

TRANSGENERATIONAL PATTERNS OF SUBSTANCE ABUSE

By

Aurelia Catharina Judith Olwagen

Submitted in partial fulfillment of the requirements for the degree

Masters Degree in Social Science



At the

Rand Afrikaans University

Supervisor: Dr. E. Oliphant

December 2003

Dedicated to my family and to my husband, Jan



ACKNOWLEDGEMENTS

My sincere gratitude and appreciation go to the following people who made the completion of this study possible:

- Dr. E. Oliphant, my supervisor, for her constant guidance, support, inspiration and interest in my work.
- My employer, SANCA Horizon Alcohol and Drug Centre for allowing me the time to conduct interviews and complete my studies.
- Mrs. Ronel Swart, Wedge Gardens for her assistance in the identification of the respondents.
- Mrs. Ruby Weber, House of Mercy Rehabilitation Centre for her assistance in the identification of the respondents.
- The Rand Afrikaans University for the financial assistance.
- Mrs. Adri du Toit and Mr. Jean le Roux for the typing of the transcripts.
- Mrs. Yvonne Fontyn for assisting in the grammatical corrections.
- My spouse, Jan for his continuous encouragement, love and support.
- My family for their support.

TABLE OF CONTENT

	Page
ACKNOWLEDGEMENTS	i
 CHAPTER 1: OVERVIEW OF THE STUDY	
1.1 Introduction	1 - 4
1.2 Motivation for the study	4 - 6
1.3 Problem formulation	6 - 7
1.4 Research question	8
1.5 Aim of the study	8
1.6 Objectives of the study	8
1.7 Research plan	9 - 13
1.7.1 Research design	9 - 11
1.7.2 Collection of data	11 - 12
1.7.3 Data interpretation	12 - 13
1.8 Value of study for practice and research development	14
1.9 Conceptualisation	14 - 25
1.9.1 Theoretical explanation of the Object Relations Theory that serves as a conceptual framework	14 - 17
1.9.2 Systemic model explaining the role of alcohol abuse within the family	17-21
1.9.3 Central concepts	21-25
1.9.3.1 System	22
1.9.3.2 Family system	22
1.9.3.3 Alcoholism	23

1.9.3.4 Alcohol addiction	23
1.9.3.5 Alcoholic parent	23
1.9.3.6 Transmission	24
1.9.3.7 Adult children	24
1.9.3.8 Dysfunctional families	24 - 25
1.9.3.9 Co-dependency	25
1.10 Limitations of the study	26 – 27
1.10.1 Anticipated limitations in the initial phase of study	26
1.10.2 Limitations experienced during study	26 - 27
1.11 Outline of the chapters	27
1.12 Conclusion	27

CHAPTER TWO: RESEARCH DESIGN AND RESEARCH METHOD

2.1 Introduction	28 – 29
2.2 Research design	30 – 32
2.3 Data gathering, analysis and literature control	32 – 38
2.3.1 Population and sampling	32 – 33
2.3.2 Methods and techniques of data collection	33 – 35
2.3.2.1 Interviews	35 – 38
2.4 Data analysis	38 – 41
2.4.1 Analysis of interviews	39 – 41
2.5 Methods and strategies for trustworthiness	42 – 46
2.5.1 Credibility	43 – 44
2.5.2 Dependability	44 - 45
2.5.3 Transferability	45
2.5.4 Confirmability	45 – 46
2.6 Literature control	46
2.7 Conclusion	47

CHAPTER THREE: DATA ANALYSIS AND LITERATURE CONTROL

3.1 Introduction	48 – 49
3.2 Unit of analysis	50 – 51
3.3 Background information	51 – 54
3.4 Process of data analysis	54 – 60
3.4.1 Data collection and recording	57 – 58
3.4.2 Managing data	58
3.4.3 Reading and writing memos	59
3.4.4 Coding of all transcripts using Nudist Software Program	59 – 60
3.4.5 Data used to derive themes	60
3.5 Results	60 – 63
3.6 Themes not found in this research	63 - 64
3.7 Literature control	64 – 77
3.8 Conclusion	77 - 78

CHAPTER FOUR: CONCLUSIONS, RECOMMENDATIONS AND SUMMARY

4.1 Introduction	79 – 80
4.2 Conclusions	80 – 84
4.2.1 Methodological conclusions	80 – 81
4.2.1.1 Conclusion 1	80 - 81
4.2.1.2 Conclusion 2	81
4.2.1.3 Conclusion 3	81
4.2.2 Content conclusions	81 – 84
4.2.2.1 Conclusion 1	82
4.2.2.2 Conclusion 2	82
4.2.2.3 Conclusion 3	82

4.2.2.4 Conclusion 4	82
4.2.2.5 Conclusion 5	83
4.2.2.6 Conclusion 6	83
4.2.2.7 Conclusion 7	83
4.2.2.8 Conclusion 8	83 - 84
4.2.2.9 Conclusion 9	84
4.3 Recommendations	84 – 86
4.3.1 Recommendation 1	84
4.3.2 Recommendation 2	84 - 85
4.3.3 Recommendation 3	85
4.3.4 Recommendation 4	85 – 86
4.3.5 Recommendation 5	86
4.3.6 Recommendation 6	86
4.4 Summary	86 – 88
4.5 Conclusion	88
BIBLIOGRAPHY	89 - 94
ANNEXURE	95 – 103
1. Annexure A: Interview Schedule	95 – 97
2. Annexure B: Example of preliminary categories and coding	98 - 101
3. Annexure C: Letter from Mrs. Fontyn (editor)	102 – 103
LIST OF FIGURES	
Figure 1.1 Circular patterns between generations	15
Figure 2.1 Inductive process of qualitative research	36



LIST OF TABLES

Table 1.1 Format of the introduction chapter	3 - 4
Table 1.2 Guba's model of trustworthiness	10 - 11
Table 1.3 Circular movement of data interpretation	13
Table 2.1 Research methodology	29
Table 3.1 Data analysis	49
Table 3.2 Respondents	54
Table 3.3 Process of qualitative data analysis	55 - 56
Table 4.1 Format of the final chapter	80



OPSOMMING

Gesinne word beskou as sosiale en emosionele eenhede wat 'n invloed het op die ontwikkeling van kinders binne hierdie gesinne. Alkoholisme is 'n verskynsel wat toenemend binne gesinne voorkom, en dit word 'n integrale, onlosmaaklike deel van die hele gesin. Alkoholisme het 'n direkte negatiewe invloed op die ontwikkeling van kinders binne gesinne asook die ontwikkelingstake wat gesinne moet voltooi om as 'n gesonde, onafhanklike eenheid te kan funksioneer. 'n Sirkulêre patroon bestaan binne die gesin waar alkoholmisbruik voorkom en hierdie disfunksionele patrone word deur die gesin instand gehou en oorgedra van een generasie na 'n ander.

Die fokus van hierdie navorsingstudie is op die alkoholisme met 'n familiegeskiedenis van alkohol misbruik. Hierdie navorsingstudie het gepoog om te eksploreer aangaande die faktore wat hierdie sirkulêre patrone in stand hou en veroorsaak dat hierdie patrone van een generasie na 'n ander oorgedra word.

'n Kwalitatiewe metode van navorsing is geïmplimenter ten einde hierdie verskynsel te eksploreer. Die Lewende Sisteem Teorie sowel as die Objek Verhoudingsteorie het gedien as konseptuele raamwerk en grondslag waaruit hierdie verskynsel verklaar is. Onderhoude is met vyf respondente gevoer, en die respondente is geïdentifiseer vanuit SANCA Horizon Alkohol en Dwelmsentrum (Boksburg), Wedge Gardens (Edenvale) en House of Mercy Rehabilitasiesentrum (Boksburg). Die data is ingesamel deur gebruik te maak van 'n onderhoudskedule, oudio-bande (semi-gestruktureerde onderhoude), veldnotas en transkripte.

Data-analising is gedoen deur 'n baie duidelike oorsig van die data te verkry. Kodering van die data (transkripte en veldnotas) is gedoen met behulp van die Nudist rekenaarprogram. Die resultate wat verkry is deur middel van die kodering is gebruik om die verskynsel van die oordrag van alkoholisme tussen generasies te beskryf.

Die resultate wat verkry is, is met relevante literatuur vergelyk om die resultate sodoende te bevestig.

Bepaalde metodologiese en inhoudelike gevolgtrekkings is vanuit hierdie studie gemaak. Vanuit die gevolgtrekkings is bepaalde aanbevelings gemaak ten einde 'n verbintenis tussen maatskaplikewerk navorsing en maatskaplikewerk praktyk te verkry.

Vanuit hierdie studie blyk dit dat die oordrag van alkoholisme tussen generasies in stand gehou word binne gesinne weens afwesige ouers, gebrek aan affeksie en emosionele binding, onvermoë om stabiele interpersoonlike verhoudings te handhaaf, gebrek aan eenheid binne die gesin, oneffektiewe kommunikasie, oneffektiewe konflikthantering, onbevredigde emosionele behoeftes en gebrekkige lewens- en bindingsvaardighede.



CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

People are all born into families. These families play a central role in most people's lives. Families represent the primary socialising unit in the community and the first significant relationships children have are formed inside the family. The way children experience relationships inside their families has a crucial effect on how they relate to the world at large. No person can escape the complex web of family ties, no matter how positive or negative these early relationships inside the family have been.

The aetiology of problem alcohol abuse and its relationship to early dysfunctional family histories is a field of continued interest. Personal and relationship difficulties in adulthood can often be traced back to early family trouble caused by alcohol abuse and addiction by one or both parents. Family dysfunction may be both a cause and an effect of alcoholic behaviour by one or both parents. The important role of the family system in the initiating, maintenance and prevention of alcohol use behaviour among children is a phenomenon that has been emphasised in the literature for decades. Alcoholism becomes an integral, inseparable part of the entire family. Alcohol abuse generates family dynamics and influences family functioning through the impact on each family member. Within these dysfunctional families a phenomenon presents itself where children become co-dependent and alcoholism – as a dysfunctional family dynamic – is transmitted to future generations. There is still a lot of uncertainty about the reasons for it.

Bowen in Carlson, Sperry and Lewis (1997:46) claims that the family is an emotionally interdependent unit. Behavioural patterns are created over time and are frequently repeated for several generations.

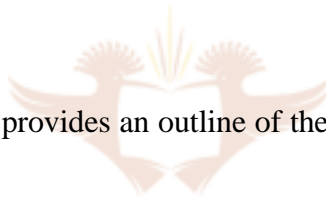
The family creates the emotional climate and behaviours that members will duplicate outside the family setting. The family can thus be described as a social and emotional unit that impacts on the development of children.

Psychoanalysis (impact of family relationships on the individual's character formation, particularly in the development of symptomatic behavior) and the Living Systems Theory (including all living systems) will serve as an integrated conceptual framework from which the family as a system will be described and explained, Goldenberg and Goldenberg (1996:125). The researcher is of the opinion that not only the Psychoanalytical and Living Systems Theory can be applied to describe the phenomenon of transgenerational patterns of substance abuse. Object Relations Theory, for instance, provides information on the integration of the abovementioned theories. Framo (1981) in Goldenberg and Goldenberg (1996:119–120) stresses the link between the intrapsychic (individual) and the interpersonal (familial and/or other interpersonal relationships) and therefore offers an amalgam of psychodynamic and systems concepts. Framo furthermore states that insoluble intrapsychic (individual) conflicts derived from one's family of origin continue to be acted out or replicated with current intimates such as a spouse or children (familial and/or other interpersonal relationships). The Object Relations Theory thus provides a bridge between psychoanalytical theories and the systems theory.

The Psychoanalytical Theory and Living Systems Theory were the starting points for the development of various approaches and models. Various family therapy schools are concerned with family therapy traditions that highlight the role of historical, contextual and constitutional factors in predisposing family members to adopt particular belief systems or engage in particular problematic interaction patterns. For the purpose of this study the Object Relations Theory will be used as a conceptual framework from which the family as a system, individual behaviour and transgenerational patterns of substance abuse will be explained. A more integrated approach will therefore be applied in this research study.

Goldenberg and Goldenberg (1996:118) state that the Object Relations Theory evolved from studies of the early mother-infant relationship, drawing attention to the long-lasting impact of those experiences on the infant's later adult functioning. Goldenberg and Goldenberg (1996:118) furthermore state that the Object Relations Theory was based on the early work of Melanie Klein, a British psychoanalyst and the theory holds that an infant's primary need is for attachment to a caring person. The Object Relations Theory is based on both the Psychoanalytical Theory and the Living Systems Theory.

Finally, the researcher is personally interested in the families where transgenerational patterns of alcohol abuse are present. The researcher is of the opinion that intrapsychic conflict contributes to the abuse of alcohol, but that the influence of the family system is a major cause for the development of intrapsychic conflict. Through the influence of the family and individual contributions, patterns of substance abuse are carried forth between generations.



The following table, (table 1.1) provides an outline of the introduction chapter.

TABLE 1.1 FORMAT OF THE INTRODUCTION CHAPTER

JOHANNESBURG

1.1 Introduction
1.2 Motivation for the study
1.3 Problem formulation
1.4 Research question
1.5 Aim of the study
1.6 Objectives of the study
1.7 Research Plan
1.7.1 Research design
1.7.2 Collection of data
1.7.3 Data interpretation
1.8 Value of study for research and practice development
1.9 Conceptualisation

1.9.1 Theoretical explanation of the Objects Relations Theory
1.9.2 Systemic model explaining the role of alcohol abuse in the family
1.9.3 Central concepts
1.10 Limitations of the study
1.11 Outline of the chapters
1.12 Conclusion

1.2 MOTIVATION FOR THE STUDY

In the field of chemical substance abuse, dependency and rehabilitation, a phenomenon has presented itself where the adult alcoholic often has a family history of alcohol abuse.

Through involvement of the researcher at a rehabilitation centre that provides in-patient and outpatient treatment programs for substance abusers, the researcher became aware that most adults addicted to alcohol often have a history of a dysfunctional family structure where one or both parents abused alcohol. Galaif, Stein, Newcomb and Bernstein (2001) emphasise the possibility that the interplay of a constellation of simultaneous influences in the childhood environment (such as parents' substance abuse, poor family relations, neglect and abuse) can affect whether adults will develop alcohol problems later in life. Studies such as Oliphant (1993), Nicholas (1997) and Gam (2001) indicate a relationship between childhood abuse and neglect and adult drug use. These studies have also indicated that children of alcoholic parents are more at risk of abuse and neglect.

This relationship may also be due to parents' substance abuse problems, a family history of alcoholism and a generally unsupportive dysfunctional home environment featuring abuse and neglect rather than abuse only. Children with an alcoholic parent are a high risk factor for subsequent alcohol-related problems.

Considering the aforementioned information it would appear that dysfunctional family systems develop due to alcohol abuse by one or both parents in a family.

It is evident that the family has the greatest influence on the development of children's behaviour and perceptions, and that negative behavioural patterns that parents reveal are often learnt by their children. Therefore, alcoholism is environmentally perpetuated in a generational cycle from parent to child and from grandparent to grandchild, and because of certain behavioural patterns, the disease is carried forth.

Carvalho, Pinsky, Silva and Carlini-Cotrim (1995) indicate four family characteristics that present a strong association with drug/alcohol consumption of young adults, such as whether parents themselves abuse drugs/alcohol, quality of parent-child relationship, parent personality and attitudes, and the presence of problems in the relationship between parents themselves.



Although people that develop alcohol addiction do not necessarily have a parent or grandparent that is an alcoholic, the researcher can argue from experience that different aspects occur within families where one or both parents abuse alcohol. These aspects may play a role in the transmission of alcoholism between generations.

