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CONCEPT ANALYSIS

Concept clarification of grief in mothers of children with an addiction

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Abstract

Aim. To report an analysis of the concept of grief in mothers of children with an addiction.

Background. The concept of grief in this context is poorly understood and often synonymously used with concepts depression, loss and chronic sorrow. In the US, the core concept grief has been recently revised by both NANDA and the DSM-V in efforts to better understand and characterize the concept. The plethora of literature on grief worldwide often characterizes grief as a response to a death.

Design. Concept analysis.

Data sources. Search terms ‘parental grief’ and ‘substance abuse’ yielded 30 articles. A second review using terms ‘grief’ and ‘substance abuse’ yielded 323 articles, in PsychInfo, CINAHL, PubMed databases from 1980–2013. Limits for articles in English and for the terms ‘death’ and ‘child’ yielded 13 usable articles.

Methods. The hybrid model of concept analysis, using a theoretical phase, an empirical phase and a final phase when a clarified definition of grief emerged.

Results. Definitions in the literature and defining characteristics of grief outline bio-psycho-social aspects of the concept. For one mother grief was accompanied by recurring feelings of sadness across time, while for the other mother grief was seen as coping, after having passed through a variety of stages of grief. For both, grief was seen to fall on a continuum.

Conclusions. Grief is a universal concept and has a trajectory. Case study data have been essential in clarifying understandings of grief as experienced by mothers of addicted children and will provide direction for meaningful and tailored interventions.

Keywords: addiction, case research, concept analysis, grief, hybrid model, mental health, mothers, nursing

Introduction

Approximately 10% of the USA population abuses substances and nearly 50% of the mentally ill population also

has a substance abuse problem (DHHS 2013) and their families remain stigmatized, isolated and lack effective resources to attain healthy family functioning. At least 15.3 million persons have drug use disorders worldwide and injecting drug use has been reported in 148 countries (WHO 2014).

Why is this research or review needed?

- This review is needed because not a lot is known about grief in mothers of addicted children worldwide.
- Mothers of addicted children do not have knowledge about access to support services.
- To better assist mothers of addicted children this concept clarification includes not only the existing literature, but also case examples.

What are the key findings?

- Use of the hybrid model adds new knowledge to the concept analysis of grief.
- Grief is characterized as both chronic sorrow and grief occurring on a trajectory.
- Grief work with mothers of addicted children is an essential component of addiction care.

How should the findings be used to influence policy/practice/research/education?

- Grief work should be emphasized as a thread in nursing education, particularly in the mental health coursework that addresses addiction.
- Much more can be done to examine this concept using case analysis worldwide. This would add to the cultural sensitivity needed for this work.
- Mental health care should address grief work as requiring elements of case management to insure that mothers and families can access appropriate support services.

The purpose of this concept clarification was to better understand the grief of parents who have a child with an addiction. The concept of grief has been studied for more than 40 years and most recently redefined/refined by both DSM-V and NANDA. This concept clarification attempts to answer the following questions: What is grief and how is the term similar or different from other concepts, as experienced by mothers of children with an addiction? Is grief an outcome and if so how is it measured in the literature? If grief is not an outcome, how is it described and how does the literature support the description?

Despite the synonymous use of grief and other terms in this context, this paper will provide a better understanding of grief experienced by parents whose adult children remain addicted to substances. One way to understand this is by using the hybrid model of concept development. This model of concept development, 'interfaces theoretical analysis and empirical observation with a focus on the essential aspects of definition and measurement.' (Schwartz-Barcott & Kim 1993, p.4) This model is composed of three phases. Phase

One or the theoretical phase draws heavily from experiences of clinical practice. This begins with selection of a concept, followed by a review of literature representing disciplinary literature where this concept has been used. Phase Two is a comparison of the literature review and field work observations of grieving parents of addicted children where instances of grief are sought. Finally in Phase Three a refined definition of grief is proposed based on this theoretical and empirical analysis. This paper will present the findings of the exploration of definitions of grief as found in the literature, our case study findings and a clarification of the concept of grief in the context of grief of parents of children with an addiction.

Background

Theoretical phase

Definitions of grief

The DSM-V (American Psychiatric Association 2013) has recently clarified their definition of grief. Grief, while recognized as a normal reaction to a significant loss and that sadness is part of grieving, now allows for the treatment of depressive symptoms if they are apparent. The text in DSM-V seeks to clarify that the normal and expected response to a significant loss may resemble a major depressive episode. The presence of symptoms such as feelings of worthlessness, suicidal ideas (as distinct from wanting to join a deceased loved one) and impairment of overall function suggest the presence of major depression, in addition to the normal response to a significant loss (American Psychiatric Association 2013, p.116). Such distinctions will hopefully allow for accurate therapeutic interventions.

