded her. They threatened her not to inform police or excise officers about their illicit drug pedaling. They thrashed her many times telling that "this is only a sample fire work, if you continue doing this…we will chop you into pieces".

Ms. C was astonished when her son himself told her that he is a drug peddler when he was 17 years old. That was the first time when she knew that her son was using those substances and that he has become an addict to cannabis. She could not believe the news as he was her "best friend" and used to discuss each and every happening at the school and football ground. Her son used to be an active participant in the household chores and enquired about the well-being of his

aged grandparents. He started showing changes in his behavior three months prior to his plus two board exam. One day, Ms. C confronted her son directly and asked him the reason for his behavior change. He confessed to his mother about his substance use and substance availing practices.

Ms. C discussed this with her husband and other extended family members about dealing with her son's addiction. Acting on their advice, she took him to many retreat and religious leaders who preached sober life. As those attempts were not fruitful, she took him to a formal deaddiction center. The duration of residential treatment was about four months. Ms. C had to sell her ornaments and her auto-rickshaw to arrange money for the treatment.

After deaddiction treatment, Ms. C's son resumed his studies and was abstinent for almost one week. She had restricted her son from socializing with his old friends and also from playing football with them. Gradually, after almost a year, she became lenient over the controls and her son rejoined his old company of friends. Within no time he relapsed with use of cannabis and alcohol use. Ms. C was heartbroken by this and felt that her son cheated her once again. She shouted at her son and ordered him not to enter their house after intoxication.

Later, there were many treatments and relapses in the past five years, draining away Ms. C's financial and social status. Her son did not show any motivation to quit using substances. He used to abstain willfully for about two-three months. Ms. C believed that her son's friends and acquaintances encourage her son to take these substances and also coerce him to sell them. Once, her son went missing for days in a stretch and Ms. C could not find him. She lodged a complaint in the nearby police station stating that her son was missing. The police helped her in finding out her son in a poor state. He had met with a road traffic accident and was hospitalized in a northern

district of Kerala. She told to police cops that her son was trapped in a drug racket and that she wanted to save him. The police then questioned his friends and found them guilty of various law-breaking activities.

After this incident, Ms. C was sad and withdrawn to herself. She avoided the weekly meetings of their Self Help Group. She became more and more pre-occupied by the thoughts of future and about her responsibilities towards other members in the family. Her husband and other children were supportive initially, but started blaming her when the relapses became a pattern. Currently, she thinks excessively about the financial loans she has taken from banks and other private money lenders. She reported that she is not able to perform her 'motherly' responsibilities towards other children. Every day she is afraid that something bad would happen to her family members. In the past one month, she is experiencing panic attack like symptoms regularly and is unable to lead a normal social life.

Case Vignette 4

Ms. D, 50 years old married lady, post graduate, government high school teacher, from middle socio-economic background, brought her elder son for deaddiction treatment in the hospital Y. She reported that her elder son who is 23 years old was abusing multiple psychoactive substances for the past five years. Her son was showing the signs of substance induced psychosis characterized by false beliefs against evidences that his mother was not his actual mother and that he was of royal origin and hearing voices of royal family members talking to him. Ms. D pleaded the treatment team to cure her son and give back her 'original' son.

Ms. D accepted that she was also undergoing 'immense emotional turmoil' from the day she knew about her son's dependence. She had taken her son to many deaddiction centers but his abstinence was not longer than three months. After the latest relapse, she is unable to concentrate in anything that she is doing. She reported that she is unable to prepare effectively for the on-line and offline classes. Many students complained about her poor attendance and lack of punctuality in returning their answer papers. Apart from this occupational dysfunction, she revealed that she was suffering from generalized body aches, unexplainable fear and night terrors. Her sleep was also reduced in the past one week. She was in the brim of emotional breakdown when she revamped previous experiences with her elder son.

Delving deep into life experiences with her son before and after his initiation of substance use, she recollected that it was her colleagues who told her about his substance use. She neglected those initial clues as she thought that those were part of his age related mischiefs. But gradually, she understood that things were more serious than she heard. She recognized that her son crossed

all the limits of control when he demanded for money aggressively and used abusive words against her. She described that experience as ‘shattering her soul’ and there after she ‘lost her soul’ running behind her substance dependent son. Her husband and other family members supported her in initial days of his treatment. Later, they got busy in their own activities and got little time to spend for the elder son. Treatment of the elder son became her responsibility implicitly.

Ms. D’s had to compromise much on her professional and social life when she accompanied her son to different treatment centers and for the follow-ups. Meanwhile, her son got involved in many criminal cases under the influence of cannabis and in the process of availing those substances. One day, enforcement officers raided their house in search of her son and illicit psychoactive substances. Her son, who was under intoxication, stabbed one of the police officers. They arrested him under non-bailable offenses and took him to police station. As the police officer was seriously injured, they threatened her of unforeseen consequences. She had to take the help of her friends and other elites in the society to release him from police station and subject him for deaddiction treatment. This was one of the negative life events that she recollected during the detailed interview.