Carvalho et.al (1995) suggest that subjective family factors, related to the individual perception that people have of their own family environment, have a stronger impact on drug and alcohol use than the objective family condition – that is, the conjugal status of parents. Consequently, the quality of relationships found within the family seems to be a more decisive determinant than the formal family situation. According to Haley in Gilliland & James (1997: 18), the abovementioned problem is better explained in terms of the systems theory, where the focus is on the processes and context that give meaning to incidents.

The focus is therefore not only on the individual or incident but also on the interpersonal relationships and the interdependency between people and between people and incidents.

1.3 PROBLEM FORMULATION

The family is the primary socialising system in which a child's most important developmental phases take place. Parental inputs pertaining to these developmental phases are of critical importance.

Family goals (individual/as a whole) can be placed in two categories: (1) The survival of the family (2) The growth and development of its individual members. Factors within the family system that contribute to the addictive behaviour of adult children and the reasons for it are uncertain, although it appears to be evident that alcohol abuse is transmitted between generations. Robinson and Rhoden (1998) state that "... although it is clear that alcoholism is carried in families, the degree to which hereditary and environment factors contribute to this transmission is unclear". Dynamics in the family system have a direct influence on children and their development of perceptions and behaviour. Dynamics can be seen as those factors that have either a positive or negative impact on the development of the family and its individual members.

According to Becvar & Becvar (2000: 10), linear events do not exist. The emphasis is on the interaction and mutual responsibility. Due to this interaction, one can assume that within the family system, members always influence one another and that the parents' inputs are the most influential.

An interesting phenomenon develops when a family is entangled in alcohol addiction. In an attempt to maintain the family equilibrium, the members will initially reject the addict but will later start tolerating the person.

To maintain the equilibrium, family members will unintentionally adopt certain roles that do not only maintain the equilibrium, but also allow the addict to continue with his/her behaviour. In an attempt to maintain stability within the system – although very pathological – family members will become co-dependent.

The most frequent negative influence observed within these dysfunctional families is the phenomenon of co-dependent children with a predisposition to marry an alcoholic or to become an alcoholic. It would appear that there is a direct correlation between parental alcohol abuse and the addictive behaviour (alcohol abuse) of their adult children.

From the previous discussion it becomes clear that children in families where one or both parents are alcoholics experience some form of neglect which influences their normal functioning and will have a direct impact on their development of perceptions and their behaviour. It is evident that to a certain extent, one or more of the basic needs of children is not met within these families and that these dynamics may have a direct influence on the transmission of alcohol abuse.

The primary goal of family members is for the family as a unit to survive through different developmental stages and to guide especially the children through their own developmental stages. In the family where one or both parents abuse alcohol, parents neglect their responsibilities towards each other and the rest of the family. Dynamics such as low levels of cohesion, low frustration tolerance, unrealistic expectations of children, reversed parental roles, poor parenting skills, abuse and neglect and emotional immaturity of parents render the family dysfunctional. These dysfunctional behavioural patterns are learnt by children through poor role modeling. Children adopt very poor coping and bonding skills and these factors render them vulnerable to developing alcohol problems of their own.

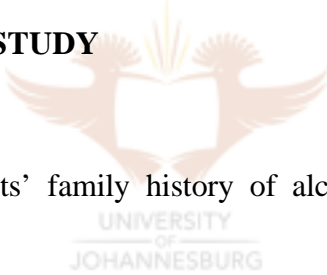
1.4 RESEARCH QUESTION

The researcher is guided by the following research question: Which dynamics in the family system contribute to and subsequently maintain patterns of transference of alcoholism between generations?

1.5 AIM OF THE STUDY

The aim of this study is to determine the dynamics that contribute to the transgenerational patterns of alcohol abuse. The alcoholic parent and adult child of the alcoholic parent are the subjects of concern in this study.

1.6 OBJECTIVES OF THE STUDY

- 
- to determine respondents' family history of alcohol abuse through qualitative methodology
 - to explore which dynamics in their relationship with their alcoholic parents and within the family contributed to their co-dependency (alcohol abuse) through qualitative methodology
 - to explore general predispositions to alcohol abuse and why dynamics are maintained through qualitative methodology
 - to compare results with literature in order to enhance trustworthiness
 - to make recommendations to practice and social work education

1.7 RESEARCH PLAN

1.7.1 RESEARCH DESIGN

A qualitative research method will be implemented in this research. Schmid in Moraba (1996) describes qualitative research as the empirical study of the world from the viewpoint of the person under study. This method is explorative and concentrates on specific dynamics that will be addressed during this study. Explorative research is conducted to gain insight into a situation, phenomenon, community or individual. The need for an explorative study arose after the researcher became aware of the phenomenon of transgenerational transmission of alcohol abuse.

This study will answer the question of “what” the causes are of transmission of alcohol abuse between generations and “how” these causes (dynamics) are maintained through generations.



A qualitative research study has been preferred for the following reasons as stipulated by Creswell in De Vos (2002):

- The nature of the research question relates to “what” causes transmission of alcohol abuse and “how” these causes are maintained.
- A topic needs to be explored.
- There is a need to present a detailed view of the topic.
- It involves a study of individuals in their natural setting.

- The researcher can tell the story from the point of view of the participants rather than as an expert who passes judgment on participants.

Information pertaining to adult children’s perceptions of the influence of parental alcohol abuse on their own addictive behaviour can be obtained with this approach. This is an objective approach of data-gathering that concentrates on the true experiences of the respondents. It does not simply concentrate on literature, but is centred in the world of the respondent as they experience it themselves.

A literature control will be conducted after completion of the study in order to compare results with previous research and existing literature. The literature control forms part of the process of triangulation and is important for validation of information. Since the study is qualitative in nature a literature control is done rather than a literature review. The literature control follows the analysis of data and subsequent themes of the research. The literature control enhances trustworthiness. A basic conceptualisation is done in Chapter One in order to reflect on the perspective of the researcher.

In this study, Guba’s Model of Trustworthiness will be implemented, De Vos (2000:351-354) and Oliphant (1993:33-35). The following table, (table 1.2) provides an outline of the model.

TABLE 1.2 GUBA’S MODEL OF TRUSTWORTHINESS

1. Credibility	Inquiry was conducted in such a manner as to ensure the subject was accurately identified and described
2. Transferability	One set of findings can be applied to another context through multiple cases,

	multiple informants, or more than one data-gathering method
3. Dependability	Accuracy or precision of an instrument or the degree of consistency or agreement between two independently derived sets of findings
4. Confirmability	Findings of the study are confirmed by another and data helps confirm the general findings

1.7.2 COLLECTION OF DATA

A focused sampling method will be implemented in this research study. The respondents should possess the following set of criteria:

- they will be randomly selected and must be identified by therapists from seven rehabilitation centres in Gauteng (not more than two respondents per clinic)
- they must be in recovery
- they must have a family history of alcohol abuse, and their parents must be available for interviews

Data-gathering will be done by exploring respondents' family histories of alcohol abuse through interviews consisting of genograms, family tree and general questions. In-depth individual and semi-structured interviews will be conducted based on the topic of interest, and direct observation will be done. Where possible, the researcher will make use of tape recording interviews, which allows a much fuller record than fieldnotes.

Direct observation forms an important part of the interview and the researcher must note his own observations, particularly pertaining to non-verbal aspects.

1.7.3 DATA INTERPRETATION

The researcher will keep a full record of each of the respondents studied, with regard to the family histories, in-depth individual and semi-structured interviews and observational information by writing down the interviews word for word. These entire transcriptions will be read to get a sense of the whole.

General patterns or meaningful units must be identified and categorised. This will give the researcher specific themes and organises information. Information from all the interviews can be integrated and synthesised to form a meaningful whole. A process suggested by Creswell (1998:142-165) and Neuman (1997:335) will be used to refine data. The data is in the form of words. The researcher will interpret data by giving meaning to it. This meaning stems from the viewpoint of the people being studied, and relates to what it means to them.

Learning about its meaning to the people being studied forms the first step in qualitative interpretation. Identifying relating meaningful units will enable the researcher to place the respondents' experiences in context. A fixed linear approach is not recommended. The researcher will move back and forth between data (reading and re-reading) in order to see the data as a meaningful whole.

The following table, (table 1.3) provides an outline of the circular movement of data interpretation.

TABLE 1.3 CIRCULAR MOVEMENT OF DATA INTERPRETATION

1. Collecting and recording data	<ul style="list-style-type: none"> - Data will be recorded in a systematic manner - Data will be systematically retrieved
2. Managing data	<ul style="list-style-type: none"> - Data will be preserved through tape recording of interviews and making of fieldnotes - Data will be organised and converted into appropriate text units
3. Reading, making notes	<ul style="list-style-type: none"> - Data will be read in its entirety several times - The data will be listed in specific categories
4. Describing, classifying and interpreting	<ul style="list-style-type: none"> - Salient themes, recurring ideas and patterns will be identified - Sense will be made of the data and a larger opinion of what is going on will be formed
5. Representing, visualizing	<ul style="list-style-type: none"> - Data will be represented in the form of transcripts and division of data into categories

1.8 VALUE OF STUDY FOR PRACTICE AND RESEARCH DEVELOPMENT

Most literature focus on family systems and dynamics of relationships pertaining to alcohol abuse. Limited literature concerning the factors that contribute to the transmission of addictive behaviour between generations is available. This research study will contribute to more knowledge pertaining to this identified phenomenon.

The exploration and description of this phenomenon will give social workers a better understanding of the reasons why these dynamics within the family occur. Patterns of behaviour can be explained to the adult patients in order for them to gain better insight into their own behaviour and prevent further transmission of this phenomenon. If people have more insight into the reasons why they do the things they do, they not only understand themselves better, but can rectify behavioural patterns and be more cautious of subsequent alcohol abuse.



1.9 CONCEPTUALISATION

1.9.1 THEORETICAL EXPLANATION OF THE OBJECT RELATIONS THEORY THAT SERVES AS CONCEPTUAL FRAMEWORK

Goldenberg and Goldenberg (1996:125) claim that every person has a fundamental human need for attachment and to be in a relationship. The Object Relations Theory evolved from research where the early mother-child relationship was studied, and the subsequent long-lasting impact of those experiences on the child's later adult functioning. According to Carr (2000:163), the Object Relations Theory rests on the assumption that people are predisposed to engage in problem-maintaining interaction patterns because they conduct current relationships on the basis of unconscious primitive relationship maps which were developed during early life.

These unconscious primitive relationship maps of self and others based on early parent-child relationships, which are replicated in current significant relationships, are referred to as object relations.

Carlson, Sperry and Lewis (1997:96) claim that object relations refers to early interpersonal relationships that are internalised by the child and become a model for later intimate interpersonal relationships. Internal images (objects) derived from significant relationships in the past may produce faulty or unsatisfying or distorted current dealings with people.

According to Fairbairn in Goldenberg and Goldenberg (1996:121), these internalised objects can either be good-objects introjects that remain as pleasing memories or bad-object introjects that remains as unpleasant memories and cause intrapsychic distress. Current life situations are unconsciously interpreted in light of one's inner object world of good-bad images. People therefore relate to others in the present partly on the basis of expectations formed by early experience, Carlson, Sperry and Lewis (1997:71).

At individual level, the process of symptom formation may be understood in terms of intrapsychic conflict, a defence against anxiety aroused by the conflict, and the resulting development of a neurotic symptom (in this case the abuse of alcohol). At the family level, the symptomatic behaviour is part of a recurring, predictable interrelated pattern. Ackerman furthermore claims that, in family terms, an individual's symptom becomes a unit of interpersonal behaviour reflected within a context of shared family conflict, anxiety and defences.

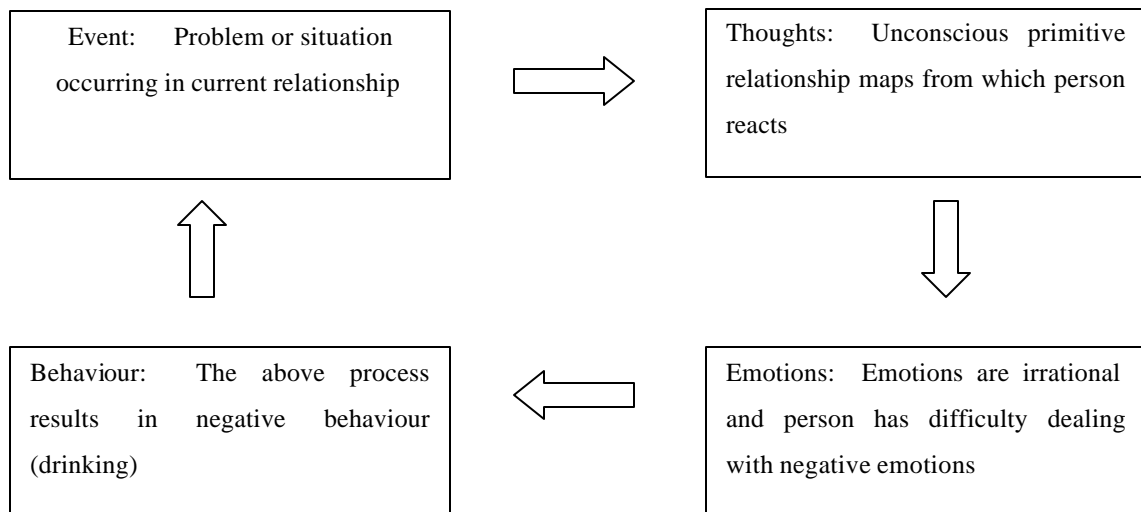
According to Ackerman in Goldenberg and Goldenberg (1996:112), the family is a system of interacting personalities; each individual is an important subsystem within the family.

Ackerman in Goldenberg and Goldenberg (1996:112) furthermore claims that in order to understand the functioning of any family, the influence of several sources should be considered, i.e the unique personality of each family member, the dynamics of family role adaptation, the family's commitment to a set of human values and the behaviour of the family as a social unit.

According to Carr (2000:73), the properties of a family cannot be predicted only from information about each of the family members. Family relationships are central to the overall functioning of the family. Although early parent-child relationships directly impact on the development of a child it is evident that for these influences to take place they must function in a system. From a systems point of view, nothing and nobody exists in isolation.

Linear cause-and-effect reactions do not exist, Becvar and Becvar (2000:10). Due to the fact that all the component parts of a system are less important than their interrelations, a circular causality exists. For example, A may cause B, but B also affects A and C, which affects B and D. The Systems Theory focuses on behaviour, internal processes of the system and how these maintain patterns. It is thus evident that individual family members bring to the family system their own individual primitive maps of interpersonal relationships, but will always influence one another and the family system as a whole - which again directly influences the family functioning. According to Haley in Gilliland & James (1997: 18), the focus is not only on isolating the individual or the event but also on the interpersonal relationships and interdependence between people and between people and events. From the Object Relations Theory it is clear that the Systems Theory and Psychoanalytical theories are connected to each other and give one another meaning.

FIGURE 1.1



The above process forms a circular pattern that is carried forward between generations.

