Spouses' experience of a shared alcohol rehabilitation involvement: An Interpretative Phenomenological Analysis

By

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DECLARATION

I, Nadia Cloete, hereby declare that this dissertation, which I hereby submit for the degree MA: Counselling Psychology at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

_____ _____

Ms Nadia Cloete Date

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To Marna, my supervisor, thank you for being my mentor throughout this journey.

To Stabilis Treatment Centre, thank you for allowing me the opportunity to carry out this research.

To the participants, thank you for sharing your time and your stories with me.

ABSTRACT

The focus of this research is the spouses' lived experience of a shared alcohol rehabilitation involvement. This research sets out to gain more knowledge through the subjective experience of how the spouse of an alcohol-dependent person experienced the feedback session they attended as a couple. The family life cycle model is used as theoretical framework. The research was conducted at Stabilis Treatment Centre where three female participants were recruited. Data was collected using semi-structured interviews and a genogram. The collected data was analysed using interpretative phenomenological analysis, which gave rise to five themes. The five themes constituted the feedback session, the contributing factors of addiction, relationships, emotions and the couple. The participants experienced the feedback session as worthwhile and all drew benefit from the session in different ways. Heritability, demanding life events and the nature of an individual were reported as contributing factors of addiction. Familial relationships were deemed to be an important support structure for the alcohol-dependent person, while friendships were seen as a temptation. The participants reported sadness and relief when the patient was admitted to rehabilitation, while feeling excited yet nervous upon discharge. The research managed to gain an in-depth, insiders' view of each theme through the stories of the participants.

ABSTRAK

Die fokus van hierdie navorsing handel oor die eggenoot se ervaring van ‘n gedeelde alkohol rehabilitasie betrokkenheid. Die navorsing beoog om meer kennis te verkry deur die subjektiewe ervaring van hoe die eggenoot van ‘n alkohol-afhanklike individu die terugvoer sessie ervaar wat hulle as ‘n egpaar bywoon. Die gesinslewensiklus model word gebruik as die teoretiese raamwerk. Die navorsing is uitgevoer by Stabilis behandelingsentrum waar drie vroulike deelnemers gewerf was. Data was ingesamel met die gebruik van semi-gestruktureerde onderhoude en ‘n genogram. Die ingesamelde data was geanaliseer met behulp van interpreterende fenomenologiese analise, wat aanleiding gegee het tot vyf temas. Die vyf temas bestaan uit die terugvoer sessie, die bydraende faktore van verslawing, verhoudings, emosies en die egpaar. Die deelnemers het die terugvoer sessie as die moeite werd ervaar en elkeen het op hul unieke manier voordeel getrek uit hierdie sessie. Oorerflikheid, veeleisende lewens ervarings asook die aard van ‘n individu was gerapporteer as bydraende faktore tot verslawing. Familie verhoudings is berig as ‘n belangrike ondersteuning struktuur vir die alkohol-afhanklike individu, terwyl vriendskappe gesien is as ‘n versoeking. Die deelnemers berig gevoelens van hartseer en verligting as die pasiënt in die rehabilitasie sentrum opgeneem word, terwyl gevoelens van opgewondheid maar tog senuweeagtig gerapporteer is vir die ontslaan van die pasiënt. Die navorsing het daarin geslaag om ‘n indiepte siening van elke tema te kry deur die stories van die deelnemers.

KEY TERMS

Stabilis Treatment Centre; alcohol addiction; subjective experience; qualitative research; family life cycle model; alcoholic family life cycle theory; semi-structured interviews; genogram; interpretative phenomenological analysis

SLEUTELTERME

Stabilis behandelingsentrum; alkohol verslawing; subjektiewe ervaring; kwalitatiewe navorsing; gesinslewensiklus model; alkohol gesinslewensiklus model; semi-gestruktureerd onderhoude; genogram; interpreterende fenomenologiese analise

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CHAPTER 1: INTRODUCTION AND CONTEXT OF THE STUDY

"Living with an alcoholic is a family affair. To one degree or another, all members of the family are affected. However, not all alcoholic families, nor all members of the same family, are affected in a similar manner" (Olaosebikan, Osarenren, & Okoli, 2014, p. 21). Each member of the family experiences living with an alcohol-dependent person differently, which, upon exploration, gives rise to the unique subjective experiences of family members.

Defining relevant concepts

Alcoholism is recognised as a disease characterised by the excessive use of alcohol. Alcoholism includes the inability to control the use of alcohol regardless of the consequences of excessive drinking (Myers & Isralowitz, 2011). Stabilis Treatment Centre is a rehabilitation centre for individuals addicted to alcohol, drugs or medication (Stabilis, 2012). Stabilis Treatment Centre is situated in Môregloed, Pretoria. The length of each programme depends on the type of substance the individual is addicted to. For alcohol-dependent patients a three-week programme is recommended. In the third week of treatment a family member attends a couple session with the patient (Stabilis, 2012). In most instances the family member is the spouse of the alcohol-dependent person. This couples session will be referred to as the feedback session. For the purpose of this study the spouse will be seen in the context of a family, instead of focussing on the spouse in isolation. The problem that the couple faces affects the family system as a whole and not the individuals separately (Sholevar & Schwoeri, 2003). Providing a universal definition for family can be a daunting task as the definition differs in varying contexts. Nevertheless, a family can be seen as "a primary group whose members assume certain obligations for each other and generally share common residences" (Shulman, 2012, p. 260).

A practical course for Master's degree students in counselling psychology took place at the Stabilis Treatment Centre. During the first few months, group activities with the patients were conducted. Each activity concluded with a debriefing session where patients shared what they had gained from the activity. On numerous accounts the patients opened up about their family members or spouses. Patients mentioned that without their family's motivation, perseverance and patience, they would not have had the courage to enter rehabilitation. With this information in mind, an idea was formed concerning how these family members experienced living with an alcohol-dependent relative. Originally, the spouse's involvement was spread across one week. However, due to time constraints most spouses could only attend one day, as it was difficult to get time away from work. At the beginning of this research a workshop day was offered where the patients and their spouses attended a group therapy session. This was followed by a private couples session with a psychologist. Topics discussed included how the addict was coping in rehabilitation, co-dependency, communication, prevention of relapse and the way forward. However, a few months into this research this workshop day was changed to a feedback session only. Flett (1997) conducted research at the Stabilis Treatment Centre to evaluate whether the therapeutic programme for patients at the rehabilitation centre was sufficient for patients' psychological well-being. Flett (1997) recommended incorporating certain elements to improve independency and interpersonal relationships, which is now included in the feedback session. Participation in this feedback session was not compulsory, although highly recommended by the psychologist. The feedback session constituted a one-hour session where the psychologist sees the alcohol-dependent person and spouse together. This feedback session is tailored to each couple, which makes it difficult to identify exactly what is discussed in the session.

Research question and defining the topic

How do the spouses of patients treated for alcohol dependence at the Stabilis Treatment Centre experience the feedback session they attended as a couple?

The primary aim of this research was to gain subjective accounts from involved family members about their lived experience of the feedback session. The secondary aim was to provide feedback to the Stabilis Treatment Centre for the purpose of improving their feedback sessions. The researcher explored the participants' experience of the feedback session, the meaning thereof and any recommendations for improving the feedback session. As a psychology student working with the patients at the rehabilitation centre, the researcher gained deeper insight into how the patients experienced their addiction. This insight was gained from hearing the patients' thoughts on how they thought their addiction affects their loved ones. Furthermore, greater insight was also gained from conducting qualitative research on the patient's spouse/family member, through their account of how they experienced the feedback session.

The literature review provides the necessary knowledge of important concepts surrounding the participants' subjective experience. Furthermore, the literature review aims to inform the reader about the type of qualitative research done in the field of alcoholism, including background information of how former qualitative research studies pertaining to the experience of alcoholism have been conducted. This knowledge will facilitate an understanding of the research into the spouse's subjective experience.

This research aims to produce information that elucidates the participants' subjective experience. The subjective experience will focus on how the spouse of an alcohol-dependent person experiences the feedback session. Therefore, the research approach will be phenomenological in nature (Willig, 2008). More specifically, interpretive phenomenology is involved, as this research is interested in the specific experience of the participant and the

meaning they took from the experience (Lopez & Willis, 2004). The paradigm used in this research is constructive-interpretivism. Constructive-interpretivism implies that there may be various accounts of similar experiences, as the reality of the experience of these accounts is created in the mind (Ponterotto, 2005). The participants will share their experience of the same event and that experience will be unique for each participant. Three participants were selected, based on certain inclusion and exclusion criteria; this process is defined as purposive sampling (Tongco, 2007). The main criterion for qualifying for the research was attendance of the feedback session at the Stabilis Treatment Centre. The family life cycle theory will be utilised as the main theory upon which the research will be based (Carter & McGoldrick, 2005). The family life cycle consists of six stages through which families progress through life (Goldenberg & Goldenberg, 2008). This was deemed an appropriate theory regarding the methodology of this study as the family life cycle theory posits that experiences take place in a certain context and that family members' behaviour influences the lives of other members reciprocally (Carter & McGoldrick, 2005). The alcoholic family life cycle theory will be used as a complementary theory to the family life cycle (Sholevar & Schwoeri, 2003). An overview of the alcoholic family life cycle is useful to understand the difficulties of everyday development as well as the influence of alcoholism on the family (Zilbach, 2003) and, therefore, is complementary to the family life cycle theory. The participants were interviewed using semi-structured interviews and through creating a genogram, i.e. a family tree (McGoldrick et al.; Willig, 2008). The collected data was transcribed and analysed using interpretative phenomenological analysis (IPA). IPA is an in-depth investigation of the lived events and experiences of individuals. The aim is to comprehend the meaning of such experiences (Shaw, 2010). IPA specifies six stages of analysis. These six stages give rise to themes that emerged as similar across the three participants (Smith & Eatough, 2012). Five master themes were identified using IPA as

analysis method (Smith et al., 2009). Many of the themes were unexpected products of the analysis. The participants voluntarily shared more of their experience than was elicited by the questions. These themes included the experience of the feedback session, contributing factors of addiction, relationships, emotions and the couple. The questions aimed to extract information on what, according to the participants, constituted the major breakthrough in the feedback session, how these participants see themselves as contributing to their spouse's addiction and what the future might hold for these couples.

CHAPTER 2: LITERATURE REVIEW

Introduction

The purpose of this literature review is to provide knowledge with the aim to facilitate comprehension of important concepts relating to the research topic. The literature review will sketch the necessary background for this research and make the research easier to conceptualise. The structure will follow a conceptual order of the possible progression of alcoholism, i.e. it will start with alcohol abuse, followed by the processes that might occur as a result of alcohol abuse. Research done on the experience of both the alcohol-dependent person and the spouse/family will conclude the section, as this is the objective of this research.

The literature review will give the reader an indication of what qualitative research has been done on this topic. Finding research that draws from the experience of the alcohol-dependent person or the spouse of an alcohol-dependent person will form the central focus. The type of topics investigated will give an indication of the research already conducted. An awareness of the mainstream researchers in the field of alcohol research will be created through the literature review. The study will also report on work by researchers with opposing views or ideas.

The use of articles and other information sources in the literature have mostly been restricted to the past ten years. The use of any articles more than ten years old will be justified in terms of their importance for understanding the context. Researchers refer to alcohol abuse and drug abuse interchangeably as substance abuse. The researcher of the present study selected articles which make explicit mention of *alcohol* abuse. Similarly, the term ‘family’ is used to include the spouse as well, which posed a challenge with regards to

sourcing articles focussing on the spouses. Qualitative studies were preferred over quantitative studies, especially where the methodology was similar to that of this research.

Alcohol and alcoholism

Alcohol is the most extensively used legal drug in the world and can cause addiction (Myers & Isralowitz, 2011). Alcohol-dependent persons keep drinking heavily regardless of the consequence of being able to destroy an individual's life (Manzardo, Goodwin, Campbell, Penick, & Gabrielli, 2008). Other consequences include the effect on family members and a variety of social implications (Myers & Isralowitz, 2011). According to Myers and Isralowitz (2011), alcoholism is a chronic disease which implicates that long-term caution is needed. This caution entails that rehabilitated patients may relapse at any time in the future. However, Manzardo et al. (2008) point out that there is some debate regarding whether alcoholism should be classified as a disease or not since the alcohol-dependent person can use the classification of alcoholism as a disorder as an excuse to self-indulge. The term alcohol-dependent person refers to individuals who excessively use alcohol, which causes disturbances in different facets of the individual's life. These alcohol-dependent persons could benefit from treatment (Myers & Isralowitz, 2011).

Statistics

South Africa has been classified as one of the top 10 countries in the world for alcohol abuse (U-ACT, 2012). The South African Police Service reports that up to 80% of crimes committed in our country involve substance abuse (U-ACT, 2012). In 2000 around 37 000 people lost their lives due to the abuse of alcohol (Schneider, Norman, Parry, & Bradshaw, 2007). In 2004 it was estimated that 3.6% of men and 0.9% of women above the age of 15 presented with an alcohol use disorder (World Health Organization, 2011). South Africa's Census 2011 revealed that roughly 70% of the population of 51 770 560 were above the age of 15. If it were thus possible to hypothetically apply the World Health Organization's

statistics to today's population, then approximately 1.6 million people in South Africa have an alcohol use disorder (Statistics South Africa, 2012). During 2011, 5 758 individuals were treated for a substance addiction at rehabilitation centres in Gauteng. Approximately 37% of these individuals were treated for an alcohol addiction. The Stabilis Treatment Centre treated 435 of the 5 758 patients in 2011, which is 7.5% of all substance abuse patients in Gauteng (SACENDU, 2012).

South Africa has a variety of rehabilitation centres for the treatment of substance abuse. These centres use different approaches and models for their programmes (12 Step treatment centres, 2012). The extent to which family members are involved in these treatment programmes seems to vary from centre to centre. Oasis Rehabilitation Centre, for example, does not provide for family involvement in their therapy programme, while patients at Crossroads Recovery Centre can decide if they want their family involved (12 Step treatment centres, 2012). Stepping Stones offers a workshop day where a family member is included in the treatment programme, while Stabilis Treatment Centre offers a feedback session with a family member (12 Step treatment centres, 2012; Stabilis, 2012). During the session at Stabilis Treatment Centre feedback is given on how the patient is receiving the treatment. This includes whether the patient is motivated in treatment, how he/she settled into the group therapy with other patients and overall progression. How the spouse should deal with the patient after therapy is also addressed. Furthermore, the way forward for the addict and family members as well as any concerns from both sides are discussed. If the need arises for the patient and spouse to go on with further counselling, an arrangement is made with the psychologist (Stabilis, 2012).

Effects on family members

As mentioned, alcoholism can affect the family and have social implications for the family unit (Myers & Isralowitz, 2011). Families where substance abuse takes place can be

characterised by having little unity and communication. Furthermore, roles and responsibilities in the household might be reversed and isolation might occur. Children could be neglected or abused as a result of substance abuse and alcoholism can cause that young children develop low self-esteem and behaviour problems (Gruber & Taylor, 2006). These children might struggle academically as the alcohol-dependent parent might not spend time helping the child, while the other parent is too busy with household responsibilities. Adolescents are prone to modelling a substance abuser's behaviour and might show signs of rebellion towards authority figures. Adult children of alcohol-dependent persons have feelings of shame with regard to their parents' problems, which could lead to a strained relationship (Gruber & Taylor, 2006).

An alcoholic family life cycle theory was developed by Sholevar and Schwoeri (2003) to increase insight into how these families might function. Alcohol has the ability to change the interaction and growth between family members. The family's identity can be influenced with excessive drinking and this dictates how the family operates. This alcoholic family life cycle describes three phases which the family progresses through, these being discussed in Chapter 3 (Sholevar & Schwoeri, 2003).

Segrin and Flora (2005) mention that the effects of excessive drinking on the family are not simple, as positive consequences are common. These consequences include more organised and predictable interaction between family members, and that the alcohol-dependent person shows more positive affect towards family members (Segrin & Flora, 2005). These positive effects are confirmed by Leonard and Eiden (2007) in their stating that the alcohol-dependent person can be more open, give compliments and spoil the spouse with attention and gifts. However, the negative consequences outweigh the positive consequences (Segrin & Flora, 2005; Steinglass, Bennett, Wolin, & Reiss, 1987). The alcohol-dependent person can lose his/her work if they smell of alcohol or get caught drinking at work. Financial

problems can arise as the alcohol-dependent person spends excessive amounts of money on alcohol (Velleman, 2011). Copello, Templeton, Krishnan, Orford and Velleman (2000) found that family members who are exposed to an alcohol-dependent relative have a higher chance of developing a psychological problem due to the stress they experience living in these environments. Copello et al. (2000) reported that the stress family members experience due to an alcohol-dependent relative can be minimised enormously. However, the plight of family members has been neglected. Schafer (2011) conducted an in-depth qualitative study which showed the same results as those of Copello et al. (2000). The results revealed that all the ex-rehabilitation patients in the study reported that the effects of their behaviour on their family included "family disruption, family violence, loss of employment and financial instability, marital breakdown, and physical and psychological abuse" (Schafer, 2011, p. 143). A model that supports this literature is the stress-strain-coping-support model (Orford, Copello, Velleman, & Templeton, 2010a). This model proposes that a family exposed to a substance abuser, for example an alcohol-dependent relative, could create stressful living circumstances. These living circumstances could lead to family members of the substance abuser experiencing somatic or mental health issues (Orford, et al., 2010a).

Family therapy and the alcohol-dependent person

The effects of alcohol on family members can be either positive or negative, as discussed (Segrin & Flora, 2005). Nevertheless, the stress and negative consequences experienced by family members might lead to psychological problems experienced by the family members (Orford et al., 2010a). Understanding the processes that take place within such a family might be helpful in assisting such a family (Sholevar & Schwoeri, 2003). Family therapy is an approach which tries to understand those processes in the family that might contribute to the persistence of the problem in the particular context (Sholevar & Schwoeri, 2003). The family in addiction treatment can be divided into two distinct

disciplines, addiction therapy and family therapy. An addiction therapist who deals with families will work from a family disease model. This model focusses on the effects of addiction on other family member (Kaufman & Yoshioka, 2005). Family therapists that treat addiction might work from a more family systems model. A family systems model sees substance abuse as a symptom of a dysfunctional family. Similar themes such as relationships and how each family member's behaviour influences others are discussed (Kaufman & Yoshioka, 2005). Thus, it is relevant to understand the two different viewpoints as the role of the family is viewed differently in each discipline. Therefore, the approach and goal in family therapy is different. Deciding on the best route of therapy, depending on the problems of the family, is necessary for the most successful treatment outcome.

Treatment for alcohol-dependent persons and the inclusion of other role players during therapy has evolved over the decades. During the 1940s and 1950s close attention was paid to the inclusion of the female spouse during rehabilitation when the husband was treated for alcoholism. The goal would be for both to abstain from using alcohol (Sholevar & Schwoeri, 2003). The 1950s were known as the "founding decade of family therapy" (Piercy, Sprenkle, & Wetchler, 1996, p. 2). More care was taken during the 1950s and 1960s to include the family in treatment, and to aim at addressing a variety of problems that could fuel the problem of addiction. The 1970s and 1980s were characterised by early intervention in the case of adolescents with substance abuse problems (Sholevar & Schwoeri, 2003). Approaches that included the family and couples in an alcohol treatment programme evolved rapidly in the 1980s and 1990s (Rowe, 2012). Studies conducted on alcohol-dependent families before the 1980s led to two findings. Firstly, it was found that when alcohol was used, the family behaviours would be more predictable and interactions more organised than when the alcohol-dependent person was sober. Secondly, the workings of the family system were more stabilised when there was alcohol involved, which supports the use of alcohol.

Both these findings show family involvement that maintains the life of the problem, which highlights the importance of including the family in therapy (Sholevar & Schwoeri, 2003). This decade has been labelled the golden era of family therapy, as the family is included in therapy more than ever (Goldenberg & Goldenberg, 2013).

O'Farrell (1989) conducted a relevant study on the influence of spousal and marital involvement in treating alcohol addiction. The outcome of the research on marital and family treatment with alcohol-dependent families came to three conclusions. The first conclusion was that if an alcohol-dependent person is unmotivated to seek help, a family member or spouse can motivate the alcohol-dependent person to change. Secondly, during a six-months follow-up session after the treatment, the outcome of marital relationships and drinking patterns was better where family was involved compared to individual treatments (O'Farrell, 1989). Longitudinal studies which examined continuing and long-lasting recovery showed more positive results for alcohol-dependent persons who had a family member included in the treatment than in the case of individual approaches (O'Farrell, 1989). Similar results were found by Walitzer and Dermen (2004), stating spousal involvement during rehabilitation to decrease the drinking behaviour of the alcohol-dependent person was proved. These findings highlight the importance of the present research that explores the lived experience of the family member involved in the treatment process.

In the last few years only one dissertation at the University of Pretoria was found that takes an exclusive look at alcoholism and the family. Tlhoaele (2003) explored the influence of parental alcoholism on juvenile delinquency. Results showed that children with alcohol-dependent parents developed emotional problems and contributed to juvenile delinquency (Tlhoaele, 2003). Similar research was done by Reddy (2009) from Unisa, and explored how adolescents experience the effects of alcohol abuse in their families. These theses investigated the influence alcoholism on the family and not at inclusion of family members in

therapy. Therefore, research which explores family inclusion in alcohol rehabilitation has been neglected. Flett (1997) evaluated whether the therapy programme for alcohol-dependent patients at Stabilis Treatment Centre was sufficient for patients' psychological well-being. Flett (1997) concluded that the programme did help to improve patients' psychological well-being but also made recommendations to incorporate elements to improve independency and interpersonal relationships (Flett, 1997). This dissertation could be supplemental to Flett's research, in exploring the experience of the spouse. The feedback session will address elements of interpersonal relationships and independency as the couple's relationship and the way forward is discussed (Stabilis, 2012).

Level of spousal/family involvement

Family involvement when treating an addiction problem varies greatly. This section will discuss levels of involvement from the therapist, the spouse and the family.

There are five levels of therapist involvement; ranging from minimal involvement to making the family the focus of recovery (Kaufman & Yoshioka, 2005). The level of involvement will depend on the readiness of family members, what goals they want to achieve and the facilities that the rehabilitation centre has to accommodate family members. Kaufman and Yoshioka (2005) do not specifically distinguish between family and spouse, although, when speaking about family, this automatically includes the spouse. At the first level only the individual addict is seen as the client. Here the focus is on individual recovery. The therapist might talk to the family members when they bring the patient in for in-patient treatment, and conversation will be informal. On the next level the therapist has a brief discussion with the family but the patient remains the main focus. Topics can include recommendation on how to deal with the patient in rehabilitation or to refer the family to a family therapist (Kaufman & Yoshioka, 2005). On the third level the therapist educates the family on issues such as the effects of addiction and family dysfunctions that can contribute

to the problem. At level four the family is very involved in the recovery process. The therapist will aim for changing communication and behavioural patterns that contribute to the addiction. A few sessions are needed to give enough opportunity for all family members to participate. The final and fifth level is similar to level four, with the sessions being more intense. More extensive topics will be addressed and this will represent pure family therapy (Kaufman & Yoshioka, 2005). From the research done on the services provided in rehabilitation centres in South Africa, most rehabilitation centres fall between level one and level three (12 Step treatment centres, 2012). Stabilis Treatment Centre, more specifically, is at level two of therapist involvement in that it provides a formal couples session where topics such as how the patient is doing in rehabilitation, how to deal with the patient and the way forward are discussed (Stabilis, 2012).

Relatively little literature focussed specifically on spousal involvement is available. McCrady, Stout, Noel, Abrahams and Nelson (1991) studied the effectiveness of three spousal involvement treatments in outpatient care. The three types of spousal involvement included *minimal spouse involvement* (MSI), *alcohol-focussed spouse involvement* (AFSI) and *alcohol-focussed spouse involvement plus behavioural marital therapy* (ABMT) (McCrady et al., 1991). MSI's focus is towards the addict, although the spouse attends all the therapy sessions. The main topics would include helping the alcohol-dependent person to abstain from alcohol and teaching the addict coping skills. In AFSI similar topics are discussed, however to a lesser extent to include the spouse (McCrady et al., 1991). The spouse is involved a lot more and is educated in supporting the alcohol-dependent person and how to cope with the abstaining alcohol-dependent spouse. ABMT includes both MSI and AFSI, along with marital therapy. Marital therapy focusses on strengthening the relationship and on enhancing communication between the marital couple. All three types of involvement have proven to be successful (McCrady et al., 1991).

The effect of including a spouse in alcohol treatment was explored by Walitzer and Dermen (2004). The patients were not alcohol-dependent persons, but rather problem drinkers. The participants were divided into three different groups, ranging from no spousal involvement, spousal involvement and behavioural couples therapy. Results showed greater reduction in alcohol use when the spouse of the problem drinker also attended the treatment programme. Inclusion of behavioural couples therapy seems to have had no added influence (Walitzer & Dermen, 2004). From the research results in this study it seems that spousal involvement in addiction treatment is better than no involvement whatsoever.

Qualitative addiction research

Neale, Allen and Coombes (2005) shed some light on the less frequent use of qualitative methods in addiction research. Questions that the authors aimed to ask are whether qualitative research has strengths and a place in addiction research. To mention a few strengths, qualitative research can assist in researching hard to reach populations and can assist in explaining quantitative results in depth (Neale et al., 2005). Furthermore, qualitative research can help clarify misconceptions about addiction and assist in developing theories and policies on addiction. The conclusion was that qualitative research should not be seen as inferior to other research methods, as its contributions to addiction research are valuable (Neale et al., 2005). Nichter, Quintero, Nichter, Mock and Shakib (2004) support this stance by concluding that qualitative research has much potential in the field of substance abuse.