Presently, after five years of living with her indexed son having multiple substance dependence, she reported that she has lost all her hope that her son would be better again. She said that she was exhausted of all the coping mechanisms and simply wanted to finish off with life. She added that she has already spent more than fifty lakhs of money on his treatment and related expenses and has shifted home to four different places. She carries a significant level of guilt for not being able to help her son out of his plight, even after being a high school teacher and guiding many adolescents. She blames herself for not being a ‘good mother’ and a ‘good teacher’. She

defames herself in front of her students and choses to resign her job because she was not able to show cent percent sincerity to her job and her students. She avoids socialization with her friends and colleagues in order to escape from the discussion about her son. Recently, when he developed psychotic symptoms, she was completely broken and lost trust in all Gods. She requested the treating team repeatedly to save her son and added that she cannot hate her son or leave her son to live his luck.

Case Vignette 5

Ms. E, 45 years old married lady, graduate, currently employed in a part-time job, hailing from middle socio-economic background, came to hospital Z for managing her treatment refractory asthma and rhinitis, after being referred by a renowned pulmonologist. She was suffering from recurrent asthma attacks for the past three years and was not responding well to different trials of pharmacotherapy. She was also having psoriasis in addition to asthma. The pulmonologist suggested psycho-social intervention as he found significant correlation between exacerbation of symptoms and her unmanaged stress.

On detailed interview with Ms. E, she started unveiling her agony. She sadly detailed that her younger son (who is 21 years old) is addicted to different types of psychoactive substances like alcohol, nicotine, cannabis, LSD, benzodiazepines and injection Fortwin. After taking these substances, he becomes aggressive and assaultive towards parents. He engages in quarrels with her neighbors and relatives so that they have stopped helping her. He terrifies the family members if his demands are not satisfied. He used to go to her office (a private financial enterprise) and demand money from her employer. Her employer gives her son the money he asks in order to avoid a conflicting situation and then retrieves that money from her salary. She reported that there were many months in which she had no salary to receive at all.

One day, when Ms. E refused directly to give money to her younger son, he hit her bitterly to make wounds and tore her clothes in midst of the physical fight. He then held her on her throat and choked her shouting that he would kill her. It was only when his friend came to the house (coincidentally) that he released her from his hold. By that time, she had almost died short of breath. His son just left her at her plight and left the house. She was taken to a nearby hospital by

her husband. Later she developed asthma and persistent running nose. Each time her son raised his voice and used abusive words, she would become breathless and incapacitated, even before the physical attack. Her skin lesions also increased with increase in stress and sometimes reached such a severe stage that she was unable to wear clothes.

Ms. E and her family members concentrated more of their efforts to treat their younger son and to assure abstinence. But domestic violence continued to stage in the family, due to the son's substance dependence. Ms. E was empathetic and enabling towards her younger son during initial days. She hid her son's aggression and demands under the veil of her asthma and psoriasis and never complained about this to her close relatives or friends. Her husband was critical towards her as she supported her son unconditionally. She justified her affection and care towards her son by saying that his words of repentance healed her wounds. He repeated the pattern of being assaultive towards her, either for getting the substance or after taking it and then apologizing to her the very next day.

In the past three years, Ms. E has uncontrolled asthma and rhinitis. She consulted different physicians and pulmonologists and tried different modalities of medicine including Ayurveda and naturopathy. The results were not encouraging. Currently, the asthma has exacerbated so much such that she is not able to talk to any one more than two or three minutes. She is unable to wear clothes properly and so is unable to go out for work. So she took up online job, mainly data entry, which can fetch her some money of her own. She did not inform her son about her online job as she feared that he would snatch away money from her. When her son came to know about this, he destroyed her smart phone and tablet and seriously assaulted her. The neighbors called police, seeing the scene and requested his treatment.

Ms. E's son was treated several times in deaddiction centers. Each treatment required more than one month of admission and 6-8 months of outpatient treatment. Ms. E had to spend more than thirty lakh Rupees for his treatment and she had to undergo treatment for her own physical symptoms. When she came to hospital Z, she was not hopeful of her improvement, but expected a peaceful night's sleep. She was worried more about her younger son's condition being known to public and was fearful of the stigma. She requested the treating team not to reveal her son's condition to anybody else.

Qualitative Data and Thematic Analysis

Method of Data Collection

The respondents were interviewed in detail using in-depth interview guide. Two or three sessions, each of 45 minutes to one hour was involved in the process of exploration, depending on the psychological status of the respondent.