1.9.2 SYSTEMIC MODEL EXPLAINING THE ROLE OF ALCOHOL ABUSE WITHIN THE FAMILY



When a member of a family develops alcohol addiction, this has a profound effect on the family relationships. Integrative models of alcohol abuse - which take account of behaviour patterns within which problematic drinking occurs, belief systems that underpin these patterns and constitutional, developmental and sociocultural predisposing factors offer a more comprehensive systemic framework from which the role of alcohol abuse within the family can be understood. The following systemic model thoroughly explains the role of alcohol abuse within the family, Carr (2000: 442-450):

Behaviour patterns:

Personal triggers such as reduction of anxiety, depression or anger, relieving boredom or giving excitement, or relieving craving or withdrawal symptoms may initiate an episode of problem drinking. Alcohol abuse occurs within the context of behaviour patterns that maintain it. Inevitably, problem drinking creates difficulties for the person who drinks. This pattern of drinking is often maintained where partners of the problem drinker try to reduce the negative consequences of the drinking and “enable” the maintaining of problem drinking. For example, arranging for the drunk partner to be carried home, cleaning them up, making excuses for not going to work, arranging early morning drink, arranging more money. This leads to a complementary relationship between the care-giving and enabling sober partner and the care-receiving partner with a drink problem. If this pattern is entrenched it has an added problem of making it very difficult for the couple to adequately meet each other’s needs and the needs of their children.

Where needs for intimacy and autonomy are frustrated, a problem drinker may use alcohol to cope with such unmet needs. The sober partner, in turn, may feel helpless in the face of their partners’ continued drinking despite all their supportive efforts. Because of these frustrations, escalating patterns of verbal and sometimes physical aggression may occur during episodes of drunkenness. After these episodes, problem drinkers may express deep regret and remorse. If the sober partner forgives them, both partners may experience a profound sense of relief and psychological intimacy. This highly rewarding consequence to the whole cycle may be an incentive to repeat the cycle once more.

Where one or both parents are problem drinkers, this destructive pattern may also allow the couple to avoid solving difficult or complex family problems related to issues such as childcare. Difficulties in these relationships may lead them to isolate themselves from others as the alcohol problem worsens, and this in turn may make the couple’s problem-maintaining pattern more rigid.

Belief systems:

The behaviour pattern within which problem drinking is embedded may be sustained by a range of belief systems. The behaviour may be sustained by denial of the problem or the belief that it is uncontrollable. For the sober partner, enabling behaviour may be sustained by a belief that supporting the partner with the drink problem will eventually lead to him or her ceasing drinking. They may also believe that withdrawing support may lead the drinking partner to become aggressive, or lead to other negative consequences.

If the drinking partner stops the alcohol abuse, routines of the relationship will change as well as the ways the couple meet each other's needs. These aspects may be negative consequences for the sober partner, who may fear that if the drinking partner recovers, greater pressure will be exerted on them within the relationship. Beliefs about these negative consequences may maintain the sober partner's enabling behaviour.

Predisposing constitutional, developmental and sociocultural factors:

A person may be rendered vulnerable to developing alcohol problems because of constitutional, developmental and socio-cultural factors. Of these, developmental factors and family-of-origin experiences are probably the most important.

Developmental factors and family-of-origin experiences:

Individuals from families where alcohol abuse occurred may develop similar behaviour patterns to their parents. On the one hand, they may become involved in problem drinking, like their parents with alcohol problems. On the other hand, they may select a partner with a drink problem and adopt the role of their parents who had to cope with having a spouse with a drink problem.

Where parents used alcohol to cope with stress, manage lifecycle transitions, reduce anxiety, tolerate depression or manage conflict, their children are at risk to use alcohol to solve these types of problems also.

Early life experiences that render people vulnerable to developing anxiety, depression, marital distress and other difficulties render people vulnerable to developing alcohol problems, where alcohol may be used to cope with these problems.

Sociocultural factors:

Some cultures support a far greater level of alcohol consumption than others do. Factors within the wider social system, such as high levels of stress and low levels of support, may also render people vulnerable to developing alcohol problems.

Constitutional factors:

A small subgroup of people with alcohol problems are genetically vulnerable to developing alcohol dependence, although genetic factors do not exclusively cause their alcohol problems. Genetic factors render them vulnerable to develop alcohol-related difficulties, but alcohol abuse is precipitated and maintained by other factors.

Precipitating factors:

Alcohol addiction is a gradually developing problem that may be exacerbated by a build-up of stressful life events or by life-cycle transitions.

Outcome:

Outcome for people with alcohol problems is highly variable and depends upon the severity and chronicity of the pattern of abuse, the rigidity of the behaviour patterns and belief systems which maintain the problem drinking, the range of risk factors present, and the readiness of such person to change their lifestyle. Severe and chronic alcohol use leads to severe physical consequences (such as liver failure), psychological difficulties (such as memory loss), career and employment problems, financial difficulties, and family disintegration with consequent negative effects on the children and spouses.

Protective factors:

At a behavioural level, a good marital relationship, good communication and problem-solving skills, a willingness to break out of complementary caregiver-care receiver patterns or symmetrical aggressive patterns that sustain alcohol abuse, and a readiness to change to a less alcohol-focused lifestyle, are protective factors. Protective belief systems involve the idea that there is a drink problem and the benefits of abstinence or controlled drinking outweigh the benefits of sustained problem drinking.

With regards to socio-cultural factors and personal history, similarity of cultural values and role expectations, high socio-economic status, living in a rural area, absence of parental divorce, absence of premarital pregnancy, and marriage after the age of thirty have all been identified as protective factors in long-term relationships.

1.9.3 CENTRAL CONCEPTS

The primary focus of this research study is on alcohol abuse. The following concepts are seen as central to the research study, and will be clarified in the next section:

1.9.3.1 System:

Oliphant (1993:4) describes a system as “ ... a collection of elements within a specific period of time that are in relation to one another through an organised way and therefore influence one another directly or indirectly”. A system can therefore be described as a group of things/parts working together as a whole. Family members contribute to the family functioning from their own perceptions and unique past experiences. Family relationships are central to the overall functioning of the family.

A system can be described as a group of things or parts working together as a whole. It is a complex, rule-governed organisation of interacting parts, the properties of which transcend the sum of the properties of the parts, and which is surrounded by a boundary that regulates the flow of information and energy in and out of the system.



1.9.3.2 Family system:

According to Robinson & Rhoden (1998:9), the family is viewed from a systems perspective as “ ... a group of interdependent individuals who share a sense of history, experience a degree of emotional bonding, and devise strategies for meeting the needs of individual family members and the family as whole”. They are dependent on each other by means of behaviour, emotions and intellect.

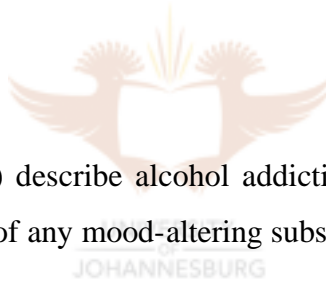
Montgomery and Fewer in Gerber (2002:14) define a family system as “ ... the collection of people whose behaviour is interrelated in a particular way and the relationship that exist among these people”. The family can thus be seen as a social unit which should provide guidance and knowledge so that the children as a totality may reach meaningful adulthood within the family.

1.9.3.3 Alcoholism:

Alcoholism can be defined according to Moraba (1996:9) as the repetitive intake of alcoholic beverages to such an extent that repeated or continued harm occurs in the drinker. It is drinking that exceeds norms and which affects the drinker economically, socially and/or physically. Alcoholism can also be seen as a group of cognitive, behavioural and psychological symptoms that indicate the exceeding abuse of alcohol by a person irrespective of visible abuse-related problems.

There is a pattern of self-administration of the substance that causes tolerance, withdrawal and compulsive abuse of the substance.

1.9.3.4 Alcohol addiction:



Gilliland & James (1997: 334) describe alcohol addiction as a cellular adjustment that appears with the persistent use of any mood-altering substance.

The primary characteristic of addiction is the development of tolerance to the mood-altering substance over a period of time. This tolerance manifests itself in a person's inability to address responsibilities. Alcohol addiction is thus a condition where a person's physical, social and mental health is impaired.

1.9.3.5 Alcoholic parent:

According to Dekker and Lemmer in Moraba (1996:11), alcoholic parents are people who are entitled to educate, and who have a common trait, namely that they have children and yet are dominated and controlled by alcohol.

1.9.3.6 Transmission:

The Oxford Advanced Learners Dictionary (1989:1363) defines transmission as “ ... action or process of transmitting, ... send or pass on something from one person, place or thing to another”. Alcohol addiction is seen as a disease and is passed on from one family to future generations irrespective of whether it is transmitted hereditarily or carried forth through behavioural patterns.

1.9.3.7 Adult children:

Adult children of alcoholics are a group of people that grew up with an alcoholic parent. During adulthood many of the dysfunctional characteristics from their upbringing start to demand resolution. According to Robinson and Rhoden (1998:183), they suffer from a lifetime of unresolved issues that makes healthy and happy relationships extremely difficult. Unmet needs are stockpiled and intimacy presents a problem due to suppressed emotions from childhood that impair their ability to feel or express emotions.

1.9.3.8 Dysfunctional families:

Sheafor, Horejsi & Horejsi (1994:97) allege that people and social systems have one common characteristic, namely that they are demanding and in a position of constant change. According to Zimberoff (1997:13), there is within the dysfunctional family always a person with special needs (identified patient). This person can be the alcoholic parent. Within these families the identified patient takes all the time and attention of others and leads to subsequent neglect of other's needs.

These families get addicted to chaos and will maintain this chaos by adopting behavioural patterns. Conflict and chaos are predictable and might become the only aspect they can control within the family.

Children are often exposed to parents' conflict where parents might deny this is being questioned by the children. Children receive conflicting messages and learn to distrust their own perceptions of reality.

1.9.3.9 Co-dependency:

According to Phillips in Dickman, Challenger, Emener and Hutchinson (1988:194), co-dependency is a pervasive, prevalent human disorder.

The following populations are included:

- Adult children of alcoholics
- Persons in relationships with emotionally, mentally disturbed or chronically ill people
- Recovering alcoholic and addicted people
- Parents of children with behaviour/addiction problems
- People in relationships with irresponsible or "workaholic" persons
- Professionals in the "helping" occupations (such as nurses, counsellors, social workers)

No one definition exists for the concept of co-dependency but it can briefly be described as a person trying to control another person's behaviour. People also become extremely dependent (emotionally, socially and sometimes physically) on people or objects outside the self, along with the neglect of self to the point of having little self-identity.

1.10 LIMITATIONS OF THE STUDY

1.10.1 Anticipated limitations in the initial phase of study:

The following limitations were anticipated in the initial phase of the study:

- Limited time to conduct a sufficient number of interviews
- Problems with locating respondents that are easily accessible
- Dishonesty of respondents concerning their family histories and own experiences
- Respondents are unwilling to share and questions may not evoke the desired response from respondents
- Researcher's own experiences pertaining to familial alcohol abuse that may lead to prejudice and subjective interpretation of data

1.10.2 Limitations experienced during study:

The researcher experienced only a few minor limitations during the research study. The main concern was the lack of feedback from identified rehabilitation centres. The initial planning was to identify respondents from seven rehabilitation centres in Gauteng. The outcome was that only three centres responded and five respondents were interviewed. Although the number of respondents were less than expected, literature about qualitative research states clearly that this is a sufficient number to conduct qualitative research.

Another limitation encountered by the researcher was the fact that respondents' alcohol abusing parent/s were not willing or available for interviewing.

The information gathered from the respondents was sufficient to derive certain general themes and to verify these main themes through existing literature.

1.11 OUTLINE OF CHAPTERS

- Chapter 1 : Overview of the study
- Chapter 2 : Research design and research method
- Chapter 3 : Data analysis and literature control
- Chapter 4 : Conclusion, recommendations and summary

1.12 CONCLUSION:

In this chapter the problem formulation and motivation for the study was outlined. An in-depth explanation was given of the Object Relations Theory and the Living Systems Theory that served as theoretical framework for this research study. The aim and objectives of the study was identified from the problem formulation and was mentioned. A brief explanation was given of the research plan and ways of data collection and interpretation were discussed. Central concepts were identified and clarified in this chapter and limitations experienced during the research study were discussed. An outline of the chapters was presented and it gives a broad overview of the study. These aspects are outlined in Chapter Two.

CHAPTER TWO

RESEARCH DESIGN AND RESEARCH METHOD

2.1 INTRODUCTION

In chapter one, an overview of the background, motivation for research, the problem and the aim and objectives of the study, as well as the research method and design have been given briefly. A short conceptualisation was done in order to reflect on the researcher's perspective. These aspects will be discussed in more detail in this chapter.

A qualitative research method has been decided upon because it has a naturalistic, holistic and inductive focus. Qualitative research focuses on studies of real-world situations as they unfold naturally. These studies are non-manipulative, unobtrusive, and non-controlling, with an openness to whatever emerges (avoiding predetermined constraints on outcomes). The whole phenomenon under study is understood as a complex system that is more than the sum of its parts. With regard to this study the focus will therefore not only be on the alcoholic, but also on the different generations of alcoholics, which in this study forms the system referred to. Qualitative research begins by exploring genuinely open questions rather than testing theoretically derived hypotheses, Terre Blanche & Durrheim (1999:43). De Vos (2002:273) states furthermore that qualitative research is the empirical study of the world from the viewpoint of the person under study, and this approach aims to understand and interpret the meaning that subjects give to their everyday lives.

Qualitative research allows the subject to raise issues and topics which the researcher might not have included in a more structured research design.

Due to the threatening nature of some questions in questionnaires, sensitive topics regarding alcoholism may not easily be explored. In an interview, subjects may volunteer information which could otherwise be lost.

This is an objective approach of data-gathering that concentrates on the true experiences of the respondents and is centred in the world of the respondent as they experience it themselves. The aim of this study is the determination of the family dynamics that contribute to the transgenerational patterns of alcohol abuse. The objectives are to determine the respondent's family history of alcohol abuse, exploring the dynamics that contributed to children's co-dependency, explore the general predispositions and why dynamics are maintained, to compare results with literature and to make recommendations to practice and social work education.

The following table, (table 2.1) provides an outline of the research methodology process.

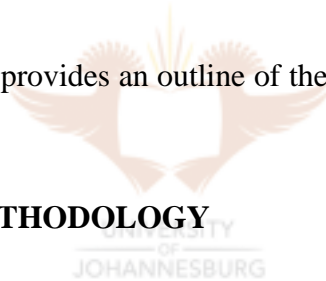


TABLE 2.1 RESEARCH METHODOLOGY

2.1 Introduction
2.2 Research design
2.3 Data-gathering, data analysis and literature control
2.3.1 Population and sampling
2.3.2 Methods and techniques of data collection
2.4 Data analysis
2.5 Methods and strategies for trustworthiness
2.6 Literature control
2.7 Conclusion

2.2 RESEARCH DESIGN

In order to give a clear and comprehensive outline of the research design and method, it is necessary to state briefly the aim and objectives of the study, namely to determine the factors that contribute to the transgenerational transmission of alcoholism. The objectives of the study are to determine respondents' family history of alcohol abuse, explore which dynamics in their relationship with their alcoholic parents and within the family contributed to their co-dependency (alcohol abuse), and to explore general predisposition to alcohol abuse. This will be done through a qualitative method of data gathering.

According to Terre Blanche & Durrheim (1999:29), a research design is a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research. In this research study, multiple case studies will be used to gather data, and it includes a literature control in order to compare the research findings with themes from the literature.



It was mentioned that during this research study qualitative methodology was implemented and it was of an explorative and descriptive nature. In the field of chemical substance abuse, dependency and rehabilitation, a phenomenon has presented itself where the adult alcoholic often has a family history of alcohol abuse. There is still a lot of uncertainty about the reasons for it. Explorative research is conducted to gain insight into a situation, phenomenon, community or individual. Through exploratory studies preliminary investigations are done into relatively unknown areas of research, De Vos (2002).

The fact that it employs an open, flexible and inductive approach to research as they attempt to look for new insights into phenomena, will give the researcher the opportunity to understand the occurrence of transgenerational transmission of alcohol abuse.