Grief is defined as a noun and appears to be characterized by a deep and poignant distress, (Merriam Webster Online 2013) or intense sorrow especially in response to someone's death. The root is from the Middle English (also in the sense of 'harm, oppress') and from the Old French *grever* – 'burden, encumber', based on Latin *gravare*, from *gravis* 'heavy, grave' (Oxford English Dictionary 2013). Grief, as a human response, can be contrasted with 'depression': there is an identifiable 'cause' or 'beginning' of loss, wherein there is no clear causative event triggering depression (Burke *et al.* 1992). Burke *et al.* goes on to distinguish characteristics between depression, chronic sorrow and pathological grief, where chronic sorrow seems to be a 'normal' response to loss.

Meanings of grief

The literature on grief is vast and broad and dates from the late 1960s, with Ohlansky's (1962) seminal work on chronic sorrow, through the 1990s with clarifications on

Table 1 Literature review matrix. Grief in Mothers of Children with an Addiction (search terms: grief, substance abuse, parental) – 13 peer reviewed articles.

Theoretical/conceptual framework		Research question (s)/hypotheses	Methodology	Sample, setting,	Instruments, analysis & results	Conclusions	Implications for future research and practice	Rating and level of evidence *
1	Abrams M.S. (2001) Resilience in ambiguous loss. <i>American Journal Of Psychotherapy</i> 55 (2).	Describe the individual and family resilience, in dealing with the ambiguous loss of a person due to substance abuse-chronic illness	Descriptive case study	1 case family – proband husband history of substance abuse	Narrative analysis of story as told to therapist across 5 years. Intergenerational trauma	Family and children suffered during substance abusing years, improved during sobriety years.	Resilient individuals seek out resources, cope better	VI
2	Atkinson S.D. (1994) Grieving and loss in parents with a schizophrenic child. <i>American Journal of Psychiatry</i> 151 (8).	To compare the extent and nature of grief reactions among parents with an adult child with schizophrenia or 'lost' through other means	Quantitative comparative and 1 open ended interview for demographic data	75 parents of children with schizophrenia, complex head injury, or death	4 instruments: Beck Depression Scale, Hamilton Anxiety Rating, Michigan Drug and Alcohol Screening Scale, Texas Inventory of Grief ANOVA	Lower grieving initially in parents of children with schizophrenia but higher long term grief. Parents of children with head injury and death had higher initial grief reactions. Parents of children with Schizophrenia leads to a pattern of chronic grieving.	Enhance communication and therapeutic intervention for families, Aging of families with chronically ill children	III
3	Butler R. & Bauld L. (2005) The parents' experience: coping with drug use in the family. <i>Drugs, Education, Prevention & Policy</i> , 12(1). (Glasgow, U.K.)	To examine the experience of problematic drug use on the family.	Qualitative interviews	Case study site part of a national evaluation of drug prevention services in England- 11 parent interviews	Semi structured Interviews- 20 minute (majority) by telephone and 90 minute face to face. Recorded and transcribed. Thematic 'framework' analysis	Major themes: finding out, impact on family and benefits of support from the agency.	Policy and practice implications: First, there is a need to build on the level of services available that specifically cater for families affected by drug use. treatment agencies need to develop either formal or informal partnerships with organizations aiming to support families. Agency policies need to be flexible to assist parents adjust to stigma.	

Table 1 (Continued).

	Author/Date/Title/ Journal	Theoretical/con- ceptual frame- work	Research question (s)/hypotheses	Methodology	Sample, setting,	Instruments, analysis & results	Conclusions	Implications for future research and practice	Rating and level of evi- dence*
4	Coleman S.B., Kaplan J.D., & Downing R.W. (1986) Life cycle and loss: the spiritual vacuum of heroin addiction. <i>Family Process</i> 25.	Implied/Family systems theory	What is the incidence of loss of family members?	Quantitative comparative 3 group design	40 Heroin addicts, 40 persons receiving psychiatric care and 31 normal students and 69 parents	Coleman Family Background Questionnaire, Quick test of intelligence, consequences of one's death, Collett-Lester fear of death and dying, Hopkins symptom checklist, purpose in life and the family environment scale. Univariate comparisons, linear discriminant function analysis	Parents of heroin addicts had the most young death losses of relatives in their youth, deaths of relatives were usual circumstances, they were separated from natural or foster parents in their childhood, family movement and separation, left home at an earlier age but returned again, beliefs regarding the hereafter based on how you lived your life	Repetitive intergenerational pattern to human behavior	III
5	daSilva E.A., Noto A.R. & Formigoni M.L. (2007) Death by drug overdose- impact on families. <i>Journal of Psychoactive Drugs</i> , 39(3). (Brazil)	Implied/Family	What are the feelings of and the impact on families of the death by overdose of one of its members	Qualitative content analysis of 1 hour interviews	6 families obtained through key informants. In Sao Paulo. After the analysis of the interviews, the families were grouped into two categories: those who were aware of the drug use before their relative died of overdose and those Who were not?	Content analysis Prepared for death, anger helplessness, guilt, exhausting, painful	Deaths due to overdose are sudden and traumatic while chronic conditions such as addiction are e slow allowing families time to prepare for possible death.	Importance of support work	V

Table 1 (Continued).