The areas probed were mainly initial 'know-how' of the mothers about their son's substance use; initial response of the mother, her husband and other family members towards the son's substance use; 'know-how' about their son's dependence on various psychoactive substances; mother's response to son's addiction; response of other family members; embarrassing events in public; experiences of being assaulted or threatened by their son or his friends; occasions in which enforcement authorities taunted her; emotions towards her son; deaddiction treatments; emotions towards herself; psychological and physical consequences of living with their son; expectations about future and middle age related problems.

During these exploratory sessions, the emotions and thoughts of mothers were duly validated. The researcher had to pause the interview sometimes during the emotional breakdown or emotional juncture and had to facilitate peaceful emotional ventilation. So the sessions were not audio/video recorded, but were recollected and written down verbatim after each sessions.

After documenting each interview, the researcher glanced through the previous documents and high- lightened important themes of the interaction. New concepts and experiences were also underlined in order to make review more convenient.

Some of the detailed explorations were interrupted and discontinued due to unexpected happenings to the mother or the substance dependent person. Some respondents refused to elaborate and to share their experiences, after one or two sessions. At least twenty two of the respondents were interviewed completely such that all areas in the interview schedule were covered. After twenty two interviews, the researcher reached a saturation point at which different themes and concepts seemed repeating. Then the process of data collection was stopped and data analysis was begun.

Qualitative Analysis

Qualitative data was analyzed with the help of Thematic Analysis.

Thematic analysis is particularly useful when looking for subjective information such as a participant's experiences, and opinions and while deducing connections between various components defining the phenomenon (Braun & Clarke, 2019). It was used in the current research, because it helped the researcher to understand the experiences of mothers while caregiving their young children who are substance dependents and to understand the relationship between the state of affairs of the mother and the substance dependence of their children.

Following the **deductive latent approach, reflexive thematic analysis** was carried over in this study.

Table 4.7.01 Initial Detection by the Mothers about Their Son's Substance Use

Ideas/verbatim	Codes	Sub-themes	Themes
"I did not expect my son to use these substances" "I thought my son will not use this" "He was a normal child"	Mother did not suspect her son to use substances	Mothers were not aware	How the mothers came to know about their son's substance use
"He doesn't usually tell me anything" "He simply asks money and doesn't tell me what for" "He was cunning to hide this from me"	Son intentionally hid his usage from mother		
"I saw dried leaves/flowers in his pocket" "I saw small packets of white powder inside his bag" "I got bad smell from his breath"	Mothers saw bits of substances from the house	Mothers got traces of the substances from house	
"I got OCB paper hidden in his books shelf" "I got a used syringe from the sunshade" "He had thrown many empty strips of tablets to the house compound"	Mothers got syringes, empty strips, vials from house compound		
"My younger son told me that my index son's friends are using weed" "My husband told me"	Informed by family members	Mothers were informed by others	
"My relatives told me to be watchful" "My friends told that they so him in doubtful circumstances"	Informed by relatives or friends		
"I was called to the Police station on one working day" "Vigilance officers told me that my son is an infamous peddler"	Mothers were informed by police or other authority	Mothers were informed by enforcement officers	

"I asked him directly after anger outburst" "I questioned him about his expenses" "I asked him when he came late to the house"	Son told the mother when confronted	The son told the mother	
"He told me that he has tried smoking cannabis" "He told me one day, when he was sad" "After breaking TV, he was remorseful and confessed to me"	Son told mother willfully		

Table 4.7.02 Embarrassing Situations Due to Son's Substance Use

Ideas/verbatim	**Codes**	**Sub-themes**	**Themes**
"I was ashamed in the function as his speech was slurred and everybody came to know" "He was drunk so much that he was swaying" "He was not able to recognize us"	Seen intoxicated in public	Son behaving awkward in the public	Embarrassing situations
"He demanded money in front of my friends" "He acted overfamiliar with my friends and other ladies" "He sent sexual messages to my relatives"	Disinhibited behaviors		
"I saw him sitting along with 'kachara' people and drinking" "I did not expect him to be a part of those drunkards" "He was happily drinking and cracking foolish jokes"	Using alcohol in public	Son seen using the substance along with his friends	
"He and his friends were using 'injectables' on the roof top of an unoccupied building" "He was caught by the local residents for using substances in their colony area"	Son being caught by public		

“He tricked my employer for money and he saw him intoxicated” “He borrows money from neighbors, telling some excuse and they ask me”	Drug availing strategies	Son seen engaging in illicit activities	
“He gets involved in all fights happening in the town” “He carries illicit substances to pre-planned destinations” “He is involved in drug peddling”	Law breaking activities		
“He was thrashed badly by the local residents” “He and his friends were beaten by the locals” “He was caught prying into other’s houses and so was man-handled nicely”	Assaulted by local residents	Son being assaulted by others	
“They came suddenly and hit him with thick sticks” “He was physically assaulted by his own friends”	Assaulted by gangsters		
“I heard them calling him by names” “They annoy him to see him on fire and then laugh at him”	Teased by relatives/neighbors	Son being humiliated by others	
“I saw my husband avoiding him completely” “My daughter refused to introduce him in the function” “My father told me not to bring my son to the gathering”	Teased by family members		