Research on the alcohol-dependent person's experience

Research on the experience of individuals struggling with an alcohol addiction has been investigated numerous times in the past. The following research articles are a few examples of investigations into the experiences of addicts in different contexts and analysed using Interpretative Phenomenological Analysis (IPA). IPA is interested in gathering data from individuals who have experienced a certain phenomenon. The aim is to gather

information on subjective experiences to gain a better understanding of the meaning of the phenomenon (Starks, 2007). Please refer to Chapter 4 for a full description of IPA. The results of the following studies are not as important as looking at the method used to explore a participant's experience as the goal is to understand how other researchers went about exploring experiences as well as the type of experience they aimed to explore. For this reason the focus will fall on the methodology of the studies rather than the findings of the studies.

Larkin and Griffiths (2002) explored what addiction is like according to an addict. The aim was to gain a better understanding of addiction by means of addicts' subjective experiences. Data was collected by observing group therapy sessions and a week's informal observation at a rehabilitation centre (Larkin & Griffiths, 2002). Shinebourne and Smith (2009) researched how an alcohol-dependent female experienced her engagement with alcohol and the effect that alcohol abuse had on her identity. Semi-structured interviews were used as a means of collecting data. A similar study aimed to explore the experience of being a female heroin addict, undertaken by Watson and Parke (2011). Semi-structured interviews were also utilised to gather the research data. An additional study that explored addiction and recovery made use of both interview transcripts and drawings made by a participant. The aim was to gain rich information about recovery and the journey there. Drawings were added to assist in exploring experiences that cannot be put into words (Shinebourne & Smith, 2011). All four of these studies used IPA for analysing collected data (Larkin & Griffiths, 2002; Shinebourne & Smith, 2009, 2011; Watson & Parke, 2011).

Research on the experience of the alcohol-dependent person and the spouse

Finding research that investigated the experience of an alcohol-dependent person's spouse has been a challenge. Bamford, Barrowclough and Booth (2007) explored the experience of both the addict and spouse. The authors examined how problems associated with alcohol abuse affects the patient and the significant other. The focus fell more

specifically on the different views held by the alcohol-dependent person and the spouse of these addiction problems. To be eligible for the research the patient needed to attend a three-week inpatient rehabilitation programme. Three questionnaires were used to distinctly measure the distress experienced by the spouse, the quality of the relationship and dedication to treatment attendance (Bamford et al., 2007). When the spouse minimised the distress experienced or the negative consequences of alcohol abuse, this would indicate a weaker spousal relationship. The faulty reasoning behind minimising the effects is that the patient would be more positive about recovery and this would result in patients becoming more positive however, if the spouse maximised the consequences of living with an alcohol-dependent spouse, this would benefit the patient (Bamford et al., 2007). This would reveal a closer marital relationship and higher attendance of a treatment programme. Therefore, results showed that the patient benefits most when a spouse is honest and does not lessen the reality of the problem. The patient in treatment will feel more supported when the spouse maximises the consequences of alcohol abuse, which would lead to higher treatment attendance, thus highlighting the importance of how the spouse experiences the patient's drinking behaviour (Bamford et al., 2007). This research studied the experience of the addict and the spouse, although the approach was more quantitative in nature through its use of questionnaires.

Research on the family/spouse's experience

An article written by Orford, Velleman, Copello, Templeton, and Ibanga (2010b) compiled the experiences of family members of alcohol and drug abusers over a period of 20 years. The authors examined the findings of qualitative research to give a summary of a variety of experiences endured by family members. Spouses and mothers of addicts comprised the largest amount of participants. The effects of having an addict relative and the consequences thereof were discussed in great detail (Orford et al., 2010b). Certain

experiences reported by family members living with an alcohol-dependent person were experienced by the majority of family members. Relationships were often times described as being fraught with disagreement on a variety of topics, which led to fighting. Communication was revealed to be low and verbal or physical abuse might occur (Orford et al., 2010b). Relatives experienced the alcohol-dependent person as having frequent mood changes and isolating him-/herself from the rest of the family. Disagreements about finances often took place. A frequently reported situation involved the addict asking relatives for money, with these requests often being accompanied by threats such as possible physical violence. The relatives mostly reported giving in and providing money with the added responsibility of paying for other expenses such as rent (Orford et al., 2010b). Uncertainty was reported as a feeling often experienced. This uncertainty relates to the disappearance of the addict to go drinking and not being able to rely on that individual. Concern about the alcohol-dependent relative, other family members and what the future holds are universal themes. One of the main experiences that all participants reported was feeling worried (Orford et al., 2010b).

Research has shown that there are three ways that the family members approach the alcohol problem. Family members may withdraw from the circumstances, stand up to the circumstances or put up with the circumstances. Furthermore, support for family members and the lack thereof are discussed. This article gives a good indication of qualitative research conducted in the past (Orford et al., 2010b). However, taking into consideration that this is a compilation of research done over two decades, this qualitative research is still much less than the quantitative research that has been conducted. Two of these studies cited by Orford et al. (2010b) are similar to this proposed research. The first of the two qualitative studies was interested in how the family members of an alcohol-dependent person coped with the drinking problem (Ahuja, Orford, & Copello, 2003). The interest fell more specifically on the different experiences of how the wives and daughters coped with the situation. A semi-

structured interview was the main data gathering method, supplemented with two questionnaires. Topics discussed in detail included history of the drinking problem, the family and the effects of the drinking on the family. Furthermore, it also looked at how the family coped with the drinking behaviour, perceived support received and what the future will hold for the family (Ahuja et al., 2003). The wives reported feeling alone in coping with their alcohol-dependent husbands. The wives mostly believed in standing by their partner no matter what the problems might be. The majority of women only stood up to their husbands when the negative effects of the alcoholism got too much for them. The women reported that the more they became aware of sacrificing their needs, the more their attitude would change towards the husband's drinking problem (Ahuja et al., 2003). With this attitude change the women would start detaching themselves emotionally from their husband, although continuing household chores. The women cited their religion as a coping mechanism. Daughters reported that their father's drinking behaviour led to poorer school performance and that they were too ashamed to invite friends to visit. Additionally, the daughter's household responsibilities increased as a means to help their mothers with these tasks (Ahuja et al., 2003). The Coping Questionnaire was aimed at gathering data on how the wife or daughter responded to the family member's drinking behaviour. The second questionnaire measures cultural identification and structural assimilation. Questions in this questionnaire dealt with issues such as language, clothing, religion, living arrangements and plans for the future (Ahuja et al., 2003).

The second research study explored similar experiences (Arcidiacono, Velleman, Procentese, Albanesi, & Sommantico, 2009). Relatives of alcohol and drug abusers were interviewed with the help of semi-structured interviews. Topics discussed in detail included their relative's substance abuse history, well-being and coping of the family with the problem as well as social support. Additionally, the family's outlooks and anticipations of what the

future holds (Arcidiacono et al., 2009) were also explored. Participants reported feelings of extreme worry, distress, embarrassment and isolation. The presence of any type of support for the family was lacking. This research was conducted in Italy and a unique finding from the interviews was that family members underestimated the severity of the alcohol problem, as alcohol use is very common in the mentioned context (Arcidiacono et al., 2009).

In both these studies grounded theory was used as the qualitative analysis approach (Ahuja et al., 2003; Arcidiacono et al., 2009). As already mentioned, the proposed research will make use of IPA. IPA and grounded theory share certain similarities and exhibit differences. The biggest difference lies in the goal of the two approaches (Starks, 2007). Grounded theory aims to create a theory with the information shared by participants, whereas IPA is interested in gaining an understanding of a lived phenomenon. Both are interested in participants who experienced a certain phenomenon and make use of interviews to gather data (Starks, 2007). Therefore, utilising semi-structured interviews as data gathering tool is similar in this research and research done by Ahuja et al. (2003) and Arcidiacono et al. (2009). Yet, the analysis of the collected data is different; as this research utilises IPA while Ahuja et al., (2003) and Arcidiacono et al. (2009) utilises grounded theory.

Summary

Alcohol abuse is a serious problem in South Africa (U-ACT, 2012). Alcoholism affects the family system in a positive and negative way (Segrin & Flora, 2005). In the last decade family therapy as an approach to treat alcoholism has grown in popularity (Goldenberg & Goldenberg, 2013). There are different levels of spousal inclusion in family therapy, and research has shown that any type of spousal involvement is better than no involvement at all (O'Farrell, 1989). Qualitative research has potential in the field of addiction, even though quantitative approaches are more frequently used in the field of addiction (Neale et al., 2005). Numerous research studies have been conducted on the

experience of the alcohol-dependent person in different contexts (Larkin & Griffiths, 2002; Shinebourne & Smith, 2011; Watson & Parke, 2011). Research on the experience of the spouse was harder to find and not as frequent. Yet, qualitative research on the experience of the spouse yielded results that have been helpful to understand the experience from the viewpoint of the alcohol-dependent person's spouse. This research aims to gain further insight into the experience of the spouse.

CHAPTER 3: THEORETICAL VIEWPOINT

Introduction

All human beings are born into a group, namely the family (Carter & McGoldrick, 2005). The family is where individuals experience living in a context and further grow in this context. Current experiences that family members have are influenced by the past of the family and will determine how members will react to these experiences (Carter & McGoldrick, 2005). Therefore, the family life cycle serves as a framework where individuals find their identity. Theories have been developed to describe the "normal" family as well as families where alcohol is abused. A family life cycle for the "normal" family would consist of different stages. These stages involve change followed by constancy and stability, and repeating this cycle with further changes (Goldenberg & Goldenberg, 2008). The family members as a unit attempt to adapt to these changes as their roles and what is expected from them are altered in different stages (Goldenberg & Goldenberg, 2008). When alcohol has become an inseparable factor in a family's normal routine they can be seen as an *alcoholic family*, as their behaviours are determined by alcoholism (Sholevar & Schwoeri, 2003). An overview of the alcoholic family life cycle is useful to understand the difficulties of everyday development as well as the influence of alcoholism on the family. These difficulties can affect the direction of the family life cycle (Zilbach, 2003). Therefore, the family life cycle of an alcoholic family and "normal" family share similar principles of change and need for stability. Nevertheless, the type of difficulties they experience will be different (Sholevar & Schwoeri, 2003). The alcoholic family life cycle is a complementary theory for the family life cycle. The family life cycle is the framework for different stages through which the family can progress. The family progresses through these stages depending on milestones the family members achieve as a unit (Goldenberg & Goldenberg, 2008). The alcoholic family life

cycle, however, consists of three phases depending on where the family is regarding the drinking problem. The alcoholic family life cycle will be present at each level of the family life cycle (Sholevar & Schwoeri, 2003). Therefore, the family members have little choice about where they fall in the family life cycle while the alcohol-dependent person and what he/she decides about his drinking behaviour will predict where the family falls in the alcoholic family life cycle. As the family life cycle is the main theory drawn upon in this research, a thorough discussion and application of this theory will follow. The alcoholic family life cycle is complementary and will be used to enhance the understanding of an alcoholic family.

The development of the family life cycle

Upon further exploration the researcher found that there are a variety of family life cycle theories. There are some similarities between Carter and McGoldrick's (2005) family life cycle stages and other authors' family life cycle stages. A discussion of each theory and its stages is outside the scope of this dissertation. However, a short definition and explanation of the theory's application will be given.

Carter and McGoldrick developed their family life cycle theory on the work done by Evelyn Millis Duvall (Duvall, 1977). In 1957 Duvall was the first author to conceptualise the eight stages of the family life cycle as well as the length of each stage (Duvall, 1988). Each of Duvall's eight stages were ascribed specific age ranges for the children, determining the stage the family is at (Duvall, 1977). Carter and McGoldrick reworked the model to only six stages. In their model age was not considered a determining factor with regards to the stage the family had reached, but rather the composition of the family. Carter and McGoldrick added a new first stage and combined four of the stages to create two stages (Carter & McGoldrick, 2005).

Gilly and Enis further modernised and redefined the model in 1982 (Gilly & Enis, 1982; Neulinger & Simon, 2011). Duvall's family life cycle model was mostly used in consumer behaviour research. The biggest notion from this model is that a family's food consumption will change as the family transitions through the eight stages. For example, this model was applied to study the eating habits of a family through each life cycle stage and to determine at which stage healthy eating is most prevalent (Neulinger & Simon, 2011).

Wells and Gubar identified six family life cycle stages which are very similar to Carter and McGoldrick's family life cycle stages (Choi, Lehto, & Brey, 2011). Wells and Gubar predominantly applied the family life cycle model to the marketing sector in 1966 (Gilly & Enis, 1982; Neulinger & Simon, 2011). This family life cycle model was used to determine at which stage the family demonstrated the most loyalty to visiting holiday resorts. Furthermore, the aim was to get an impression of the spending habits of families at each stage for the purpose of improving the appeal of resorts (Choi et al., 2011). A similar study was undertaken by Hong, Fan, Palmer and Bhargava (2005). This study investigated the spending habits of families during holidays, using the family life cycle stages as their framework.

McCubbin used a four-stage family life cycle to explore stressors and strengths of families. McCubbin's research mostly focussed on army families (McCubbin & Lavee, 1986). This model was used in conjunction with a variety of other theories to help inform the development of the *Resiliency Model of Family Stress, Adjustment and Adaption*. In addition to determining whether it is possible to apply the resiliency model in a South African context, the family life cycle was used to illustrate the possible demands and challenges a family might experience. These challenges could lead to a build-up of stress and leave the family in a state of vulnerability. Therefore, this model was used to help in better understanding the family so as to contribute to the development of the resiliency model (Brown-Baadjies, Fouché, & Greeff, 2008). Therefore, there is a variety of family life cycle theories, these

being applied in different fields. After in-depth research Carter and McGoldrick's (2005) family life cycle theory was deemed the most appropriate theory to apply in research conducted in an alcoholic family context.

Past application of the family life cycle

One of the earliest studies using Carter and McGoldrick's family life cycle was done by Stromwall and Robinson (1998). Their focus was on the effect of having a family member diagnosed with schizophrenia and its effect at each family life cycle. In addition, it looked at how men and women's familial roles changed in the family system. The reason for this is that men and women were shown to have different experiences of having a family member diagnosed with schizophrenia (Stromwall & Robinson, 1998).

Cron (2001) studied the job satisfaction of women who worked full time and looked after a family. This study was done by looking at three stages of the life cycle. One of the conditions for participants was that they needed to go through stressors from moving to a following stage. Stages three to five were chosen as these included giving birth, raising children and children leaving the home respectively (Cron, 2001). Significant results showed that marital satisfaction in the second stage (young children) depended on the quality of the relationship with the husband. Interestingly, marital satisfaction did not predict job satisfaction in the fifth stage, when children leave home (Cron, 2001).

Miller, Yorgason, Sandberg and White (2003) conducted research on the types of problems married couples would bring to therapy across the family life cycle. Results showed that men reported that marital problems were stable throughout the life cycle. The most common issues that married couples brought to therapy were communication problems (Miller et al., 2003).

An explorative study to research the effect of an autistic child on marital satisfaction was done. The researcher followed the stages of the family life cycle, but further divided

stage 3 into pre-school and school-going autistic children (Shakhmalian, 2005). Results showed considerably lower levels of marital satisfaction when the couple had pre-school children. Reasons include parents' needs to adapt to raising an autistic child, working hard to meet the child's demands and having less time for each other. Higher marital satisfaction was reported when the autistic child was of school-going age. Overall lower marital satisfaction was reported with autistic children when compared to parents with normal children (Shakhmalian, 2005).

Peterson, Kruczek and Shaffner (2004) took a different approach with the use of the family life cycle. Rather than just focussing on the stages, the researchers were more interested in the stressors experienced at each stage. The researchers investigated how gender roles change when the wife or mother in the family gets diagnosed with cancer and how this diagnosis relates to the family life cycle. Women who are diagnosed with cancer will most likely experience *vertical* and *horizontal* stressors (Peterson et al., 2004). Vertical stressors include whether there is a family history of cancer and the prognosis. Horizontal stressors would be the cancer, which is an unexpected illness, and how to deal with it. There is a variety of stressors accompanying a cancer diagnosis, which could lead to a disruption in the family life cycle and rendering family members vulnerable for further developmental issues. Peterson et al. (2004) discusses the stressors experienced at each family life cycle in depth.

In conclusion, these mentioned studies mostly investigated the effects of a problem at each stage of the family life cycle stages (Cron, 2001; Miller et al., 2003; Shakhmalian, 2005; Stromwall & Robinson, 1998). This dissertation is similar in its structure to the research carried out by Peterson et al. (2004). Peterson et al. (2004) explored the vertical and horizontal stressors at each stage of the family life cycle theory. This research is interested in exploring experiences that the spouse thinks could have contributed to the alcohol-dependent person's drinking problem. The spouse will share details about any vertical or horizontal

stressors they think could have contributed (Carter & McGoldrick, 2005). This enables the exploration of possible stressors for increased drinking instead of exploring the effects of these stressors at each level. Therefore, the starting point is the effect, i.e. alcoholism. The application of Carter and McGoldrick's (2005) family life cycle in most of these studies has been used within a quantitative framework. Multiple questionnaires were used in these studies (Cron, 2001; Miller et al., 2003; Shakhmalian, 2005). However, the present research will be different as it is approached from a qualitative stance (Willig, 2008). This framework creates the context wherein the research can be understood. The family life cycle model will help to create a context from which participants' experiences can be understood (Carter & McGoldrick, 2005). The family life cycle has not been used extensively in research, as is assumed from the few studies that were found using Carter and McGoldrick's family life cycle stages as the main theory. Therefore using this theory gives a unique element to this research.

Opinions and critiques of the family life cycle model

The family life cycle model has evolved and adapted a lot since its first use in research in the 1930s. Sociologists started using it in their family studies (Choi et al., 2011; Duvall, 1988). Candib (1989) wrote an article which reviewed the family life cycle, focussing on the limitations of the cycle. Some of the critiques included that the cycle was based on white middle class families, thus marginalising other ethnicities (Candib, 1989). The life cycle portrayed the traditional roles of men being the breadwinners and wives being stay-at-home mothers (Candib, 1989).

Around the same time McDaniel (1990) wrote a review about the changing family life cycle which was edited by Carter and McGoldrick and published in 1988. New sections that were added explored the challenges women experienced in contemporary society and what developmental issues arose from these challenges at each stage (McDaniel, 1990). Gender

sensitive issues such as work, home and intimacy were explored in a balanced way. Furthermore, another chapter focussed on ethnic differences in the life cycle stages (McDaniel, 1990). A trend that emerged during this time was the rising incidence of divorce, and a chapter was dedicated to the impact of divorce on the family at each stage. The family life cycle of poor black families was included in the book (McDaniel, 1990). These are just a few of the extra components added by the authors, illustrating the attempt that was made to make the family life cycle as applicable and contextual as possible. When the third edition of this book was published in 1999, the title was *The expanded family life cycle*, indicating that it is still changing (Price, 2001). A few added chapters included the effect of culture on the life cycle, single parenting and the life cycle. Furthermore, families that had remarried and gay- and lesbian-headed families are explored and the influence of this on the family life cycle (Price, 2001). An important statement made by Price (2001) included that the authors had taken into account the evolution of the family and the wide range of family structures and different family contexts. The family life cycle is a theory that can be applied to a variety of families with unique structures and struggles (Price, 2001).

In summary, it can be said that the authors took the limitations of previously written work into account in order to provide more relevant discussions of the dilemmas presently faced in society. The family life cycle theory is evolving as families are evolving through the years. This benefits the present research as there is an adaption of the family life cycle theories that can be used to fit the participants' family structure. These adapted theories were built on by other authors using Carter and McGoldrick's (2005) family life cycle. The family life cycle model will not marginalise or discriminate against, for example, remarried or gay couples. Instead the family life cycle theory strives to include and describe most family structures that the researcher had contact with in the interviews (Carter & McGoldrick, 2005).

Family life cycle

This is an appropriate theory relating to the methodology as the family life cycle believes that experiences take place in a certain context and that family members' behaviour influences that of other family members reciprocally (Carter & McGoldrick, 2005). This context refers to three specific areas, which include individual, family and cultural systems.

Betty Carter and Monica McGoldrick (2005) proposed that families are not stagnant but that they move through different stages which are known as the family life cycle stages. These stages involve times of change trailed by constancy and stability as the cycle is repeated. The family members as a unit attempt to adapt to these changes and their roles are altered in the different stages (Goldenberg & Goldenberg, 2008). The family life cycle stages are just a guideline of how the family can evolve since, as in real life, there is often not a smooth transition and adaption from one stage to the next. The family life cycle stages are not clear cut and can overlap while transitions can take place over numerous years (Goldenberg & Goldenberg, 2008). Every family life cycle change is preceded by a certain life event, known as a *family stage marker*, which calls for change and adaption to the new situation. The family life cycle consists of six stages ranging from young adult leaving home to elderly (Carter & McGoldrick, 2005). Figure 1 illustrates the six stages, followed by a comprehensive explanation of each stage.

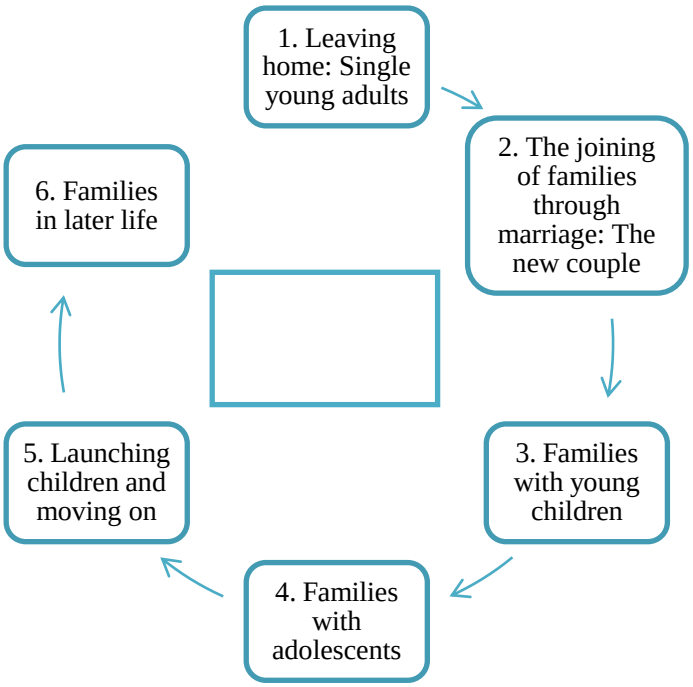

Figure 1. The family life cycle stages.

The first stage is *Leaving home: Single young adults* where an individual takes on financial, occupational and personal responsibility for themselves (Carter & McGoldrick, 2005). During this stage an individual will find their identity away from their family of origin and form romantic relationships. In the second stage, known as *The joining of families through marriage: The new couple*, the individual is committed to his/her new unit (Goldenberg & Goldenberg, 2008). During this stage the couple will step into marriage and adjustments of relationships in the family of origin are made to involve the partner. The third stage, where the couple brings new members into their family system, is called *Families with young children*. Changes to the marital system need to occur to accommodate the offspring and to ensure shared responsibility in raising the children, finances and house chores (Carter & McGoldrick, 2005). *Families with adolescents* comprise the fourth stage, where boundaries need to be adjusted to ensure that the children have more independence. Furthermore, care for the now elderly grandparents is taken. The parent-child relationship is revisited to give the

adolescent more freedom in the system and marriage, and occupational concerns are addressed (Goldenberg & Goldenberg, 2008). The next and fifth stage requires the acceptance of several departures from and entries into the family unit and is called *Launching children and moving on*. The parents now need to get used to living as a couple again. The child-parent relationship changes to a new phase, the adult-to-adult relationship. Other relationships are adjusted to include grandchildren and new in-laws. In this stage there is a heightened possibility of the death of the grandparents (Carter & McGoldrick, 2005). During the sixth and final stage, *Families in later life*, the couple needs to adapt to the changing generational roles and upholding marital functioning. New roles include a different social and familial role and accepting a role filled with wisdom. Sharing of experiences is common. During this stage the couple might have to deal with the loss of a partner, siblings or friends as well as preparation for own death (Goldenberg & Goldenberg, 2008).

Every family transition through these stages occurs in a different context and is accompanied by a variety of challenges. The ultimate question is whether the family under stress is flexible enough to overcome challenges in different stages, to accommodate change and move to the next stage (Goldenberg & Goldenberg, 2008).

Vertical and horizontal stressors of the family life cycle

Taking the wider context of a family into consideration is helpful in gaining a deeper understanding of the individual. This wider context refers to stressors experienced in the individual, family and cultural context (Carter & McGoldrick, 2005). Stressors can alter the transition from one stage to another. Stressors are divided into vertical and horizontal stressors. Vertical stressors deal with past and present issues which the family has little control over (Goldenberg & Goldenberg, 2008). For example, vertical stressors can be seen as ideologies, problems, behaviours or inheritances being transferred from one generation to the next, whereas horizontal stressors are stressors that develop over time (Beckett, 2002).

Horizontal stressors deal with issues regarding developmental and current events (Goldenberg & Goldenberg, 2008). These events can be unpredictable, such as the death of an infant, or predictable, such as becoming a parent (Beckett, 2002). Furthermore, these stressors can be experienced on three levels; namely the individual, family and cultural level (Carter & McGoldrick, 2005). Figure 2 is a visual representation of the vertical and horizontal stressors on the three different levels.