Author/Date/Title/ Journal	Theoretical/con- ceptual frame- work	Research question (s)/hypotheses	Methodology	Sample, setting,	Instruments, analysis & results	Conclusions	Implications for future research and practice	Rating and level of evi- dence*
6 Denning P.D. (2010). Harm reduction therapy with family and friends of people with drug problems. <i>Journal of Clinical Psychology: In session, Vol. 66 (2)</i> .	Harm reduction- stated	What is the experience of family members engaging in harm reduction principles?	Case studies	Family support group – 2 case illustrations	Experiences as told by therapist who runs family groups.	Network therapy version. Appreciative focus with family members.	Using harm reduction techniques with family members effective in assisting addicted family member.	VI
7 Grief G.L. & Porembski E. (1987). Significant others of IV drug abusers with AIDS: new challenges for drug treatment programs. <i>Journal of Substance Abuse Treatment 4</i> .	Implied/Family support	What is the impact of a drug user with AIDS (PWA) on a family?	Case study	11 significant others of people associated with HERO in Baltimore (3 parents, 3 siblings 1 spouse of a sibling, 2 lovers and 2 friends of people who died from AIDS.	Content analysis	Fearful, angry, frustrated, family turnoil, secretive. Family caregivers' health varies with the health changes of the PWA. Family members reject the abuser across time	Need for caregiver assessment. Need for structured drug treatment. Protocols must be put in place for family caregivers.	VI
8 Jackson D. & Mannix J. (2003) Then suddenly he went right off the rails: mothers' stories of adolescent cannabis use. <i>Contemporary Nurse 13</i> . (Australia)	Feminist theory- stated	Develop understandings into the effects of adolescent drug use on family life, Gain insights into mothers' experiences of coping with a teen or young adult with a drug problem.	Qualitative- exploratory descriptive.	12 mothers from larger study of women, metropolitan areas of two Australian states.	Interviews. Narrative analysis	Disruptive to family. Themes emerged: First awareness: 'I couldn't deny it was happening', Constant vigilance: 'I watched his every move', Cannabis and family life: 'I'd start to shake when he walked into the house', Disrupted lives: 'I was terrified he'd go to prison', Shifting aspirations: 'just staying alive', and, Maintaining a loving relationship: 'always told him I loved him'.	Therapies are not available to all parents/families. Bias from care providers, mother – blaming. Role for school nurses to ID students at risk and provide education to the family.	V

Table 1 (Continued).

	Author/Date/Title/ Journal	Theoretical/con- ceptual frame- work	Research question (s)/hypotheses	Methodology	Sample, setting,	Instruments, analysis & results	Conclusions	Implications for future research and practice	Rating and level of evi- dence*
9	Mauro T. (2007) The many victims of substance abuse. <i>Psychiatry</i> 2007.	Implied/Family support	What are treatment options for opioid dependence and how can we maximize treatment success?	Case study			Family support is required before and after the death of a substance abuser. Depression and grief need to be separated out. Grief is a process with no specific endpoint.	Movement from Johnson 'intervention' model to Johnson 'based' model of family support. e.g. ARISE	VI
10	Oreo A & Ozgul S. (2007). Grief experiences of parents coping with an adult child with problem substance abuse. <i>Addiction Research and Theory</i> 15(1). (Australia)	Parent-child attachment- stated	5 hypotheses: In response to the myriad of real and symbolic losses, parents would report experiencing grief in relation to their adult child's problematic drug use as evidenced by cognitive intrusions, avoidance behavior, emotional distress and difficulties adapting to their son or daughter's problem substance use.	Correlational study	49 parents (42 mothers). Recruited by drug and alcohol organizations in the county, directly or in newsletters	Mailed packet: IES (Impact of Event Schedule), MIV-TIG (Texas Inventory of Grief), distress rating scale, negative impact/ life disruption scale, GHQ-28 (emotional well being), Bartholomew (attachment) relationship questionnaire, FES (family communication). Correlations and associations among grief measures and parental distress and life disruption	Parent reported intrusive thoughts, avoidant behavior and emotional distress. Grief is highly associated with parental distress and greater negative impact and life disruption. The experience of grief is more like parents with a child with a mental illness or chronic condition. Parents are at higher risk of ill health and siblings if abuser at higher risk of using. Lower levels of grief were associated with higher levels of family cohesion	IV	

Table 1 (Continued).