Table 4.7.03 Experiences of being Assaulted or Threatened by the Son With Substance Dependence

Ideas/verbatim	Codes	Sub-themes	Themes
"He pushed me away and I fell down" "He gave me a hit on my head with the side of the adapter" "He threatened to kill me if I block his way…and that was not my son"	With substance	Physical assault	Experiences of being assaulted or threatened by the son
"He appeared as if possessed by 'satan', he broke everything, he thrashed me too.." "He threatened to finish everything and took the knife in his hand"	Without substance		
"He told me that my crocodile tears were not helping him" "He does not allow me to cry when he takes Fortwin in front of me"	With substance	Emotional or psychological assault	
"He said that I am the reason for all his dismay…I have only tried to help him…" "He told that I have not done anything for him" "He often asks if I am his true mother or his step mother"	Without substance		
"He called me with bad words, a mother should never hear those from her son…I was shattered" "He used two non-civic words with me…I wonder how he learned these"	With substance	Verbal assault	
"He called me a bad word once, twice and thrice…I could not hold myself and I yelled at him"	Without substance		
"He demanded for thousand rupees immediately" "He keeps on disturbing me asking for money and	With substance	Financial assault	

comes behind me everywhere I go, until he gets money"			
"He wanted my ATM card and pin number" "He ordered me to transfer all the amount in my account, else he will set fire to my certificates"	Without substance		
"He send sexual messages and videos to me…I blocked him over whatsapp and facebook." "He took his 'thing' asked me to help him play with it"	With substance	Sexual assault	
"I am afraid when I am alone at home, once he came to by bed room in very inappropriate fashion, he wanted me to bathe him" "At times his intentions are not clear, he stares at me…chemicals have taken away his sanity"	Without substance		

Table 4.7.04 Hurtful Experiences from the Index Son's Affiliates

Ideas/verbatim	**Codes**	**Sub-themes**	**Themes**
"Three or four of my son's friends came to my house and threatened me to leave him from house" "They came to my work place and slapped me on my face, in front of my colleagues"	Towards mother	Physical assaults/ threats	Hurtful experiences from son's affiliates
"They smashed the TV when we were sitting in the living room" "He had a knife in his hand and terrorized us not to move out of the house"	Towards all members of the family		
"They surrounded me and started bullying when I went to a super market" "He is always there with my son…he called me names" "One of my son's teachers accused me of raising him	Towards mother	Insults/ emotional attacks	

without morality” “He told to other residents that I am selling them substances”			
“They painted cartoons on our compound wall and wrote bad words” “The cooked up stories about my daughter” “They tease and annoy all of us, one day my younger son came crying from the school”	Towards all members of the family		
“One of the friends of my son behaved indecently to me” “He started sex-chatting to me and I had to block him” “He came to my house when I was alone…I understood his intentions and so I called one of my neighbors”	Towards mother	Sexual advances	
“They miss-behaved with my daughters…” “He proposed my daughter and told her that her parents won’t disagree” “They called my husband bad words and commented my daughter with a sexual connotation”	Towards other members of the family		
“His friends spread allegations against me so that nobody talks to me at my work-place” “He threatened my best friend….so now she doesn’t even answer to my phone calls”	Towards mother	Isolation	
“They don’t leave our guests too…so now we don’t have any visitors” “We cannot go to any public place nowadays, if some of his friends spot us, they will surely make a scene”	Towards all members in the family		
“They came to the kitchen and started cooking their own stuffs….told me Amma you keep silent” “They order me to serve them the side dish they want…and I cannot refuse” “One of his friends told me that I have to obey	Towards mother	Over-powering	

whatever he says…and my son kept watching…they have made us dolls…"			
"It is their rule in our house…they come inside our bed rooms too…they switch on TV, plays their channel…" "His friend asked my husband not to take our car to office, as he wanted our car"	Towards other members in the family		

Table 4.7.05 Unforgettable Events with Law Enforcement Officers

Ideas/verbatim	**Codes**	**Sub-themes**	**Themes**
"Police called me when I was in my shop and told me that my son is caught with illegal substances" "I got a call from police station saying that my son has surrendered in police station after stabbing one of his friends"	Informing mother	Shocking events	Unforgettable events with law enforcement officers
"Excise officers called my husband and told that our car has been seized by them with 5kg of cannabis" "They called my father and told him that his grandson is making chaos in the town, and what should they do"	Informing family members		
"I was on my heals when they told me that they are following my son" "I was chilled by fear when they told me that they are behind my son for hitting a police officer and running away" "I felt like vanishing in the mid- air when they told me that he assaulted a girl and went exile"	Son being chased by officers	Fearful events	
"They (Vigilance officers) came with three police officers and arrested him, I was afraid that they will harm him" "I was shivering with fear, when they caught him red-handed" "It was a dazing event for me…it was complete darkness in front of my eyes…no mother should undergo this fear"	Son being taken to custody		