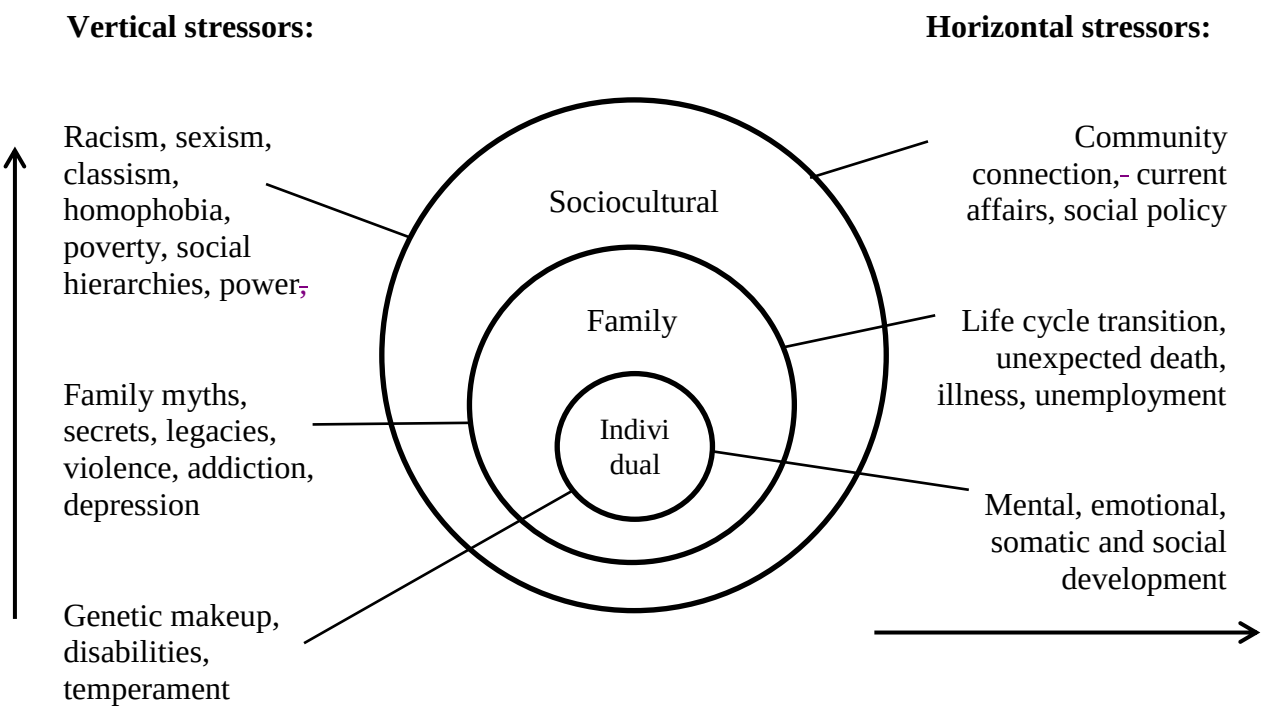

Figure 2. Vertical and horizontal stressors.

Vertical stressors on an individual level refer to issues regarding genetics, temperament and any sort of disability passed on from previous generations. Vertical stressors in the family system refer to the history of the family and behaviours that have been passed on from generation to generation. These behaviours and history include, for example, prejudices, family beliefs, taboos and family secrets (Goldenberg & Goldenberg, 2008). For

most of these stressors the individual had no part in forming them, but was born into them. On the sociocultural level the vertical stressors would include the culture's history, social hierarchies, power and the control that the culture has (Carter & McGoldrick, 2005).

On an individual level horizontal stressors include how the individual developed in mental, emotional, somatic and social areas. Over time these developmental areas will either become rigid or flexible. The development of these areas will be influenced by the environment as well as personality (Carter & McGoldrick, 2005). Horizontal stressors touch upon the issues that the family unit currently experiences, together with the way in which they cope with them to move on to the next stage. Developmental stressors can be either predictable or unpredictable. Predictable stressors can include developmental stressors as a consequence of transition to a next stage, whereas unpredictable stressors consist of traumatic events such as unexpected deaths, financial problems, birth of a disabled child or illness (Goldenberg & Goldenberg, 2008). Horizontal stressors on the sociocultural level refer to current affairs and societal dogma which affects the family and the individual. The consequence can be seen in how connected or disconnected the individual or family is with the community. Horizontal and vertical stressors in the sociocultural level are closely interlinked as the consequences of vertical stressors such as racism can be seen by the disconnection of the family to the community, which is a horizontal stressor (Carter & McGoldrick, 2005).

Any degree of vertical or horizontal stressors can cause a family unit to appear dysfunctional and disrupt the family cycle (Goldenberg & Goldenberg, 2008). The family life cycle stages will be used as a guide in the interview with the spouse to explore where they are currently at in the family life cycle model, as well as to identify stressors they may be experiencing. Gathering such rich information about the spouse's stressors will give a good indication of the context of the participant (Carter & McGoldrick, 2005).

Alcoholic family life cycle

The family life cycle in the *alcoholic family* can be divided into the *early phase, middle phase* and *late phase* (Sholevar & Schwoeri, 2003). Figure 3 illustrates and briefly explains the family life cycle of the *alcoholic family*.

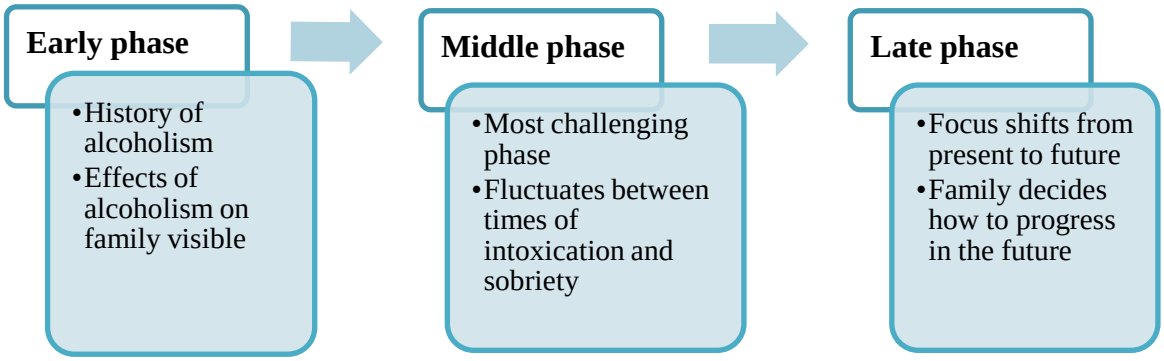

Figure 3. Alcoholic family life cycle.

In the *early phase* fast transformation takes place. A family history of alcoholism makes the possibility for transmission to the next generation more complex. Alcoholism in a parent impacts a child's psychological and interpersonal well-being. Furthermore, alcoholism impacts on the marital relationship and choices made within this relationship (Sholevar & Schwoeri, 2003). The next phase in the alcoholic family life cycle is the *middle phase* when the family values stability, has a purpose and lives according to certain rules. This phase is the most challenging for the alcoholic family as "rigidity forms in an effort to dull the impact of the alcoholism" (Sholevar & Schwoeri, 2003, p. 680). The family fluctuates between times of intoxication and sobriety which repeats itself and leaves little flexibility for the family. The result of this is that the family has one life when alcohol is present and a different life when alcohol is absent. When alcohol is present, families usually know what to expect which makes it helpful to predict the alcohol-dependent person's behaviour. Therefore, the use of

alcohol makes behaviour predictable. Sholevar and Schwoeri (2003) do not elaborate on how the family operates when alcohol is absent, except that the alcohol-dependent person might not recall his/her behaviour when intoxicated. When the alcohol-dependent person is dealing with problems, alcohol is used as a coping mechanism. Alcohol is only a short-term solution for forgetting problems. Subsequently, this leads to frustration experienced by other family members, as they apply different solution strategies. During this stage the alcohol-dependent person usually drinks at home and in the presence of the family. Topics such as whether drinking should take place in front of friends and the effects of the alcoholism on the family arise (Sholevar & Schwoeri, 2003). During the *late phase* the focus shifts from the present to the future. This shift takes place by reviewing and adjusting to what was lost in the middle phase. In this final phase the family is faced with four options on how to progress in the future. These options include, firstly, the family continuing the alcohol-dependent person behaviour mentioned in the middle phase, or secondly, minimising the use of alcohol but not abstaining. The third option is when the alcohol-dependent person abstains from the use of alcohol although he/she remains involved in the topic of alcohol. E.g., making use of alcohol-related support systems such as Alcoholics Anonymous. The last option includes complete abstinence of alcohol and any alcohol-related involvement (Sholevar & Schwoeri, 2003).

It would be safe to assume that the participants of the present study fall into the last phase of the alcoholic family life cycle the reason being that the alcohol-dependent person has come for treatment in a rehabilitation centre and is thus abstaining from the use of alcohol. Interviews with the spouse will be held in the last week of the alcohol-dependent person's rehabilitation.

Alcohol dependency and the family life cycles

The alcoholic family life cycle theory is complementary to the family life cycle theory (Goldenberg & Goldenberg, 2008). The family life cycle and alcoholic family life cycle

theories share similar principles of change and need for stability. The type of difficulties experienced in the life cycle stages will be different (Sholevar & Schwoeri, 2003) although the two theories are interrelated. These two theories can be seen as two parallel, simultaneous processes that influence each other. For example, each stage in the family life cycle comes with its own challenges. These challenges can influence the drinking of the alcohol-dependent person, which influences where the family is in the alcoholic family life cycle. Similarly, the phase that the family is in the alcoholic family life cycle can disrupt or delay the transition processes in the family life cycle. Therefore, challenges in the family life cycle could trigger the drinking whereas the phase that the family is in will determine how set the drinking behaviour is (Goldenberg & Goldenberg, 2008; Sholevar & Schwoeri, 2003). Here follows an application of how the processes in the life cycle influence each other.

The processes in the family life cycle are affected if an individual in the system abuses alcohol. Hudak, Krestan and Bepko (2005) also state that an alcohol-dependent person will directly affect about four to five individuals with their behaviour. Furthermore, it is estimated that about half of those who go to rehabilitation will have a relapse in two to four years. An alcohol-dependent parent in a family could lead to boundaries that are either too strict or too lenient. Family roles are usually in a state of confusion, depending on whether the alcohol-dependent person is drinking or not (Hudak et al., 2005). The family and societal context can isolate the alcohol-dependent person when his/her drinking behaviour gets severe. To understand the alcohol-dependent person it is important to look at the context within the family life cycle. What makes the family life cycle theory an appropriate one is that it tries to understand the individual within the family context (Carter & McGoldrick, 2005). Phenomenological research believes the context is important and there might be more than one interpretation for similar experiences (Lopez & Willis, 2004).

The alcohol-dependent person could have started drinking due to a certain life cycle stage (Hudak et al., 2005). Therefore, processes in the family life cycle can influence the drinking of the alcohol-dependent person, which in turn determines where the family are in the alcoholic family life cycle (Carter & McGoldrick, 2005; Sholevar & Schwoeri, 2003). On the other hand the drinking could delay the next life cycle stage (Hudak et al., 2005). Therefore, the phase that the family finds itself in the alcoholic family life cycle influences the process in the family life cycle (Carter & McGoldrick, 2005; Sholevar & Schwoeri, 2003). Either way, the alcohol-dependent person's behaviour has a direct effect on the movement in both family life cycles. For example, a parent might start drinking after the launching of a child in the family life cycle. This shows how a challenge could be a trigger for drinking. However, being an alcohol-dependent person could lead to not wanting children or delaying that stage (Hudak et al., 2005). The family life cycle stages will be discussed in relation to alcohol problems. Each stage has possible causal factors for alcohol addiction. The possible effects of alcoholism in each stage will be discussed. Identifying the stage in which each participant falls will give a good indication of the spousal and family context (Hudak et al., 2005).

The first stage where the young adult leaves home is significant for that individual to discern themselves from their family. Addiction at this stage will cause the individual to make compromised decisions about their future that could affect the rest of their lives. A common dynamic seen is that the addict was able to function within his nuclear family and found his identity in the system. However, when the addict leaves home he finds it very challenging to develop the skills to survive and find his own identity away from the family. Usually this is worsened due to the isolation from the nuclear family, for a variety of reasons, e.g. refusal to seek help. It is hard to diagnose alcoholism in this stage, as binge drinking in young adults is common (Hudak et al., 2005). The stressors that the individual leaving home

experiences can be seen as horizontal stressors. The reason is that these are stressors that have been currently developed. On the family level these stressors are due to challenges of the family life cycle transition. On an individual level this individual might experience difficulties in finding their own identity which might accelerate the drinking (Goldenberg & Goldenberg, 2008).

Problems that can arise during the second stage of the family life cycle, i.e. new couples, involve failure to seek help for alcohol abuse (Hudak et al., 2005). Not seeking help for alcohol addiction would place the family in the first or second phase of the alcoholic family life cycle. More information would be needed to narrow down the specific stage. The family being in one of these phases will influence the processes in the second phase of the family life cycle (Carter & McGoldrick, 2005; Sholevar & Schwoeri, 2003). For example, Hudak et al. (2005) states this failure to seek help might set the precedent for the couple not being able to solve future problems such as personal differences and intimacy issues. This leads to the couple focussing on a third individual or problem, such as alcohol. The reason for this is to bring some stability back to the couple's relationship (Hudak et al., 2005).

The third stage comprises the married couple with young children. A trend seen in alcoholic-dependent individuals is that they tend to significantly minimise or abstain from the use of alcohol at the beginning of this stage (Hudak et al., 2005). The reason behind this is that the addict realises the responsibility of marriage and raising children. At this stage it is important to consider the family history of alcohol abuse. A history of alcohol abuse could make the children more predisposed for abusing alcohol in the future. An awareness of this addiction predisposition is crucial (Hudak et al., 2005). Having a family history of alcohol abuse can be seen as a vertical stressor, as it involves genes that have been passed on from the previous generation (Carter & McGoldrick, 2005).

The fourth stage involves families with adolescents. During this stage the adolescents' behaviour regarding how they respond to the authority of their parents changes. This can put stress on the parent-child relationship. The sexuality and independence of the adolescent starts to be defining, which could cause friction between the adolescent and the parent. The changing of the relationship could cause the alcohol-dependent person to relapse or drink more (Hudak et al., 2005). Therefore, the processes and challenges in the fourth stage of the family life cycle could influence the phase the family falls in the alcoholic family life cycle (Carter & McGoldrick, 2005; Sholevar & Schwoeri, 2003). During the fourth stage of the family life cycle adolescents are at risk of abusing substances, especially if one or both of the parents is an addict (Hudak et al., 2005). Here possible future vertical stressors come into play for the adolescent. On a family level the adolescent is exposed to addiction. On an individual level the adolescent might be genetically predisposed for addiction (Carter & McGoldrick, 2005).

The second last stage is where the couple launch their children. The phase is characterised by big changes and adjustments. The impact of alcohol abuse is substantial as the married couple needs to re-establish their relationship without their children. The couple is now faced with issues in the marriage that might have been left unresolved earlier in the marriage. At this stage alcohol can replace the children to fill that void (Hudak et al., 2005). Therefore, the challenges experienced in this stage of the family life cycle could lead to increased alcohol abuse. Changes in the drinking pattern might influence where the family falls in the alcoholic family life cycle (Carter & McGoldrick, 2005; Sholevar & Schwoeri, 2003). The sober spouse might shift the focus from raising children to addressing the drinking problem (Hudak et al., 2005). Another common issue in this phase is the loss of the couple's parents or siblings, which can worsen the drinking problem. During this stage alcohol-dependent persons are most likely to seek help for their addiction. Divorce is a

common result for alcohol-dependent spouses that are unable to sober up (Hudak et al., 2005). Both death and divorce can be seen as horizontal stressors as these are unpredictable issues that developed recently. Both these stressors occur on a family level as it has an effect on the whole family (Carter & McGoldrick, 2005).

The final stage involves families in later life. A significant adjustment is the shifting of power from the now elderly couple to their children. Powerlessness is a common feeling associated with this change. Loss of a spouse and family members is another big theme, which can cause a drinking problem to worsen (Hudak et al., 2005). Similar to stage five, grief is an unexpected horizontal stressor (Carter & McGoldrick, 2005). The diagnosis of alcoholism in this stage is often overlooked and ascribed to aging as are memory problems, falls that cause injuries, depression and isolation. One has to consider the possibility that the alcohol abuse might be the cause of these memory problems, falls and isolation (Hudak et al., 2005). With aging there will also be horizontal stressors due to the decline of mental, somatic, emotional and social developments. These stressors could in turn increase drinking due to challenges in the family life cycle (Carter & McGoldrick, 2005).

Family genograms and the family life cycle

Family genograms are a valuable tool for understanding a family with regards to the life cycle perspective (McGoldrick, 2005). Genograms have been developed to help understand the origins and relationships of families over three generations. Genograms are visual representations that include demographical information, the nature of relationships and important life events such as death (McGoldrick, Gerson, & Petry, 2008). A chronological order of the development of the life cycle of the family is presented. Genograms are a useful tool to understand present and past problems that the family experienced and the context in which these problems occurred (McGoldrick et al., 2008).

Certain information should be included in the genogram regarding the family life cycle as it will give the researcher an impression of the family context. This includes marriages, birth of children, children leaving the house, deaths in the family and information on the next generation (McGoldrick, 2005). Any vertical or horizontal stressors should be included to create a more accurate picture of the family and how the individual fits within that system. At each stage unique issues prevalent in that stage can be explored, such as the stressors and life cycle information (McGoldrick, 2005). A genogram will give an idea of how the family functions and transitioned into the current phase. This will indicate the degree to which the transition was successful and what the family did to adapt to the new phase (McGoldrick, 2005). The genogram will show the phase that the family is in with regards to the family life cycle as well as the alcoholic family life cycle (Carter & McGoldrick, 2005; Sholevar & Schwoeri, 2003).

Families tend to repeat patterns over generations, called *multigenerational transmission*. From a family systems perspective, family members are interconnected and a change in one system will have an influence on the rest of the family members (McGoldrick et al., 2008). This systems approach comprises of vertical and horizontal stressors, as discussed above. In clinical practice a genogram is useful to present the family life cycle stages (McGoldrick et al., 2008). McGoldrick (2005, p. 67) states that a genogram "is the best tool yet devised for tracking the family life cycle". For this reason it is an appropriate tool for the present study.

CHAPTER 4: RESEARCH METHODOLOGY AND IMPLEMENTATION

Introduction

The following section will explore the steps taken to address the research question. The methodology serves as an outline of how the research was carried out. The aim of this research was to gain subjective accounts from involved family members about their lived experience of the feedback session at Stabilis Treatment Centre, as well as their experience of addiction. The research paradigm, the design, sampling, data collection technique as well as the data analysis methods were selected with the aim of the research in mind.

Firstly, the research paradigm will be explored to set the background wherein the research took place, namely interpretivism. Interpretivism believes there are numerous experiences for the same accounts (Ponterotto, 2005). The research design informs the type of research approach taken (Lopez & Willis, 2004). The present research took a phenomenological approach as it studies experiences (Smith, Flowers, & Larkin, 2009). Furthermore, the sampling of participants as well as the data collection techniques are discussed in detail. Semi-structured interviews were used as the data collection technique. This type of interviewing enables the researcher to ask questions about a certain phenomenon while giving the participant enough freedom to share their experiences (Hugh-Jones, 2010). Interpretative phenomenological analysis (IPA) will be used for the analysis of the collected data. IPA stays true to the aims of the research as it is interested in the in-depth investigation of individuals' lived events and experiences (Smith et al., 2009). The role of the researcher within qualitative research and ways to enhance the quality of the research are also discussed. Ethical issues considered during the research process will conclude this chapter.

Research paradigm

A research paradigm aims to set the milieu for the proposed research (Ponterotto, 2005). In order to define the methodological guidelines it is important to have a good understanding of the epistemological roots of research. The important question to answer is what type of information the research aims to produce. As Willig (2008, p. 12) points out "what kind of knowledge a methodology aims to produce depends on its epistemological position". This research followed a phenomenological approach. With a phenomenological approach a lived experienced is true to that individual and understood by interpretation (Willig, 2008). This research focussed on gaining an understanding into the subjective experience of participants. The paradigm in this research is constructivism-interpretivism. An assumption that constructivism-interpretivism makes is that a variety of valid accounts of the same event is possible since "reality is constructed in the mind" (Ponterotto, 2005, p. 129). In order to obtain the subjective accounts of these realities it is necessary for the participant to reflect on these experiences. Researchers can help the participant to construct these true subjective reflections by means of semi-structured interviews that encourage discussion. The reason for a researcher to assist participants with subjective accounts of events is that sometimes the experience is outside the consciousness of these participants. In view of this, participants need some help in exploring their experiences (Ponterotto, 2005).

From the constructivism-interpretivism research paradigm the following assumptions can be made. Ontology concerns itself with the nature of reality and exploring the experience of the subject. The ontology for constructivism-interpretivism states that several constructed realities rather than only one universal reality exist. This type of ontology is known as relativist ontology (Willig, 2008). In this sense epistemology refers to the relationship between the participant who has the knowledge and the researcher who is interested in the knowledge. As a constructivist-interpretivist the researcher assumes a subjective position.

The interaction between the participant and the researcher is fundamental in understanding and transcribing the experience of the participant (Ponterotto, 2005). According to Willig (2008) the researcher can be seen as a builder building a house with the materials provided by the participant. All the houses will look different as participants will provide different materials for the same structure (Willig, 2008).

Axiology looks at the values of the researcher and what role they play in the research process. In this paradigm the researchers' values and experiences cannot be separated from the research progression. The researcher should take responsibility by acknowledging, exploring and being aware of these values and not pretending they do not exist. It is impossible to work closely and in-depth with the participants and think that the values of the researcher will have no influence at all (Ponterotto, 2005). The researcher made use of a reflective research diary to increase awareness and decrease influence of made assumptions and values (Shaw, 2010). Discussions between the researcher and research supervisor, Marna Dreckmeier-Meiring, also helped with this matter. The methodology entails direct interaction between the participant and the researcher in order for the researcher to understand the lived experience of the participant (Wilig, 2008).

Research design

A phenomenological research approach is utilised to study experiences and can be divided into descriptive and interpretive phenomenology (Smith et al., 2009). Comprehension of the differences between these two approaches is necessary for the reader to understand how and what type of knowledge the research intends to produce (Lopez & Willis, 2004). Descriptive phenomenology strives to describe a lived phenomenon or event where the researcher should completely bracket any preconceived ideas about the topic. The assumption is that research findings are able to yield a generalised description of the experience as it is context free (Lopez & Willis, 2004). Interpretive phenomenology is concerned with the

experiences an individual has in a certain situation and with the meaning they take from that experience, rather than just describing it (Lopez & Willis, 2004; Willig, 2008). For interpretive phenomenology the context is important and there might be more than one interpretation for similar experiences (Lopez & Willis, 2004). This is an interpretive phenomenological study as the researcher is interested in the experience that specific individuals have of similar events (Maree & Van der Westhuizen, 2009).

Sampling

A sample is a group of individuals selected to participate in research (Sturgis, 2006). The sample was chosen with certain inclusion and exclusion criteria in mind (Tongco, 2007). The sample in this research consisted of three spouses of patients who were treated for an alcohol addiction. These patients were treated at Stabilis Treatment Centre in Môregloed, Pretoria (Stabilis, 2012). Stabilis Treatment Centre gave written permission to the researcher to conduct research at their facilities (please refer to Appendix A). In order to qualify for participation in the research the participants needed to attend the feedback session with their alcohol-dependent spouse. This type of sampling is known as purposive sampling. Purposive sampling entails where a sample of participants is chosen with a specific target group and purpose in mind. The sample was selected in view of the experiences and the information that the participant could offer (Tongco, 2007). The recruiting of participants took place over an eight-month period. An information letter containing all the details pertaining to this research was handed out to possible participants (please refer to Appendix B). This information letter included the purpose of the research as well as the process followed in the research. Only three females were willing to participate in the research. Two of the participants were married while one participant was engaged. Furthermore, available participants were limited, as only a few patients decided to participate in the feedback session. The female participants all attended the feedback session with their alcohol-dependent spouse, which is the main

inclusion criterion for participating in the research. In ideal circumstances the two individuals continually involved in the six stages of the family life cycle are the couple, from marriage to the bearing of children to aging (Goldenberg & Goldenberg, 2008). For this reason the sample in the research would ideally be married couples who live together and fall into any one stage of the six family life cycle stages. Exceptions were made if a couple met most of the criteria for participating in the research. The researcher took the decision to include the couple who were in a long-term committed relationship, as they met the criteria of a married couple. The engaged couple were in a long-term committed relationship and lived together, but were not legally married at the time of the research. During this time they were expecting their first child. The participating spouses needed to be fluent in either Afrikaans or English, since the researcher is fluent in both Afrikaans and English. The recruiting of participants as well as the data collection took place at Stabilis Treatment Centre (Stabilis, 2012). Ms Suzanne Gelderblom (PS 0074845), a psychologist for the alcohol patients at Stabilis Treatment Centre, assisted in the recruiting of participants.