Through explorative studies the question of “what” is happening in these families can be answered. In explorative studies, the researcher aims to become conversant with basic facts and to create a general picture of conditions.

Through the abovementioned approach, the researcher will thus be able to determine what the effect is on the family system where one or both parents abuse alcohol, therefore, “what” is happening in these families and also “how” these factors are maintained, leading to the transmission of alcohol abuse between generations. Information pertaining to adult children’s perceptions of the influence of parental alcohol abuse on their own addictive behaviour can be obtained with this approach.

The data will be collected through multiple case studies. According to Cresswell in De Vos (2002:275), a case study can be regarded as an exploration or in-depth analysis of a “bounded system” (bounded by time and/or place) or a single or multiple case, over a period of time. According to Levy in Tellis (1997), a unit of analysis in a case study could be “ ... an individual, a community, an organisation, a nation state, an empire, or a civilisation”.



Feagin, Orum & Sjoberg in Tellis (1997) suggest that case studies are an ideal methodology when a holistic, in-depth investigation is needed. Other methods of data-collection and analysis are, according to Stake in Tellis (1997), known to hide some details.

Case studies, on the other hand, are designed to bring out the details from the viewpoint of the participants by using multiple sources of data. For the purpose of this research study a case study refers to a specific group of multiple individuals that is bounded by time.

It can also be referred to as a collective case study, where the aim of the researcher is to understand a social issue or population being studied, thus in this case the occurrence of transgenerational transmission of alcohol abuse. Each individual case study consists of a “whole” study, in which facts are gathered from various sources and conclusions drawn from those facts. Case study research is not sampling research, however, selecting cases must be done so as to maximise what can be learned in the period of time available for the study.

2.3 DATA-GATHERING, ANALYSIS AND LITERATURE CONTROL

2.3.1 POPULATION AND SAMPLING

Population is a term that refers to individuals in the universe who possess specific characteristics. The term population sets boundaries on the study units and can be seen as a totality of people. Seaberg in De Vos (2002:198) defines a population as the total set from which the individuals of units of the study are chosen. For the purpose of this study the population will be all alcoholics that have received treatment at the seven rehabilitation centres in Gauteng in the past five years.

A decision must be taken concerning which people, settings, events, behaviours and/or social processes to observe. These decisions can be referred to as sampling. Sampling involves the elements of the population considered for this study.

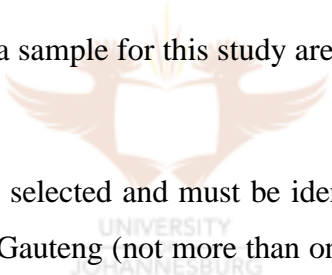
Due to the fact that the sample will be described and helps us to explain same facet of the population, a set of criteria that respondents must possess must be established in advance, in order to address the research problem.

A purposive sampling technique has been decided upon since the particular cases chosen illustrate some feature that is of interest in this study. In this study it will be the fact that all respondents have a family history of alcohol abuse. According to Terre Blanche & Durrheim (1999:44), the main concern in sampling is representativeness.

The aim is to select a sample that will be representative of the population of which the researcher aims to draw conclusions. This is especially important in descriptive studies.

To make the sample of this study representative of the identified population it was decided that an equal number of samples displaying the same characteristics would be drawn from all the rehabilitation centres in Gauteng.

The criteria for the selection of a sample for this study are:

- 
- the respondents must be selected and must be identified by therapists from seven rehabilitation centres in Gauteng (not more than one respondent per clinic)
 - the respondents must be in recovery
 - the respondents must have a family history of alcohol abuse (parents and grandparents)
 - the respondents' parents must be in recovery and be available for interviews

2.3.2 METHODS AND TECHNIQUES OF DATA COLLECTION

Data collection was done through family and life histories (genogram), in-depth individual and semi-structured tape-recorded interviews and fieldnotes. The gathering of data through exploration of respondents' family histories of alcohol abuse is done through interviewing.

Different methods of data collection enhanced the trustworthiness of the study and these different methods are referred to as triangulation. Triangulation involves different types of sources that can provide insights about the same events or relationships, De Vos (2000:341) and Sarantakos (1997:168). In this research study the researcher made use of interviews, fieldnotes and triangulation of theory in the literature control to interpret the data.

The qualitative method of data-gathering is mainly inductive and means that no prior literature is used. However, the interview schedule was guided by the literature and conceptual framework which allowed the researcher to set the boundaries of the study and to explain concepts. The interview schedule was therefore developed from literature and experience of the researcher in the field of substance abuse, and comprised open-ended questions, genograms and family trees. The conceptualisation based on the Object Relations Theory was used to influence the interview schedule.

According to De Vos (2002:292), interviewing is the predominant mode of data collection in qualitative research. Tellis (1997) mentioned that interviews are one of the most important sources of case study information. As a source of evidence it has strengths, such as the fact that it is targeted and focuses on case study topics, and is insightful by providing perceived causal inferences.

In order to interview effectively, Yin in Tellis (1997) and Moraba (1996:33) recommends that the researcher must possess or acquire the following skills:

- the ability to ask good questions and interpret responses, therefore discerning the meaning of central themes in the life-world of the respondent. The researcher should understand what is said by the respondents in order to make these interpretations.

- be a good listener in order to describe and understand the central themes of the respondents' experience.
- be adaptive and flexible so as to react to various situations. The interview is an interpersonal situation that may be characterised by positive emotions, intellectual curiosity and reciprocal respect or, on the other hand, by anxiety, evoking defence mechanisms in the respondent and the interviewer.
- have a firm grasp of issues being studied and focus respondents on themes pertaining to the interview.
- be unbiased by preconceived notions, putting him/herself in the position of the respondent so as to experience and understand the respondent from his/her own life-world and experiences.

The researcher will, pertaining to this research study, therefore make use of the phenomenological interview and the individual focused interview (in-depth, semi-structured interview).



2.3.2.1 Interviews:

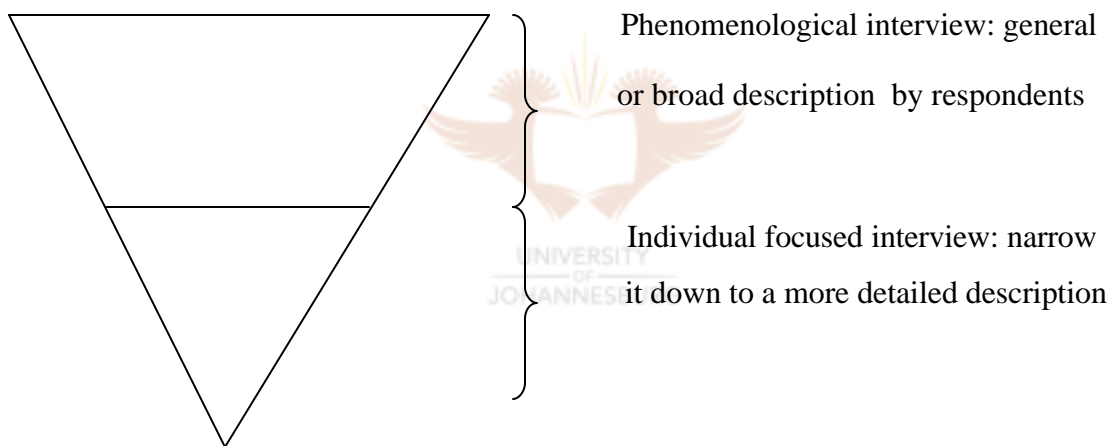
Leedy in De Vos (2002:286) suggests that phenomenology studies is a general description of a phenomena. Phenomenological interviews in this study will focus on the description of the topic of interest (factors contributing to transgenerational transmission of alcoholism) as seen through the eyes of the respondents.

The phenomenological interview is a naturalistic method of study, analysing conversations and interaction that researchers have with respondents.

Although these interviews describe a topic of interest, the in-depth semi-structured interview (individual focused interview) presented a more detailed description of the phenomena, and these data-gathering methods can be seen as an integral part of this research study.

The in-depth, semi-structured interview allowed the researcher to understand the world from the participant's point of view and help to unfold the meaning of people's experiences. This process is inductive in nature.

FIGURE 2.1



For the purpose of this research, a semi-structured interview was decided upon because a detailed idea of participants' beliefs or perceptions of a particular topic was needed. A semi-structured interview is suitable where one is particularly interested in complexity or process. The process in this study that is of interest to the researcher is the transgenerational transmission of alcoholism and the dynamics contributing to the maintaining of these dynamics through generations.

A semi-structured interview schedule guided the interview with predetermined questions. It assisted the researcher in determining what he/she hoped the interview might cover. Difficulties such as wording and sensitive areas can be identified.

A broad range of themes or questions to be covered in the interview was thus predetermined. For the purpose of this study, the semi-structured interview schedule directed the interview but allowed the interviewee to share more intimate details and information that might not have been obtained with any other method.

Recorded interviews, whether video-taped or tape-recorded, are one way of ensuring validity and reliability of data interpretation, because they provide a much fuller record than fieldnotes. This allowed the researcher to concentrate on how the interview was proceeding and where to go next. The disadvantage of tape-recordings, however, is the fact that respondents might feel uncomfortable being taped and might withdraw.

The focus was on general background questions and the compilation of a genogram and family tree where the respondents' family history is laid out. Robinson and Rhoden (1998:189-191) and Goldenberg and Goldenberg (2000:439) define a genogram and family tree, as a graphic representation in the form of a genetic tree of the family structure, typically including three generations of families. They suggest that a genogram and family tree represents the family structure and will indicate the transgenerational prevalence of alcoholism, other relevant characteristics of the family and recurring behaviour patterns within the family. This graphic representation assists the researcher to outline family patterns by recording the family structure and family information through delineating family relationships. According to Robinson and Rhoden (1998:191), a genogram and family tree is a way of gaining greater understanding of the dynamics of the alcoholic family system.

Interviewing might cause emotional reactions with the respondents but the use of genograms and family trees provides a relatively emotion-free way of collecting information that makes sense to the family and the researcher, Goldenberg and Goldenberg (2000:184).

Due to the emotional reaction which the topic of alcoholism within families may evoke, the researcher decided upon this method of data-gathering because it allows more structure to the interview, is less threatening and allows the researcher to establish the direction the interview is taking.

Although this is a more structured approach to data-gathering, open-ended questions such as: Tell me about your mother/father?, What was your mother/father like?, will allow the respondent to express his own ideas, beliefs and experiences from his own world and perspective.



Interviews have several advantages, but weaknesses also occur. The interviewer must possess excellent interviewing skills in order to minimise bias due to poor questions. Response bias and reflexivity (respondent expresses what interviewer wants to hear) might occur on the part of the respondent.

2.4 DATA ANALYSIS

Data analysis consists of examining, categorising and tabulating or otherwise recombining the evidence to address the initial propositions of a study, Tellis (1997).

There are some aspects that the researcher must be careful to review, to ensure that the analysis will be of high quality, including the following aspects:

- showing that all relevant evidence was used
- that all rival explanations were used
- that the analysis addressed the most significant aspect of the case study
- that the researcher's knowledge and experience are used to maximum advantage in the study

Morse and Mitcham (2002) suggest that the risk of misattribution or miscategorisation is reduced by increasing the number of multiple examples of the same event/relationship/phenomenon in the data (families with transgenerational transmission of alcoholism), from different times or different circumstances. It is also reduced by asking critical questions of these data, and by constantly looking for alternative explanations. The data to be analysed in this study refers to the life histories (genograms and family trees), interviews and direct observations reflected in fieldnotes.

2.4.1 Analysis of interviews:

All available data was read a few times in order for the researcher to develop a sense of the whole. Units represented by words, emotions and perceptions were established. These units eventually determined the main themes identified through analysis, Moraba (1996:40).

Categorising in phenomenological analysis is of great importance. This can also be referred to as open coding.

According to De Vos (2002:346), data are broken down into discrete parts, closely examined and compared for similarities and differences and questions are asked about the phenomenon as reflected in the data. The researcher thus compared incident with incident as she went along in order to give similar phenomena the same name.

The researcher suspended her own preconceived ideas and prejudices of the phenomena and focused on what the phenomena told her. This enabled the researcher to enter the world of the respondents without reading her own meanings and interpretations into the data. This can be referred to as “bracketing”. Denzin in Mehra (2002) comments that all research is really about the researcher (they motivate research in areas of their own interest), but in order for the research to be of value it must move beyond the researcher and his/her situation.

Qualitative research results in large amounts of contextually laden, subjective and richly detailed data. This data usually originates from interview transcripts or observation notes (fieldnotes) and must be pared down to represent major themes or categories that describe the phenomenon being studied, Byrne (2001).

Cresswell in De Vos (2002:343) suggests that in order to do the abovementioned, the interview transcripts must be read in their entirety several times. The researcher must immerse himself/herself in the details, trying to get a sense of the interview as a whole before breaking it into parts.

Authors such as De Vos (2002), Terre Blanche and Durrheim (1999), Tellis (1997), Byrne (2001), Moraba (1996) and Chenail and Maione (1997) indicate that the following should be considered in analysing interview material:

- reading interview transcripts and fieldnotes several times to create a sense of the whole
- identifying salient themes, recurring ideas or language, and patterns of belief that link people and settings together by taking the qualitative information apart
- identifying a few central themes
- eliminating redundancies in the central themes or recurring patterns
- creating and using arrays to display data
- tabulating frequency of events and ordering the information

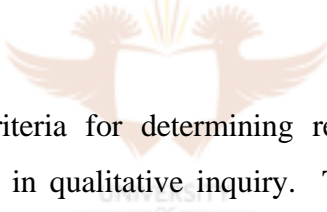
For the purpose of this study the researcher will keep a full record of each of the respondents studied, with regard to the family histories (genograms and family trees), in-depth individual, semi-structured interviews and observational information by writing down the interviews word for word.

The genograms and family trees are of specific importance as they specifically focus on recurring patterns. These entire transcriptions will be read a few times to get a sense of the whole. General patterns or meaningful units must be identified and categorised. This will give the researcher specific themes and organises information. Information from all the interviews can be integrated and synthesised to form a meaningful whole.

2.5 METHODS AND STRATEGIES FOR TRUSTWORTHINESS

Lincoln and Guba (1985:290) developed a model against which the findings of the research study were tested. This model provided a set of criteria, namely credibility, transferability, dependability and confirmability, to which the findings were compared. This model was used because it ensured trustworthiness of the study as well as a contribution to social work practice.

Rigour in qualitative research is very important. Without rigour, research is worthless, becomes fiction, and loses its utility, Morse, Barrett, Mayan, Olson and Spiers (2002). The researcher must give careful consideration to the trustworthiness of the research study and concepts of validity and reliability in qualitative research, which is analogous to aspects of trustworthiness, will be discussed.



It was suggested that new criteria for determining reliability and validity must be adopted, hence ensuring rigour in qualitative inquiry. The term “trustworthiness” was adopted and consists of four aspects: credibility, dependability, transferability and confirmability.

In qualitative research, reliability and validity have been subtly replaced by criteria and standards for evaluation of the overall significance, relevance, impact, and utility of completed research. Strategies to establish trustworthiness must be implemented through the research study.

According to Morse et.al. (2002), focusing on strategies to establish trustworthiness at the end of the study, rather than focusing on processes of verification during the study, the researcher may run the risk of missing serious threats to the reliability and validity until it is too late to correct them. They argue that strategies for ensuring rigour must be built into the qualitative research process.