"They (Excise officers) knew that I was in panic…so they told me that they won't harm him.." "The (Circle) Inspector told me that they will arrange my meeting with my son tomorrow, after presenting him to the Magistrate" "An officer held my hand and told me that they are all with us, and not with narcotics…he understood my sigh…magical words…"	Empathizing	Supporting officers	
"The officers were soft and understanding, they told me to take him to deaddiction center" "A lady officer helped me to find a good rehab center"	Motivating		
"The officers were very angry and were shouting at him, one of them kicked him at his back and asked him to keep quiet" "My son got nicely (thrashes) from those officers; I could not stand seeing it…" "When he was admitted to the deaddiction center, he had many wounds and injuries…I was sad" "…No mother can forgive those officers who beat her son so badly in front of her…let it be for any reason...I am his mother.."	Vengeful	Unethical officers	
"Some of the officers are corrupted; they offered settlement in out of the law..." "They (officers) asked for more money than we could arrange…so they made FIR against him.." "One of his (son's) friends come from elite family…there was no clause of evidence against him (that friend) in the FIR"	Corrupted		
"The police officers blamed me for the deviant behaviors of my son" "They (officers) accused me of helping my son to continue his substance use" "They blamed me for not taking my son to good deaddiction	Blaming	Emotional harassment	

treatment”			
“We stood in front of the police station for 3-4 hours, when asked, they told that they cannot attend ‘a hopeless case’..” “A lady police (officer) told me that I won’t understand the sentiments of mothers of girls because I am a mother of an ‘freekan’…those words pierced my chest..”	Stigmatizing		
“Many officers have told me that there is no point in treating him…and they would not come to take him for treatment…” “They (vigilance officers) told me to leave him forever as he is not going to recover”	Demotivating		
“I lost my peace of mind after engaging in fight with Police officers” “I get panic attacks often, after this incident (son being beaten by Police)”	Emotional	Consequences of conflicting with law	
“People avoid us at the very sight, as his photo appeared in newspaper” “My community members told that our family must be ostracized from our community, as we set a bad example” “I am ashamed in public…I lost my face…I cannot see anyone…” “I cannot go to any social gathering, as everyone asks about his arrest and incarceration”	Social		

Table 4.7.06 Attitude, Emotions and Behavior of the Index Son towards the Mother

Ideas/verbatim	Codes	Sub-themes	Themes
"He hugs me and kisses me on my cheeks…" "…he says I am sorry" "He cannot stay away from me for long… he comes home and holds my hand" "He usually remember my B'day and wishes me …"	Love	Expressing love	Attitude, emotions and behavior of the son towards the mother
"Sometimes he shares his pains with me and asks why am I like this Amma…" "He keeps a portion for me from his favorite food…" "We share old memories from his childhood…"	Sharing		
"Some days we spend time together talking and talking…that is the best gift he has given me" "Sometimes we have meals together" "Sometimes we pray together…we go for a walk on the roof top, but depending on his mood"	Activities done together		
"He stood strong with me through my thick and thin…I cannot just leave him for his fate" "He was ready to pledge his favorite chain for my surgery" "He allows me to keep my channel when he is watching his favorite films in the TV"	Sacrificing favorites		
"He asks me for money to buy his articles…" "He demands for money and other facilities…like bike" "He demands for money, rudely…without looking at the circumstances"	Material help	Seeking help	
"Sometimes he asks me for suggestions on some of his issues"	Asking for suggestions		

"He asks me for advices when he is sober" "Sometimes we discuss about solutions for his problems"			
"He knows that I am the one he can rely for emotional support…" "That day he cried a lot, keeping his head on my lap.." "When he is sad, he comes to me"	Emotional help		
"He hates me now…I am his chief enemy" "He doesn't talk to me now" "It has been years when we looked at each other's face and talked…" "He quarrels with me at every silly reason" "He ignores me…that hurts me a lot"	Hate	Expressing hate	
"He blames me to be the reason for his distress" "He blames me for making things public" "He accused me for telling everything to enforcement officers and asked to bear the brunt of betrayal"	Blaming		
"He knows how to switch my buttons…I know he is playing with my emotions" "He acts differently to me at different occasions" "Sometimes he pleads for money and if I don't give, he raises his voice.."	Manipulating		
"He becomes violent me if I don't allow him his will" "He has shouted at me, punched me, pushed me and called me with derogatory words…" "He can harm me in all possible ways…his mind is not clear…chemicals have menaced my son's mind"	Assaulting		

Table 4.7.07 Attitude, Emotions and Behavior of Other Members in the Family towards the Mother