Data collection techniques

Semi-structured interviews were utilised as the data collection method (Willig, 2008). Semi-structured interviews make use of the same questions for each participant, but are less structured. This means that the interviewer can further probe the participant depending on what they share. This enabled the participant to have more freedom in exploring their experiences (Hugh-Jones, 2010). Each participant was interviewed once for about half an hour to an hour. In semi-structured interviews the researcher asks questions related to a specific theme (Willig, 2008). The aim is to gain rich information and a subjective understanding about experiences the participant has encountered (Willig, 2008). As the aim is to explore subjective experiences, the interviewer is not interested in finding facts. Each experience will be unique and help with understanding a phenomenon (Hugh-Jones, 2010).

An interview schedule was drafted in advance that includes questions as well as possible prompts under each question (please refer to Appendix C; Smith et al., 2009). The interview schedule served merely as a guide during the interviews, which means other questions could also be asked depending on what the participant shared (Hugh-Jones, 2010). This interview schedule encompassed questions about the participant's demographics, personal accounts, their opinions and their emotional experiences (King & Horrocks, 2010). The method of analysis was taken into consideration when developing the questions for the interview schedule. IPA is the method of analysis, which is concerned with understanding individual subjective accounts. Therefore, questions aimed to explore experiences (Hugh-Jones, 2010). The interview schedule worked well during the interviews and no changes or adaptations needed to be made. The interview schedule allowed participants to share their experience which produced rich information.

Genograms were used to obtain information about the family. The use of genograms in qualitative research is a good fit as it gives the participants an opportunity to share their stories and lived experiences (McGoldrick et al., 2008). The objective was to obtain an understanding of the family relationships and the context wherein experiences took place. Following the family life cycle approach, information about developmental crisises and stages of the family life cycle were included, e.g., marriage, birth of the children or launching of the children (McGoldrick et al., 2008). The phase the family fell under in the family life cycle and the alcoholic family life cycle were noted on the genograms. The family life cycle is indicated at the bottom of each genogram (Carter & McGoldrick, 2005; Sholevar & Schwoeri, 2003). The dialogue that took place when drawing up the genogram was analysed although the genogram itself was not analysed. The researcher drew up the genogram on the instruction of the participants. This enabled a discussion about what was being drawn as well as relevant experiences included in the genogram. This discussion was also recorded, which

was then analysed. The purpose of the genogram is to help with exploration of experiences. Furthermore, the genogram was used to identify the category in which the family fell in terms of the alcoholic family life cycle and family life cycle theories.

Figure 4 portrays a hypothetical genogram of Jill's family. Jill's spouse Jack has been admitted to a rehabilitation centre for alcohol abuse. Together Jill and Jack have three children, named John, Jennifer and Jeremy. All three children still live at home. Jill has a younger sister, Judy, with whom she has a close relationship. Jill's parents are still alive. Jack's father, John, was also dependent on alcohol. Their relationship was hostile and Jack passed away in 2010. Jack's mother, Julie, is still alive. Please refer to Appendix B for a guide of the symbols used in the genograms (McGoldrick et al., 2008).

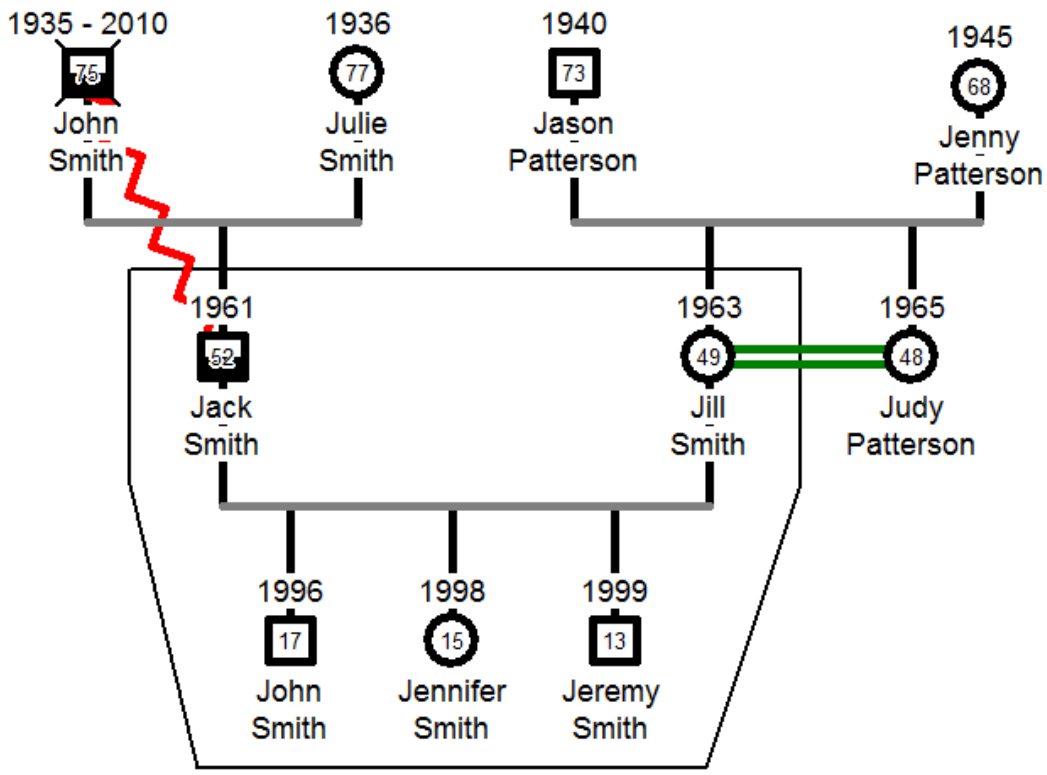

Figure 4. Jill Smith's genogram.

Family life cycle stage: *Stage 4: Families with adolescents*

Alcoholic family life cycle stage: *Late phase*

Interviews were held at Stabilis Treatment Centre, as both the researcher and the participants were familiar with the setting (Smith et al., 2009). Interviews were held on the same day as the feedback session for the convenience of the participants. The interviews were audio-recorded for the purpose of having a verbatim record of what was discussed. The verbatim audio recording was transcribed without adapting responses and used in the data analysis process (Smith et al., 2009).

Transcriptions

Breakwell (2006) stated that audio-recording the interviews serves to create a comprehensive record of the interview. Furthermore, transcribing the interviews in their totality is considered good practice (Breakwell, 2006). Smith and Osborn (2008) noted that IPA transcriptions should take place at a 'semantic level' (p. 65). This means that all the words that were spoken need to be typed out, which was then done. Noteworthy reactions such as laughs, pauses, sighs or sounds were included in the transcriptions. For this reason a minimal number of symbols were needed in transcribing the interviews according to IPA principles (Smith & Osborn, 2008).

Data analysis techniques

Phenomenology is concerned with the "study of experience" (Smith et al., 2009, p. 11). Interpretative phenomenological analysis (IPA) is an approach that is interested in the in-depth investigation of lived events and experiences individuals have. Reflecting upon these experiences and making sense of them is central to IPA (Smith et al., 2009). The aim is to comprehend the meaning of such experiences (Shaw, 2010). IPA entails that an individual's experience will be shared on their terms and not according to preconceived classifications. Therefore, it is a study of people's true experiences which makes it phenomenological (Smith et al., 2009). Furthermore, IPA takes an *idiographic* approach rather than a *nomothetic* approach. An idiographic approach relates to studying and understanding a phenomenon

experienced by an individual, whereas a nomothetic approach will study a number of participants with the aim of making assumptions about the phenomena (Shaw, 2010). This ideographic approach was carried on during the analysis section of the research. Each case was analysed individually first and only then comparisons were made (Shaw, 2010). The researcher took time off between analysing each case to ensure that each case was analysed as a separate, unique entity. Furthermore, IPA assumes a *critical realist* perspective. This perspective believes that reality exists, but recognises that reality exists depending on the perspective of the individual experiencing the phenomena. Therefore, there is not one true reality for the same experience (Shaw, 2010).

IPA specifies six stages of analysis. Figure 5 illustrates the six steps, which is followed by a brief description of these stages (Smith & Eatough, 2012). Before starting the stages of data analysis, Shaw (2010) suggested it would be helpful to use a reflective diary. At this point in the research it was important to write down any comments or observations made about the interviews. Being transparent increased the quality and trustworthiness of the research process. The reflective diary served as a record stating the researchers thought process and how the data was produced (Shaw, 2010).

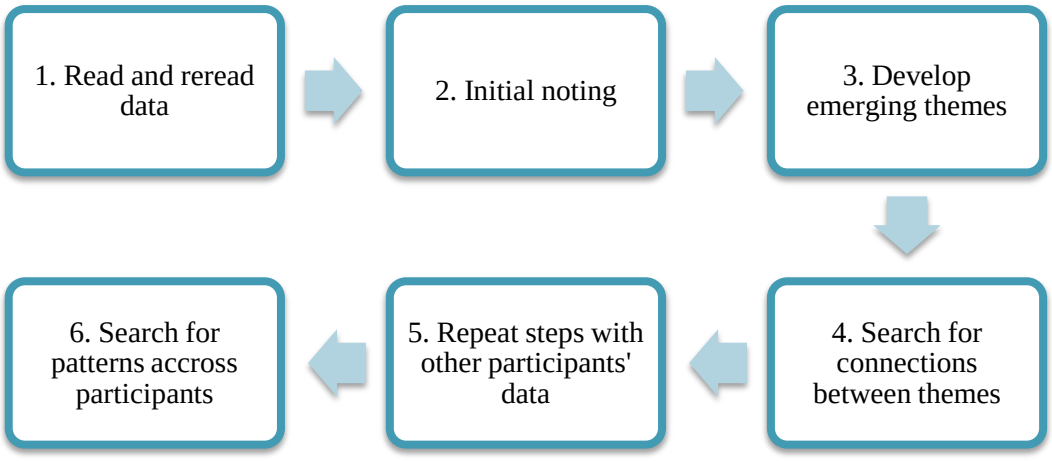

Figure 5. Stages of data analysis.

The first stage was to listen to the audio-recorded interviews after transcribing (Shaw, 2010). The researcher then carefully *read and re-read* the transcription. This ensured that the participant became the focus and the researcher got an overall understanding of the data (Smith & Eatough, 2012).

The second step, initial noting, was very detail-oriented and aimed at making *exploratory comments* (Smith et al., 2009). According to Shaw (2010) these *exploratory comments* include what the participant said and felt, including any topics brought to light or specific events shared. Smith et al. (2009) stipulated three types of exploratory comments which can be made, namely *descriptive*, *linguistic* and *conceptual comments*. All three comments have a different focus. *Descriptive comments* specify the content of what the participant stated and are indicated in normal text. These descriptive comments reveal what is significant to the participant, what they are thinking and their experiences (Smith et al., 2009). *Linguistic comments* stipulate the language used by the participant and are shown in italics. How the participant expressed the content verbally can add meaning to the content. *Conceptual comments* are interested in looking at the data from a more conceptual angle. Conceptual comments illustrated by underlining the text. These comments lean toward interpretation and how the participant comprehends what he/she experienced (Smith et al., 2009). Shaw (2010) refers to conceptual comments as *initial interpretations. Initial interpretations* suggest what the *descriptive summaries* might mean. Making these suggestions will be informed by the use of the data transcripts. Therefore, evidence for the initial interpretation is found in the data. This stage aims to help the researcher understand the participants' experience (Shaw, 2010). Interpretations made by the researcher were influenced by previous experiences and what the researcher's preconceived notions were about the topics. Any questions about the data that came to mind were included and underlined (Smith et al., 2009). At this level it was important to write any emerging ideas into

the reflective diary (Shaw, 2010). All the above-mentioned comments were made in the fourth column of the data transcripts (Appendix D; Smith et al., 2009).

Developing emerging themes was the third step. This involves reducing the large amount of notes but still keeping the richness of the data (Smith & Eatough, 2012). Smith et al. (2009) suggested the central objective of this step is turning notes from step two into themes. Themes were presented as statements and were generated from what was important to the participant. Emerging themes were a combination of description and interpretation, as seen in step two. The statements "should feel like they have captured and reflect an understanding" (Smith et al., 2009, p. 92). These themes were noted in the first column. The transcriptions were placed in the third column and the exploratory comments on the fourth column as mentioned previously. The second column contains number allocations with the purpose of assisting to refer back to the original text. The transcriptions of interviews and the analysis of the data of this research can be found in Appendix D.

The fourth step included *searching for themes and connections* between these themes (Smith & Eatough, 2012). At this point emerging themes were chronologically stipulated in the left-hand column in the table of subordinate themes (Appendix E). Not all of the emerging themes were included in this stage of analysis as this depended on the research question (Smith et al., 2009). The middle column references the transcript number and line of where the quotes in the third column can be located. The quotes in the third column serves as prove to substantiate the inclusion of an emerging theme. During this task it was helpful to think about the findings the researcher wanted to present (Shaw, 2010). In this stage the first task was printing out the list of themes in a chronological order. The themes were then placed on a big surface to enable the researcher to view all of the themes at once. Similar themes were highlighted with the same colour. There is a variety of helpful techniques to assist with connecting themes, according to Smith et al. (2009). The first phase was to write each theme

on a separate piece of paper and spreading it out to see all the themes simultaneously. Similar themes were grouped together, which is known as *abstraction* and focusses on similarities. When themes were grouped together it was necessary to give a new theme heading. *Polarisation* is when themes are examined by looking for differences instead of similarities. Searching for connections could include looking for certain significant events that happened, known as *contextualisation*. The repetition of a theme could be one of the indicators of how important that section is to the participant. The process of searching for recurrence of themes is known as *numeration*. Emerging themes can take on a positive or negative appearance, known as *function*. This technique goes beyond the meaning of a theme, to explore how the participant presents themselves within the experience, for example, similar themes that can be clustered together as the participant sees themself as either a survivor (positive) or a victim (negative). This was followed by grouping the themes and typing it out in a new table. This table is known as *subordinate* themes. An appropriate name or statement was awarded to each new group (Smith et al., 2009). These renamed themes might be included in the results section at the end of the dissertation, depending on whether similar themes emerged in relation to other cases (Shaw, 2010). The table of subordinate themes for each participant can be found in Appendix E. Throughout this process it was helpful to make notes in the research diary to annotate the thinking process of the researcher. After the task of connecting themes, it was necessary to draw a table that stipulated how themes were related with a new overall heading (Smith et al., 2009).

Step five involved repeating the steps with the *next participant's data*. The researcher was mindful to minimise the influence of the previous analysis on the current analysis (Smith & Eatough, 2012). The researcher took a break of a few days between analyses of cases, to assist in analysing each transcript in isolation. Each transcript was analysed as a single entity without being influenced by the previous analysis. This was achieved by following the same

steps as mentioned above and bracketing what was learned from the previous case (Smith et al., 2009). Before analysing a new case the researcher reviewed the steps of analysis. The next case was then analysed using the exact same method and principles.

When all the cases had been analysed, the researcher *looked for patterns across the different cases* (Smith & Eatough, 2012). There might have been some overlap with themes or none at all. At this stage it was important to remember that IPA takes an idiographic approach. This entails that experience is unique to each individual (Shaw, 2010). Smith et al. (2009) suggested printing out all the themes from all participants and laying these out on a big table. Being able to see all the themes simultaneously assisted in the task of looking for patterns. The researcher stuck all the printed subordinate themes on a wall to see the themes simultaneously. The researcher made use of highlighters and coloured similar themes the same colour. Similar themes were grouped in a new table using similar guidelines mentioned when searching for themes within a case. A new heading was created for each new theme. This table is known as the *Master table* of themes, and helped in presenting the results. The Master table of themes for this research can be found in Appendix F. These steps of IPA served as a guideline and were refined according to the aims of the research (Smith & Eatough, 2012).

In summary, data transcripts were used to identify the way the participants understood their experiences, to develop emerging themes and to search for relations between such emerging themes. When the participants' data were analysed the researcher looked for patterns across their experiences. IPA made use of interpretation which made the research approach distinctive and subjective (Smith et al., 2009).

Role of the researcher

The qualitative researcher was very much involved with the data collection and acknowledged that this research method had a strong subjective element to it (Willig, 2008).

IPA is phenomenological in its nature and implicates a *double hermeneutic.* A double hermeneutic leads to a more comprehensive understanding of the lived experience of a participant (Smith et al., 2009), While *phenomenology* assists in discovering meaning using IPA analysis of the data, *hermeneutics* can be seen as the interpretation of meaning (Pringle, Drummond, McLafferty, & Hendry, 2011). The participant is making sense of the lived experience while the researcher is making sense of the participant's experience (Smith et al., 2009). Therefore, it can be seen as an interpretation of an interpretation. The researcher is making sense of the participants' sense-making. Implementing this research from the stance of IPA the researcher will take on a dual role, being similar and dissimilar to the participant (Smith et al., 2009; Shaw, 2010). On the one hand the researcher is like the participant in trying to makes sense of the experience. However, on the other hand, the research only has access to the experience via the participant, making it second-hand information (Smith et al., 2009; Shaw, 2010). Therefore, the research results analysed by the researcher will yield what the participant shared.

An effective IPA researcher would be able to see the participant's point of view, but simultaneously look at the experience from an outsider's viewpoint. Being able to combine both these positions of empathy and questioning is the best way to understand a participant's experience (Smith et al., 2009). IPA combines two interpretive stances, an empathic hermeneutics with a questioning hermeneutics. This empathy and questioning are also examples of the way IPA operates a double hermeneutic, taking on a dual role (Smith et al., 2009).

Quality enhancement of qualitative research

There have been numerous debates regarding quality enhancement in qualitative research and general principles for assessing the quality (Yardley, 2000). The four principles are s*ensitivity to context, commitment and rigour, transparency and coherence* as well as

impact and importance (Yardley, 2000). These principles were applied to this study and were used to show how quality can be enhanced (Smith et al., 2009). *Sensitivity to context* was needed for good qualitative research (Yardley, 2000). This was established by reading up on literature regarding this topic, building rapport with key players at Stabilis Treatment Centre and conducting competent semi-structured interviews (Smith et al., 2009). Creating genograms was seen as being sensitive towards the setup of the family, as it gave the participants an opportunity to share their unique family story (McGoldrick et al., 2008). Sensitivity to context did not stop at the data collection, but was extended to the data that were collected by performing proficient data analysis (Smith et al., 2009). *Commitment and rigour* is Yardley's second principle. Commitment reflects the extent to which the researcher was invested with the data collection as well as the analysis of the data (Yardley, 2000). The researcher strived to conduct competent interviews by preparing well in advance and being organised. Furthermore, care was taken to ensure that the researcher transcribed and analysed each case with the same diligence and dedication. Rigour shows how much attention was given to the appropriateness of the methodology used in the research and whether the topic and methodology were a good fit (Smith et al., 2009). This principle also required the researcher to be able to stand back at times when she got too emotionally involved with the research, attempting to maintain a good balance between separation and closeness (Smith et al., 2009). The researcher had regular meetings with her research supervisor which enhanced commitment and rigour. The third principle is *transparency and coherence* (Yardley, 2000). Transparency denotes how clearly the different phases of the research course are written up, e.g., noting the way in which participants were selected, how the questions were created, commenting on the interviews and what happened during the data analysis (Smith et al., 2009). The importance of this was to ensure transparency and reliability. Reliability refers to the replication of a data collection technique that will yield the same results in multiple

instances (Willig, 2008) . Coherence refers to paying careful attention to the writing of the dissertation to ensure that the dissertation makes sense to the reader and to avoid mistakes such as contradictory information slipping in. Coherence also includes making sure the features of IPA are correctly and consistently applied (Smith et al., 2009). The last principle, *impact and importance* (Yardley, 2000), increases the quality of qualitative research in that the end result will offer the reader something of significance and interest to read, i.e. whether the study was worth conducting (Smith et al., 2009).

Yardley's four principles constituted a good framework from which to enhance the quality of qualitative research (Smith et al., 2009; Yardley, 2000). Even so it was deemed worthwhile to add reflexivity to complement these principles. The researcher's active involvement in collecting and analysing the data forms a subjective component in the research process (Smith et al., 2009). Reflexivity, with its variety of different meanings in qualitative research, helped to account for the researcher's subjectivity. Reflexivity helps by taking into consideration the researcher's attitude regarding her influence and the context in which the research takes place (King & Horrocks, 2010). Willig (2008) agrees, stating that reflexivity includes researchers' awareness of their involvement in the exploration and making sense of developments taking place throughout the research process. Willig (2008) identifies two types of reflexivity, namely personal reflexivity and epistemological reflexivity. Personal reflexivity refers to being aware of how one's own "experiences, beliefs, interests have shaped the research" (Willig, 2008, p. 10). Epistemological reflexivity makes reference to the assumptions the researcher has made about concepts affecting the research and on how these concepts influence the data analysis and the write-up of the dissertation (Willig, 2008). Reflexivity was employed by making use of a reflective research diary. The researcher wrote down any thoughts and assumptions she had about the course of interviews or about any issue that came up during the research (Nadin & Cassell, 2006; Shaw, 2010).

Findings from this study revealed that the diary is a useful tool to minimise the influence of the researcher's subjective assumptions (Nadin & Cassell, 2006).

Ethical considerations

Ethics refers to how an individual behaves morally, whereas research ethics includes critically thinking about the consequences of the research process. Consequently, *research ethics* are the application of certain principles to help guide the researcher to produce ethical research (King, 2010). Striving to avoid harming participants and assessing the degree of harm is known as ethical research (Smith et al., 2009). No deception was used in this research. The participants were fully informed about the research and the data collection procedure (King & Horrocks, 2010).

Informed consent was obtained from the participants before the researcher conducted the semi-structured interviews (Smith et al., 2009). According to King (2010) informed consent refers to the participant agreeing to partake in the research after receiving sufficient information regarding the research and the participant's role. A comprehensive informed consent letter was drafted to make the information as clear as possible to the participant (please refer to Appendix G). The informed consent letter was presented verbally and in writing to minimise possible misunderstanding. The participant gave consent through signing the letter (King, 2010). Furthermore, permission was needed to make an audio recording of the interviews and to use themes from data transcripts in publications; all included in the informed consent letter (Smith et al., 2009). Any discussions before or after the interviews that were not recorded were not used in the transcriptions or research (King, 2010).

The next ethical concept that needed to be addressed is confidentiality. Confidentiality refers to the extent to which the participant's identity will be safe-guarded and kept private (King, 2010). The original unedited data collected was only seen by the researcher and was edited to warrant confidentiality (Smith et al., 2009). Pseudonyms were used to further assure

confidentiality (King & Horrocks, 2010). It is generally accepted that confidentiality may be broken in certain instances such as the participant showing signs of suicidal intent. However, in this research the chances for breaking confidentiality were highly unlikely (King, 2010). Participants were recruited with the help of the psychologist. The data collected from the interviews and genograms were not discussed between the researcher and the recruiting psychologists to assist with confidentiality. Participants had the option to withdraw from the research at any stage. No explanation needed to be divulged (King, 2010).

The researcher assessed the possibility of harm during the data collection process. Questions were created with the focus on a specific phenomenon the participant had experienced, such as the feedback session. Prospective participants received an information letter which stipulated the topic and nature of the research. This letter informed the participant of what to expect and put them in control of deciding to participate or not. No risks were anticipated for the participants. Nevertheless, the researcher was attentive to any signs of distress during the interview to continuously assess any possible risk of harm. In cases of distress the researcher would give the participant time to settle down and ask the participant whether he/she wanted to carry on, take a break or postpone (King, 2010). However, a referral to appropriate literature would have been made if necessary. A psychologist at Stabilis Treatment Centre would be available for the participants if the need to debrief arose. The availability of a psychologist was helpful in recognising the limitations of the role of the researcher. Even though the researcher was a psychologist in training, it is important for the researcher to act in a research capacity. If the researcher offered advice it could confuse both the researcher and the participant which could lead to clouded results and unprofessional behaviour (King, 2010). Nevertheless, no participant showed any signs of distress and no action needed to be taken.

As the researcher strived to minimise any harm to the participants it was also important to consider the safety of the researcher. The interviews took place at Stabilis Treatment Centre to ensure the safety of the researcher. Stabilis Treatment Centre has ample rooms to do the interviews and other staff members were in the vicinity (King, 2010). Finally, no incentives were used to encourage the participants to partake (King, 2010).

CHAPTER 5: FINDINGS

Introduction

The results presented in this section were gathered through semi-structured interviews and the drafting of genograms. Three females participated in the research, two being married and one being engaged. All three of the participants' partners had been admitted to Stabilis Treatment Centre to treat an alcohol addiction. All the interviews were held on the same day as the feedback session at Stabilis Treatment Centre, making it convenient for the participants. The length of the participants' answers varied during the interview. Whereas Participant 1 gave long and comprehensive answers, Participants 2 and 3 spoke meticulously and gave short answers. All the participants came across as relaxed and willing to participate in the research and share their experiences. It is noteworthy to mention that all the participants spontaneously answered questions more than was expected from the questions. These answers were not always directly related to the questions, but stood out in the analysis. The researcher rarely needed to prompt for more answers. Especially the drawing of the genogram led to the participants spontaneously sharing stories and experiences of the individuals they wished to include in the genogram. This led to a variety of prominent themes that were not part of the aims of this research. Nevertheless, such themes that came across as important to the participants' side were included. Five main themes were identified using IPA as analysis method. Each theme will be discussed separately with quotes from the participants to support the interpretations.