These strategies include investigator responsiveness (adapt to changing circumstances; holistic; having professional immediacy; sensitivity; and ability for clarification and summarisation), methodological coherence (methodology must be connected logically), theoretical sampling and sampling adequacy, an active analytic stance, and saturation (interpretation of data until it is thoroughly explored to a point where a satisfactory sense of the whole is acquired).

Verification is a method to ensure validity and reliability. It can be seen as a process of checking, confirming, making sure, and being certain. These methods are used to identify and correct errors in the research process. Qualitative research can be seen as iterative rather than linear, so that a good qualitative researcher moves back and forth between design and implementation to ensure congruence among question formulation, literature, recruitment, data collection strategies, and data analysis. Morse et.al. (2002) further argue that verification strategies help the researcher identify when to continue, stop or modify the research process in order to achieve reliability and validity and ensure rigour.

2.5.1 Credibility:

The strength of the qualitative study that aims to explore a problem or describe a setting, a process, a social group, or a pattern of interaction will be its validity.

Credibility is an alternative to internal validity, in which the goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described. Credibility will thus determine the accuracy of the finding of those being studied. The credibility of qualitative research is established while the research is being undertaken. The researcher continually looks for discrepant evidence to the hypothesis he/she is developing as a means of producing a rich and credible account. One way of doing this is to use triangulation to prove whether this provides discrepant findings.

In this study, the semi-structured interview schedule must be well formulated in order to address all aspects of transgenerational transmission of alcohol abuse. The tape-recorded individual interview and verbatim transcriptions of the information will ensure accuracy of the findings.

It is important to interview and observe the respondents in their natural settings in order to create a safe environment where respondents feel free to share truthful, intimate detail on this sensitive subject, De Vos (2002:352), Terre Blanche and Durrheim (1999:62-63) and Moraba (1996:25).

2.5.2 Dependability:

According to De Vos (2002:352), dependability is the alternative to reliability. It is defined as the accuracy or precision of an instrument (in this study the semi-structured interview schedule) or the degree of consistency or agreement between two independently derived sets of findings. It is also seen as the extent to which independent administrations of the same instrument yield the same (or similar) results under comparable circumstances. Dependability will be established in this study by describing both the data collection and data analysis in detail and therefore implies a complete description of the incident or entity being investigated.

In this study the respondents should respond more or less similarly when subjected to the same phenomenological and individual focused interviews.

2.5.3 Transferability:

Transferability can be referred to as the external validity or generalisability of qualitative research. In order to achieve transferability (generalisability) the researcher can make use of triangulation: designing a study in which multiple cases, multiple informants, or more than one data-gathering method are used. Triangulation can strengthen the study's applicability to other contexts, De Vos (2002:352). Tellis (1997) argues that the rationale for using multiple sources of data is the triangulation of evidence.

In this research study the researcher made use of the interview schedule, audiotapes, fieldnotes, transcripts and a literature control that ensured triangulation. This method of triangulation increased the reliability of the data and the process in which it was gathered. In the context of data collection, triangulation serves to corroborate the data gathered from other sources. Smaling (2003) mentioned that generalisation was concerned with drawing conclusions pertaining to subjects, cases, and situations that have been researched. Generalisation is made from research results to a population or to a scope belonging to a theory, thus arriving at general or universal propositions. It is therefore important to use as many case studies as possible to ensure the trustworthiness of triangulation.

2.5.4 Confirmability:

Confirmability refers to the traditional concept of objectivity and indicates whether the findings of a study can be confirmed by another or helps confirmation of the general findings.

According to Drapeau (2002), objectivity is already influenced by many external factors and constraints (time, money) and internal factors (researcher's desires, interests and preoccupation). In order to maintain objectivity in this study the researcher will ensure that the relation between the generations of respondents is not known, therefore excluding bias by subconsciously looking for similar patterns.

In order for the researcher to establish further validity and reliability in the research study, a pilot study will be conducted. The purpose of a pilot study is to determine whether the relevant data can be obtained from the respondents in order to make modifications and ensure quality interviewing.

Trustworthiness in this research study was ensured through two methods of data-capturing, namely audio tapes and transcriptions of the entire interview. A literature control was done to enhance trustworthiness.

2.6 LITERATURE CONTROL



Research studies should be judged against a background of knowledge. Research assumptions must be internally and externally consistent. A literature control is a form of trustworthiness.

A literature control was conducted after completion of the study in order for the results to be compared with previous research and existing literature. A literature control in this study was integrated with the cross-validation of findings from all cases. The literature control lead to more credibility, dependability, transferability and confirmability and formed an integral part of triangulation of findings. From the literature control, themes were confirmed that assisted the researcher in formulating conclusions and recommendations, which will be of value to research and social work practice.

2.7 CONCLUSION

In this chapter an in-depth outline of the research methodology has been given. The research design is qualitative in nature and the methodological aim is to do explorative research. The specific aim of this research study was to explore specific dynamics that contribute to the maintenance of transgenerational patterns of alcohol abuse. The qualitative approach allowed the researcher to explore the respondent's family history of alcohol abuse and dynamics in their relationship with their alcoholic parents and within the family that contributed to their own alcohol abuse.

These aforementioned aspects are the objectives of this research study. In order for the researcher to have achieved these objectives a purposive sampling technique was implemented and the units of analysis were alcoholics with a family history of alcohol abuse. The methods and techniques of data gathering was explained. Data was gathered through in-depth, semi-structured interviews and fieldnotes. The Object Relations Theory and Living Systems Theory were the basis from which the interview schedule was developed. Measures to enhance trustworthiness have been described and the conclusions and recommendations were made from the qualitative methodology and the content of this study.

CHAPTER THREE

DATA ANALYSIS AND LITERATURE CONTROL

3.1 INTRODUCTION

Marshall and Rossman (1989) and Bogadan and Biklen (1992) in Oliphant (1993:35) describe data analysis as a process whereby collected data is systematically structured in order to understand and present a phenomenon better. “Data analysis is the process of bringing order, structure and meaning to the mass of collected data. It is a messy, ambiguous, time-consuming, creative and fascinating process”, De Vos (2000:340).

According to Marshall and Rossman in De Vos (2000:340), “... qualitative data analysis is a search for general statements about relationships among categories of data”. The data therefore needs to be interpreted in order for the researcher to find meaning in the results.

Chapter two discussed the utilisation of the research methodology as well as the refinement in the collection of data. This chapter presents the data processing and reporting on those results. A specific process of data analysis as in Oliphant (1993:35-43) was followed and will be discussed in-depth later in Chapter three. The overall aim of this study was to explore the dynamics that contribute to transgenerational patterns of alcohol abuse. The familial history of alcohol abuse and the dynamics maintaining certain behavioural patterns were determined by this study. A literature control forms part of this chapter and is the basis of the conclusions and recommendations drawn from this study. The literature control enabled the researcher to compare findings from this research study with existing literature.

The literature control enabled the researcher furthermore to understand the respondent's perceptions, perspectives and the family dynamics that contribute to transgenerational patterns of alcohol abuse.

The researcher will firstly give a description of the unit of analysis. The themes resulting from the research will be discussed.

The following table (Table 3.1) is a schematic explanation of this chapter.

TABLE 3.1 DATA ANALYSIS

3.1 Introduction
3.2 Unit of analysis
3.3 Background information
3.4 Process of data analysis
3.5 Results
3.6 Themes not found in this research
3.7 Literature control
3.8 Conclusion

3.2 UNIT OF ANALYSIS

Alcoholism is a widespread phenomenon and therefore a focused sample of respondents were taken from rehabilitation centres in Gauteng. All respondents were involved in alcohol abuse, although drug abuse was also present with two of the respondents.

A semi-structured interview schedule was developed by reviewing the literature. The interview schedule consisted of a genogram, family tree and general semi-structured questions (see Annexure A). The interviews were conducted over a period of one month. All respondents were willing to participate and allowed interviews to be audiotaped. Some of the respondents' parents refused to be interviewed and some were not available for interviewing.

Rapport was established between the respondents and the researcher through the assurance of confidentiality and clarifying the purpose of the study. The researcher explained her own involvement at a rehabilitation centre and the particular interest in transgenerational patterns of substance abuse. The respondents were assured of confidentiality through explanation of the purpose of the study and that information will therefore only be applied for research purposes. The researcher assured the respondents that the interview was not a therapy session but that the focus would be on the gathering of information.

Individual interviews lasted two hours and were conducted in English and Afrikaans. The researcher made use of a translator when interviewing respondent three due to the fact that he was Zulu-speaking and did not understand English very well. De Vos (2000:296) identifies the use of translators as a common pitfall in interviewing because it slows down the process and information may not be accurately translated. The researcher however is of the opinion that in this instance the use of a translator did not impact negatively on the process due to the fact that information gathered was of great value.

The content of the transcriptions and fieldnotes were examined for common themes. From this perspective it is important to ensure that the type of data analysis which is employed matches the research paradigm and data, and can answer the research question.

3.3 BACKGROUND INFORMATION

Brief background information of each respondent is presented. Through background information a complete picture can be formed of the respondents that participated in the research study.

Respondent one:

Female, 31 years old and the second of three children. She had one rehabilitation treatment for alcohol abuse. Her parents are still married although they have tremendous marital conflict due to her father's alcohol abuse. Her mother verbally and sometimes physically abused her father because of his alcohol abuse.

Her father worked as a construction worker, away from home and her mother was the disciplinarian. She had a very poor relationship with her mother, brother and sister. Her father was the only one she had a close relationship with. The respondent is divorced due to her ex-husband's extramarital relationships. She has three children.

Respondent two:

Female, 43 years old and the firstborn of two children. She had two rehabilitation treatments for alcohol abuse and later chemical substance abuse (tranquilisers and pain tablets).

She was allegedly diagnosed with Bipolar Mood Disorder. Her parents were divorced when she was about five years old, and the family had little contact with her biological father. Her father is now deceased.

The respondent and her sister stayed with their grandmother and their maternal grandmother. Their mother was reunited with the family when the respondent was approximately twelve years of age. Her father abused alcohol and her mother and maternal grandmother abused tablets. She had a very poor relationship with her mother, sister and grandmother. Her husband died when she was twenty-eight and she was in a destructive relationship for eleven years. The relationship ended after her sister started a relationship with the respondent's boyfriend. The respondent had twice tried to commit suicide. She has two children.

Respondent three:



Male, 20 years old and the only child from a cohabitative relationship between his biological parents. He had one rehabilitation treatment for alcohol and chemical substance abuse (cannabis). His parents are separated and his father abuses alcohol and cannabis. The respondent's mother also abused alcohol for a number of years, but is currently maintaining sobriety and has done so for a period of time.

Although the respondent has frequent contact with his father, they do not have a good relationship. Although he has a good relationship with his mother, there was a time when they had a lot of conflict. His mother was present throughout his childhood but he mainly grew up with his maternal grandmother. The respondent had once tried to commit suicide. The respondent was never married and he has no children.

Respondent four:

Male, 35 years old and the lastborn of three children. He had one rehabilitation treatment for alcohol abuse, although he sporadically experimented with drugs.

His parents divorced when he was sixteen years old, but his father only left the house when the respondent was eighteen years old. He does not have a good relationship with his father due to his father's alcohol abuse, and although his mother was more involved with the children, she started living a more independent life when the respondent was twelve. The respondent maintained a relatively good relationship with his brothers, but this relationship was not always positive, and it changed over time.

The respondent is divorced due to an extramarital relationship from his wife, and also due to his alcohol abuse. He has two children.

Respondent five:

Male, 49, the fourth of five children. He had one rehabilitation treatment for alcohol abuse. His parents were married until his mother died. His parents had a very unstable marital relationship due to his father's alcohol abuse. His father was physically and verbally abusive towards his mother. His father was not involved with the family and his mother was the disciplinarian.

The respondent, his mother and one sister (she committed suicide after their mother died) had a close relationship, but he was alienated from the other siblings. The respondent has been divorced twice. During his first marriage he had an extramarital relationship and with the second marriage he could not deal with the demands of a physically handicapped child, and the pressure from his second wife. He has three children.

The following table (table 3.2) gives an outline of the respondents.

TABLE 3.2 RESPONDENTS

Respondent	Age	Male/female	Marital status	Substance abused	Chronological order of children
1	31	Female	Divorced once	Alcohol	Second of three children
2	43	Female	Widow	Alcohol, tranquilisers, pain tablets	Firstborn of two children
3	20	Male	Never married	Cannabis and alcohol	Only child
4	35	Male	Divorced once	Alcohol	Lastborn of three children
5	49	Male	Divorced twice	Alcohol	Fourth of five children

3.4 PROCESS OF DATA ANALYSIS

“Data analysis means a search for patterns in data – recurrent behaviors, objects, or a body of knowledge”, Neuman (1997:426).

The researcher did the analysis of data herself and the analysis used the interview schedule developed from a literature review only as a framework.

The following table, (table 3.1) explains the process of qualitative data analysis that was implemented by the researcher during data analysis, De Vos (2000:340-345) and Oliphant (1993:35-43).

TABLE 3.3 PROCESS OF QUALITATIVE DATA ANALYSIS

STEPS	ACTION	TRUSTWORTHINESS
3.4.1 Data collection and recording	<ul style="list-style-type: none"> - Interviews - Audiotapes - Transcripts 	<ul style="list-style-type: none"> - Triangulation through different methods of obtaining a variety of information
3.4.2 Managing data	<ul style="list-style-type: none"> - Numbering audiotapes - Write transcripts manually (per hand) - Typing of transcripts - Refining of transcripts 	<ul style="list-style-type: none"> - Triangulation - Comparison
3.4.3 Reading and writing memos	<ul style="list-style-type: none"> - Reading transcripts and fieldnotes several times - Writing of key concepts 	<ul style="list-style-type: none"> - Reading transcripts and fieldnotes several time to understand meaning of the whole
3.4.4 Identify categories	<ul style="list-style-type: none"> - Develop categories that systemises the data gathered (using interview schedule only as a framework) 	<ul style="list-style-type: none"> - Refining interpretation of data

	<ul style="list-style-type: none"> - Identify other categories emerging from data - Do preliminary coding of all data - Using of Nudist software program 	<ul style="list-style-type: none"> - Using schedule derived from literature overview (genograms, family tree, general questions) - Enclosing all data from interviews - Coding of all data into preliminary categories in order to ensure that researcher does not loose data - Using text searches and go through all data again
3.4.5 Coding of data	<ul style="list-style-type: none"> - Using of Nudist software program 	<ul style="list-style-type: none"> - Coding of all data through NUDIST to ensure inclusion of all data - Code data under one or several of the identified categories - Go through data again
3.4.6 Data used to derive themes	<ul style="list-style-type: none"> - Read through categories several times - Draw conclusions between categories - Narrow down categories to six general themes 	<ul style="list-style-type: none"> - Reading through categories several times - Draw conclusions and narrow down

3.4.1 Data collection and recording:

According to De Vos (2000:340), the researcher should plan for recording data in a systematic manner. The researcher implemented an inductive strategy of data collection. The researcher made use of a conceptual framework but it was based on broad assumptions by the researcher and served as a tool that only navigated this research study. Mouton and Marais (1992:105) claim that the inductive process focuses on a broad spectrum of aspects (data collection and recording), but after data analysis and interpretation, the information is narrowed down and a more systematic explanation can be drawn from the research study.

From the initial conceptualisation and practice knowledge the researcher developed an interview schedule consisting of a genogram, family tree and general open-ended questions (See Annexure A). Interviews were conducted over a period of one month and lasted approximately two hours each. Permission was given by respondents to audio-tape the interviews. This process enabled the researcher to refine data to such an extent that a few central themes could be derived from the data.