Ideas/verbatim	Codes	Sub-themes	Themes
"My daughter loves me so much…every time she comes home, she gives me a massive kiss.." "My husband does not allow my son to hit me, he calls Police immediately" "My other son cares for me very much…he enquires about me and reminds me to take my medicines" "My other son told me one day…Amma, you are the power house, please take care your health…we need you so much.. and I was flooded with tears"	Expressing love	Supportive patterns	Attitudes, emotions and behaviors of other family members towards mother
"My other children understand my struggle…thank God and they sit with me …" "One day, seeing me crying, my younger son told me "Mummy we understand how much you strive for the family…"at least he said it" "My husband understands my low moods very well and supports me"	Empathizing		
"My other children sometimes consoles me by telling that things will be better after brother's treatment" "My mother is of great support to me… she said to me that she is praying for his speedy recovery and she is always there to help me"	Consoling		
"My elder daughter shares some of my responsibilities in the kitchen…" "They persuade me to take a break and stay with my mother" "My husband shares the bulk of my financial loans and	Sharing responsibilities		

helps me in repaying them” “Sometimes my other son stays with his brother in the hospital during his admission, thus giving me a respite”			
“My husband blames me for not raising him properly.my husband was working abroad” “My other children blame me for caring this son more than needed and for allowing his tantrums” “All others blame me for ruining my son like this…Did I ruin him?” “They blame me if he relapses early, they say that it is an utter waste of money and energy”	Blaming	Opposing patterns	
“My daughter criticizes me when I become lenient to him and start trusting him” “My family members scold me for not being able to do anything properly” “They criticize me when I am not able to finish my familial responsibilities” “It is easy for them to criticize…but I am being squeezed”	Criticizing		
“Nobody expresses love in our family…it is like a thing of kids…” “My family members seldom express love or hug each other” “My husband often says that love should be understood …not to tell or express”	Not expressing love		
“My daughter has told me many times that she hates me because, I am not able to look after her” “My husband gets angry at me frequently and pushes me” “If my younger son gets angry at me, he raises voice at me and throws things…”	Expressing anger and hate		

"My elder son fights with me always…for small reasons" "My daughter says that I don't know anything, I am old generation" "She doesn't obey me…asks..in which century are you living" "If I restrict their socialization, there is conflict always"	Conflicting		
"My husband hits me rarely, when he is drunk" "They use bad words against me…and tease me…" "They say that I am useless, and they want to exchange" "Hearing others calling bad words, my grandchildren also have started calling me so…"	Assaultive behavior		

Table 4.7.08 Searching the Reasons for Son's Substance Dependence

Ideas/verbatim	**Codes**	**Sub-themes**	**Themes**
"He got into a bad company from the school" "He was trapped by his friends at school" "His friends in the school used to smoke weed"	From school	Bad friends	Searching the reasons for son's substance dependence
"He has a lot of friends near our apartment, who drag him to these substances" "My son told me that these are all necessary while joining this music band" "He did not have any bad habits, until we moved from our village to city, from here, he got bad friends"	From locality		
"He was attached to my mother, she died suddenly, he started smoking that year" "Accidental death of one of his friends shook his core…his drinking increased thereafter" "He was friendly to his class teacher, her death must have been a reason for his initiation to drugs"	Death of a significant person	Sad or shocking experience	

"He was in a serious relationship for 3-4 years, when that relationship broke, he started using weed" "His drinking increased too much after the break –up…she cheated him, he cheated me"	Break-up in relationship		
"He had repeated failure in academic life…may be he is sad that his friends fared well in the exams" "Repeated setbacks from his studies and spots might have torn his mind…" "He was not able to shine in any field, even though he is good at many things…may be that is a reason he turned to narcotics"	Repeated failures		
"There is alcohol and cannabis in his father's family…so it is there in his genes" "His father's brother is a true alcoholic…he might have influenced my son"	Father's family	Hereditary	
"My brothers drink on Sundays… but not on working days.." "One of my brothers is an alcoholic and has weird thoughts…but they don't interact much…does it spread like that?"	Mother's family		
"There were many unusual happenings in his childhood…I went through a bad time…he witnessed all those" "Once he told me that he was abused by an Ayah…whom I appointed to take care of him in the childhood…but.." "It was the time when my husband had his business crash …and we underwent a drastic change… we had to shift our residence, we shifted his school, and he lost his friends and good teachers…his new friends were all from lower socio-economic background…"	Traumatic events	Unhealthy childhood	

"I have read that false parenting is one of the reasons for adolescent substance abuse…but I and my husband have tried our best… I don't know how my son has taken it.." "I take the responsibility of not being able to be a good mother…good parent..but..i didn't do it intentionally" "Everyone say that…even the doctors…I have spoiled my son…is it just because I love him a bit more than any other parent?"	False parenting		