Participating spouses

Participants were recruited over a period of eight months at Stabilis Treatment Centre. During this time the researcher made weekly visits to Stabilis Treatment Centre to recruit

possible participants with the help of Ms Suzanne Gelderblom, a psychologist. The researcher and the psychologist approached alcohol patients and distributed information letters. The aim of the research and what was expected from the research were explained. The patients were requested to ask their spouses to participate in the research. During this time three spouses were willing to take part in the research. From here onwards the participants will be referred to as Participant 1 (P1), Participant 2 (P2) and Participant 3 (P3). All the participants will be referred to as the spouse for the purpose of this research, even though one of the participants was engaged and not married at the time of the research. Each participant will be introduced as well as presented with the use of a genogram of the participants. These genograms serve as an overview to the participants as well as give an indication of which life cycle they are in with regards to the family life cycle and alcoholic family life cycle. All the participants understood the informed consent form and signed it before proceeding with the interview. No signs of distress were to be found in the participants before, during and after the interviews. All the participants left the interview satisfied and in good spirits.

Participant 1: Andrea

Andrea is 30 years old and been married to John for four years. John has been admitted to Stabilis Treatment Centre for an alcohol addiction. Andrea and John have no children together, although John has a son, Marc, from his previous marriage. Both John and Andrea have a close relationship with their parents. John's aunt was addicted to alcohol and Andrea's father is a heavy drinker. John and Andrea live together and are in the second stage of the family life cycle, i.e. *The joining of families through marriage: The new couple.* John and Andrea share a residence and have built a relationship with their in-laws. The couple was in the late phase of the alcoholic family life cycle when the interview had been completed. During the late phase the focus is on the future. In this final phase the family is faced with four options on how to progress in the future. The family chose the last option which is

complete abstinence of alcohol, as this is the goal of rehabilitation (Sholevar & Schwoeri, 2003).

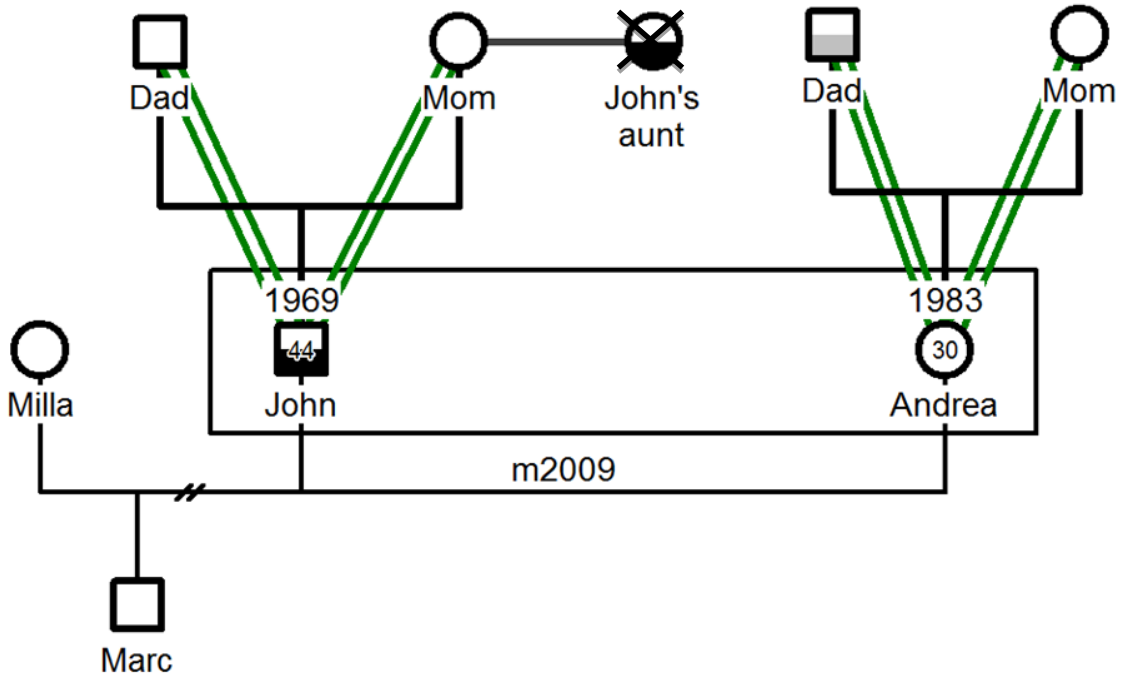

Figure 6. Andrea's genogram.

Family life cycle stage: *Stage 2: The joining of families through marriage: The new couple*

Alcoholic family life cycle stage: *Late phase*

Participant 2: Thandi

Thandi is a 27 year old female and is engaged to Simphiwe. They have been in a long-term relationship of ten years and are expecting their first child. Simphiwe has been admitted to Stabilis Treatment Centre for an alcohol addiction. Thandi and Simphiwe live together. At the time of the interviews Thandi and Simphiwe fell in Stage 2, i.e. *The joining of families through marriage: The new couple.* Although not married, Thandi and Simphiwe are engaged and fulfil the criteria for a married couple. They are in a long-term committed relationship,

which follows the same principles as marriage. Thandi has two brothers and a sister. Her youngest brother is adopted. Thandi's oldest brother and sister are also expecting children. Thandi's father passed away in 2007. Simphiwe's passed away either at the end of 2012 or the beginning of 2013, Thandi is not sure. Simphiwe's two siblings have different fathers; therefore, Simphiwe's mother has three children from three different men. Simphiwe's mother and father were addicted to alcohol. As the couple are pregnant they are on the border of going into the next phase, *Families with young children.* Nevertheless, at the time of the interview the couple fell in *Stage 2: The joining of families through marriage: The new couple.* The couple also falls in the last phase of the alcoholic family life cycle. Simphiwe is in rehabilitation which means he is abstaining from the use of alcohol. He is also focussing on the future by trying to sober up before he becomes a father (Sholevar & Schwoeri, 2003). Thandi reports no significant relationships with or between any family members.

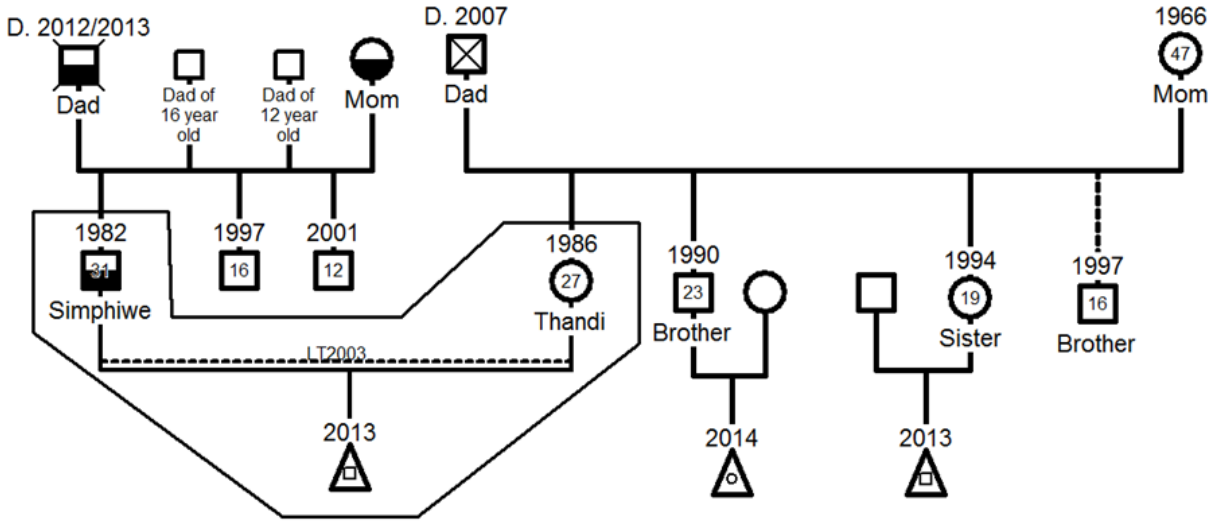

Figure 7. Thandi's genogram.

Family life cycle stage: *Stage 2: The joining of families through marriage: The new couple*

Alcoholic family life cycle stage: *Late phase*

Participant 3: Lisa

Lisa is a 41 year old mother with two children from her first marriage with her late husband. Lisa is married to Dawie, who has been admitted to Stabilis Treatment Centre. Lisa has a son, Werner, and a daughter, Alida, with her late husband. Dawie has a son, Jaco, with his previous wife. At the moment Dawie and Lisa's relationship is distant. Lisa has a close relationship with her son and stepfather-in-law, while her relationship with her daughter is distant. It is noteworthy to mention that Alida is also struggling with substance abuse, which is currently significant for Lisa. During the interview Lisa divulged extra information she had about Alida's substance abuse. As this is important to Lisa and influences her current experiences, information about Alida were included in the analysis and themes when deemed appropriate. Lisa has a hostile relationship with her stepmother-in-law as well as her stepson. Lisa, Dawie, Werner, Alida and Dawie's mother and stepfather reside at one dwelling. This family is in Stage 4, *Families with adolescents*. This household has two young adults who are given more freedom to explore. This stage is also characterised by grandparents being taken care of by the parents. They fall in the last stage in the alcoholic family life cycle. During the late phase the focus is on the future. In this final phase the family is faced with four options on how to progress in the future. The family chose the last option which is complete abstinence of alcohol, as this is the goal of rehabilitation (Sholevar & Schwoeri, 2003).

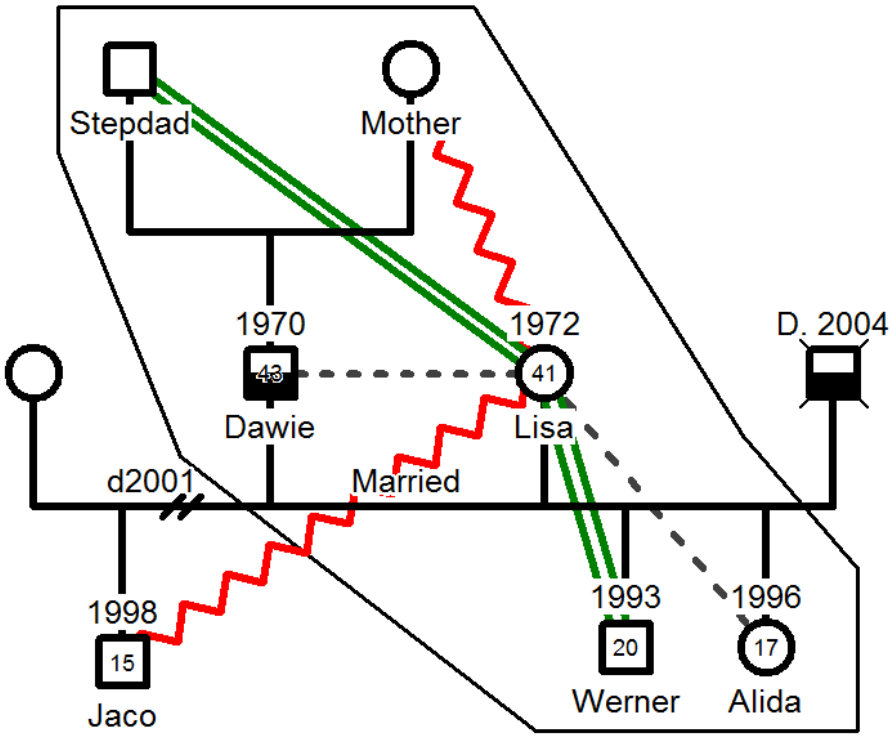

Figure 8. Lisa's genogram.

Family life cycle stage: *Stage 4: Families with adolescents*

Alcoholic family life cycle stage: *Late phase*

Findings from the analysis

Participants drew up a genogram with the help of the researcher. Significant information such as relationships, important life events and demographic information were included in the genogram. Ideas about what the participants thought contributed to their spouses' addiction and how they make sense thereof were also included. Finally, the participants were probed about their experience of the feedback session. The analysis of the data brought to light a variety of different themes. Five master themes where clustered together making use of the subordinate themes of the three participants. Several themes were unique to the participants' experience, and therefore were not included in the subordinate

themes. The five master themes are the feedback session, the contributing factor of addiction, relationships, emotions and the couple.

Herewith a short summary of the five master themes with their subordinate themes as reported by the participants. The experience of the feedback session ranged from being okay, nice and very good. One participant was pleasantly surprised while another felt more than one feedback session was necessary. The meaning attributed to the feedback session generated different responses from being helpful the couple to regroup and see how far they have come, to having hope for the future after the session and getting clarification about the willingness of the alcohol-dependent person to change. Open communication in the marriage was a universal theme that arose during the feedback session interviews. The feedback session was experienced as scary and difficult at times. What the participants felt contributed to their spouses' alcohol addiction was being genetically predisposed, which was deemed to cause more rapid addiction. Furthermore, the alcohol-dependent person's inability to cope with demanding and traumatic situations was a trigger that caused them to abuse alcohol as a way of coping. The alcohol-dependent person's nature as a person, such as experiencing events more intensely or being too generous, reportedly contributed to alcohol addiction. Familial relationships and friendships came up during the interviews. The sharing of experiences surrounding familial relationships yielded a wide variety of answers. One participant felt that her husband's family is an incredibly big part of his support system and they are very close, while another participant felt there are no significant familial relationships. The participants shared similar experiences with regard to friendships, and mostly felt that the alcohol-dependent person has wrong friends or friends who are insensitive towards their alcoholism. A variety of emotions were expressed by the participants. The participants reported being furious and extremely sad, while one participant expressed her hate for pills and alcohol. When their spouses were admitted to rehabilitation, participants

reported feelings of extreme relief at seeing that the individual was serious about changing his drinking habits. With regard to the participants' ideas about their spouse being discharged, they reported feelings of excitement, elation, fear, apprehensiveness and uncertainty. The final theme, the couple, came up during the analysis. This included how the spouses experienced their possible contribution to their spouses' addiction, such as not always being there for support and bad relationships with the addict's family that could have contributed to the alcohol addiction. Furthermore, the spouses expressed what they thought was in their control to help their spouse. One participant felt that there is nothing she could do as it was her husband's battle, while another planned to also abstain from the use of alcohol to support her partner. What the future was reported to have held for the couples ranged from supporting each other by going to AA meetings, while another couple aimed to attend couples counselling after rehabilitation. Another spouse was unsure of what to expect upon her partner's discharge from the centre.

A summary and a short statement are included before presenting the results at each stage. Responses from participants are included as evidence for the themes. Brackets ([ ]) indicate responses that did not follow immediately after each other, or phrases that were omitted, such as responses of the interviewer. The English version of the Afrikaans quotes can be found in Appendix H. Only P1 and P3's quotes were translated, as P2 is English speaking. Furthermore, each of the translated quotes is indicated with a number subscripted for easy reference.

Theme 1: Feedback session

The feedback session took place in the last week of the patient's rehabilitation. This was a voluntary couples session. Each participant experienced this differently and took away something unique. Table 1 contains a summary of theme 1.

Table 1

Summary of theme 1: Feedback session

Focus on feedback session
• Experience of the feedback session • Meaning of feedback session • Open communication • Feelings

Experience of the feedback session.

The feedback session provides an opportunity for the couple to discuss how the patient progressed through rehabilitation, the way forward and issues that are of importance for the couple. For P3 the feedback session was different than she expected. She was surprised by the therapist being able to stay objective and not blame her for the addiction.

> **P3$_1$**: Anderste as wat ek voorgestel het. [ ] Sy het nie my kant gevat nie sy het nie Dawie se kant gevat nie, sy het in die middel gebly. Sy het nie vinger gewys nie, sy het regtig, sy was puik.

> **P1$_2$**: Jy moet ten minste twee of drie, ek dink nie een terugvoer sessie vir ‘n ‘spouse’ is genoeg nie. [ ] En dit is hoekom ek dink, um, meer terugvoer sal beter wees. [ ] Ek dink hulle moet sê soos sê nou maar, as jou ‘spouse’ twee weke hier in is moet jy ten minste na twee sessies kom.

P1 strongly felt that more than one feedback session was necessary for the couple. She has been through the rehabilitation process and feedback session more than once, and from experience she recommended having more than one feedback session.

The experience of the feedback session ranged from nice, to okay, to very good. None of the spouses reported experiencing the feedback session in a negative way.

> **P1$_3$**: Die terugvoer sessie was vir my ‘nice’.
>
> **P2**: It was okay.
>
> **P3$_4$**: Goed. [ ] Baie goed.

Meaning of the feedback session.

Each participant took away and learned something different from the feedback session. As previously mentioned, P1 has been through the rehabilitation and feedback session before, and thus saw the feedback session as regrouping.

> **P1$_5$**: (...) kyk, vir ons is dit ‘n ‘regroup thing’. [ ] Mm, maar dink dit is baie belangrik vir die ou wat die ‘alcoholic’ is meer as vir die ‘spouse’, want hulle kom agter, jissie maar regtig, verstaan. [ ] was vir my ‘n ‘nice’ in die sin van dat ek besef het hoe ver ons al aanbeweeg het.

P1 believes the feedback session is even more important for the patient, as they are at a place where they are ready to listen. The feedback session also affords them as a couple a chance to see how they have grown and moved on from the past.

> **P3$_6$:** Ja, nou gaan ek en Dawie ten minste vir huweliksberading. [ ] Dat sy (Suzanne) ons regtig wil help. [ ] Ek het darem nou ‘n bietjie moed. [ ] Hoop te gee, ja.

P3 was caught off guard by the fact that the therapist really wanted to help them, which gave her hope. The feedback session gave her courage for the journey ahead with her husband.

> **P2**: Like the way he responded first, neh, ja I did get that sense you know that the person is not willing to change. Which means he is going to go back. To his, uh, his way and so on. Then later he said you know like it was me before then now I'm changed. Ja.

The feedback session gave clarity to P2 about her doubts about whether her fiancé was serious about changing his drinking habits. The feedback session removed that doubt and reassured her about his renewed intentions.

Open communication.

Communication between husband and wife is an important aspect that came up in the analysis. The feedback session helped in the sense that honest and open communication was able to take place in the marriage, according to the participants. In this sense communication refers to both parties talking as well as listening to one another. In the weeks of rehabilitation the patients were encouraged to open up during group therapy and individual psychotherapy. This open communication seems to have been applied in the feedback session as well.

> **P2**: he is not that kind of person who would open up easily. So, but he surprised me he was calm and just opened up.

P2 did not expect her fiancé to communicate as calmly and openly as he did. She was pleasantly surprised he had never been so open in the past.

> **P1$_7$**: Is dit die eerste keer wat hulle eintlik hoor. Verstaan, hulle sien glad nie want hulle is nie op 'n plek waar hulle kan sien nie. Um, en in daai sessie hoor hulle dalk vir die eerste kere van die 'spouse' af.

P1 reported feeling that the addict was only ready and at a place to communicate openly in the feedback session. In the feedback session they are sober and they are ready to really listen to their spouse.

> **$P3_8$:** Want dinge het uigekom waarvan ek nie eers, okay ek het daarvan geweet maar ek het nie geweet ek gaan (..) die 'guts' hê om daaroor te praat nie. Want ek het hom vroegtydig gevra, mag ek die waarheid praat en hy het gesê ja.

The feedback session not only provides an atmosphere for the addict to communicate openly, but for the spouse as well. P3 decided to be honest in the feedback session and she had the support of her husband to open up.

All three participants experienced open communication as a couple in the feedback session.

Feelings.

Attending the feedback session for couples shows that the couples are invested in the treatment. Being invested in the recovery of the addict inevitably leads to experiencing certain feelings. In the feedback session a common feeling that was experienced was fear although the meaning of this fear was different for each individual.

> **P2**: (…) For me, it is actually scary. [ ] He surprised me he was calm and just opened up. Like to be in a position like that and maybe your fiancé or partner is using and now he is willing to change.

For this participant the feedback session was deemed a scary experience, especially since she was seeing a sudden change in her fiancé who was not willing to change or become sober. This caught her by surprise, as well as the way in which he communicated with her.

> **P3$_9$**: Ek was eers bang, want ek was bang hy gaan eers met my baklei omdat ek die waarheid hier praat. [ ] Ek was eers skrikkerig, ek het eers gewag dat hulle praat. [ ] Ek is mal oor haar (Laughs).

P3 shared that she had an expectation of conflict and was scared that her husband would fight with her if she talked openly in the feedback session. She was nervous and waited for Dawie and the therapist to talk before she joined in. Nevertheless, she reported really liking the therapist, which made the feedback session a positive experience.

> **P1$_{10}$:** Ja, ek dink (....) dis moeilik**.** Dit is nie vir my lekker nie dis hoe seer jy my gemaak het, dit is wat jy gedoen het, hierdie is my vrees, jy as alkolis het ook ‘n vrees, jy het ‘n vrees van sê nou ek kan nie ‘sober’ bly nie.

The feedback session was deemed difficult because things are said that are necessary but are hard to hear. P1 shares what she is scared of for the future but at the same time keeping in mind the addict also has a fear. The addict has the fear of not being able to stay sober after rehabilitation.

Overall, the feedback session was experienced positively. The feedback session held a variety of meanings for the participants. Such as regrouping and analysing where they were as a couple, giving new hope and clearing up any doubts and uncertainty. Open communication seemed to have been a universal theme in the feedback session and was deemed to be of great importance. The feedback session was also reported to be a scary and challenging experience, but was considered a worthwhile exercise.

Theme 2: Contributing factors of addiction

A variety of factors can play a role in the development and maintenance of an alcohol addiction. Contributing factors include any influence that played a role in the addiction of the

patients. All three participants reported having their own idea about what could have contributed to their spouse's alcohol addiction. Three main contributing factors stood out among the participants which are presented in Table 2.

Table 2

Summary of theme 2: Focus on contributing factors to addiction

Focus on contributing factors of addiction
• Genetics contributing to addiction • Inability to cope with demanding situations as contributing factor • Individual's character as contributing factor

Genetics contributing to addiction.

Genetics as contributing factor refers to individuals being more vulnerable to alcohol addiction if the addiction runs in the family. All three participants mentioned that alcoholism ran in their family.

P1$_{11}$: (..) Wel, ek dink hy was 'genetically predisposed'...as mens na sy 'family history' kyk. [ ] Um, en, omdat hy 'genetically disposed' was het hy dit hom vinniger gevang.

P1$_{12}$: Umm, en dan weet ek in sy familie aan sy (John) ma se kant, um, sy ma se sussie was ook 'n alkolis.

P2: I think from like eh from the mother and the father. They were using it, like a lot.

> **P3$_{13}$:** So ek meen haar pa is ‘n alkolis. [ ] Ja, hy was erg. Hy was verslaaf aan grandpa’s, en hy was ‘n totale alkolis. Ek het eers gedog my kinders gaan begin erg drink.

P1 mentioned that because her husband is genetically predisposed, addiction occurred faster in him than in an individual who does not carry the alcohol addiction gene. Her husband’s aunt was addicted to alcohol, and because of this she viewed him as being genetically predisposed. P2 believed her fiancé was made vulnerable to the abuse of alcohol as his parents had abused substances. P3 referred to her latehusband’s severe drinking and her fears that her children would also start drinking heavily. P1 shared P3’s concerns that her future children might also be made vulnerable to alcoholism as her husband is addicted to alcohol. This can be seen in the following response:

> **P1$_{14}$**: As ek gaan kinders hê gaan ek met my kinders baie mooi moet praat, want, um, van altwee kante af is daar hierdie ‘gene’, so ek moet vir hulle sê jy moet meer passop.”

Inability to cope with demanding or traumatic situations as contributing factor.

According to the participants, traumatic experiences and difficult situations can contribute to addiction. Not being able to cope with such experiences could lead to being more prone to addiction.

P1 and P3 shared how traumatic events and demanding situations could lead to addiction.

> **P1$_{15}$**: En toe hy (John) twintig was het hy sy rug gebreek in ‘n motor ongeluk. [ ] Toe word dit (being active) heeltemal, so sy ‘coping mechanism’ wat dit was, is heeltemal weggeneem. [ ] En toe is hy nog geskei ook op ‘n verskriklik jong ouderdom. Want ek dink die grootste mate van (..) verstaan dalk voor dit kon hy dit nog kan hanteer, um,

was dit nie so erg probleem nie, maar van daai punt af was dit, want toe is hy klaar in die ritme in.

John is reported to have gone through a traumatic event, i.e. breaking his back, which meant that he lost his coping mechanism of being active. After his injury he was unable to do the exercise he did before. Shortly hereafter John divorced and was unable to deal with the trauma without his former coping mechanism. He dealt with this by starting to drink heavily and so alcohol became his new coping mechanism.

P3$_{16}$: toe kry sy (Alida) verkeerde maats. Sy het ‘n man gesien wat soos haar oorlede pa lyk, maar sy het haar pa se lyk gesien so sy weet hy is dood. Toe ewe skielik dink die kind ek het haar pa geskei. Toe val sy, toe raak sy verslaaf aan, um (..), dagga.

P3’s daughter was reported to have been troubled after seeing who she thought was her late father. She could not handle this and started using dagga (marijuana) to deal with the traumatic experience.

I$_{17}$: is daar enige iets wat jy dink hier binne bygedrae het tot sy verslawing? [ ] **P3**: Ek het nou eers gehoor hierso, dis maar oor sy seun se rebelsheid. [ ] Ek dink Dawie het in die middel gevoel en hy nie meer geweet watter kant toe nie.

Furthermore, P3 reported feeling that her husband had been put in a difficult situation at home. Dawie was put in a situation where he felt trapped and did not know how to deal with it, leading to his use of alcohol as a way of coping. Additionally, P3 and P1 both mentioned that trying to survive in an environment could contribute to abusing alcohol.