Author/Date/Title/ Journal	Theoretical/con- ceptual frame- work	Research question (s)/hypotheses	Methodology	Sample, setting, control group design	Instruments, analysis & results	Conclusions	Implications for future research and practice	Rating and level of evi- dence*
11 Toubourou J.W., Blyth A., Bamberg J. & Forer D. (2001) Early impact of the BEST intervention for parents stressed by adolescent substance abuse. <i>Journal of Community and Applied Social Psychology</i> 11. (Australia)	Not stated or implied	3 hypotheses: 1. Parental mental health would be compromised at program entry but improve following exposure to the BEST program. 2. Improvements in parental mental health were anticipated to associate with cognitive changes by the program. 3. Improvements in parental MH would predict adoption of recommended assertive parenting approaches.	Compared to the controls, parents in the ex group demonstrated greater reductions in mental health symptoms, increased parental satisfaction and increased use of assertive parenting behaviors.	Quasi-experimental control group design	66 parents (48 families)	General Health Questionnaire, Kansas Parental and Family Life Satisfaction Scales, Parents' on adolescent behavior, attributions blaming parents for adolescent misbehavior, 20 minute phone intake.	Participation was associated with large and stable reductions mental health problems suggesting the problems may have been reactive responses to stressful conditions. Also participation is associated with improvements in parental satisfaction and adoption of assertive parenting behaviors.	II

Table 1 (Continued).

Author/Date/Title/ Journal	Theoretical/con- ceptual frame- work	Research question (s)/hypotheses	Methodology	Sample, setting,	Instruments, analysis & results	Conclusions	Implications for future research and practice	Rating and level of evi- dence *
12 Usher K., Jackson D. & O'Brien L. (2007). Shattered dreams: parental experiences of adolescent substance abuse. <i>International Journal of Mental Health Nursing</i> 16, (Australia)	Phenomenological	Describe and construct an interpretation of the lived experiences of parenting an adolescent substance user.	Phenomenological hermeneutic	18 parents- purposive sampling, regional and urban settings in response to media advertising	In-depth interviews- lasting 1-2 hours	Phenomenological analysis revealed 8 themes: confirming suspicions, struggling to set limits, dealing with the consequences, living with the blame and the shame, trying to keep the child safe, grieving the child that was, living with the guilt, and, choosing self-preservation.	Parents struggle to manage the problem, with little support. Need studies specific interventions designed to support adolescents who abuse substances and their families so that they can remain within the family unit. Interventions developed to date have focused on the individual rather than valuing the role of the family in overcoming the issues related to the problem. Research is also needed to explore the long- term outcomes for the children of those adolescent drug abusers who are often left in the care of others in the immediate family.	V

Table 1 (Continued).

Author/Date/Title/ Journal	Theoretical/con- ceptual frame- work	Research question (s)/hypotheses	Methodology	Sample, setting,	Instruments, analysis & results	Conclusions	Implications for future research and practice	Rating and level of evi- dence*
13 Velleman R., Bennett G., Miller T., Orford J., Rigby K. & Tod A. (1993) <i>Addiction</i> 88(9). (UK)	Not stated or implied	What are the various experiences to which family members told us they had been exposed, and to describe the various effects to which these experiences led.	Qualitative and quantitative descriptive	50 family members, 28 partners, 19 parents and 5 others. Recruited from Treatment programs and support groups.	2-hr. semi structured interviews. Analysis was both thematic and using a structured coding frame.	Top 3 problems identified by parents were child's being verbally aggressive, Stealing from Family and Unpredictable Behavior. Themes included family life disruptions and neglect of family members. Others were family feeling 'suspensions, worried and uncertainty'.	Urgent need for family services in So. Britain.	V

*Level of evidence Systematic review I, RCT II, Cohort study III, Case control study IV, Qualitative design V, descriptive study VI. Source: Jones K.R. (2010) Rating the level, quality and strength of the evidence. *Journal of Nursing Care Quality* 25(4). (search terms: grief, substance abuse, parental) – 13 peer reviewed articles.

the concept (Cowles & Rogers 1991, 1993, Rogers & Cowles 1991, Cowles 1996, Lindgren 1996). Grief, collectively is seen as a response to a loss and falls into two broad categories, grief as described by the self and grief as described by the other. In Goffman's (1963) essay on stigma, he distinguishes personal and social identity, as contrasted with ego identity. In the first instance, grief is described in terms of 'the self', such as loss associated with one's own chronic condition. Several definitions in the literature focus on the final or chronic nature of the phenomenon itself: perceived loss by death, as pervasive and individualized accompanied by symptoms (Jacob 1993), and chronic sorrow – loss associated with chronic illness (Eakes *et al.* 1998). The latter work resulted in a mid range theory of chronic sorrow. It is also noteworthy that persons with severe chronic illness often experience recurring losses, consistent with the phenomenon chronic sorrow (Ahlstrom 2007). Kleinman (1988) points out that those living with chronic illness grieve the loss of health, mourning the confidence they once had in maintaining acceptable health. Chronic illness that compromises one's reliance on managing one's own health may result in a loss of trust, increased feelings of uncertainty and despair, among many others. In this sense, one's grief can be prolonged running parallel to diminishing abilities or functional capacities, or ongoing and unrelenting life stressors. In the case of ego identity, Goffman would posit that those stigmatized experience more than usual ambivalence, formation of in- group and out-group alliances and forced advocacy situations.