Table 4.7.09 Help Seeking for Son with Multiple Substance Dependence

Ideas/verbatim	**Codes**	**Sub-themes**	**Themes**
"I took him to retreat many times, so that he can focus.." "I stayed with him in retreat center for two weeks and prayed for his recovery"	Retreats	Magico-religious	Help seeking for son
"I believed that if my son drinks 'the theertham' from the temple, he will quit the poisonous substances…so I took him to the poojari…but that was not effective" "I thought that my son can be healed internally by a religious person like clergy.. the clergy prayed by touching my son's head…he started smoking after three days"	Faith healers		
"My son used to obey my elder brother, so I asked my brother to talk to him…but my son did not listen" "When I asked my relatives to advice my son, my son became suspicious against me that I am spreading rumors about him"	Relatives/friends	Informal counseling	
"I asked his basketball coach to advise him…but that made my son angry with me and his coach" "I requested one of his teachers to guide my son, but my son in turn started suspecting me and this teacher.."	Teachers/coach		

“I got the help of the ward member to advise him about ganja…that ward member made it a ‘public secret’ and humiliated me” “I asked a political leader (whom my son used to listen to) to help us, but he became violent at home after knowing this”	Social leaders		
“I took him to a psychiatrist of my acquaintance and asked her to give him medicines…my son refused medicines after 3 days” “I took him to 2-3 psychiatrists and they gave him medicines, but he does not take them”	Medicines alone	Formal deaddiction treatments	
“We admitted him in a deaddiction center for 3-4 times, but they say that we cannot do anything unless he truly wishes” “I am sick of taking him to deaddiction centers and admitting him. More than three times I have done it… I am desperate…” “He has taken treatment many times in a deaddiction center…but he frequently relapses.. I am clueless..”	Medicines with psychotherapy		
“I had admitted him in a rehabilitation home for 3 months. He was not happy there. He restarted smoking within a week” “He ran away from the rehabilitation center as there was no security” “I searched and found out a rehab center where he stayed for 6 months, he did not drink, but relapsed with cannabis immediately after coming from there”	Institutionalized care	Rehabilitation	
“The rehabilitation team of the hospital arranged 2-3 employments for him, but, he left them and came home” “The priest of our church told that he would pay for his food and accommodation for three weeks, while he has to search for a good employment, but, my son misused that opportunity also”	Assisted employment/living		

Table 4.7.10 Help Seeking for Self

Ideas/verbatim	Codes	Sub-themes	Themes
"I tell my husband that I had enough of running behind and hearing the blame…now you please take over…but he refuses" "When I tell my daughter about my frustrations of caring my son, she shares my feelings and accompanies me" "My elder son takes up the responsibility of giving him medicines and ensuring that he has eaten it" "Many times they have refused to share my role of caring him telling that I have created this problem"	Sharing burden of care	From family members	Help seeking for self
"My husband comes with me to hospitals for my health issues" "My husband does not even ask me about my health and wellbeing… he wants his things to be done" "My other children accompany me to hospitals and temples, if I ask them…but sometimes they shout at me for no reason"	For other personal reasons		
"I usually don't ask any of my friends to help me on issues created by his substance dependence…I ask them money." "I am afraid of matter being spread among my friends…so I don't ask them" "Sometimes I share my despair with one of my closest friend, she consoles me"	For issues related to son's dependence	From friends	
"I used to share my personal problems with my friends and ask them for advices." "Recently, I am not able to meet any of my friends because of the restrictions imposed by my dependent son, I am afraid to provoke him" "I don't tell anyone about my personal needs and pains….if somebody voluntarily extends the help, I receive…otherwise also, I am happy"	For other personal issues		

"I have knocked the door of many astrologist, poojari and religious people, asking to pray for my family, but, they say we were having a bad time now…" "I asked our prayer group leader to pray for my family…" "I could not hold my own frustrations and so I sought help of a religious counselor…helped me find meaning in this life"	For issues related to son's dependence	From other informal support systems	
"I seldom share my emotions or sadness with strangers or people outside my close familiarity" "I prefer to keep things to myself than to making a big scene" "I have not asked for help except my close friends or my family members"	For other personal reasons		
"I called police as a last resort when he held weapons in his hands and threatened to kill me" "I had no other way than to call police, when he poured petrol in the kitchen and threatened me…"	Law enforcement agencies	From formal support systems	
"I used to consult many doctors for my gastritis… I cannot eat anything because of gas" "I have a bad shoulder pain, for which I have seen many doctors and done many tests, but it is still not reduced" "I met many doctors for my asthma and psoriasis…" "Last time when I took my son for admission, I told his counselor that I too have a ltot of psychological issues…she listened to me…I felt a little solace"	Health care professionals		

Table 4.7.11 Emotions and Attitudes towards the Son with Multiple Substance Dependence