P3$_{18}$: nou het Alida begin werk in ‘n ‘bar’, waar sy ook ‘n drankie moet drink maar sy mag nie dronk word nie. En toe het ek vir haar gesê ek hou nie daarvan nie. Toe sê sy

ma gee my net kans tot ek genoeg geld het om, uh, sy wil graag verder gaan leer want ons het nie die finansies nie.

P1$_{19}$: Um, en ek sê baie kere ek dink ‘n universiteit kweek eintlik alkoliste. [ ] En hy was ook op universiteit en dis maar hoe die outjies gecope het, verstaan? Um, toe hy nog gedraf het en sulke goed is sy ‘coping mechanism’ weggevat.

P3’s daughter started working at a place where she was required to drink alcohol, which makes her concerned that her daughter might get addicted to alcohol. Furthermore, P1 reported a strong opinion that universities produce alcohol-dependent persons. Her husband used alcohol to cope at university when, for example, he had performed poorly in a test. Therefore, the environment could have been a contributing factor to addiction in these instances.

Individual’s character as contributing factor.

Lastly, P1 and P2 feel that the individual’s character could contribute to addiction.

P1$_{20}$: en sy (John) persoonlikheids tipe is ook ‘n faktor want, um, partykeer sal ek dink “jis dit is belaglik”, dan is dit vir hom iets iets ‘big’ verstaan?

P2: Even if he (Simphiwe) maybe he is having a R20 on his pocket and he knows that that R20 is for him to buy a (?) to go to the, he’ll give the money. Then later he will (..) **I**: Okay. **P2**: Ja. **I**: So almost put other people in front **P2**: Ja **I:** of himself.

P1 feels she and her husband experience similar events differently. P1 shared that he experiences things more intensely, which could also contribute to him using alcohol to cope. P2 feels Simphiwe is very generous and puts other people’s needs in front of his own. He would rather help someone who struggles even if it means he will struggle thereafter.

Therefore, the character of the individual could also contribute to addiction according to the participants.

Through the experiences of the participants it is clear that a variety of factors could render an individual vulnerable to alcohol addiction, from being genetically predisposed, to struggling to cope with demanding situations and the character of an individual.

Theme 3: Relationships

Relationships in this theme can be divided into familial relationships and friendships presented in Table 3. All of the participants shared this common topic of relationships although each participant experienced the degree and importance of these relationships differently.

Table 3

Summary of theme 3: Relationships

Focus on relationships
• Dynamics of familial relationships • Friendships

Dynamics of familial relationships.

The stories of the participants reflected a wide variety of experiences of familial relationships. Representation of these relationships was mainly generated during the drafting of the genograms (McGoldrick et al., 2008). Familial relationships include any relationships with family and in-laws, as seen on the genograms. The dynamics of these relationships

ranged from very close, to distant to no significance at all. Here is what the participants shared:

P1 felt that their family is a big support to them and that they work well as a team. She explained how the family structure works and that everyone has their role to play. For P2 no significant familial relationship was found in Simphiwe's family. P3 shared her complicated familial relationships and how this affects her husband's drinking behaviour.

> **$P1_{21}$:** 'Obviously' beteken mens se 'family' mos maar vir mens iets. [ ] Baie goed, ja. Baie goed. Hulle is 'n, hulle is 'n baie groot deel van sy 'support structure'. Ongelookflike groot deel.
>
> **I:** Um, with you know the people we have on here do you want to add a significant relationship with them? **P2:** Uh, no.
>
> **I**: And Simphiwe does he have a significant relationship with his mom or used to have with this dad? **P2**: No, not really.
>
> **$P3_{22}$**: Okay, met Dawie. Op die oomblik is ons nou bietjie wankelrig. [ ] Ah, (…..) ek sal ook sê daar is 'n 'distance' tussen ons op die oomblik. [ ] Okay. Werner. [ ] Ons verhouding, kom ons sê is negentig persent goed. [ ] Okay, Alida. Ons was 'close' voor haar pa se dood. Maar nou is ons (..) sy sy trek weg. Met Jaco, (sigh), ons kom glad nie oor die weg nie (..). Al probeer jy hoe hard jy kan nie. En met my skoonma nog minder [ ] My stief skoonpa, puik.

From the response it is clear that P1, P2 and P3 have different familial experiences. P1's parents and in-laws have good relationships. John's parents are a very big part in his support structure to overcome his alcoholism. P2 feels that there are no familial relationships in their lives worth mentioning. P3 reported a mixture of relationships with family in her life. She

reported a close relationship with her son and stepfather-in-law, a distant relationship with her husband and daughter, while having a hostile relationship with her stepson and mother-in-law. These types of relationships and dynamics will undeniably have an effect on the alcohol-dependent person and other family members, as seen in the following response:

> **P1$_{23}$:** Um, maar ek dink die 'family structure' werk so goed. Ek onttrek bietjie meer, Marc onttrek heeltemal, ek is nog daar, maar ek is verstaan half beskerm myself. [ ] Sy pa sal kom en met hom praat en sê kom seun jy moet opstaan jy is 'n 'go-getter'. [ ] Dan kom sy ma in wat die sagter een is wat die liefde bring. Dis hoekom is dit nie 'n 'one support team' nie.

P1 experiences a good balance in her family structure and that each family member has their role to play to help the alcohol-dependent person. They believe in the importance of working as a team to get through tough situations.

> **I$_{24}$:** is daar enige iets wat jy dink [ ] bygedrae het tot sy verslawing? **P3:** Ek kom nie met sy ma of seun oor die weg nie, want ek meen dis heeltyd 'n agteraf geskindery. En jy mag nie vir Jaco iets verkeerd sê nie dan is daar hel. En ek meen, ek dink Dawie het in die middel gevoel en hy nie meer geweet watter kant toe nie. Ek dink ook maar dit.

The hostile relationship between P3 and her stepson and mother-in-law has had a negative effect on Dawie. The dynamics of these relationships has affected Dawie in a negative way, pushing him towards abusing alcohol.

Friendships.

Friendships have different meanings to different people. The three participants shared similar experiences toward friends. Friends were reported to often times be insensitive towards alcoholism and encourage drinking behaviour.

> **P2**: So like if even if maybe he doesn't have money those kind of friends they buy for him all those things [ ] I'm going to cut this friend out of mine, because they are not helping me. If maybe you are doing something wrong, if maybe I'm your friend I have to tell you no, what you are doing is not right. [ ] How will you expect them to support you if maybe you have not yet tell them you know I'm going to quit these things guys. [ ] They are not expecting the change. Ja, they will tease him always, cause he was not up not opening.

P2 has a strong view of the role that Simphiwe's friends play in his life. P2 feels her fiancé's friends will tempt him by buying alcohol for him and therefore encouraging his drinking behaviour. She would like him to have friends who will help him stay sober. Simphiwe's friends do not know he went to rehab, and they will not be able to support him.

> **P1$_{25}$**: Mans is mos baie so nee kom tjomma, ag moenie so wees nie vat 'n drink. Of jy wil nie drink nie vat 'n 'shot'. [ ] 'n 'support structure' het, veral vriende het wat 'okay' daarmee (to not drink) is.

P1 experiences John's friends in a similar way to P2, as encouraging drinking behaviour. She mentioned that if an alcohol-dependent person has friends that support their sober behaviour, then it makes the friendship worthwhile.

> **P3$_{26}$:** En, toe kry sy verkeerde maats. [ ] Ek ek vermoed dit. Want, ah, sy het bevriend geraak op 'n ou wat tik rook.

P3 refers to her daughter's friends who contributed to her abusing substances. That wrong friends could be the cause of addiction.

In conclusion, familial relationships can be experienced in a variety of ways. The dynamics within these relationships will affect how the structure works as a whole and what support is available. The participants' experience of friendships leans more towards the negative side. Friendships could lead to temptations and the road to addiction.

Theme 4: Emotions

Through the course of addiction the three participants reported a variety of emotionally charged experiences. The stories of the participants revealed how the addiction of their spouse had touched them emotionally. Through each stage of the road to recovery, different emotions and intensities were experienced by these women. The emotions are summarised in Table 4.

Table 4

Summary of theme 4: Focus on emotions

Focus on emotions
• During relapse or alcohol abuse • My own process when the alcohol-dependent person is admitted • Feelings towards being discharged

During relapse or alcohol abuse.

Spouses described that an addict who relapses or abuses alcohol affects the spouse. The effect of relapsing and alcohol abuse does not take place in isolation and the spouse will be affected

by the addict's drinking behaviour. After rehabilitation the hope is that the addict will be able to stay sober.

> **P1$_{27}$:** kyk elke 'relapse' is vir mens sleg. Daar's, um, dit is die kwaadste wat jy sal wees in jou lewe. Jy's (...) ongelooflik kwaad. Maar jy is ook ongelooflik hartseer want jy het nou gedink dit gaan werk.

P1 reported that each relapse of her husband was really bad for her, mentioning becoming more furious than she had ever been. She also reported feeling great sadness as her hopes had been set on the possible success of the rehabilitation. P3 also shared the hope that rehabilitation would work for her husband.

> **P3$_{28}$:** Maar, um, ek hoop net dit gaan hom help, regtig. [ ] En ek haat 'n pil en ek haat drank. Jy moet daai goed nie naby my bring nie. [ ] Ek haat drank. [ ] Ek haat dit met passie.

P3 also exclaimed her hatred for alcohol on numerous occasions. She mentioned being completely put off by any substance and preferred not to come into contact with it at all.

P2's experience of her spouse abusing alcohol was a bit different.

> **P2**: he never took me seriously. [ ] Do whatever you do, even yourself know that, it is not right. So why can't you just stop it? You understands?

It is evident that P2 had come to the point where she is frustrated and angry with her fiancé's alcohol abuse. Her attempts to help encourage him have fallen on deaf ears. She cannot comprehend why he keeps on with his drinking behaviour if he knows it is the wrong behaviour.

The emotions felt by the participants with regards to alcohol abuse fall on the negative spectrum of emotions. The emotions reported include anger, sadness, hatred and being despondent. Therefore, emotions are involved when a spouse is an alcohol-dependent person.

My own process when the alcohol-dependent person is admitted.

Being admitted to rehabilitation for an alcohol addiction is not just a process for the addict, but the spouses describe going through their own process to make sense of what is happening. When the addict is in rehabilitation for treatment and away from the spouse, the spouse's thoughts seem to still be with the addict. Their behaviour is still influenced by the addict, even if the addict is not present. Here is what the participants experienced when their spouses had been admitted to Stabilis Treatment Centre:

> **$P1_{29}$:** En, 'then maybe for the first time' in maande jare, 'you have time to breathe'. [ ] Want jy jy is net op 'n plek waar jy 'you only feel relief'. [ ] En nou het jy drie weke of twee weke net om te sê ek kan saam myself wees. Ek hoef nie te 'worry' dat iemand gaan val, of in 'n ongeluk gaan wees. [ ] Is jy 'emotionally' op 'n plek van, okay (sigh), ek kan nou net asem haal laat hy net daar ingaan.

The overwhelming emotion that P1 reported feeling is relief. For the first time in a long time she was able to focus on herself without worrying whether the spouse would hurt himself because of being intoxicated. She felt that she was able to just relax as the rehabilitation centre was responsible for the spouse for a few weeks.

> **P2:** That okay like now he is admitting that, uh, he is having the problem and he is willing to change. Ja I did get that sense you know that the person is not willing to change. [ ] Maybe one day, maybe one day he will change. Like now, I think like the present like, my situation (being pregnant) now is the one that triggers him.

For P2 the fact that her fiancé was admitted to rehabilitation was the first time she realised that he was willing to change. Before rehabilitation she had no hope of him changing, but now she believes he is ready to change. P2 believed that because she was pregnant with their first born, this gave her husband the motivation to change and seek help at the rehabilitation centre.

> **P3$_{30}$:** Dawie het vir my gelieg oor hoekom hy hier was. Hy het vir my gesê hy is hier vir depressie. [ ] Ja. So hy het vir my gelieg.

It is evident that P3 is still making sense of her spouse being admitted to rehabilitation, as he told her he was there for depression. In the interview it was clear she felt betrayed by his lie, as she said it with hurtful emotion and unbelief in her voice. During the interview she was only starting to process the reason for his being at the centre and what this meant for their future.

Feelings towards being discharged.

Being discharged from rehabilitation means stepping out of the safe environment that helped the patients abstain from alcohol. Both the patient and spouse have their own feelings about what lies ahead and how the alcohol-dependent person will adapt and behave after rehabilitation. P1 shared her mixed feelings, while P2 and P3 reported being apprehensive and hopeful respectively.

> **P1$_{31}$:** Ek was net so bly en ‘elated’ van ‘yeah’ hy is nou beter. [ ] En ek is ‘excited’ maar ek is bang. [ ] En dis ‘n dis ‘n ‘funny’ gevoel van ‘you’re excited but you are not’ [ ] Um, verstaan, as jy in ‘n ‘social setting’ is is jy meer gespanne.

P1 associated being discharged with a range of emotions. She is excited for his homecoming, but scared at the same time about the future will hold.

> **P2:** Ja I did get that sense you know that the person is not willing to change. Which means he is going to go back. [ ] today he is going out so I don't know what to expect like from tomorrow. Cause tomorrow is going to be a weekend, so from the previous, I know that when its weekend he's going to drink, so like now I don't even know like how like how will he cope of such. [ ] the hope is something that has keep me going.

P2 is apprehensive about the future and how her fiancé will deal with not drinking. She had this feeling that he was not willing to change but was nevertheless hopeful for the future.

> **P3$_{32}$:** Op die oomblik weet ek nie, dit lyk nog so bietjie donker. [ ] Ja, nou gaan ek en Dawie ten minste vir huweliksberading. [ ] Ek het darem nou 'n bietjie moed. [ ] As dit gaan werk, dan sien ek dan ten minste lig.

The future of P3 and her husband seemed unsure at the time of the feedback session. After discharge she and Dawie had resolved to go for marriage counselling. After the feedback session she had some courage for the future, but only saw light for the future if the marriage counselling were to succeed.

The journey of an addict to becoming sober is not experienced in isolation. From the alcohol abuse, to their admittance to rehabilitation as well as their discharge from rehabilitation are all witnessed and experienced by their spouses. The emotions experienced by these spouses are negative in most of the different phases, although excitement and hope for the future were also reported by some of the participants.

Theme 5: Couple

Alcoholism does not just affect the alcohol-dependent person, but the spouse as well. The participants saw themselves in relation to their alcohol-dependent spouse on numerous

occasions. This theme elaborates on how alcoholism has affected their lives and what might lie ahead. Results of this theme are summarised in Table 5.

Table 5

Summary of theme 5: Couple

Focus on the couple
• Self-reflection and my contribution to my spouse's addiction • My role and what's in my control • What the future might hold

Self-reflection and my contribution to my spouse's addiction.

In this instance self-reflection refers to how the participants see themselves in relation to their alcohol-dependent spouse. This will include the couple's journey and the way in which the spouse might think she fuels the problem. Furthermore, reflections on what the future might hold for them as a couple will conclude the themes.

> **P2**: Sometimes I do fail him okay, sometimes I lost interest because like it's like ja, I've been there for him. When I check back when I look back I will say no but uh, I should have long time uh, leave this guy because he is not that kind but some the hope is something that has keep me going. [ ] Like I'm not going to repeat the very same mistake that I did before.

P2 wants to assist in her fiancé's recovery by abstaining from alcohol. In the past she withdrew from him, as her pleading for him to stop drinking came to nothing. When she

thinks about their relationship rationally she realises that she should have left Simphiwe a long time ago, but the hope that he would get better made her stay.

> **P3$_{33}$**: Ek dink tog, ek meen, hier is ek, daar is sy seun en sy ma. Ek kom nie met sy ma of seun oor die weg nie, want ek meen dis heeltyd ‘n agteraf geskindery. En jy mag nie vir Jaco iets verkeerd sê nie dan is daar hel. En ek meen, ek dink Dawie het in die middel gevoel en hy nie meer geweet watter kant toe nie. Ek dink ook maar dit.

P3 believes that she has contributed to her husband’s drinking behaviour. The relationship between herself and her in-laws has made life difficult for Dawie, leading him to abusing alcohol. P1 revealed similar thoughts to P3 in feeling that she may have contributed to her husband’s addiction.

> **P1$_{34}$:** En vir ‘spouses’ is dit altyd daai ding van ‘but what did I do wrong’, word ek gestraf.

Here P1 reflects on whether she did something wrong and why this is happening to them. She asks whether the alcoholism could be punishment for something she did wrong and she makes it sound like she did not deserve this.

> **P1$_{35}$:** ek het net gesê ek ‘I’m not a victim in this’, dit is my keuse om hier bly. [ ] ‘this is my choice’ anders kon ek geloop het, al lankal. [ ] Ek moes leer, ek moet aangaan. Want ek kan nie daarop ‘rely’ nie. ‘He can’t even rely on it’, verstaan? [ ] En as jy nie gaan gaan vir terapie vir jouself nie gaan jy dit nooit verstaan nie en jy gaan nooit uit daai motorongeluk, jy gaan daar sit en ‘you will be stuck’, hy gaan aangaan met sy lewe, maar jy gaan vassit.

For P1 it was important to stand her own ground. She does not want to be seen as a victim, but that it is her choice to stay with John. For her it is not easy at times, as she can only rely

on herself and needs to learn how to carry on. She did this with the help of therapy, and advocates that individual therapy is crucial for the spouse of an alcohol-dependent person.

My role and what's in my control.

The participants shared how and to what degree they think they are able to help their spouses. In a relationship both individuals have a role to play, and in this section it is explored via the experiences of the spouses.

> **P1$_{36}$:** En en die besef om te weet dat ek kan niks doen om dit te verander nie. [ ] Ek kan nie skielik hierdie super huisvrou wees wat koeke bak en klere maak en um, verstaan, en ek kan nie dit wees en dit gaan dit nie beter maak nie. [ ] Want, dis 'it's his thing'

P1 has come to a place where she feels that the alcoholism is her husband's 'thing' and has realised the limits of her boundaries in helping him. She shares that even if she tried to be the perfect wife, this would not cause him to stay sober. However, she reports having experienced that certain behaviours are hard to let go of even after rehabilitation.

> **P1$_{37}$:** Met sy probleem is dit maar meer ek het maar geleer om dit te 'float'.

P1 and her spouse manage a business together but she reports that she needed to take over his role in the business. This role reversal was necessary for the business to be a success.

> **P1$_{38}$:** um, sonder dat jy daaraan dink 'check' jy nogsteeds okay maar, verstaan kom jy nou by die huis is jy nou nugter of het jy nou 'n draai gery. [ ] Maar jy as 'spouse', is heeltyd is jy okay, verstaan? So jy bring dit heeltyd op want hy begin daarmee 'cope' maar jy doen nie. Dis hoekom mens moet jouself en jou eie lewe hê en daai goeters, want anders gaan jy heeltyd, dit is wat jy gaan word, jy word die waghond en polisieman en teller.

She reports that even if her husband is sober after rehabilitation she still checks on whether he is intoxicated or not. She also still brings it up at social gatherings even though the addict is at a good place where he does not feel tempted to drink. Therefore, P1 feels it is important to have her own identity and live her own life. She feels that if she doesn't do these things her only focus will be to keep her husband away from alcohol.

> **P2:** Like or maybe I'll reduce the alcohol that I have been taking before. I want to stop completely. [ ] Just to know that when to support him.

P2 reported that she would like to help her fiancé by leading as an example, abstaining from alcohol. She would like to be more attuned to what her fiancé needs and knowing when he needs support.

P3 is still making sense of her role, as her husband lied to her about his reason for being in the rehabilitation centre.

> **P3$_{39}$:** Weet jy, eers het dit nie vir my sin gemaak nie, want Dawie het vir my gelieg oor hoekom hy hier was. Hy het vir my gesê hy is hier vir depressie. **I**: Okay. **P3**: Ja. So hy het vir my gelieg.

> **What the future might hold.**

The future functioning of an alcohol-dependent person after rehabilitation is uncertain. The participants all shared what they think the future might hold and what they thought they could do to assist in a successful future without relapse.

P1 shared about what she found to be the hardest part after rehabilitation:

> **P1$_{40}$:** die moeilikste deel om dan mekaar weer te vind. [ ] Um, maar jy het op iemand verlief geraak of lief geraak vir iemand vir sy eienskappe en dit is waaraan ek dink

> mens moet vashou. [ ] Donderdag gaan ons 'AA' toe. En ek 'support' jou want ek weet (..) jy het dalk nie lus nie maar ek moet gaan vir myself so ek moet na my groep gaan.

P1 reported focussing on the work they need to do as a couple in order to stay together. She shares that finding each other again is the hardest part, and that it is important to remember why you fell in love with the person. P1 previously mentioned how important therapy is for both the spouse and the addict. She feels that attending AA meetings is also important and a way to show support to each other.

> **P2**: hope is something that has keep me going. No maybe one day, maybe one day he will change. Like now, I think like the present like, my situation now is the one that triggers him. And I don't want to be the father that my father was to me. [ ] And like now he, uh, today he is going out so I don't know what to expect like from tomorrow.

Hope is what helps P2 to have faith in in their future. Furthermore, P2 believes that her pregnancy might be the key to her fiancé getting sober, as he does not want to repeat the bad parenting he received. Nevertheless, she still voices uncertainty about what tomorrow might bring.

> **$P3_{41}$:** Ja, nou gaan ek en Dawie ten minste vir huweliksberading. [ ] Op die oomblik weet ek nie, dit lyk nog so bietjie donker. [ ] So sy gaan ons nou sien. As dit gaan werk, dan sien ek dan ten minste lig.

P3 verbalises her hopes that marriage counselling will get their relationship back on track. Their future as a couple seems uncertain at the moment, but with therapy she sees light at the end of the tunnel.

Summary

The feedback session that the couples attended seemed to be deemed a worthwhile and constructive session according to the participants. Open communication between the spouse and addict emerged as a factor for rendering the session a success. What the feedback session meant and what they took away from the session differed, making it a unique experience for each participant. P1 saw the session as a regrouping to get the addict back on the road of sobriety. P2 got clarity about her fiancé's seriousness about getting sober, while P3 got hope for the future after the feedback session. From these responses it became clear that each participant thought about how they relate to their partners, their contribution to the addiction and how to proceed differently in the future. What furthermore emerged from the response of the participants is that a variety of factors contributes to alcohol abuse. Alcohol abuse can be caused by a mixture of being genetically predisposed, inability to deal with demanding or traumatic life events as well as the nature of an individual. Alcohol seems to be used as a way of coping. Relationships, family members and friends seem to influence the addicts and their drinking behaviour. The type of familial relationships varied among the participants. P1 reported strong familial relationships that create a firm support structure to help John out when he relapsed. P2 shared that there were no familial relationships of significance, including that Simphiwe's parents failed him as parents. P3 responded that while she has a good relationship with her son and stepfather-in-law, the relationship with her mother-in-law and stepson overshadowed the familial experience. She has a hostile relationship with the latter two family members, which put Dawie in a place where he feels trapped. This is one reason that P3 feels caused Dawie's alcohol addiction. Friendships seemed to generate a very similar response. Friends can be insensitive towards addiction, especially if these friends are uninformed about their friend's addiction. The friends seem to be insensitive by encouraging drinking and failing to support the addict in their new lifestyle

of sobriety. Throughout the journey of addiction the spouses reported experiencing a variety of emotions. One thing is sure from these responses, namely that the spouse will be affected emotionally through the course of alcohol abuse, relapse and rehabilitation. The emotions involved during these times were reported as being negative, e.g. anger, sadness, hate and being despondent. The only positive emotions reported were felt upon the discharge of the patient, i.e. feeling excited and hoping that the rehabilitation had worked. In the final theme there seems to be agreement that there is hope for the future as a couple. Here the participants reflected on their role in helping the addict and how they saw themselves in relation to the alcohol-dependent person. P1 believes that she is not a victim of her husband's alcoholism, but question what she did wrong when her husband relapses. P2 feels that at times she failed to support her fiancé, but resolves to be there for him and support him by not drinking. P3 is still making sense of her husband's addiction, as she only recently found out that he is at the rehabilitation centre for alcohol addiction and not depression. Nevertheless, she believes her hostile relationship with her stepson and mother-in-law contributed to his addiction. In conclusion, it emerged that the spouse is on the journey to recovery with the addict and experiences it in her own way.

CHAPTER 6: DISCUSSION

Introduction

The focus of this research fell on the experience of the spouse of an alcohol-dependent person. The aim was to determine the experience that the spouse of the alcohol-dependent person has of the feedback session and how the participant makes sense of her spouse's addiction as well as their experience of the addiction. Five themes emerged from the analysis of the data. These themes revealed the unique, yet similar experiences of each participant. These experiences can be related into a past, present and future timeframe. Past experiences include what the participants think contributed to the alcohol addiction, their experience of relapsing as well as alcohol abuse. Present experiences will include the experience of the feedback session, feelings towards the patient admitted to rehabilitation as well as their current journey with the alcohol-dependent person. Anticipated future experiences include how the spouse feels about the patient being discharged as well as the future of the couple. This timeframe will be utilised to make sense of the experiences in a more chronological order, although not making it a fixed experience. This will assist in presenting the findings in an organised manner and seeing a comprehensive picture of the participants' experiences. The researcher aimed to understand the experience of living with an alcohol-dependent person through the eyes of the spouses. Plotting these experiences on a past, present and future timeline will also show the possible circularity of the experiences. These experiences start with a relapse and abuse of alcohol and end with rehabilitation and the future. Consequently, if the patients relapses, the process might repeat itself.