Grief is also described in terms of 'the other' who is impacted by another's chronic condition. In this sense, the literature revealed concept papers on grief as experienced by the surviving spouse or parent and grief in new mothers of dying neonates, or mothers of chronically impaired living infants. Associated meanings help us understand context, emotions, thinking and feelings about a phenomenon and include: disenfranchised grief, defined as 'the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publically mourned, or socially supported' (Doka 1989, p. 4), living with blame and shame and humiliation (Feigelman *et al.* 2011), grieving the child that was (Milliken 2001, Godress *et al.* 2005), living with the guilt (Milliken 2001), being a disenfranchised parent (Milliken 2001, Feigelman *et al.* 2011), disruption to the family and relationships (Jackson 2003, Feigelman *et al.* 2011) and physical and psychological effects on the family (such as in the case of individuals with chronic illness such as schizophrenia or cerebral palsy) (Usher *et al.* 2007, Husaarts *et al.* 2011).

Data sources

A cross disciplinary approach to reviewing the literature was begun using PsychInfo, CINAHL and PubMed. Of significance, this search spanned 33 years with the majority of chosen articles published in the early and mid 2000s and published in primarily English speaking countries. See Table 1 for a full description of the literature review matrix.

A combined total of 13 articles were selected for this review. Of these six studies were from the US, two from the UK, four from Australia and one from Brazil. One study was included that did *not* focus on the parents of substance abusers but was cited by many of the other articles. It reported a description of grief as experienced by parents of a schizophrenic child (Atkinson 1994) that was thought to be closest to the grief experienced by parents of children with substance abuse issues (Figure 1).

Indicators of grief can be thought of in terms of the biopsychospiritual model of health. Additionally, the defining characteristics of grief and chronic sorrow are consistent with those outlined by NANDA (2012) and can be seen in Table 2. The updated NANDA definition has suggested that chronic sorrow replace the label 'anticipatory grief'. Interestingly grieving is characterized as both biological and psychological, having both positive and negative attributes. Chronic sorrow is characterized as psychological and sociological having negative attributes.

Grief was seen as an 'outcome measure' of the following behavioral characteristics: depression, anxiety, drug and alcohol use, grief (Atkinson 1994), family history, intelligence, fear of death physical symptoms, purpose in life, family environment and deaths of loved ones experienced at an early age and under unusual circumstances (Coleman *et al.* 1986), life events, grief, distress, life disruption, emotional well-being, attachment relationship and family communication (Oreo & Ozgul 2007), parental and family satisfaction, emotional dependence on adolescent behavior, blaming parents for adolescent behavior (Toumbourou *et al.* 2001). Two studies measured grief using the Texas Inventory of Grief – revised (Atkinson 1994, Oreo & Ozgul 2007), although it was originally designed as a bereavement tool. Two studies used the General Health Questionnaire (Toumbourou *et al.* 2001, Oreo & Ozgul 2007) available in four versions depending on the number of questions. It is meant to screen for minor psychiatric disorders in the general population. Both are paper and pencil self-administered questionnaires.

The nine descriptive studies described grief-associated 'processes' such as chronicity, intergenerational trauma experiences, adverse childhood experiences, societal stigma

(Abrams 2001). Also the notion of family and environmental influences were repeated across many of the studies, for example, disruptions in family communication among family members, the frustration in not finding adequate supports in the caring community and the psychiatric mental health community (Grief & Porembski 1987, Velleman *et al.* 1993, Jackson & Mannix 2003, Butler & Bauld 2005, Mauro 2007, daSilva *et al.* 2007, Usher *et al.* 2007). Family life dysfunction and disrupted lives was another theme in two studies. Denning (2010) concluded that using harm reduction, as a strategy for families was the most successful in helping them help the addicted family member. The descriptive studies also mentioned the added stressful influence of co-morbid conditions, dual mental health diagnoses and HIV/AIDS (Grief & Porembski 1987, Atkinson 1994). Grief and chronic sorrow were used synonymously in these studies.

Research questions posed by the quantitative studies were not theoretically informed and measures focused on addressing known typologies of feelings and symptoms of grief and bereavement in particular using version of long standing instruments of grief, health, anxiety, depression and substance use, for example. Outcomes measured responses to surveys focused on intensity of grief experiences, numbers of prior losses in the family, number of intrusive thoughts and level of emotional distress and direction of impact of life quality, level of family cohesion and distress. Repeated themes that emerged from the qualitative studies included family support, prolonged sorrow, disrupted lives and the impact on family members' mental and physical health.

Summary

This focused review of studies warrants a second look at the concept of grief experienced by parents of substance abusing children. The nine qualitative studies had an evidence rating of five and six and the quantitative studies rated two, three and four (Jones 2010). From this empirical evidence there is a dearth of data measuring the long-term consequences on parents and families who care for a substance-abusing child, specifically mothers who care for them. On the continuum of health and illness the trajectory of young substance abusers is sobering, they either die from an overdose or drug related consequences, or they are chronically impaired for the rest of their 'natural' lives moving in and out of treatment, or in the best case scenario they attain 'successful' sobriety and reenter 'normal' life. In any event addiction is characterized as a prolonged and chronic illness with great impact and disruption on family functioning and health. There is a need for a clearer operationalization of grief, qualitative studies imply it is a process while quantitative studies imply its effects can be

Figure 1 Flow diagram of search process.

