Fall October, 2014

Concept Clarification of Grief in Mothers of Children with an Addiction

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CONCEPT ANALYSIS

Concept clarification of grief in mothers of children with an addiction

Donna M. Zucker, Kimberly Dion & Roxanna P. McKeever

Accepted for publication 29 October 2014


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.


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).
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>
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<tr>
<th>Table 1 Literature review matrix. Grief in Mothers of Children with an Addiction (search terms: grief, substance abuse, parental) – 13 peer reviewed articles.</th>
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<tbody>
<tr>
<td>Author/Date/Title/ Journal</td>
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<tr>
<td>Abrams M.S. (2001) Resilience in ambiguous loss. <em>American Journal Of Psychotherapy</em> 55 (2).</td>
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<td>Atkinson S.D. (1994) Grieving and loss in parents with a schizophrenic child. <em>American Journal of Psychiatry</em> 151 (8).</td>
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<td>Butler R. &amp; Bauld L. (2005) The parents’ experience: coping with drug use in the family. <em>Drugs, Education, Prevention &amp; Policy, 12</em>(1). (Glasgow, U.K.)</td>
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<tr>
<td>Author/Date/Title/ Journal</td>
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<tr>
<td>Coleman S.B., Kaplan J.D., &amp; Downing R.W. (1986) Life cycle and loss the spiritual vacuum of heroin addiction. <em>Family Process</em> 25.</td>
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<tr>
<td>daSilva E.A., Noto A.R. &amp; Formigoni M.L. (2007) Death by drug overdose—impact on families. <em>Journal of Psychoactive Drugs</em>, 39(3). (Brazil)</td>
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<tr>
<td>Author/Date/Title/ Journal</td>
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<tr>
<td>Denning P.D. (2010)</td>
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<td>Grief G.L. &amp; Porembski E. (1987)</td>
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<td>Author/Date/Title/Journal</td>
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<tr>
<td>9 Mauro T. (2007)</td>
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<tr>
<td>10 Oreo A. &amp; Ozgul S. (2007). Grief experiences of parents coping with an adult substance abuser, <em>Psychiatry</em>.</td>
</tr>
<tr>
<td>Author/Date/Title/Journal</td>
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<td>--------------------------</td>
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<tr>
<td>11 Toumbourou J.W., Blyth A., Bamberg J. &amp; Forer D. (2001) Early impact of the BEST intervention for parents stressed by adolescent substance abuse. <em>Journal of Community and Applied Social Psychology</em> 11. (Australia)</td>
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### Table 1 (Continued)

<table>
<thead>
<tr>
<th>Author/Date/Title/ Journal</th>
<th>Theoretical/conceptual framework</th>
<th>Research question (s)/hypotheses</th>
<th>Methodology</th>
<th>Sample, setting, Instruments, analysis &amp; results</th>
<th>Conclusions</th>
<th>Implications for future research and practice</th>
<th>Rating and level of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Usher K., Jackson D. &amp; O’Brien L. (2007). Shattered dreams: parental experiences of adolescent substance abuse. <em>International Journal of Mental Health Nursing</em> 16, (Australia)</td>
<td>Phenomenological</td>
<td>Describe and construct an interpretation of the lived experiences of parenting an adolescent substance user.</td>
<td>Phenomenological hermeneutic</td>
<td>18 parents-purposeful sampling, regional and urban settings in response to media advertising</td>
<td>In-depth interviews—lasting 1-2 hours</td>
<td>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.</td>
<td>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.</td>
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Table 1 (Continued).

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<tr>
<th>Author/Date/Title/Journal</th>
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<th>Sample, setting, Instruments, analysis &amp; results</th>
<th>Conclusions</th>
<th>Implications for future research and practice</th>
<th>Rating and level of evidence*</th>
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<tr>
<td>Velleman R., Bennett G., Miller T., Orford J, Rigby K &amp; Tod A. (1993) Addiction 88(9), (UK)</td>
<td>Not stated or implied</td>
<td>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.</td>
<td>Qualitative and quantitative descriptive</td>
<td>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.</td>
<td>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 ‘suspicious, worried and uncertainty’.</td>
<td>Urgent need for family services in So. Britain.</td>
<td>V</td>
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Grief is not just an individual experience but also a collective one, as it involves the family and community. In the case of chronic illness, grief is experienced by family members as they care for someone who is unwell and may be dependent on them for daily care. The concept of chronic sorrow, as described by Eakes et al. (1998), highlights the emotional and psychological impact of chronic illness on the family. Chronic sorrow refers to the feelings of loss, emptiness, and confusion that family members experience as they cope with the illness of a loved one. This concept is important because it helps family members understand their experiences and seek support.

In addition, grief can be experienced by the ‘other’, such as the surviving spouse or parent, and by new mothers of dying neonates. Milliken (2001) describes the grief experienced by mothers of chronically impaired living infants, and Usher et al. (2007) examine the physical and psychological effects on the family in the case of individuals with chronic illness such as schizophrenia or cerebral palsy. These studies highlight the importance of addressing the grief experienced by family members and the need for support and resources.

In conclusion, the concept of grief in the context of chronic illness is complex and multifaceted. It involves not just the individual experiencing the loss, but also the family and community. By understanding the experiences of family members, healthcare providers can better support them and improve the quality of care they receive.
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 biopsychosocial 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
Databases reviewed using search terms ‘Parental Grief’ AND ‘Substance Abuse’

<table>
<thead>
<tr>
<th>Database</th>
<th>Articles</th>
<th>Useable</th>
<th>Rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>PubMed</td>
<td>19</td>
<td>3 (1 dup)</td>
<td>Not research, most articles about pediatric death, suicide or PTSD, duplication</td>
</tr>
<tr>
<td>CINAHL</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PsychInfo</td>
<td>9</td>
<td>1</td>
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Sub Total = 5

Databases reviewed using search terms ‘Grief’ AND ‘Substance Abuse’

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<th>Database</th>
<th>Articles</th>
<th>Useable</th>
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<tbody>
<tr>
<td>PubMed</td>
<td>141</td>
<td>2 (3 dup)</td>
<td>Not research, therapeutic approaches, suicide, death of child/parent, duplications and book chapter</td>
</tr>
<tr>
<td>CINAHL</td>
<td>28</td>
<td>0 (1 dup)</td>
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<tr>
<td>PsychInfo</td>
<td>154</td>
<td>2 (2 dup)</td>
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Sub Total = 4

Additional Search Strategy
Reviewed reference list of two articles above that revealed 4 additional useable articles  n = 4

Sub Total 4

Grand Total = 357 articles reviewed
13 useable articles

Figure 1 Flow diagram of search process.
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

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<td>Alteration in activity level, dream patterns, sleep, immune function, neuroendocrine function and pain. Anger, blame, despair, detachment, disorganization, maintaining connection to the deceased, psychological distress, suffering and panic behavior. Experiencing relief, making meaning of the loss and personal growth.</td>
<td>Feelings of sadness (periodic, recurrent). Feelings that interfere with personal well-being. 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.</td>
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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 audi-taped 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 marihuana. 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.

Funding
This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Conflict of interest
No conflict of interest has been declared by the authors.

Author contributions
All authors have agreed on the final version and meet at least one of the following criteria [recommended by the ICMJE (http://www.icmje.org/ethical_1author.html)]:

- 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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