Past experiences

According to the participants, addiction does not happen instantaneously but rather is a process. The participants shared their experiences of what they thought contributed to their

spouse's addiction. Contributing factors to alcohol addiction included genetics, stressful life events and the nature of an individual. These contributing factors will be explained in terms of vertical and horizontal stressors from the family life cycle theory (Carter & McGoldrick, 2005) along with how the participants experienced alcoholism before their spouse was admitted to rehabilitation and the role of friendship in alcoholism.

Being genetically predisposed refers to a genetic component that makes one more vulnerable to alcohol abuse (Sadock & Sadock, 2007). All the participants mentioned that being genetically predisposed can increase the possibility of alcoholism. Genetics can be seen as a vertical stressor on an individual level (Beckett, 2002). An individual has four times the risk of abusing alcohol if the person has a close relative who abuses alcohol (Sadock & Sadock, 2007). Mulligan et al. (2006) made use of genetic testing and a meta-analysis approach to determine whether individuals can be inclined to abuse alcohol. Results showed that humans have a genetically predisposed likelihood of excessive alcohol use which can lead to alcoholism (Mulligan et al., 2006). Similar results about the genetic components in alcohol addiction were found in a study done by Edenburg et al. (2006), revealing a clear link between being genetically predisposed for alcoholism if a family member suffers from an alcohol addiction. The participants shared their concerns for their own children being more prone to alcohol abuse because of their husbands being alcohol-dependent persons.

Furthermore, experiencing demanding or traumatic life events constituted another contributing factor to alcoholism according to the participants. Traumatic or demanding life events are categorised as horizontal stressors as they are stressors that come with time, i.e. developmental stressors. This can include, for example, divorce, which was reported as a contributing factor by one of the participants (Carter & McGoldrick, 2005). Research shows there is a strong relationship between alcoholism and traumatic life events. Experiencing traumatic life events could make an individual more prone to alcohol abuse (Fetzner,

McMillan, Sareen, & Asmundson, 2011). Heffner, Blom and Anthenelli (2011) concur with this statement in their research which showed that substance abuse has a strong link to experiencing traumatic life events. Between 50% and 90% of individuals who had one or multiple traumatic life experiences, ended up abusing substances (Heffner et al., 2011). The participants raised the issue that alcohol became a way to cope with trauma. Sholevar and Schwoeri (2003) stated that when the alcohol-dependent person is dealing with problems, alcohol is used as a coping mechanism. Alcohol is only a short-term solution for forgetting problems. Demanding situations, according to the participants, also referred to environments such as universities and working in a bar. The participants felt that being exposed to environments such as universities and bars were a temptation and assisted with alcohol abuse. In the university environment individuals are exposed to sudden freedom, peer pressure, the need to fit in and to follow the social norms of drinking and risk taking. This behaviour could possibly lead to alcohol abuse (Misch, 2007). This is in line with the opinion of one of the participants who reported feeling that universities create alcohol-dependent persons. Yet, the article expands on natural recovery from alcohol abuse as the university student becomes more senior. As a student acquires more responsibilities, such as building a career, the student's drinking behaviour will naturally decrease and therefore no intervention is needed (Misch, 2007). A study done by Romeri, Baker and Griffiths (2007) found that individuals working at a bar have one of the highest rates of alcohol-related deaths. Furthermore, bar employees are at a greater risk for alcohol addiction (International Centre for Alcohol Policies, 2013). This shows that environment can contribute to alcohol abuse. It must be kept in mind, however, that multiple factors play a role and not environment exclusively.

The individual's nature was stated as contributing to alcohol addiction. However, specific personality traits are limited in these participants' responses. Experiencing events more intensely and being a good Samaritan were cited in the responses. The nature of an

individual can be seen as a horizontal stressor on an individual level that could contribute to stressors, such as being too giving. This could then lead to problems such as alcohol abuse (Carter & McGoldrick, 2005).

A rollercoaster of emotions is what all the participants had in common. For each phase of recovery the participants reported different emotions and experiences. Before booking the alcohol-dependent person into rehabilitation a spouse reported being furious and sad at the same time. The one spouse mentioned her hatred for alcohol, while the other spouse felt despondent after several attempts to get her fiancé into rehabilitation had failed. Research has shown that the spouse of an alcohol-dependent person will experience psychological distress because of the drinking behaviour (Bamford et al., 2007). Another study has shown that alcohol abuse increases the mental distress of the spouse, making them more vulnerable for mental illnesses (Rognmo, Torvik, Roysamb, & Tambs, 2013). A study that measured feelings between the spouse and alcohol-dependent person was reported to be negative (Bamford et al., 2007). Although the emotions felt are different, the spouses are affected by the drinking behaviour of their partner. Not being able to rely on your spouse for support and for help with everyday chores such as running a business were mentioned. Orford et al. (2010b) found that family members cannot rely on the alcohol-dependent person, especially when the alcohol-dependent person disappears to go drinking. This was also seen when an alcohol-dependent person could not contribute fully to running a business and the spouse needed to step in to save the business. Roles and responsibilities in the household might be reversed as a result of alcoholism (Gruber & Taylor, 2006).

The spouses' experience of the role that friends played in the addict's life was not positive. Friendships fall under community connections in the family life cycle theory. This means that friends can be classified as a horizontal stressor on the sociocultural level, which could affect an individual negatively and result in alcohol addiction (Carter & McGoldrick,

2005). A common element found among these spouses was that friends tempt the alcohol-dependent person to drink. This is known as “negative encouragement for drinking”, which heightens the abuse of alcohol by friends encouraging each other to use alcohol (Groh, Jason, Davis, Olson, & Ferrari, 2007, p. 49). These friends were also using alcohol or substances and did not help their friend to limit his alcohol intake. Research has shown that unsupportive friends will fuel the alcohol abuse (Groh et al., 2007). As friendships exert an influence, so do familial relationships. The influence of familial relationships varied a lot. On the one hand these relationships contributed towards motivation for the alcohol-dependent person to enter rehabilitation. On the other hand family were cited as one of the reasons the alcohol-dependent person keeps drinking heavily. Therefore, relationships have a contributing factor to play in the lives of the addicts. Family members are usually the first individuals to try and intervene in the alcohol-dependent person’s drinking behaviour. This is done by trying to limit the alcohol-dependent person drinking behaviour and making them realise they have a drinking problem (Raitasalo & Holmila, 2005). Good familial relationships were reported to help a relapsed addict to get the courage to go back to rehabilitation for treatment. Especially the spouse has a big influence on the alcohol-dependent person seeking help, while hostile and absent relationships contributed to the alcohol abuse (Bamford et al., 2007). Hostile family relationships can be seen as a horizontal stressor on the familial level that can contribute to alcohol addiction. The reason why hostile relationships are classified as horizontal stressors is that they developed over time and are still being experienced.

These experiences, emotions and feelings specifically reported by the participants refer to the experiences they had before the feedback session and before their spouse was admitted to Stabilis Treatment Centre for an alcohol addiction. The following section will describe the accounts of what the participants were experiencing at the time of the feedback session (referred to as *present* experiences).

Present experiences

Present experiences constituted what the participants experienced during the time their spouse was in rehabilitation. Exploring on a deeper level via an interview encouraged participants to reflect upon their current lived experiences. A big focus fell on the feedback session that took place on the same day as the interview, which is also one of the aims of this research along with the influences of relationships, the spouse's process when the alcohol-dependent person enters rehabilitation and how the spouse views herself in relation to the addict.

When the addict is admitted to rehabilitation the couple enters a new phase of the journey to recovery. A spouse shared that for the first time she felt that she could breathe and felt relieved. A common theme among the spouses was that they felt they now had the time to process what was happening. Psychological questionnaires have shown that alcohol abuse has direct consequences for the spouse, more specifically causing them difficulties (Bamford et al., 2007). The stress-strain-coping-support model mentioned in Chapter 2 states that stressful living circumstances can be created if family members share a residence with an addict. These stressful living circumstances could lead to family members experiencing mental distress or psychological problems (Orford et al., 2010a).

The spouses had time to reflect and think about themselves and to make sense of the situation they found themselves in. The distance between them for three weeks enabled the spouses to re-evaluate their relationship and spend time with themselves. This time that the spouses had to themselves led them to reflect upon themselves in relation to their partners' addiction. What was of significance was that they all thought about their actions and or lack thereof that contributed to their partner's addiction. A lack of support and hostile relationships between family members were reported. Familial relationships such as mentioned can be a contributing factor to the alcohol abuse of the alcohol-dependent person,

according to Whisman, Uebelacker and Bruce (2006). The social support that the addict receives has a counter effect on alcohol abuse. The more social support the alcohol-dependent person receives from family and friends, the better the alcohol-dependent person will cope. The better the alcohol copes, the smaller the chance for relapse (Groh et al., 2007). The question was raised whether a spouse was being punished for something she did wrong when her husband relapsed. Further reflections included not wanting to be seen as a victim, but instead choosing to stand beside the alcohol-dependent partner. Having time apart as a couple enabled both partners to reflect separately on their current situation.

The feedback session offered the opportunity to come together and talk about how the addict was progressing and about any important topics that the couple felt it was necessary to talk about. A common topic that all the participants brought up was open communication in the marriage. This open communication not only entails open discussion, but really listening to each other at the same time. Open communication leads to the spouses feeling that progression is taking place. Not being able to communication openly and effectively has been linked to being unhappy in a relationship. Having the ability to communicate effectively and regulating your emotions during communication is prevalent in satisfied marital relationships (Litzinger & Gordon, 2005). Little communication in a family struggling with addiction is commonly prevalent (Gruber & Taylor, 2006). Orford et al. (2010b) agreed with this by stating that communication is usually low between the partners. Participants reported surprise about the open communication as well as about how different the feedback session was from their initial expectations. The experience of the feedback session reported was positive, yet starting the session brought up emotions of being scared and nervous. One spouse felt very strongly about the need of including multiple feedback sessions, while another spouse applauded how the psychologist approached and dealt with the couple in the feedback session. Not only did the spouses experience it positively, but they all took away something

from the feedback session. The session gave clarity, and an opportunity to evaluate the relationship and the future. Overall, the session was deemed to be worthwhile. Spousal involvement during rehabilitation was shown to decrease the drinking behaviour of the alcohol-dependent person (Walitzer & Dermen, 2004).

Anticipated future experiences

The feedback session is the last step of rehabilitation before the addict is discharged. During the interview the patients were going to be discharged within the next 24 hours. The participants shared their thoughts of what the future might hold. Apprehension about what might happen when the alcohol-dependent person was discharged were shared. Tomorrow is unknown and being back in that social settings leads to worry. A study done by Orford et al. (2010b) showed that participants reported uncertainty as one of the main feelings about the future. Worry is another main experience that all the participants shared (Orford et al., 2010b). Another study reports that participants mentioned extreme worry when they were asked about their anticipations for the future. Yet, excitement and hope for the future is also reported (Arcidiacono et al., 2009). Bamford et al. (2007) stated that when a spouse feels that the treatment worked and the patient made the most of the treatment, more social support was noticed from the spouse. This will lead the spouse to be more emotionally available and assist in the prevention of relapse (Bamford et al., 2007). Concerns about friends and how the friends will react after rehabilitation were brought up. Research shows that relapse is more prevalent with patients who stay in contact with friends who encourage drinking behaviour. A common occurrence is that patients try to avoid individuals and situations who reminds them of their old days of drinking (Groh et al., 2007).

A common feeling expressed was courage that the rehabilitation had worked. Despite all these uncertainties about the period after rehabilitation, all the spouses still mentioned the way forward as a couple. This entailed what they would do as a couple to help the alcohol-

dependent person stay sober, e.g. attending AA meetings. Attendance of these support groups is a good way to extend the support network after rehabilitation. This will enable the creation of a new social network away from old social networks that created temptation (Groh et al., 2007). A longitudinal study discovered that attending AA meetings increased the likelihood of not relapsing in the long run (Laffaye, McKellar, Ilgen, & Moos, 2008). Marriage counselling is another plan that a couple made, and they had already scheduled an appointment with the psychologist who did the feedback session. According to Whisman et al. (2006) there is a strong link between marital dissatisfaction between and alcohol abuse of one of the spouses. More than a third of couples in therapy reported severe misuse or an alcohol use disorder as a source of fighting in their marriage. Furthermore, couples therapy to increase marital satisfaction when in a relationship with an alcohol-dependent person has been shown to be successful (Whisman et al., 2006). This research reported that hope is a feeling that keeps the spouse going in rough times. One spouse mentioned that being pregnant made her fiancé want to change, thus constituting a trigger for wanting to change. According to Hudak et al. (2005) this is a common phenomenon seen when a couple is ready to transfer to the next stage in the family life cycle. The third stage is the couple with young children, and a significant minimisation or abstinence of alcohol use is shown to occur in the beginning of this stage. The reason is that the alcohol-dependent person realises the responsibility of raising a child. At this point it is also necessary for the parents to consider the implications of family alcohol abuse for their children (Hudak et al., 2005). From this it is clear that these spouses are not ready to give up on their relationship because of alcohol. They are ready to work with the addict through this and assist where possible. Research has shown that the two relationships which commonly have the most prominent influence in abstaining from alcohol, is that with the spouse and the mother (Groh et al., 2007).

CHAPTER 7: CONCLUSION

This research was conducted to explore how the spouse of an alcohol-dependent patient experienced the feedback session at Stabilis Treatment Centre. The primary aim was to gain the subjective accounts from involved family members about their lived experience of this feedback session, while the secondary aim was to provide feedback to Stabilis Treatment Centre for the purpose of improving their feedback session. As discussed in Chapter 2, qualitative research with an exclusive focusses on the spouse of the alcohol-dependent person is limited while numerous qualitative studies have focussed on the alcohol-dependent person and their experience (Larkin & Griffiths, 2002; Shinebourne & Smith, 2009, 2011; Watson & Parke, 2011). This research aims to fill the gap of qualitative research on the spouse of an alcohol-dependent person. The research managed to get an insider's look into what it is like to conduct a feedback session with an alcohol-dependent person's spouse and delving into the participants' experiences of living with an alcohol-dependent person and the anticipated future after rehabilitation. Furthermore, the use of genograms as a data collection tool and IPA for analysis added a unique element that has not yet been done with specific reference to the spouse (McGoldrick, 2005; Smith et al., 2009).

This research was carried out with the utmost thoroughness and dedication. This meticulous approach ensured the strengths of the research, although certain limitations are also recognised. Semi-structured interviews are a good fit when conducting IPA research, as it is a collaborative research approach where the participant assumes the role of the primary expert (Alexander & Clare, 2004). IPA studies usually make use of purposive sampling, as in the present study. A small sample size is sufficient for the aim of the research, namely to gain a subjective account of the participants' experiences. Due to the limited amount of family members attending the feedback session, no male participants could be recruited. The

inclusion of male participants could have led to the emergence of different themes to those for the female sample. The quality of the analysis can be determined by 'the personal analytic work done at each stage of the procedure' (Smith, 2004, p. 40). Brocki and Wearden (2006) suggest that themes should be substantiated by phrases from the transcriptions. The researcher aimed to adhere to both these suggestions and did this by taking time and care when analysing and creating themes in a logical way when they presented themselves in the transcripts across the cases.

Five master themes were identified, while only one theme was exclusively connected to the primary aim of this research. The feelings reported during the feedback session varied from it being scary to being a difficult thing to do. All three participants reported having a positive experience in the feedback session. From the responses it was clear that the feedback session was not deemed an unnecessary event by any of the participants. Responses included that the feedback session had been 'nice', 'okay' and 'really good'. The spouses all got something unique out of the feedback session. For P1 the feedback session was a place for her to regroup and to see how far they had come. P2 shared that the feedback session made it clear for the first time that her fiancé was ready and serious about changing his drinking habits. P3 got hope and courage for the future, including booking marriage counselling sessions with the psychologist who saw them during the feedback session. One of the spouses recommended that more feedback sessions should be included in the future. Open communication and the importance thereof in the marriage emerged as a universal theme mentioned by all the participants. It may well be that for some participants the feedback session was the first time the patient felt ready and had the tools to communicate openly. One spouse was surprised by how open and honest the communication was and that both parties were at a place where they were ready to listen to one another. From these experiences it is clear that the feedback session is experienced as being helpful for the couple. Furthermore, it

was deemed helpful to evaluate where the couple was at the moment of the feedback session and how to proceed in the future. To conclude, the feedback session was deemed valuable for both the spouse and the patient. Through the responses it is clear that the feedback session was not always found easy, but the gains outweighed the difficulties. This substantiates research that found that spousal involvement during rehabilitation is much better than no involvement at all (Walitzer & Dermen, 2004).

The genogram and prompts used to draw up the genogram constituted a rich source for gathering information. The expectation was that the bulk of the themes would be derived from their experience of the feedback session, but the outcome was different. In fact, the spouses voluntarily shared much more information about their family members and how their addiction affected them emotionally. When the participants were asked to include any family members they would like in the genogram, they tended to share stories about each family member spontaneously. These stories usually pertained to alcoholism and were an unexpected result of the use of the genogram. Furthermore, the exploration of the relationship between family members in the genogram was a rich source of information relating to the family dynamics as well as emotions relating to each relationship. For this reason many themes arose during the analysis of the data that were unrelated to the specific aim of this research.

The secondary aim of this research, i.e. to give Stabilis Treatment Centre feedback to improve their feedback session, did not yield much information. Two of the participants felt that nothing needed to be changed and that the feedback session was good enough, while the other participant felt that more sessions were needed. Besides the experience of the feedback session, four other prominent themes arose from the analysis. Many of these themes served as a confirmation of what other studies have found, as seen in Chapter 6. Being genetically predisposed, experiencing traumatic life events and certain environments such as working in

a bar or studying at university could contribute to alcohol abuse and alcohol addiction (Sadock & Sadock, 2007; Fetzner et al., 2011, Heffner et al., 2011; Misch, 2007; International Centre for Alcohol Policies, 2013).

Familial relationships seemed to be a factor for the motivation to stop abusing alcohol, while friendships tended to increase the temptation to use alcohol. Good familial relationships tended to help the addict's recovery, while tempting friends made staying sober more difficult. Throughout the journey from alcohol abuse to the patient entering rehabilitation, the spouses reported experiencing emotions in response their partners' alcohol abuse, i.e. being very angry and sad when the alcohol-dependent person is admitted to rehabilitation and being wary yet having hope and being excited when the alcohol-dependent person is discharged. The participants all thought about their future as a couple, even with the difficult journey they had endured with the drinking behaviour of the alcohol-dependent person.

Possible ideas for future research were drawn from these themes. The reported experiences of the feedback session revealed that it is indeed helpful. It would be further helpful for Stabilis Treatment Centre to encourage more patients and their spouses to participate in the feedback session. An increase in participation could be endorsed by research on the success of rehabilitation for couples who attend the feedback session versus couples who did not attend the feedback session. Depending on the outcome of such research, it can be used as a tool to motivate couples to attend the feedback session. Within the first year of this research the feedback session went from a week of activities to merely a one-hour session. What can be done to ensure that this one-hour session does not also fall away? Will it be realistic to provide more feedback sessions, as suggested by one of the participants? Or how can one feedback session be used as efficiently as possible? From a professional viewpoint, recommending attending the feedback session by stating that research has shown

that attendance increases the success of rehabilitation. If research can demonstrate the value of family involvement it might eventually increase the likelihood of medical aids making funds available for family interventions, perhaps even incorporating these feedback sessions as follow-up sessions after in-patient rehabilitation.

Family emerged as a big support structure for the addict. However, support for the spouse of an alcohol-dependent person never came up during the interviews. From the interviews it was clear that living with an alcohol-dependent person poses many challenges and gives rise to many emotions. Research on what support the spouse/family member needs and how to increase this support might be helpful as well as making the approach to alcoholism more holistic by including the family in rehabilitation instead of only focussing on the alcohol-dependent person.

The participants reported that demanding and traumatic life events caused the patients to turn to alcohol as a way of coping. Looking at the underlying reasons for why addicts struggle to cope could be interesting. Could it be because of a genetic predisposition, lack of support or personality traits, as mentioned by the participants? Furthermore, all three participants wondered about what role they had played in their spouse's addiction. Research on this type of spousal insight on co-dependency could be helpful in the rehabilitation process.

The significance of this research was found in the gaining of deeper insight into the experience of the spouse of an alcohol-dependent person. The research managed to get an insider's view of how the spouses experienced the feedback session and how the alcohol abuse affected them. The unique subjective experiences of each participant filled the knowledge gaps with relation to a variety of themes. The present research is deemed to have generated more qualitative knowledge with regards to how the spouse of an alcohol-dependent person experienced the feedback session they attended as a couple.

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APPENDIX A: Stabilis Treatment Centre permission form

STABILIS
TREATMENT CENTRE
VOORHEEN BEKEND AS STAANVAS SENTRUM
PREVIOUSLY KNOWN AS STAANVAS CENTRE

"Jou lewensvreugde is ons strewe"
"Your joy of living is our aim"

TREATMENT CENTRE FOR
SUBSTANCE DEPENDENCY
BEHANDELINGSENTRUM VIR
SUBSTANSAFHANKLIKHEID

Haarhoffstraat Oos 1229
1229 Haarhoff Street East
Môregloed, Pretoria
Posbus / PO Box 26033
Arcadia, 0007
TEL/FAX: (012) 333 7702
Cell: +27 82 880 9325
Fax: 086 515 3510
www.stabilis.org.za
director@stabilistc.co.za

Artikel / Section 21
Maatskappy / Company
Reg Nr / No 2001 / 017666 / 08
N.P.O. Reg Nr / No 001-627
Praktyk Nr / Practice No 0043494

24 January 2013

TO WHOM IT MAY CONCERN

This letter serves to confirm that Ms. N Cloete, ID No: 8805230012084 will conduct her research at Stabilis Treatment Centre during 2013. If the research met the requirements of the Ethics Committee, I Mr. Berno Paul - Head Psychologist (PS 0061085).hereby give permission that Ms. Nadia Cloete can go forward with her research at Stabilis.

If any further enquiries are needed please contact the undersigned.

Kind regards

Mr B C Paul
Psychologist (PS. 0061085)

Direkteure / Directors
Ds / Rev. J.H. van Loggerenberg (Voorsitter / Chairman), Dr. R. Eberlein (Senior Onafhanklike Direkteur / Senior Independent Director)
Ds / Rev. D.H. Janse van Rensburg, Mnr / Mr. A. Theron, Me / Ms. M.H. Serepo, Me / Ms. E.E. Schieke,
Me / Ms. D. Fisher, Mnr / Mr. T.J. Visser (Uitvoerende Direkteur / Executive Director)

www.stabilis.org.za

APPENDIX B: Stabilis Treatment Centre research information form

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Department of Psychology

Dear Spouse/Partner,

I am a final year Masters student in Counselling Psychology. Currently, I am doing research that focuses on the experience of the spouse/partner of an alcohol dependent relative. I would greatly appreciate your participation and sharing of your experiences.

My focus will be on your experience of the feedback session, if you intend to attend. The participation will consist of a once off hour-long interview after the feedback session, for your convenience. This interview will consist of creating a family genogram (family tree) and sharing of your experiences. A genogram gives an opportunity for you to share your unique family story. A genogram is a visual representation of the setup of your family. Information included will be demographics (age, gender), nature of relationships and important life events. These life events can include marriage, birth of a child, when children leave home or the death of a loved one. Please see the Addendum for an example of a genogram and possible symbols to use. Possible recommendations you might have to improve the feedback session for the future would be appreciated.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Confidentiality of your identity will be safeguarded. Participation in this research is completely voluntary and you can withdraw at any time if you choose to participate.

Please feel free to contact me at nadiacloete@gmail.com or 083 6277 789 if you have any further enquiries.

Thank you so much for your time.