Table 2 Defining characteristics of grieving and chronic sorrow.

Defining Characteristics Grieving (1980, 1996, 2006)	Defining Characteristics Chronic Sorrow (1998)
Alteration in activity level, dream patterns, sleep, immune function, neuroendocrine function and pain.	Feelings of sadness (periodic, recurrent).
Anger, blame, despair, detachment, disorganization, maintaining connection to the deceased, psychological distress, suffering and panic behavior.	Feelings that interfere with personal well-being.
Experiencing relief, making meaning of the loss and personal growth.	Feelings that interfere with social well-being.
	Negative feelings such as anger, being misunderstood, confused, depressed, disappointed, emptiness, fear, frustration, guilt, self-blame, helplessness, hopelessness, loneliness, low self-esteem, recurring loss and being overwhelmed.

Source: NANDA Nursing Diagnoses, Definitions and Classifications (2012).

measured by a variety of instruments. Indicators of grief are consistent with indicators of chronic sorrow implying the two terms are used synonymously. A fieldwork study was begun looking for instances of grief in mothers who have addicted children.

Phase two

Field work phase

Field data were collected from two mothers beginning winter of 2011 and ending spring of 2012. Permission to interview participants was gained by the Office for Human Subjects at the University of Massachusetts, using verbal and written informed consent. The two participants were interviewed from two to five times each in settings of their choosing in the community. Each set of interviews spanned about 3 months. Field notes were written in journal form and audio recorded when possible, according to methods suggested by Schatzman and Strauss (1973). They were made up of observational notes, which are statements bearing on the events experienced principally through watching and listening (p. 100). Theoretical notes represent self-conscious, controlled attempts to derive meaning from any one or several observational notes (p.101). Methodological notes are statements that reflect on an operation act completed or planned (p. 101). Case description and analyses derived from Miles and Huberman (1994) as well as Yin (1994) and Zucker (2009) were used to describe cases and provide for analysis of data. This phase of the hybrid model attempts to validate the concept using fieldwork methods for the purpose of refining the concept.

Based on the literature review the following working definition was used to start this phase of the study. Grief is characterized by the perception of loss as by the death of a loved one (Eakes *et al.* 1998) and chronic sorrow is loss

that is chronic and/or episodic (Ahlstrom 2007). Questions arising from the review of literature, guided the researcher during the fieldwork phase:

- To what extent is there evidence of grief in mothers who have children with addictions?
- To what extent do existing definitions seem to correspond with the concept I am seeing?
- To what extent, if any, do indicators from the literature measure the definition of grief?
- How is this definition of grief shown to be different from loss or chronic sorrow?
- What are the consequences of grief as experienced by mothers?
- What factors influence grief, or loss and chronic sorrow?

In this study case building followed from the methodologies proposed by Yin and Zucker in that the whole experience was essential to the understanding and meaning of the phenomenon. Each interview was begun with an eye toward instances of grief using the working definition. Interviews were guided phenomenologically and data were reviewed with participants for reliability.

Results

Merging empirical findings and theoretical data

Permission was received from the University of Massachusetts Office of Human Subjects Protection and oral and written informed consent were obtained. Participants were recruited via word of mouth at support groups. Participants were two mothers, pseudonyms Carol and Maria, each with an addicted child in their thirties. Both children moved in and out of the lives of their family at random times just as

they moved in and out of sobriety, institutional care and custody.

In-depth interviews were conducted at the participants' homes and continued until saturation of themes from the data was achieved. The first interview included a structured set of questions, in the form of a grief assessment (Bertman 1999). This structured the narrative in a way that blended contextual data and historical data in a chronological way. Assessment questions focused the discussion beginning with the precipitating event, a history of loss and grief, assessment of participant for signs of complicated or uncomplicated grief, experiences with types of deaths (sudden, suicide), rituals, disenfranchised grief, legal issues, ethical concerns, crisis situation(s) and need for referral. Subsequent interviews were open-ended beginning anywhere the participant chose to begin. Major themes that emerged from these two cases will be discussed.

Miles and Huberman's (1994) framework for organizing, processing and analyzing the study data was used and included field notes, face to face interviews in the participant's home for roughly five visits lasting approximately an hour each session. Also there were three-one- and one-half to two hour audiotaped interviews, personal writings and poems, as well as about a dozen personal family photographs of the subjects and their family. Data saturation was obtained after six visits for a total of six hours. Analysis included rereading transcripts for greater understandings looking for similarities in phrase use and patterns, followed by retranscribing and coding the emerging patterns (Reissman 1993, Huberman & Miles 2002). By the end of the first set of interviews it became clear that grief was a process and not a state of being concept. Using Wilson's (1969) typology of cases served to refocus subsequent interviews. Themes were analyzed for their meaning and frequency in the interviews.