In order to ensure the trustworthiness of data collection and recording a process called triangulation was used. Triangulation refers to a combination of data-gathering methods. Sarantakos (1997:169) claims that using two or more methods of data-gathering allows the researcher:

- to obtain a variety of information on the same issue;
- to use the strength of each method to overcome the deficiencies of the other;
- to achieve a higher degree of validity and reliability; and
- to overcome the deficiencies of single-method studies.

The researcher implemented two methods of data-gathering and preservation, namely audiotaped interviews and fieldnotes, to ensure trustworthiness. Fieldnotes were made to preserve information, De Vos (2000:304). These were however limited and could only be used to validate some information obtained.

3.4.2 Managing data (numbering audiotapes, writing transcriptions):

Managing data is an important aspect of data analysis. Data should be organised into file folders, index cards or computer files so that the researcher can easily retrieve these records. Marshall and Rossman (1995:110-111) in De Vos (2000:343) suggest that the process of preserving the data and meaning on tape and the combined transcription and preliminary analysis greatly increase the efficiency of data analysis.

The audiotapes were clearly numbered. The data preserved on the audiotapes was written down word for word and an external typist typed some of the transcripts. These files were stored as computer files and were easily retrievable. The researcher made use of the Nudist software program. This program enabled the researcher to organise data in a structured way and save files and notes. The program enabled the researcher to move back and forth between files because the data was stored in a systematic and ordered fashion. Graham and Hannibal (1998) state that this program provides the specific methodology to analyze, code and categorise data effectively.

Trustworthiness was again ensured by triangulation, where audiotapes were marked clearly to prevent confusion. The audiotapes were written down manually, word for word and transcribed by the researcher and an external typist.

3.4.3 Reading and writing memos (read transcripts several times, write up key concepts):

According to Terre Blanche and Durrheim (1999:141) and De Vos (2000:343), it is of great importance to read through data several times in order for the researcher to familiarise themselves with the data. Reading through the data several times forces the researcher to become familiar with it.

Although the researcher made use of the interview schedule as a framework, this part of the data analysis process was done as suggested by De Vos (2000:343). The researcher read through the transcripts and fieldnotes several times in order to get a sense of the whole before breaking it down into parts. The interview schedule assisted the researcher by giving structure in identifying key concepts, although other key concepts also emerged from the data. All data was coded under preliminary categories.

During this phase the Nudist software program was also used. This program enabled the researcher to work more organised, allowing her to keep track of what has been done throughout the process. By applying this program and method of analysis, trustworthiness was enhanced because the researcher was able to go through the data repeatedly, ensuring that all data was categorized. A text search was done, where key words were identified and automatically searched for in all the documents. Thus, information was then categorised or discarded if it did not render significant meaning.

3.4.4 Coding of all transcripts using Nudist software program:

According to De Vos (2000:344), coding is an analytical process of identifying salient themes, recurring ideas or language, and patterns of belief that link people and settings together.

The researcher started this process by doing preliminary coding (see Annexure B).

Although the literature suggests that analysis involves identifying five or six general themes, there were thirty-eight initial key concepts and free nodes (information that had no apparent place). All the relevant information of the transcriptions was coded under one or several of these concepts. The researcher read through all the data again to ensure that all relevant information was categorised. Coding under one or several categories and reading through data again enhanced trustworthiness. The researcher decided on this preliminary coding process because it enabled her to have structure in the coding process and made the information gathered more manageable and comprehensible. Due to the vast amounts of information, this systematic process ensured that no information was lost.

3.4.5 Data used to derive themes:



After completion of this preliminary coding process the researcher read through the identified categories in order to interpret the data. Interpretation according to De Vos (2000:344) involves making sense of the data. The categories were rearranged in a smaller number of main themes and all the categories could thus be narrowed down to six general themes which the identified categories were divided into. The themes were formulated by linking content of the different categories.

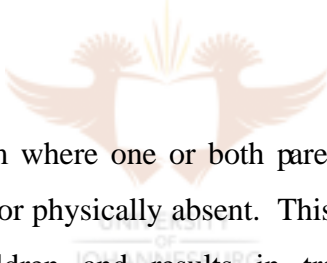
3.5 RESULTS

The following general observations were made:

During the phenomenological and semi-structured interviews with these respondents it became clear that they all came from dysfunctional families and lacked positive interpersonal relationships.

Very few positive relationships exist within the family-of-origin and the extended families and the respondents presented with poor bonding and coping skills. Parents are/were physically and/or emotionally absent and rules are too rigid or flexible. Children have no sense of unity and belonging and there is a lack of constructive communication and conflict management. Families presented with negative emotions and an inability to deal with these emotions.

From the qualitative interpretation of the data, the researcher was able to derive the following major themes:

- 
1. In the family system where one or both parents abuses alcohol, the parent/s are emotionally and/or physically absent. This causes a lack of *nurturing and *bonding with children and results in transgenerational patterns where children of alcoholics have difficulty in forming and maintaining appropriate *interpersonal relationships. The alcohol abuser and the substance form a subsystem and the substance becomes the object with which the alcoholic has a relationship.
 2. Alcohol abuse by one or both parents causes a limited sense of unity within the family system and it leads to children of alcoholics having a very poor sense of *belonging since childhood. This leads to difficulty within interpersonal relationships and they use alcohol to cope with difficulties experienced in these relationships.

3. Alcohol abuse by one or both parents influences the family's interaction. This negative interaction results in patterns of *ineffective communication. Communication is characterised by negative verbal messages or no verbal communication at all. Parents' ineffective communication presents poor role modelling, which results in a circular pattern of alcohol abuse, escape, no communication and no safe emotional climate.
4. Ineffective communication styles occur in these families. This ineffective communication style of the alcohol-abusing parent/s and the subsequent ineffective communication within the family, result in an inability to constructively deal with conflict. Family members adopt dysfunctional communication styles and will therefore rather avoid conflict or deal with it in an aggressive or destructive way.
5. In the family where alcohol abuse by one or both parents is present, children have no emotional bond with one/both parents. Their *emotional needs are not met and they feel neglected, unwanted, unloved and unworthy. To cope with negative emotions arising from this, as well as life difficulties, they abuse alcohol.
6. The absenteeism of the alcohol-abusing parent/s, poor role modelling and lack of effective communication and conflict management within the family results in family members having very poor coping and bonding skills and an inability to constructively deal with negative emotions. This leads to repetitive patterns of substance abuse in order for them to deal with negative emotions such as bitterness, loneliness, stress, no sense of belonging and a lack of self-esteem.

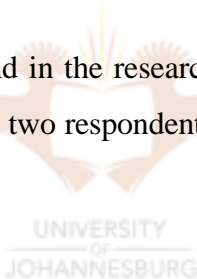
- * **Nurturing:** care for and educate, children nurtured by loving parents, encourage growth and help development
- * **Bonding:** developing close emotional relationship with significant others
- * **Interpersonal relationships:** existing or done between two people, state of being connected
- * **Belonging:** be connected with something, be a member of a group/family, have a proper place, should live with and be cared for by
- * **Emotional needs:** Five basic needs; love, security, new experiences, acknowledgement, responsibility
- * **Negative emotions:** unclear, destructive feelings

The themes that are formulated are repetitive in nature and were described by each unit of analysis.

3.6 THEMES NOT FOUND IN THIS RESEARCH

The following themes were not found in the research to be repetitive themes. Although there was mention of some by one or two respondents, they are not general themes.

- Sexual abuse
- Miscarriages
- Eating disorders
- Self mutilation
- Peer pressure
- Suicide attempts
- Physical violence
- Mental and physical disorders
- Family secrets



Although the research results are based on repetitive themes it is important to note that certain behavioural patterns were identified. These were not found to be repetitive in all the units of analysis. The researcher is however of the opinion that these issues are important. Since this is not addressed in the study, recommendations will be made regarding further research.

3.7 LITERATURE CONTROL

Kapp (1991:478) in Moraba (1996:97) indicates that the literature control clarifies the problem and provides a comprehensive review of existing knowledge and research findings. The results of the study have been presented and have been compared in the following section to a number of literary sources for the purpose of validation (trustworthiness).



One must keep in mind that transgenerational patterns of alcohol abuse is only one symptom in which dysfunctional behaviour manifests itself. All dysfunctional families are not characterised by alcohol abuse and manifestation in a number of other symptoms might also occur. For the purpose of this research study, the focus of dysfunctionality is the transgenerational patterns of alcohol abuse. According to George (1990:51), chemical dependence affects all family members to varying degrees. Chemical dependency is different within each family, and no two families or even members of the same family will demonstrate the same characteristics of the disease. Although families and individuals differ so much from one another, the respondents in this research study showed similar responses to the transgenerational patterns of alcohol abuse. From a systems perspective, patterns of behaviour are predictable due to the family's and individual's influence on the family as a system and one another.

3.7 1 Theme 1:

The family system where one or both parents abuse alcohol, the parent/s are emotionally and/or physically absent. This causes a lack of nurturing and bonding with children and results in transgenerational patterns where children of alcoholics have difficulty in forming and maintaining appropriate interpersonal relationships. The alcohol abuser and the substance form a subsystem and the substance becomes the object with which the alcoholic has a relationship.

Goldenberg and Goldenberg (1996:197) state that a dysfunctional family - such as a family with parental alcohol abuse - has failed to fulfil its function of nurturing the growth of its members.

According to Malherbe (1993:321, 323), adults that grew up in an alcoholic family are more vulnerable to emotional, physical and relationship problems. Family interactions set the tone and quality of the kinds of relationships children will have with others outside their homes. They have limited abilities to maintain healthy interpersonal relationships and their interactions are marked by co-dependency (relying on something outside the self for comfort). Malherbe (1993:325) furthermore states that adult children of alcoholics that regularly experience their parents as absent, unpredictable and not loving, find it very difficult to trust others and to communicate on a consistent and caring level. This inability to trust others has a great impact on their interpersonal relationships, especially relationships such as marriage.

Foster (1993:25) claims that “ ... if your parents spoke clearly and listened well, modelled healthy values, earned your respect and showed respect for you, upheld standards but were understanding and flexible, you receive excellent preparation for successful relationships”. If your family relationships were full of conflict and pain, you may have depended for your security on outer activities, friendships and partners to love.

You wanted to become good at something, to be recognised for it, to have an identity, and to have someone who really loved you.

“However, if you tried to make up for your family’s inability to fill these relationship needs, you may have found that new relationships were affected by old conflicts and pain”, (Object Relations Theory). Foster (1993:22) furthermore states that problems repeat in patterns because people are likely to do what is familiar, even when it is clearly not working. Within these relationships alcohol abuse becomes a coping mechanism.

This relates to the statement of George (1990:91) that mentions that grandchildren of substance abusers are best at forming superficial relationships. They are short on skills in forming and maintaining intimate relationships.

In this research study it was found that apart from parents being absent, all the respondents with siblings did not have positive relationships with their siblings. According to Robinson (1998:73), “ ... sibling relationships are the first important peer interactions children have that prepare them for later relationships with the many types of people they will meet outside the home. The sibling relationships in the alcoholic family are often riddled with conflict and dissension. The battle scars from alcoholic homes make it difficult for these children to develop intimacy and trusting relationships”. One can thus understand that these difficulties are then carried forth to adulthood, and that these adults have difficulty in forming companionships, expressing intimacy, and maintaining viable relationships. Malherbe (1993:328) confirms the above statement by Robinson in claiming that although some siblings in alcoholic families have good relationships, most of these relationships are superficial, competitive and distant.

The aforementioned literature confirms that due to their inability to maintain interpersonal relationships, children who grow up in alcoholic families experience difficulties in their relationships.

This impacts directly on their self-worth and often confirms their own irrational feelings of inadequacy. They do not find emotional fulfilment in their relationships and then turn to external things (in this instance it is alcohol abuse) to cope and to satisfy those emotional needs.

3.7.2 Theme 2:

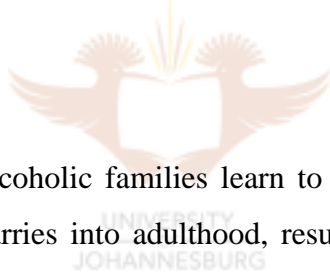
Alcohol abuse of one or both parents causes a limited sense of unity within the family system and it leads to children of alcoholics having a very poor sense of belonging from childhood. This leads to difficulty within interpersonal relationships and they use alcohol to cope with problems experienced in these relationships.

According to Steinglass (1987:79), the family needs to differentiate itself from its family of origin. Defining itself as a distinctive system is essential for the family to be perceived (and perceive itself) as a unit with its own identity and functional integrity. In this research study it was evident that none of the families functioned as a unit because of the alcohol abuse and subsequent problems that render these families dysfunctional. Steinglass (1987) also states that families have certain developmental tasks that are fundamental for family-unit development. One of these tasks is choosing a limited number of major developmental themes. These themes are priority areas (social, emotional, spiritual, and physical) to which the family is committed.

Steinglass (1987:79) furthermore claims that these developmental themes in turn become organisers for behaviour within the family, which again shapes internal and external relationships. In these families alcohol can become a major developmental theme. Due to the fact that these families do not accomplish the specific abovementioned developmental task they do not function as a healthy unit because the focus is entirely on the alcohol abuse and subsequent problems within the family.

The alcohol abuse is predominant and absorbs most of the family's time and effort and they can therefore not focus on any other developmental themes. Children that have not constructively gone through this developmental task in the family will have great difficulty in establishing a family identity of their own because of their own lack of self-worth and sense of belonging and inability to function as a unit. According to Whitman and Smith (1991:190) in Sundleson (1999:33), family relationships are primarily affectional. In a family the emotional bonds of attachment, loyalty and a positive regard are paramount. A high value is placed on the affectional bond, and a sense of belonging is what is most important.

According to Dickman, Challenger, Emener and Hutchinson (1988:198), children growing up in alcoholic families have no appropriate view of normal behaviour. They have no healthy emotional role models and they adapt early to random, disorganised and inconsistent care.



The way that children from alcoholic families learn to cope sets up a rigid pattern of behaviour and thinking that carries into adulthood, resulting in problems that may not show up for many years. Their old survival skills that once kept them psychologically and physically safe, get in their way as an adult, emerging most frequently in poor interpersonal relationships and an inability to develop a sense of personal rights, identity and self-esteem.

Wegscheider-Cruse (1989:252) mentions that children growing up in alcoholic families do not learn how to be social because they are isolated due to parental alcohol abuse. Honest communication and openness is absent. The alcoholic parent(s) and spouse are not actively involved in their children's lives because the alcoholic parent and the alcohol form a subsystem and all the focus in the family is on this particular subsystem. The family therefore does not function as a unit and children are not taught the basic skills of social interaction.

From the literature control it is clearly confirmed that these children often grow up without learning how to relate to other people, especially those who are emotionally healthy. As adults their social isolation continues. Adult children need healthy relationships but they do not know how to develop or maintain healthy interpersonal relationships. Due to the fact that they have never learned how to reach out to others, their relationships tend to be superficial.

3.7.3 Theme 3:

Alcohol abuse by one or both parents influences the family's interaction. This negative interaction results in patterns of ineffective communication. Communication is characterised by negative verbal messages or no verbal communication at all. Parents' ineffective communication presents poor role modelling, which results in a circular pattern of alcohol abuse, escape, no communication and no safe emotional climate.

According to Goldenberg and Goldenberg (1996:213), communication has two components, namely content (report) and a relationship (command) aspect. Carr (2000:58) refers to verbal and non-verbal communication in this regard.