Ideas/verbatim	Codes	Sub-themes	Themes
"I love my son very much… how can a mother hate her son?" "He was my best friend, we used to have a lot of fun and good time…until he started using chemicals….I cannot stop loving him" "True that I tell him that I had enough from him and I don't want his company anymore…but inside heart..I love him the most…I cannot leave him"	Love	Supportive emotions and attitudes	Emotions and attitudes towards dependent son
"I take care of him as much as I can.. he is grown up now…but." "As I am his mother, I take care of him…his medicines, his review, his friends, his studies…but..he doesn't like it" "I care for him definitely…and that makes me more worried than anybody else in the family"	Care		
"I try to understand his problems in his own ways and perceptions, I know his issues are bigger than my imagination" "I understand the intensity of his craving and used to sit with him talking, just to distract his thoughts"	Empathy		
"I have been with him past 21 years and will continue to be with him…but he should allow me to help him" "I don't know about his determination to quit substances, but I am determined to help him out… I want him as my old buddy" "I told him that I am ready to try things out as many times as he wishes, but he also has to keep trying"	Persistence		
"I used to tell him that I may be weak and broken, but I still have energy and readiness to support you" "I can do anything for him.." "I am always happy to help him if he asks me to do so.. I can go to any extreme…that he knows…provided he doesn't betray"	Altruism		

“If I say I love him…that can be a lie…I don’t love him for many reasons…he has crossed the boundary of deserving human treatment…I am a mother of two other children too” “I have wondered how a mother can hate her children,, but now I understand…that is the last feeling...it does not come by choice” “At last…. I have started hating my son…I wish if he goes somewhere”	Hate	Opposing emotions and attitudes	
“I don’t have a special feeling towards him now… everything has become mechanical” “I have become numb towards him…after many negative experiences, I don’t feel anything now”	Apathy		
“I feel being cheated by him…he has never kept his words, he doesn’t value my emotions” “He promised me that he would take medicines, but he was cheating me by spitting away them, now, I don’t trust him”	Betrayal		
“I am afraid of him always when he is at home. I cannot predict how he reacts and when he becomes assaultive” “I don’t provoke him by doing anything against his will. He will hit me as he did before” I have reduced speaking to him because he misinterprets me and shouts at me”	Fear		
“I have lost many things because of his addiction… the biggest loss is that I lost my actual son.. he was not like this before” “I lost everything I had earned due to his dependence..” “I lost my house, my job, my friends, my money, my health and lot more. I lost my peace of mind”	Grief		
“I don’t think that he will be as normal as before…” “I have lost hope in him…” “The doctor told me that we cannot expect much from him…I understand… he was my hope…now I have lost that also..”	Despair		

Table 4.7.12 Emotions and Attitudes towards Self

Ideas/verbatim	Codes	Sub-themes	Themes
"I love myself... more than that I love my family members" "I love myself as much as I love my husband and children" "I love myself. So I don't want to be belittled by others" "I cannot take emotional insults because I love myself"	Love	Supportive emotions and attitudes	Emotions and attitudes towards self
"I convince myself by saying that things will be better soon" "Sometimes I console myself by saying that it was not my mistake, and I have to support myself" "I tell myself that everyone can take wrong decisions and so I should not punish myself like this"	Reassuring		
"I do help myself sometimes, when I know for sure that things are out of my control" I tell my mother about my anxieties, just to vent out them and so I can reduce my own burden "I felt that I need a break immediately to heal the internal wounds, I called up a friend and went to her house"	Helping		
"Many a times I think that I am a bad mother and home maker, I disturbed the balance of my family by accusing my son…I over-reacted to small problems" "It is my drawback that I am not able to pulse problems of my children"	Blaming	Opposing emotions and attitudes	
"I understand that my decisions were wrong and for those wrong decisions, I had to pay a lot… I should not have taken those wrong decisions" "At this age, even if I repent, it will not make a difference, still I do repent for my irresponsibility" "Sometimes I think that I ruined my son's life. There are	Guilt		

many other children who use variety of chemicals. Their mothers don't take them to hospital"			
"I know I cannot be forgiven for the wrong things I did. I hate myself and inflict pain on my own body" "I don't love myself. I hate myself for unknown reasons. May be because I was not able to sort out my issues" "I wonder what I have done in my whole life, I have not been a good professional, not at all a good mother. I hate myself for what I am"	Hate		
"I don't feel anything now for myself. I don't understand myself. I don't know why I react in this way. I feel numb" "I have stopped helping myself and complaining about my life. Everything is good. I am on receiving side"	Apathy		
"At this time of life, I don't see any reason to move ahead. Nothing will be better again" "After learned so much from life, I cannot ask anything more from life. Life was sadness through and it will be like that in future too" "There is nothing colorful in my life after my son moving away from me. I don't think it will be colorful again. I have to push my life somehow till the end"	Despair		

Summary of 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.