Contrary case-carol

Carol was a licensed practical nurse, who grew up in a household with an alcoholic father. Her son was her only biological child. Her husband of 25 years died suddenly in 2001 of an acute MI immediately following her son's admission to rehab. She actively pursues personal interests and is no longer involved in her son's rehabilitation. Her son had early childhood behavioral issues and began as a teen using alcohol and marijuana. At age 14 he went to his first 90-day treatment program. He has had many personal accomplishments and many setbacks. He has been actively using substances since age 14 and is now aged 30. Three themes that emerged from conversations with Carol

included references to the respondent being distant, qualifying how different her child is from her and disinterest in his situation(s), as being the most frequent. To a lesser degree the themes of feeling bitterness, engaging in activities that enhanced her self-preservation, her use of sarcasm and feelings of guilt and shame were evident.

Distance and disinterest

Distance and disinterest were evident in both the participant's choice of language to describe her relationship with her son, as well as the audible cues the interviewer could hear in her speech. At one point Carol started talking about his abuse of prescription drugs. 'He hurt his back in some sort of accident, I think, he said he hurt his back...I'm probably intolerant at this point...disinterested...' In another conversation about his day to day living, Carol showed the distance between her and her son. '...Then he moved in with several different girls, ending in tragedy, pig-stys, you know...just not the way I would want to live...He thinks that I have a wonderful life and that I get to do a lot of really great things.' When asked how she copes Carol stated, 'I cope by being...the number one thing is being very thankful for my life, because I have a good life. I have lots of positive things in my life...when I start feeling badly, something what works very well for me is to do something for someone else...I like stuff that makes me happy: making jewelry, knitting...'

Hope, sarcasm and frustration

The possibility of 'salvation' and 'self-correction' always looms on the horizon yet a horizon that day-by-day recedes that much further out of grasp, a death by slow degrees. The presence of anger, bitterness and detachment were interesting in relation to the qualities of 'guilt', 'shame' and 'grief', all less frequently evident in the interviews. A tangle of hope, sarcasm and frustration were evident in her interviews. Carol stated, 'I still think he has a shot...you never give up until they're dead and buried...But the way he's gonna get anywhere is not by me helping him.'

'He has a sense of entitlement... Like why I don't help him. Believe me he has been helped out a lot...bailed out, gotten a car, college paid for...If he said to me, 'I want to be a doctor' and he was clean and sober, I'd sell my soul to him...' But I'd rather help, you know, the women's shelter than [him] cause at least your doing something for someone who has a shot.'

Model case – Maria

Maria has a master's degree in health education and is actively working. Her family has a history of alcoholism

and substance abuse. She is raising her daughter's son who is now 16. Maria has a vast knowledge of community resources and uses social support systems. She is actively involved in the rehabilitation process with her daughter. Her daughter was a victim of childhood sexual abuse and was diagnosed as being bipolar as a teen. Currently she is 36 years old and has abused drugs since the age of 15. Her longest period of abstinence was six months. Presently she is homeless and a sex worker. She has no relationship with her son. Using a similar methodological approach as with Carol, thematic statements and essential themes were clustered and organized into patterns, which were described to reflect the meaning and experience of the mother. Five themes emerged from the data: stigma, regret, disrupted lives, loss of support and loss of quality of life.

Stigma

This mother felt stigmatized and discriminated by society, friends and family. Maria would not tell others about what her daughter was doing and that it took years for her to be able to state that her daughter had a substance abuse problem. 'I think the hardest thing was calling [Sue] to inquire about the [support] program, I am calling... I give my name and I said, 'My daughter is ...' Then I said ...'an addict' and I started crying and she said, 'I know that is really hard to say isn't it.' ... It is so hard for a parent to come out of that place, to come out of denial because for the longest time I would say my daughter has problems...'

Regret

Maria would weave in and out of feeling responsible for her daughter's addiction, to recognition that past events were not the reason why her daughter continued to use substances. Maria voiced feelings of depression, sadness and previous thoughts about suicide as a result of this long struggle. 'I remember one time... I don't want to deal with this and thinking I had enough pills there to take to overdose with the drinking. I had come to terms with my own drinking and I don't drink anywhere as much as I used to drink and I used to drink so much I was guaranteed drunk and throwing up... and I don't know, I just realized that this isn't helping anybody and I think that's the other thing, you know, as a parent you have to forgive yourself because your behavior could have very well contributed to your child's behavior and there is not anything you can do about it now...'

Disrupted lives

Maria talked about the continual push and pull that she experienced providing support to her addicted adult

daughter and raising her child. At times when her daughter was incarcerated she would fall into the role of parent by financially supporting her as well as being optimistic that each time she was imprisoned it was a new sense of hope that she would stay in recovery. Other times the daughter stayed away for months at a time and Maria would not even receive a phone call or text until her daughter was looking for something or was incarcerated again. 'She is a person who just hides away from people. I think she was trying to make me feel better because she just goes... She has, she has survived a lot, but it really hurts loving someone who can't love themselves.'