Goldenberg and Goldenberg (1980:50) alleges that for a family to function effectively, they must develop ways and means of establishing and maintaining clear communication channels. Oliphant (1993:60) and Goldenberg and Goldenberg (1980:113) further state that all behaviour is communication and that it is impossible not to communicate. According to Sieberg in Sundleson (1999:34), communication is at the heart of the family system. Communication is the means by which existing relationships are maintained and also the way they are changed and new relationships are formed. Communication is what binds the system together.

Malherbe (1995:216) claims that within the alcoholic family the drinking behaviour of parent(s) is an element of communication and that communication patterns subsequently tend to avoidance of true co-operation and responsibility, and verbal and non-verbal communication is incongruent.

According to LaMar (1992:24), some families do not interact and the parents may ignore and neglect the children. LaMar (1992) further claims that without healthy interaction and communication there are no shared interests and no chance for children to gain emotional support. If communication is characterised by verbal aggression there is tension, stress and conflict.

Receiving feedback through sharing is the process through which children normally develop their identities and personalities, as well as their limits, values, morals and abilities. For example, children need to answer questions such as: What am I capable of? What are my special talents? What things can I not do in my world? What things will get me into trouble? How do I handle being angry, sad, frustrated, etc.? Children in dysfunctional families (in this regard it is the alcoholic family) receive little or no confirmation (affirmation or validation) of who they are as persons because the family does not communicate. The unavailable alcoholic parent and sober parent are not significant, and sharing and giving feedback is non-existent, LaMar (1992:24).

According to Steinglass (1987:94-95), the use of alcohol-related behaviour is a short-term problem-solving strategy. Jacob (1987:95) claims that role performance and task accomplishment suffer because the lack of effective communication blocks successful problem-solving. Children do not learn how to effectively deal with problems and subsequent emotions and the circular pattern of alcohol abuse, escape, no communication and no safe emotional climate continues as a way of dealing with problems and life.

These patterns within the family leave children emotionally vulnerable to become co-dependent and rely on alcohol to cope. This circular pattern is carried forth between generations, because family members have no foundation of coping and communication skills to deal with life's difficulties. They also lack problem-solving skills and can therefore not constructively deal with conflict.

The literature control confirmed the researcher's statement that, in this research study it was evident that the respondents' families did not interact, and when they interacted the interaction was destructive, and led to ineffective communication. Due to the fact that these parents are such poor role models when it comes to effective communication and dealing with emotions, these children will do what they learned from their parents, do not communicate and abuse alcohol as a response to your problems.

3.7.4 Theme 4:



Ineffective communication styles occur in these families. This ineffective communication style of the alcohol abusing parent/s and the subsequent ineffective communication within the family, results in an inability to constructively deal with conflict. Family members adopt dysfunctional communication styles and will therefore rather avoid conflict or deal with it in an aggressive or destructive way.

According to Oliphant (1993:60) a family member's primary need is the development and maintenance of relationships within the family. Communication patterns are in relationship to these primary needs. A family member's concept of himself is developed through communication and other people's opinions.

Robinson and Rhoden (1998:14) states that "... management of the family's emotional climate promotes the well-being of family members by nurturing family members, building family closeness, and managing conflict within the family".

From this research study it was apparent that these families did not manage the emotional climate of the family. Children were not nurtured and conflict was dealt with in a very destructive way. One can therefore assume that there is a direct correlation between the emotional bond between parent and child, nurturing, communication and conflict management.

Robinson and Rhoden (1998) furthermore states that “ ... managing the emotional climate within families also entails dealing with conflict. Families whose decision-making processes and power distribution allow the participation of all family members in dealing with conflict promote feelings of worth and acceptance among its members”.

In order to deal with conflict within the family one needs to have clear and effective communication. Jacob (1987:93) claims that it is through communication that the information required for effective role performance and task accomplishment is exchanged. The goal of communication is the achievement of mutual understanding and only occurs when the messages sent are clear, direct and sufficient and if the receivers are psychologically available and open to receiving them with minimal distortion.

Jacob (1987) furthermore mentions that communication can be affective (expressive of feeling), instrumental (related to ongoing tasks of everyday life) or neutral (neither of the above) and ranges between clear and masked. Masked communication arouses confusion and anxiety and subsequent distortion in the receiver. The latent content of the communication (choice of words, tone of voice, facial expression, absence of eye contact or body language) conveys something about the emotional state of the sender and the quality of the relationship between sender and receiver. When incongruity exists in communication it invites confusion and anxiety in the receiver, Jacob (1987:94). Without effective communication people do not learn how to deal with conflict.

The literature control therefore indicates that the opposite occurred in the families of this research study. Family members either avoided managing conflict or it was characterised by verbal or physical aggression.

The adult children of alcoholic families did not have the opportunity to learn how to constructively deal with conflict or express their emotions and opinions in a direct way, and they have very limited conflict management skills. There was a lack of dealing with internal and external conflict, and as soon as internal or external conflict arises, they could not cope and resorted to alcohol to try to deal with the conflict. The literature control confirmed the researcher's statement that ineffective communication and conflict management skills may result in transgenerational patterns of alcohol abuse.

3.7.5 Theme 5:

In the family where alcohol abuse by one or both parents is present, children have no emotional bond with one/both parents. Their emotional needs are not met and they feel neglected, unwanted, unloved and unworthy. In order to cope with negative emotions arising from this, as well as life difficulties, they abuse alcohol.

Henggeler and Borduin (1990:76) state that parental affection whether expressed verbally or non-verbally provides an important communication from parent to young child. This expression of parental warmth affirms the emotional bond between parent and child in a way that can be understood by both. This affirmation provides a continued sense of emotional security for the child. According to Cummings, Davies and Campbell (2000:228), the qualities of the emotional relationship between parents and children - that is, responsiveness, sensitivity, and emotional availability - are central parenting dimensions that serve to facilitate at least two primary developmental tasks, namely, physiological regulation and the formation of attachment relationships.

On the other hand, negative affective labels are attached to a variety of early interpersonal experiences by children with rejecting parents.

In the long run they respond negatively to other people. Children who experience emotional neglect and emotional rejection are at risk for the development of emotional difficulties.

Henggeler and Borduin (1990:76) also claim that these children do not learn to trust and to respond positively to others. They are therefore likely to view interpersonal transactions in a negative light and may lack the emotional responsivity and social skills that are needed for initiating and maintaining positive interactions.

Wegscheider-Cruse (1998:242-243) mentions that the adult who grew up in an alcoholic family has matured physically and intellectually but not emotionally, because their emotional needs as children were not met in their painful families. However, it is important to remember that growing up in other types of dysfunctional families similarly affects children.

The first system where a child experiences love and nurturing is in the family system. If a child's emotional needs are not met it may carry forth feelings of not being connected and worthwhile and may develop co-dependency. Co-dependency refers to an extreme dependence on or preoccupation with a person or object, Dickman, Challenger, Emener and Hutchinson (1988:195) and Wegscheider-Cruse (1998:243).

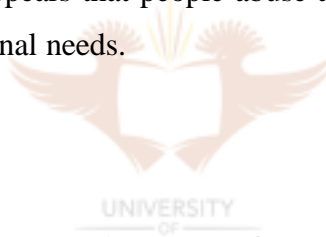
According to Cummings et al. (2000:191), parental behaviours reflecting acceptance and emotional availability have been shown to predict children's functioning. The author states that a child's sense of emotional security derives from the sensitive responsiveness, warmth and emotional availability of the parents. One can assume that in the alcoholic family, parents' interaction with their children is severely distorted. Due to alcohol abuse, parents are not emotionally available and children are left with their emotional needs unmet.

The lack of an emotional bond between parent and child is painful and distressing and might lead to persisting and long-lasting effects on an individual's adjustment, Cummings et al. (2000:192).

According to Jacob (1987:95), the emotional involvement (degree and quality of members' interest in and concern for one another) of family members, especially that of parents with children, is crucial. If children's emotional needs are met it provides cohesion, security and a sense of being valued. These aspects contribute to the development of trust, self-esteem and independence. In the uninvolved family, both the degree and the quality of involvement are low. Family members are frequently alienated and unfulfilled. Premature emotional separation may occur in these families and this aspect markedly impairs the capacity to tolerate true intimacy.

Uninvolved families continue to contribute to ongoing insecurity and low self-esteem, thus blocking the development of true autonomy.

The literature control confirmed that due to the fact that this inability to adjust is carried forth between generations, it appears that people abuse alcohol in order to cope with the pressures of their unmet emotional needs.



3.7.5 Theme 6:

The absenteeism of the alcohol-abusing parent/s, poor role modelling and lack of effective communication and conflict management within the family result in family members having very poor coping and bonding skills and an inability to constructively deal with negative emotions. This leads to repetitive patterns of substance abuse in order for them to deal with negative emotions such as bitterness, loneliness, stress, no sense of belonging and a lack of self-esteem.

According to Wegscheider-Cruse (1998:35), emotions are our inner response to both inner and outer events. LaMar (1992:91) refers to the internal frame of reference as the originating factor for all behaviour. The internal frame of reference of people refers to values, beliefs, attitudes, emotions, purposes, goals, desires, needs, self-concept, trust of self and view of self. Husserl (1962) in LaMar (1992:91) believes that the perception of the individual is the basis of behaviour and human functioning.

With parents being absent there will be no healthy role modelling and this internal frame of reference will be severely distorted.

Wegscheider-Cruse (1992:252) furthermore claims that “ ... children in dysfunctional families learn to repress and deny their feelings”. Negative or painful emotions particularly are seen as “bad” (frame of reference), and these children do not learn healthy ways to deal with anger, hurt, and other emotions. As adults they continue this pattern of denial but by the time they are adults, years of suppressing negative emotions have taken a toll. Adult children have learned not to express - and often not even to feel - positive emotions as well as negative ones.

Cummings, Davies and Campbell (2000:276) mention that children may learn behavioural and cognitive styles for coping with everyday events from both observing their parents in interpersonal situations and interacting with them. Due to a lack of meaningful interaction with their parents, the respondents did not learn effective coping and bonding skills. Marital conflict is seen as a significant source of adversity and risk for children’s adjustment problems in families. Marital relations serve as a foundation for emotional processes and their regulation within the family, and thus have a role in modulating and exaggerating the risk associated with other family events.

According to Robinson and Rhoden (1998:60), “ ...upbringing in an alcoholic family leaves children with many emotional and sometimes physical wounds. Regardless of parents’ motives, effects on the children are the same. They react to their parents with a flood of strong emotions, ranging from rage to despair. Carried throughout childhood and into adulthood, these feelings interfere with fully functioning relationships with friends, spouses, and loved ones, “ (Object Relations Theory).

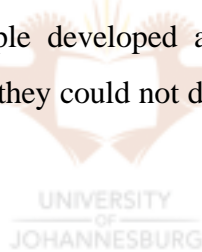
The most common emotions, according to Robinson and Rhoden (1998), that adult children growing up in alcoholic families experience are anger, fear, anxiety, guilt, sadness, depression, confusion, embarrassment, isolation and grief.

The respondents in this research study identified bitterness, loneliness, stress, no sense of belonging and a lack of self-esteem as some of the reasons why they abused alcohol.

Cloud and Townsend (1992:220) state that people disguise their pain when they are injured emotionally or were neglected as children, by drinking too much. They may use substances to distract from the real pain of feeling unloved, unwanted and alone. If they were to stop using these disguises, their isolation would be intolerable.

People not knowing how to handle these emotions due to parental absence, poor parental role modelling and no opportunity to express emotions, may resort to pretending their feelings do not exist. The literature control confirms that in this research study one can assume that the respondent's emotional potential is seriously undeveloped and that is why they cannot cope with the demands of interpersonal relationships and emotions arising from them. In this instance, people developed alcohol dependence in order to feel connected and to suppress emotions they could not deal with.

3.8 CONCLUSION



A literature control of major contributions on family patterns in alcohol abuse was done. The results were confirmed by existing literature, and authors such as Goldenberg and Goldenberg (1996); Malherbe (1993); Foster (1993); George (1990); Robinson and Rhoden (1998); Steinglass (1987); Sundleson (1999); Dickman, Challenger, Emener and Hutchinson (1988); Wegscheider-Cruse (1989); Carr (2000); Oliphant (1993); LaMar (1992); Jacob (1987); Henggeler and Borduin (1990); Cummings, Davies and Campbell (2000); and Cloud and Townsend (1992) were used to validate the themes.

From the literature control it is evident that within the family where one or both parents abuse alcohol, children are negatively affected. This negative influence manifests itself in adulthood where children of alcoholics have difficulty in forming and maintaining healthy and stable interpersonal relationships.

The respondents of this research study also presented with poor communication, conflict management, problem-solving and bonding skills.



CHAPTER FOUR

CONCLUSIONS, RECOMMENDATIONS AND SUMMARY

4.1 INTRODUCTION

In this chapter, the conclusions, recommendations and summary are presented. An overview of the study will be given with reference to the background, problem statement and aim, objectives and research methodology used.

The themes are used as a basis to formulate conclusions and recommendations. The conclusions and recommendations are linked to each other. Conclusions are made in terms of content and methodology of the research study. Methodology refers to the type of research used to implement the research objectives, and content conclusions are based on the content of the research study. The relevance of using qualitative research is discussed and evaluated. Conclusions in terms of content refer to the topic of the study and are related to the themes.

Recommendations are based on the insights gained from the research study. Recommendations are made in terms of social work practice, social work education and social science research.

The following table, (table 4.1) provides an outline of the final chapter.

TABLE 4.1 FORMAT OF THE FINAL CHAPTER

4.1 Introduction
4.2 Conclusions 4.2.1 Methodological conclusions 4.2.2 Content conclusions
4.3 Recommendations
4.4 Summary
4.5 Conclusion

4.2 CONCLUSIONS



4.2.1 METHODOLOGICAL CONCLUSIONS

In the following section, conclusions are made that focus on the method of research implemented in this research study.

4.2.1.1 Conclusion 1:

The aim of this research study was the determination of dynamics that maintain transgenerational patterns of alcohol abuse. Based on the research problem, qualitative methodology was selected. The purpose of the qualitative research study is to produce findings that exclusively focus on the experiences and viewpoints of the respondents. The Living Systems Theory and Object Relations Theory were implemented as the theoretical foundation from which patterns of alcohol abuse were described.

The conclusion can be made that the family in which transgenerational patterns of alcohol abuse exists, can be described in detail from an integration of these two theories, because not only does individual members influence one another, but the family also have an influence on individual members and the family as a whole.

4.2.1.2 Conclusion 2:

The qualitative method of research focuses on the viewpoints and experiences of respondents and the meaning of these experiences. In this study it provided an in-depth view into the dysfunction and dynamics of the family system. This was obtained by effectively administering an interview schedule. The Living Systems Theory and Object Relations Theory claim that the family as a whole, as well as individual members, contribute to the experiences of family members. It can be therefore concluded that the qualitative method of research is the best point of departure when explaining experiences of respondents.



4.2.1.3 Conclusion 3:

Data interpretation was done through a preliminary coding schedule which enabled the researcher to categorise all the data gathered. One can conclude that the coding schedule assisted the researcher in describing all the behaviour within the family, and that repetitive themes could be derived from this.

4.2.2 CONTENT CONCLUSIONS

Conclusions in this section are made from the content of this study and focus on the family where repetitive patterns of alcohol abuse through generations are present.

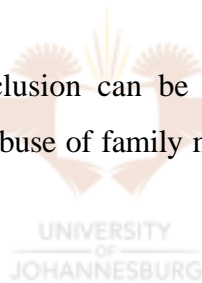
4.2.2.1 Conclusion 1:

From this research study it is concluded that alcohol abuse renders families dysfunctional.

This occurs because the family's emotional climate is unsafe: children are neglected due to parental absenteeism and poor parental role modelling; children do not learn appropriate social and/or bonding skills; there is destructive communication and poor conflict management and an inability to regulate emotions.

4.2.2.2 Conclusion 2:

From this research study the conclusion can be made that the abovementioned are dynamics that maintain the alcohol abuse of family members through generations.



4.2.2.3 Conclusion 3:

No family system is the same, but one can conclude that these families have similar patterns where alcohol abuse is present and the family appears to be dysfunctional.

4.2.2.4 Conclusion 4:

Circular patterns exist in the family where alcohol abuse is present. Due to the fact that these patterns are not linear, there is no beginning or end. The conclusion can be made that patterns of alcohol abuse will subsequently be continued through generations.

4.2.2.5 Conclusion 5:

In the family where alcohol addiction is present, the alcoholic parents are emotionally absent from the children. The conclusion can be made that children within these families did not form any emotional bond with their parents, and they lack of a sense of belonging.

4.2.2.6 Conclusion 6:

Due to the lack of an emotional bond with parents and no sense of belonging, one can make the conclusion that these aspects have a direct influence on the forming and maintaining of healthy interpersonal relationships by children in these families. Due to their inability to form social and bonding skills, these family members cannot maintain stable interpersonal relationships.

4.2.2.7 Conclusion 7:

In these families where parents are uninvolved the family does not communicate effectively. The conclusion can be made that family members, due to a lack of communication skills, cannot function optimally within interpersonal relationships.

4.2.2.8 Conclusion 8:

Because of patterns that are carried forth between generations it appears that family members experience emotional emptiness and an inability to regulate emotions.

The conclusion can be made that these family members form a subsystem with the alcohol and this subsystem becomes the coping mechanism for dealing with the inability to regulate emotions.

4.2.2.9 Conclusion 9:

From the point of view of the Living Systems Theory and Object Relations Theory, family as well as individual behaviour with regards to patterns of alcohol abuse is clearly described. The conclusion can be made that an integrated approach of the two theories can be used as a framework, according to which families and individuals that abuse alcohol can be treated.

4.3 RECOMMENDATIONS

With regards to this research study and the conclusions made, the following recommendations are made:



4.3.1 Recommendation 1:

It is recommended that social workers' intervention with families where alcohol abuse is present, be guided through a specific and well-defined theoretical starting point.

4.3.2 Recommendation 2:

It is recommended that therapeutic intervention be developed and implemented from an integration of the Living Systems Theory and Object Relations Theory.

This will enable the alcoholic to gain insight into the familial patterns that contributed to repetitive drinking but also the role that the alcoholic's preconceived mind maps of past experiences play in his/her alcohol abuse and why this is a repetitive pattern.

4.3.3 Recommendation 3:

It is recommended that in the treatment of the alcohol-dependent family member, the whole family be involved in treatment in order for family members to identify those behavioural patterns that contribute to maintenance of the problem.

4.3.4 Recommendation 4:

Certain themes were not found in the research, although there was mention of some by one or two respondents. These themes, however, are not general themes mentioned by all the units of analysis:

- Sexual abuse
- Miscarriages
- Eating disorders
- Self-mutilation
- Peer pressure
- Suicide attempts
- Physical violence
- Mental and physical disorders
- Family secrets



It is recommended that further research be conducted to explore the abovementioned behaviour and patterns of alcohol abuse.

4.3.5 Recommendation 5:

The field of substance abuse and intervention is a specialised and complex field and requires a specific theoretical starting point. It is recommended that social work education with regards to the field of substance abuse and rehabilitation focus specifically on the family system and the influence the family and individuals have on one another and the family as a whole.

4.3.6 Recommendation 6:

With regard to social work education and social work practice, it is recommended that intervention programmes be developed that specifically focus on the acquiring of life skills by the alcohol abuser and his/her family in order for them to prevent these patterns from being carried forth to future generations.

4.4 SUMMARY

Patterns of substance abuse within the family is a widespread phenomenon that occurs through generations. Although various factors can be a symptom of a dysfunctional family, the dynamics that maintain the transgenerational patterns of substance abuse are of great interest.

The family in which the abuse of alcohol is repetitive through generations, is seen as a dysfunctional family system.

It appears that a circular pattern exists in the family that maintains the alcohol abuse. Although the family as a whole has an influence on individual members, these individual members enter their families with their own preconceived mind maps of past experiences that also have a great influence on the family dynamics. Family dynamics are seen as those factors that impact either positively or negatively on the family and its individual members. The alcoholic parent and adult child of the alcoholic parent are the subjects of concern in this study because it is assumed that parental inputs have been the most influential in the respondent's lives.

A qualitative method of research was implemented to describe this explorative study and was decided on because it describes the phenomenon of transgenerational patterns of alcohol abuse from the viewpoint of the respondent. The aim of this research study was to determine the dynamics that contribute to transgenerational patterns of alcohol abuse, with specific reference to the respondent's family history of alcohol abuse, their co-dependency (alcohol abuse) and the maintenance of these dynamics throughout generations. These dynamics will be explained in terms of the Living Systems Theory and the Object Relations Theory. These theories form the theoretical foundation from which these dynamics were explained. From these theories a strategy of data-gathering was developed with specific focus on the genogram, family tree and general questions.

A focused sampling method was implemented in this research study, and the research units consisted of five respondents with families that have a history of alcohol abuse. Data-gathering was done through phenomenological and semi-structured interviews. The interviews were audiotaped and fieldnotes were made, although limited and only to confirm some of the findings of the research study.

The data was analysed according to a specific strategy. Preliminary coding was done by using the audiotapes (transcriptions) and fieldnotes. After the preliminary coding was completed, these categories were used to derive central themes from the findings and all the categories were then divided under one or several of these themes.

These central themes were compared with existing literature in order to confirm the findings of this research study and to enhance the trustworthiness. From the study, certain recommendations with regard to methodology and content were made.

4.5 CONCLUSION

In this chapter, attention has been given to the conclusions and recommendations made from this research study. The conclusions are based on the research methodology and content of this study. From the conclusions, certain recommendations were made with regard to social work intervention, social work research and social work education. This chapter was concluded with a summary of this research study.



BIBLIOGRAPHY

BECVAR, DS & BECVAR, RJ 2000: Family therapy, a systematic integration; fourth edition. Neeham Heights: Allyn and Bacon. 416 p.

CARR, A 2000: Family therapy: concepts, process and practice. England: John Wiley & Sons Ltd. 564 p.

CARVALHO, V; PINSKY, I; SILVA, R & CARLINI-COTRIM, B 1995: Drug and alcohol use and family characteristics: a study among Brazilian high-school students. Addiction, 90(1), January 1995: 65-72.

CHENAIL, R.J. & MAIONE, P. (1997). Sensemaking in clinical qualitative research. The Qualitative Report, 3(1). Available from: <http://www.nova.edu/ssss/QR/QR3-1/sense.html> (Accessed 30 March 2003).



CLOUD, H & TOWNSEND, J 1992: Boudaries. Michigan: Zondervan Publishing House. 304 p.

CRESSWELL, JW 1998: Qualitative inquiry and research design: choosing among five traditions. Thousand Oaks: Sage.

CUMMINGS, ME; DAVIES, PT & CAMPBELL, SB 2000: Developmental psychopathology and family process. New York: The Guilford Press. 493 p.

DE VOS, AS 2002: Research at grass roots; second edition. Pretoria: Van Schaik Publishers. 493 p.

DICKMAN, F; CHALLENGER, BR; EMENER, WG & HUTCHINSON, WS 1988: Employee assistance programs: a basic text. Springfield: Charles C. Thomas Publishers.

DRAPEAU, M. (2002). Subjectivity in research: why not? But ... The Qualitative Report, 7(3). Available from: <http://www.nova.edu/ssss/QR?QR7-3/drapeau.html> (Accessed 30 March 2003).

FOSTER, C 1993: The family patterns workbook. New York: The Putnam Publishing Group. 235 p.

GALAIF, ER; STEIN, JA; NEWCOMB, MD & BERNSTEIN, DP 2001: Gender differences in the prediction of problem alcohol use in adulthood: exploring the influence of family factors and childhood maltreatment. Journal of Studies on Alcohol, 62(4), July 2001: 486-493.

GAM, B 2001: The role of the family system in the rehabilitation process of substance abuse. Johannesburg: Rand Afrikaans University (MA Social Science dissertation).

GEORGE, RL 1990: Counseling the chemically dependent: theory and practice. New Jersey: Prentice-Hall, Inc.

GERBER, JW 2002: The adolescent substance abuser. Johannesburg: Rand Afrikaans University (MA Social Science dissertation).

GILLILAND, BE & JAMES, RK 1997: Crisis intervention strategies; third edition. Pacific Grove: Brooks/Cole Publishing Company. 650 p.

GOLDENBERG, I & GOLDENBERG, H 1996: Family therapy; fourth edition. Pacific Grove, California: Brooks/Cole Publishing Company. 471 p.

GOLDENBERG, I & GOLDENBERG, H 2000: Family therapy: an overview; fifth edition. United states of America. Brooks and Cole. 492 p.

GRAHAM, C & HANNIBAL, M 1998: Doing qualitative research using QSR Nudist. London: Sage Publications.

HENGGELER, SW & BORDUIN, CM 1990: Family therapy and beyond: a multi-Systemic approach to treating the behavior problems of children and adolescents. California: Brooks/Cole Publishing Company. 354 p.

JACOB, T 1987: Family interaction and psychopathology: theories, methods and findings. New York: Plenum Press. 661 p.

LAMAR, DF 1992: Transcending turmoil: survivors of dysfunctional families. New York: Plenum Press. 299 p.

LINCOLN, YS & GUBA, EG 1985: Naturalistic enquiry. Beverly Hills, CA: Sage.

MALHERBE, BR 1993: Die volwasse kind van die alkoholis. Maatskaplike werk: 'n vaktydskrif vir die maatskaplike werker, 29(4), Oktober 1993: 319-333.

MEHRA, B. (2002). Bias in qualitative research: voices from an online classroom. The Qualitative Report, 7(1). Available from: <http://www.nova.edu/ssss/QR/QR7-1/mehra.html> (Accessed 30 March 2003).

MORABA, MI 1996: The impact of parental alcoholism on adolescent children: an educational guidance approach. Johannesburg: Rand Afrikaans University (D.Ed. thesis).

MORSE, J.M. & MITCHAM, C. (2002). Exploring qualitatively-derived concepts: inductive – deductive pitfalls. *International Journal of Qualitative Methods*, 1(4). Available from: <http://www.ualberta.ca/-ijqm> (Accessed 30 March 2003).

MORSE, J.M.; BARETT, M.; OLSON, K. & SPIERS, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2). Available from: <http://www.ualberta.ca/-ijqm/> (Accessed 30 March 2003).

MOUTON, J & MARAIS, HC 1990: Basiese begrippe: metodologie van die geesteswetenskappe. Pretoria: RGN-Uitgewers. 310 p.

NEUMAN, WL 1997: Social research methods: qualitative and quantitative approaches; third edition. Needham Heights: Allyn & Bacon. 560 p.

NICHOLAS, P 1997: Die rol van die gesin in terugvalvoorkoming. Johannesburg: Randse Afrikaanse Universiteit (MA Maatskaplike Werk-verhandeling).

OLIPHANT, E 1993: Die gesinsistiem waarin dwelmmisbruik voorkom en die maatskaplike werker – 'n sistemiese perspektief. Johannesburg: Randse Afrikaanse Universiteit (D.Litt Et Phill.-proefskrif).

ROBINSON, E & RHODEN, JL 1998: Working with children of alcoholics: the practitioner's handbook; second edition. United States of America: SAGE Publications, Inc. 233 p.

SARANTAKOS, S 1997: Social research; second edition. New York: PALGRAVE. 488 p.

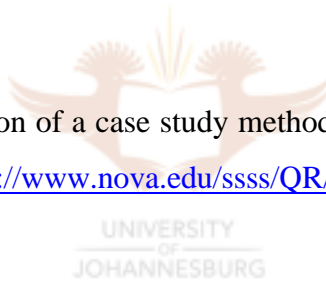
SHEAFOR, BW; HOREJSI, CR & HOREJSI GA 1994: Techniques and guidelines for social work practice; third edition. Massachusetts: Allyn and Bacon. 565 p.

SMALING, A. (2003). Inductive, analogical, and communicative generalization. *International Journal of Qualitative Methods*, 2(1). Available from: http://www.ualberta.ca/~ijqm/backissue/2_1/html/smaling.html (Accessed 30 March 2003).

STEINGLASS, P 1987: The alcoholic family. United States of America: BasicBooks. 381 p.

SUNDLESON, BL 1999: The behaviour or the attention deficit disorder child and his/her parents. Johannesburg: Rand Afrikaans University (MA Social Science dissertation).

TELLIS, W. (1997). Application of a case study methodology. *The Qualitative Report*, 3(3). Available from: <http://www.nova.edu/ssss/QR/QR3-3/tellis2.html> (Accessed 30 March 2003).



TERRE BLANCHE, M & DURRHEIM, K 1999: Research in practice: applied methods for social sciences. Cape Town: Cape Town University Press. 502 p.

WEGSCHEIDER-CRUSE, S 1989: Another chance: hope and health for the alcoholic Family; second edition. California: Science and Behavior Books, Inc. 324 p.

ZIMBEROFF, D 1997: Breaking free from the victim trap. Issaquah: Wellness Press. 183 p.

ANNEXURE A

INTERVIEW SCHEDULE



GENOGRAM: CURRENT FAMILY:

1. Tell me about your relationship with your father?
2. Tell me about your relationship with your mother?
3. Tell me about your relationship with your brothers and/or sisters?
4. Describe the family members to me?
5. What type of people were they?

FAMILY TREE: PREVIOUS GENERATIONS:

1. Ages
2. Negative verbal messages
3. Marital or relationship problems
4. Divorce or separation
5. Cohabitative relationships
6. Alcohol and/or drug abuse/addiction
7. Religious/very religious
8. Eating disorders
9. Self mutilation
10. Physical abuse
11. Sexual abuse
12. Emotional abuse
13. Abortion or miscarriages



14. Occultism/Satanism
15. Positive relationships
16. Disorders (mental and/or physical)
17. Learning disabilities
18. Family secrets
19. Adoption

OPEN-ENDED QUESTIONS:

1. How did you experience your alcohol abusing father and/or mother?
2. What role did your father and/or mother's alcohol abuse play in your own addiction problem?
3. How did the family communicate?
4. How did the family deal with conflict?
5. Were there any rigid family rules or secrets within the family? If yes, please elaborate.
6. Tell me about freedom in your family?
7. What according to you was the main cause of your alcohol addiction?

ANNEXURE B

**EXAMPLE OF PRELIMINARY
CATEGORIES
AND
CODING**



NODE BROWSER (1)

RELATIONSHIPS: NEGATIVE

(NEGATIVE RELATIONSHIP WITH MOTHER AND/OR FATHER)



NODE BROWSER (6 2)

NEGATIVE EMOTIONS

(INABILITY TO DEAL WITH ANY NEGATIVE EMOTIONS)



NODE BROWSER (10 2)

CONFLICT

(CONFLICT IN FAMILY OF ORIGIN)



ANNEXURE C

LETTER FROM MRS. FONTYN (EDITOR)



Yvonne Fontyn: Editor

Yvonne Fontyn has worked as an editor and writer on several South African magazines and newspapers, including the Star and Business Day, and has edited educational material for Sached. She has a BA (majors English and psychology) from the University of Natal and a Higher Diploma in Education and an Honours degree in English literature from the University of the Witwatersrand.