Loss of support

Maria was well versed in community resources but found that support for parents of addicted adult children was lacking. She had attended Al-Anon, Nar-Anon and had been seeing a therapist all in an attempt to find a balance in being supportive to her daughter, yet be strong enough to pull away when needed. Maria did not find the usual community resources to be helpful as they were faith-based. She ultimately found a parents' of addicted children support group, which Maria states 'saved my life.'

'So I would say the most negative part of this is to do it alone. ... I am quite satisfied with the parent support group I found, just the way that happened it was like a miracle and I finally stopped suffering on my own.'

Loss of quality of life

Maria spoke about jobs she had to quit due to the time it took to help her daughter to get into a recovery program. In addition the funds spent for various recovery programs, housing, basic living expenses and travel costs to see her daughter was a strain on the family. Constantly juggling being a mother and grandparent caretaker was a recurring source of stress for Maria. In some ways Maria struggled with feeling guilty due to her newfound freedom. 'The relief I feel is I don't have to try and rearrange my day around her day. I don't have to go and put the safety net up and make sure I am going to catch her today. I do not have to orchestrate her visits with her son and who she is going to run into.'

Final analytic phase

The fieldwork phase has added some empirical support to the existence of grief in parents of addicted children. Grief in the literature is defined as synonymous with chronic sorrow and as a response to loss. It is experienced by the self, the other or as one's perception of the impact on the fam-

ily. It is measured as an outcome such as self-reported grief, general health, depression, anxiety, drug and alcohol use, fear of death, family environment and life disruption. Such measures imply a state of being, but the fieldwork data confirm that grief and grieving are process concepts. Themes that emerged from both cases demonstrate the wide trajectory of grief and its meaning as seen in cases Maria and Carol.

Feelings of grief and sorrow

Maria expressed 'feelings of grief and sorrow'. She experienced hopelessness when her daughter's cyclic behavior patterns became apparent to her across time. She experienced stigma, regret and self-blame for her daughter's life. Recognizing her daughter's chance of recovery decreased with each relapse only further complicated her grief experience. Her narratives emphasized the loss of a productive child, loss of the grandparent role, loss of friends and loss of financial stability.

Coping strategies

Carol's narrative focused on 'coping strategies for grief' that included the importance of activities, social networking and doing for others. Seemingly she has done this by distancing herself from her son and his life circumstances. She uses sarcasm, demonstrates frustration and talks of hope. Carol stated that she generally has a positive outlook on life and she chooses social activities and involvement supporting positive personal goal attainment and well-being.

Family disruption

Both cases talked about 'family disruption'. Carol's sudden loss of her husband at a time of crisis for her son was noteworthy. Maria's struggle with her own substance abuse complicated her role as parent. Both women talked of family histories of substance abuse.

Definitions in the literature and defining characteristics of grief outline bio-psycho-social aspects of the concept. In this study it seems the Carol's experiences aligned best with a grief and grieving state while Maria's aligned best with a chronic sorrow process. This points to the need to envision these concepts as different and occurring on a trajectory.

Discussion

The hybrid model of concept analysis has been helpful in underscoring an important and new understanding of the

concept of grief in parents of addicted children. It supports the philosophical and ontological importance of subjective narratives of the lived experience and meaning of mothering an addicted child. The concept can be seen as occurring on a trajectory ranging from complicated grief to chronic sorrow. Confirmatory evidence from just these two cases underscores the role of family and environment, as well as epigenetic and genetic predisposition to addiction on successive generations.

Finally there is evidence that adverse childhood events (ACE) have an impact on subsequent addiction behavior (Felitti *et al.*, 1998). In David Sheff's (2008) non-fiction work, *Beautiful Boy*, he stated of his addicted son, 'I know that the divorce and custody arrangements were the most difficult aspects of his childhood.' (p. 177). Current trauma informed research has focused the lens on early childhood trauma (physical, sexual, psychological) and have traced such cumulative events to chronic conditions later in life. Successful recovery program enhancements that have been reported (Christensen *et al.* 2005) include systematic screening and assessment for ACE, development of specific trauma-informed services and treatment team education in efforts to better meet the complex needs of this population.

Limitations

A limitation from this study is the results cannot be generalized beyond the cases presented here. Despite that limitation the study methodology opens a new window into the clarification of a concept in a special population. Longitudinal work in this area may lend enhanced insight into the temporal and changing trajectory of grief in mothers of addicted children, thus assisting with appropriate and targeted support and interventions. Additionally case study analyses from outside of the US will only enrich this concept clarification.

Conclusion

This concept analysis and clarification of grief has been useful for the ongoing care and treatment of families of addicted children both in the US and globally. Future studies will include continued case studies and focus group analyses of families of addicted children, including longitudinal studies. In addition, evaluation of and advocacy for sensitive and appropriate services for these families must be ongoing, as the literature identified gaps in family support services or difficulty in accessing support. It is not clear at what point in the trajectory children and families come into contact with health care professionals. Future

study must also include an evaluation of currently used comprehensive assessment and screening tools used to evaluate intergenerational addiction, ACE and levels of family functioning.

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Author contributions

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- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

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