Kind regards,

Ms Nadia Cloete

Addendum**:**

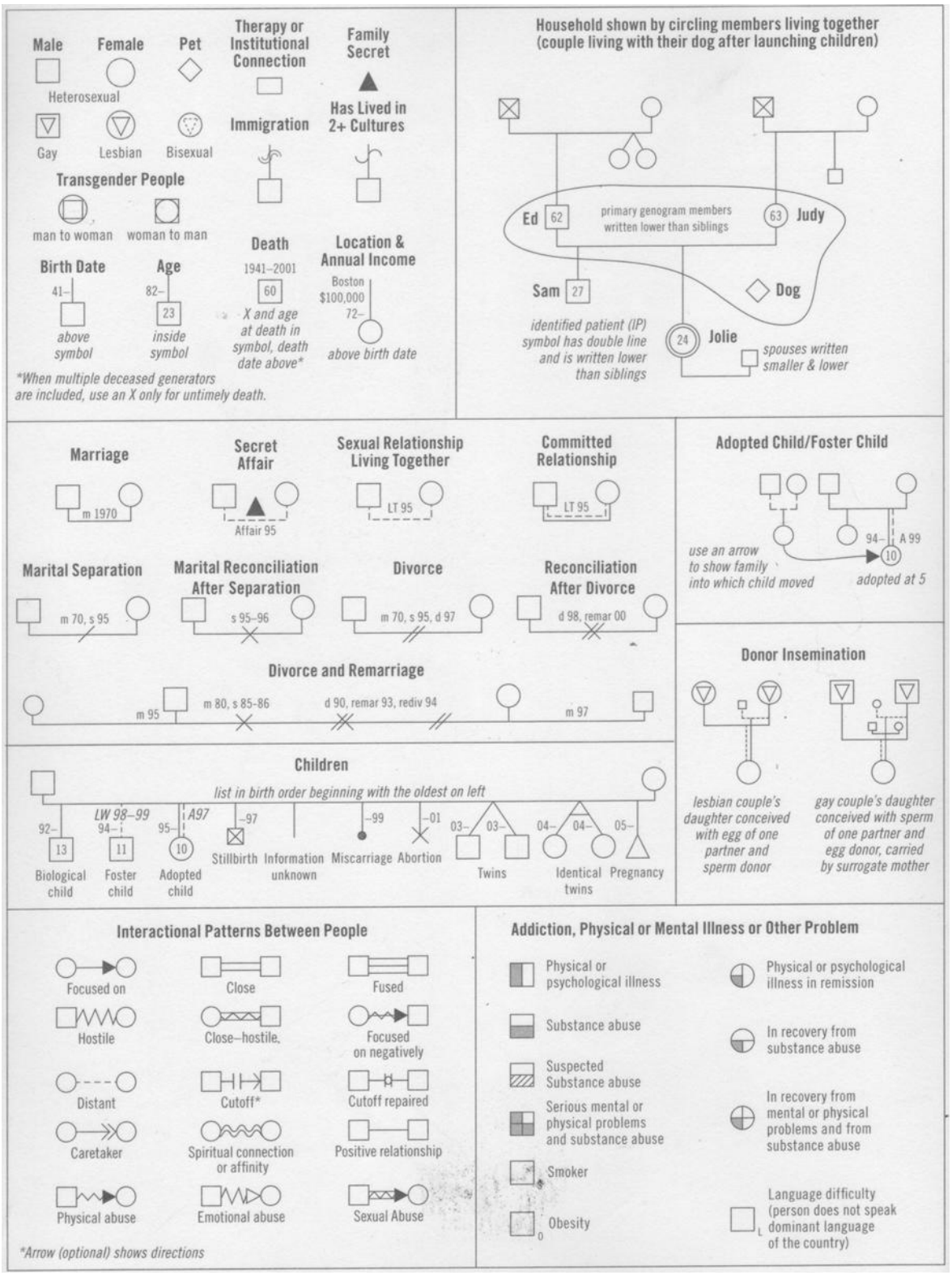
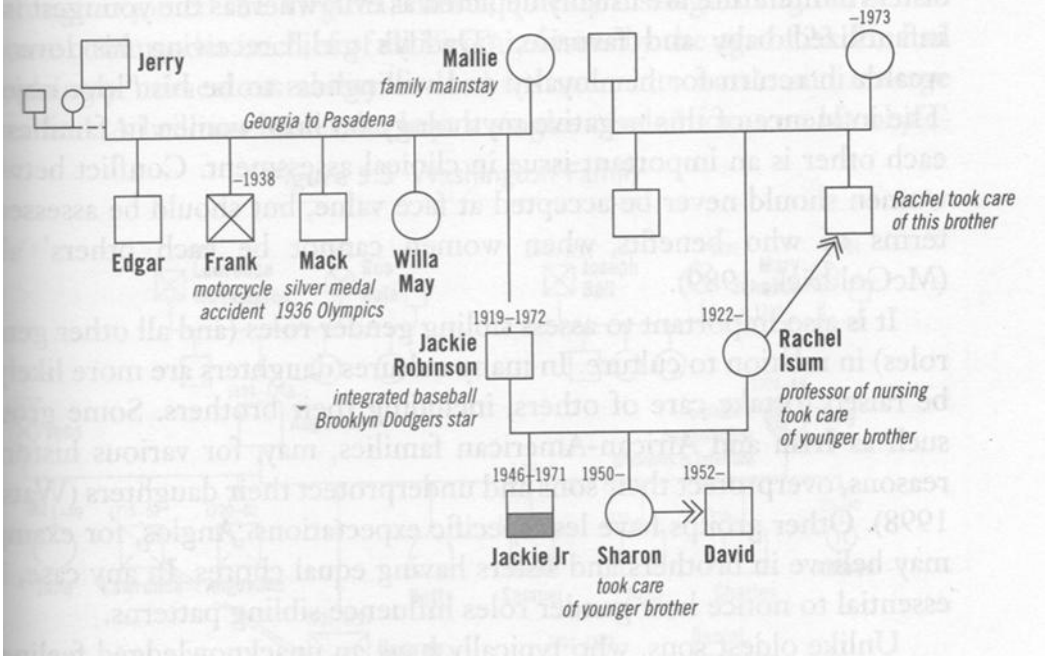

Male
Female
Pet
Therapy or Institutional Connection
Family Secret
Heterosexual
Gay
Lesbian
Bisexual
Immigration
Has Lived in 2+ Cultures
Transgender People
man to woman
woman to man
Birth Date
Age
Death
Location & Annual Income
41–
above symbol
82–
23
inside symbol
1941–2001
60
X and age at death in symbol, death date above*
Boston
$100,000
72–
above birth date
*When multiple deceased generators are included, use an X only for untimely death.
Household shown by circling members living together (couple living with their dog after launching children)
Ed
62
primary genogram members written lower than siblings
63
Judy
Sam
27
Dog
identified patient (IP) symbol has double line and is written lower than siblings
24
Jolie
spouses written smaller & lower
Marriage
m 1970
Secret Affair
Affair 95
Sexual Relationship Living Together
LT 95
Committed Relationship
LT 95
Marital Separation
m 70, s 95
Marital Reconciliation After Separation
s 95–96
Divorce
m 70, s 95, d 97
Reconciliation After Divorce
d 98, remar 00
Divorce and Remarriage
m 95
m 80, s 85-86
d 90, remar 93, rediv 94
m 97
Adopted Child/Foster Child
94–
A 99
10
use an arrow to show family into which child moved
adopted at 5
Donor Insemination
lesbian couple's daughter conceived with egg of one partner and sperm donor
gay couple's daughter conceived with sperm of one partner and egg donor, carried by surrogate mother
Children
list in birth order beginning with the oldest on left
92–
13
Biological child
94–
LW 98–99
11
Foster child
95–
A97
10
Adopted child
–97
Stillbirth
Information unknown
–99
Miscarriage
–01
Abortion
03–
03–
Twins
04–
04–
Identical twins
05–
Pregnancy
Interactional Patterns Between People
Focused on
Close
Fused
Hostile
Close–hostile
Focused on negatively
Distant
Cutoff*
Cutoff repaired
Caretaker
Spiritual connection or affinity
Positive relationship
Physical abuse
Emotional abuse
Sexual Abuse
*Arrow (optional) shows directions
Addiction, Physical or Mental Illness or Other Problem
Physical or psychological illness
Substance abuse
Suspected Substance abuse
Serious mental or physical problems and substance abuse
Smoker
Obesity
Physical or psychological illness in remission
In recovery from substance abuse
In recovery from mental or physical problems and from substance abuse
Language difficulty (person does not speak dominant language of the country)

Figure 5.2 Jackie Robinson's Family



APPENDIX C: Research interview schedule

1. Introduce myself.
2. Explain why the participant was asked to partake in the research and what is expected from him/her.
3. Go through the informed consent form with the participant. Answer any questions the participant has regarding the research or interview.

(Start the audio recording)

4. Explanation of what a genogram is and creating a genogram. *(The genogram is used to explore the family setup, context and place family in a family life cycle stage)*

   Information included in genogram:

   a) 3 generations – participants', their children and parents.
   b) Demographics – e.g. gender and age
   c) Living arrangements – e.g. who in the household, launching of children
   d) Relationships – e.g. type and nature of relationships
   e) Any significant information – e.g. deaths, occupations, illnesses, divorce

5. How do you make sense of your spouse being treated at Stabilis? *(Exploring vertical and horizontal stressors)*

   a) What do you think contributed to his/her dependency?

6. How did you imagine the feedback session would be?

Possible prompts:

   a) To what extent did the feedback session live up to your expectations?

7. How did you experience the feedback session? *(Explore lived experience)*

Possible prompts:

   a) Anything stood out?
   b) How was it to do the feedback session with your spouse?

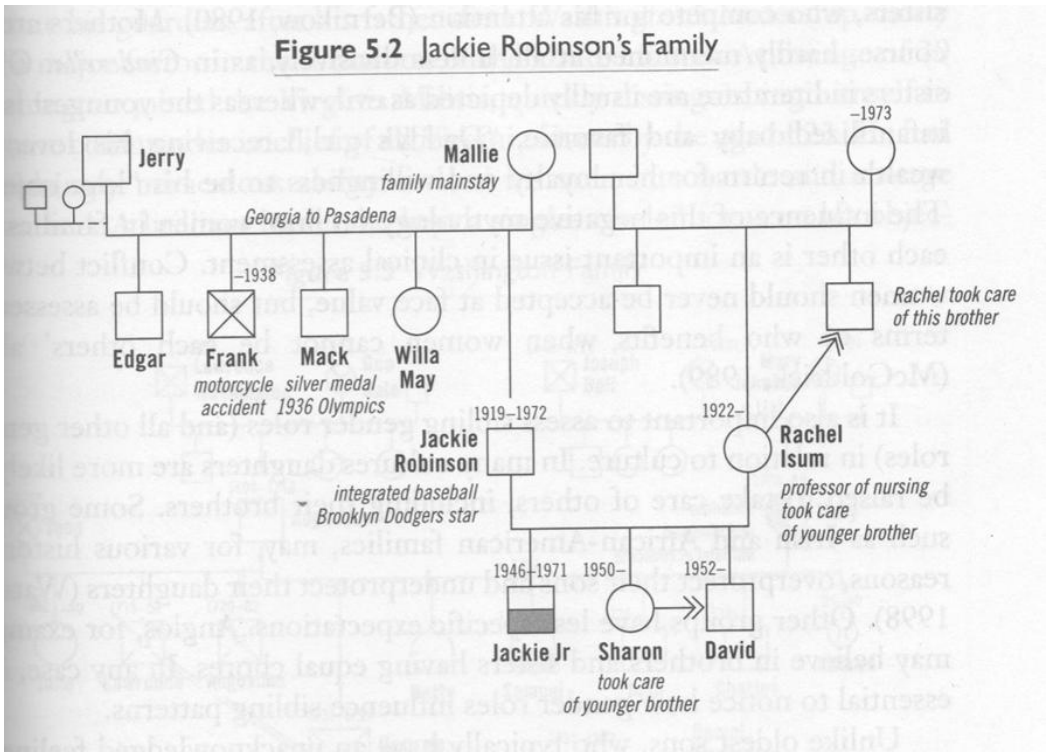
8. What will you take away from the feedback session?

Possible prompts: *(Possible recommendations for Stabilis)*

a) Do you have any recommendations for the feedback session?

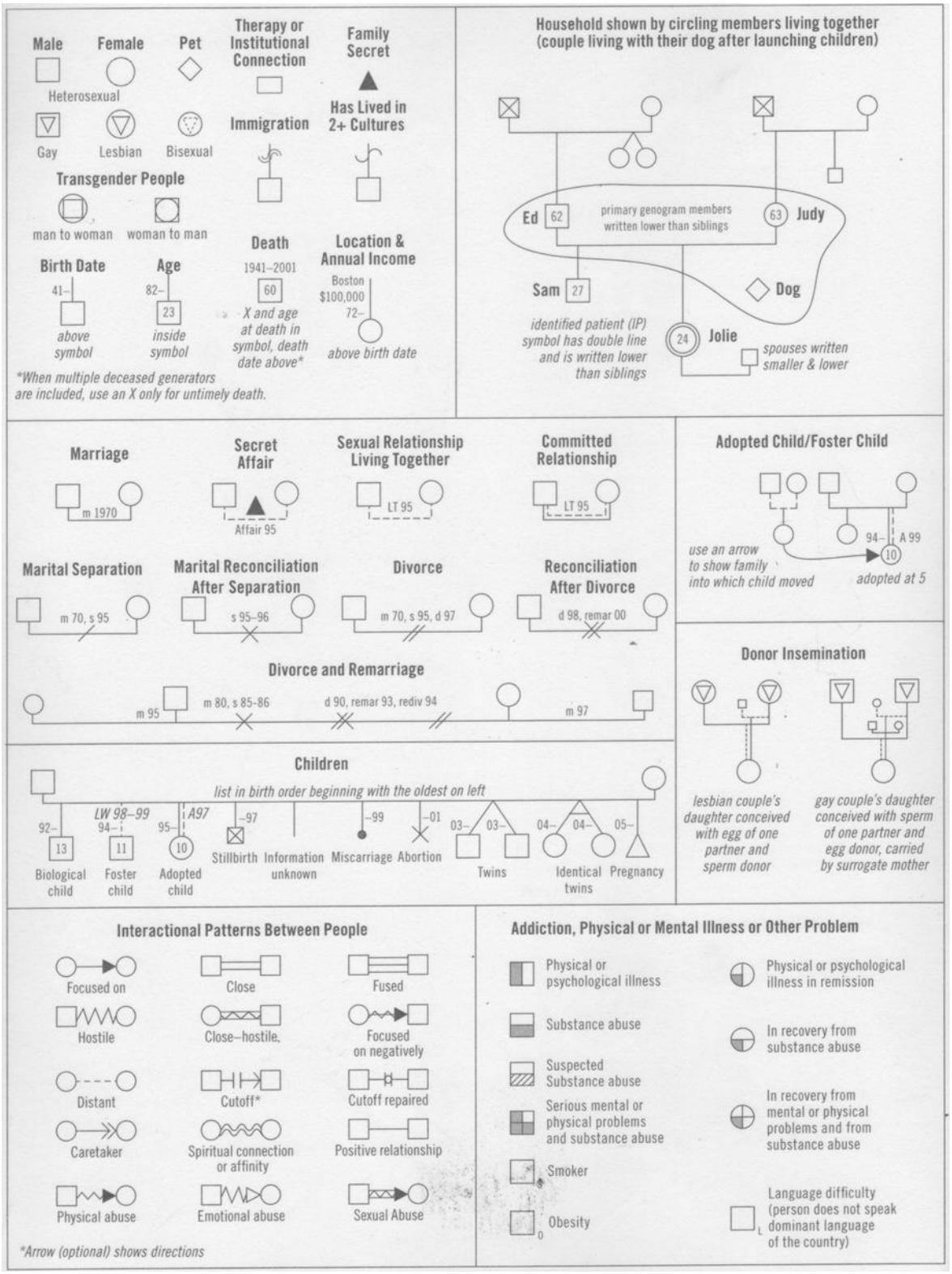
b) Do you have any other suggestions that you think will be beneficial.

Example of a genogram:



(McGoldrick, Gerson, & Petry, 2008, p. 125)

Genogram symbols:



(McGoldrick et al., 2008, p. i)

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APPENDIX D: Interview transcriptions and analyses of three participants

Transcription symbols:

I	Interviewer
P1	Participant 1
P2	Participant 2
P3	Participant 3
*	Pseudonym use
(.)	1 second pause
(..)	2 second pause
(…)	3 second pause
(?)	Incomprehendable word/phrase
(…. – drawing)	Interviewer draws the genogram

Table D1: Participant 1 interview transcript and analysis

Emerging themes	**Line**	**Original Transcript (Afrikaans)**	**Exploratory comments**
	1	I: (Starting to draw genogram) Jou man (...) en jy?	
	2	P1: Ja	
	3	I: Okay. En julle is getroud?	
	4	P1: Ons is getroud.	
	5	I: So dit is (.) net so? Mmm, kan ek vra hoe oud jy is?	John* (44) and Andrea*(30) have been married for four years.
	6	P1: Ek is dertig.	
	7	I: Okay. En jou man?	
	8	P1: Hy is vier en veerting.	
	9	I: Okay. Hoe lank is julle nou al min of meer.	
	10	P1: Vier jaar.	

	11	I: Vier jaar, okay. En wie voel jy is daar iemand anders half in jou familie sy familie wat jy ek weet nie jy graag in die genogram wil sit wat dalk vir julle iets beteken, of.	
Family is of significance	12	P1: 'Obviously' beteken mens se 'family' mos maar vir mens iets. John het 'n seun Marc, maar die is nie my kind nie.	Andrea feels family means something to her. <u>What do they mean to her?</u> John has a son, Marc*. Not Andrea's son and does not live with them.
	13	I: Okay.	
	14	P1: Hy bly ook nie by ons nie.	
	15	I: Okay.	
	16	P1: En dan…ja.	
	17	I: En wil jy boeties of sussies?	
	18	P1: Kyk, hy het een boetie. En ek het 'n boetie en 'n sussie.	John has a brother, Andrea has a sister. <u>She does not want to include them in the genogram, as they do not live together.</u>

	19	I: Okay.	<u>How does she interpret who should be in the genogram or not?</u>
	20	P1: Maar hulle bly ook nie saam met ons nie.	
	21	I: Okay. So kan ek dan sommer (teken), net julle twee?	
	22	P1: Dit is ons twee.	
	23	I: Okay. En want die rede hoekom ons soos gewoonlik na ouer generasies kyk, met alkoholisme is dit baie keer geneig om in die familie te wees.	(Clarifying why we look at different generations in the genogram besides who lives in one residence.)
	24	P1: Ja. So jy wil eintlik eintlik gaan jy wil weet van terug, nie van (...)	
	25	I: Ja	
	26	P1: Nie van ons af nie.	
	27	I: Mm mm. Kom ek sê vir jou goedjies wat ek soos byvoorbeeld net soos	(Repeating what a genogram is about and giving examples of criteria she can add.)

		geslag en ouderdom. Um, verblyf reëlings, wat alklaar gedoen is en dan as daar miskien verhoudings is soos sê nou maar jy en jou ma byvoorbeeld het ‘n baie baie goeie verhouding en jy wil dit noem of jy en iemand het nie so groot verhouding nie en jy wil dit dalk ook dalk noem. En noemenswaardige gebeurtenisse soos se nou maar (..) miskien is alkolisme dalk in sy familie of dat dalk daar dalk iemand belangriks in jou lewe wat afgesterf het wat dalk vir hom stressors kon gewees het met die alkolisme.	
	28	P1: Okay. Nee, ek dink darem nie so nie, of nie in my tyd nie.	

	29	I: Okay	
	30	P1: Stressors dink ek van mense wat oorlede is nie.	
	31	I: Okay	
	32	P1: Ek dink sy ouma is laasjaar oorlede maar hy het inelkgeval voor dit gedrink so dit kon nie die stressor gewees het	Grandma passed away 2012, however do not think it was a stressor as he was already drinking.
Alcoholic family history		nie. Umm, en dan weet ek in sy familie aan sy ma se kant, um, sy ma se sussie was ook ‘n alkolis.	John’s aunt on his mom’s side was an alcoholic. <u>Alcoholism runs in the family.</u>
	33	I: Okay.	
Being sober is good	34	P1: Maar “she did die sober”. So, wat goed was.	John’s aunt died sober. *Emphasise how good it is that she was sober when she passed away.*
	35	I: So dit is amper sy tannie basies?	<u>How did the aunt manage to get sober?</u>
	36	P1: Ja, sy tannie.	
	37	I: Okay. (..... - teken van genogram)	

	38	I: En verhoudings? Hoe dink jy is sy verhouding met sy ouers? Is julle nog, lewe hulle nog?	
Relationship with parents	39	P1: Baie goed, ja. Baie goed. Hulle is ‘n, hulle is ‘n baie groot deel van sy ‘support structure’. Ongelookflike groot deel.	John has a very good relationship with his parents. *Andrea repeats ‘very good’ twice to emphasise as well as ‘unbelievably’.* <u>What does this support mean to John and Andrea?</u>
	40	I: (.... - teken). Ja, want as mens hierdie paadjie loop, jy weet	
Support is desirable	41	P1: Het mens dit nodig.	Feel support is needed.
	42	I: Okay. En jy, jy met jou ouers as ek mag vrae?	
Relationship with parents	43	P1: Ek het ‘n goeie verhouding met my ouers.	Andrea has a good relationship with her parents.
	44	I: Okay.	
Vicinity of where families	45	P1: Ja, hulle bly, kyk John se ouers bly	John’s parents live close to them, while Andrea’s parents live

lives		baie naby so.	further away.
	46	I: Okay.	
Relationship with parents	47	P1: Maar, um, myne bly bietjie verder, maar ja, ons het nie issues dat ons ons pa's en ma's haat of so iets nie.	Confirm the relationships with parents saying they do not hate their parents.
	48	I: Okay	
	49	P1: Funny stuff en so aan.	
	50	I: Dit is goed so. Um, enige iets anders wat jy dink jy hier wil insit? Of	
Family history of alcohol abuse	51	P1: Um, ek dink dit is deel van die statistiek, my pa drink ook baie.	Andrea's dad is a heavy drinker.
	52	I: Okay	
	53	P1: Okay.	
	54	I: Dink jy mens moet maar eerder, maar so half so tekentjie insit maar meer vir alcohol misbruik as (..)	

Different degrees of alcohol abuse	55	P1: Ja, want dit affe, dit het nie sy werk geaffekteer of sulke goeters nie maar dit is, ja	Andrea sees her dad as misusing alcohol, as his drinking behaviour does not affect his work. Does alcoholism means that it will always/usually affect your work?
	56	I: Okay. Okay, nee dankie, dit help. En jy, waste tipe werk doen jy?	
Occupation	57	P1: Ek doen finansiële, mmm finansiele goeters. Um, ons het ons eie besigheid. Ek en John. En ek doen die 'finance side' van die besigheid.	Andrea and John have their own business. *Hesitation about what occupation she has, using 'um' and 'mmm' in between.* Answering 'financial stuff'.
	58	I: Okay. So bestuur julle hom half saam, of werk net in dieselfde besigheid.	I am clarifying her role in the business.
Alcoholism the problem Added responsibility when living with an alcoholic	59	P1: Jaaa, dit is half saam, maar met sy probleem is dit maar meer ek het maar geleer om dit te 'float'.	*Protracted 'Yes'.* What does it mean? Andrea labels John's alcoholism a problem. With his problem she learnt to float the business. She can't rely on him in the business.
	60	I: Okay. (..... – teken). Ja, soos want	

		ons kan bylas as daar dalk iets is wat jou opval	
	61	P1: Dis ‘fine’.	
	62	I: Okay. Dan dink ek soos ek sê, ek gaan ‘n paar vragies vrae maar jy kan (…) ja.	
	63	P1: Dis reg.	
	64	I: Okay. Nou hoe dink jy maak jy sin daarvan dat John jy weet by stabilis is vir is vir behandeling.	
Alcoholic wants help	65	P1: Wel, hy wil seker hulp hê. Mens voel in jou hart dat hy...	Andrea feels John wants help. *She tails off.*
	66	I: Mm	
	67	P1: En ek dink die ding is hulle (..)	*Speaks of John as them.* <u>Might not be comfortable speaking of just John yet.</u>
Need external sources to sober up		hulle kom op ‘n plek waar hulle kan nie meer self uit die gat kan klim nie. Um,	John comes to a place where he can’t climb out of the hole by

Shorter relapse, easier to sober up self Use internal strength to sober up Alcoholics do not want to drink as much Lost hope and failing to sober up, leads to rehab		kyk gewoonlik as as hulle as hulle ‘lapse’, dan sal daar se nou ‘n ‘lapse’ wees vir ‘n week twee weke maar hy kan self uitkom. Um, hy kan homself regruk en sê dit is nie goed vir my nie, um, ‘this is not what I want’; want niemand van hulle wil eintlik so drink nie. Dis nie, of ek glo nie so nie. Um, maar wanner hulle na ‘n plek soos die toe kom is wanneer hulle op daai plek gekom het waar hulle sê ek het probeer en probeer en ek kry dit nie self reg nie.	himself. He needs help from someone or someplace beyond himself. If John relapses for a week or two, he can climb out of the hole himself. John does this by pulling himself together. This technique of getting sober seems to be making use of John’s own internal strength by rationalising what he wants, does not want and what is good and bad for him. Andrea believes alcoholics do not want to drink so much. Booking into rehab is when the alcoholic feels they have tried their best to sober up, but failed. *Emphasises tried by repeating it twice.* Coming to Stabilis is when the patient is has lost hope of helping themselves.
	68	I: Okay, okay. Dink jy in die ‘genogram’ daar is iets, jy weet, amper vir jou uitgestaan wat kon bygedrae het tot sy verslawing?	

Genetically predisposed	69	P1: (..) Wel, ek dink hy was genetically predisposed...as mens na sy 'family history' kyk.	Think John was genetically predisposed. That is a contributing factor to his alcoholism.
	70	I: Okay.	
	71	P1: Um, daar het dinge in sy lewe gebeur, um, want as jy kyk na (..) of wat ek nou gehoor het 'obviously', um,	*More um's than usual*. She is retelling what she heard and understood from John's past.
No adolescent history of substance use		toe hy nog op skool was en sulke goeters was hy glad nie 'n drinker of 'n roker of niks nie. Verstaan? Glad nie.	At school John was never a drinker or a smoker. *Repeats never. Emphasise that he did not drink or smoke at a young age.* What would it mean if John did drink at a young age?
	72	I: Mm,mm.	
	73	P1: En toe hy twintig was het hy sy rug gebreuk in 'n motor ongeluk. So, en hy was 'n baie aktiewe ou, hy langafstande gedoen en middel afstande, verstaan, so sport was sy 'big thing'. Toe word dit	At age 20 John broke his back. John was an active guy and sport was his 'big thing'. What replaced this 'big thing'?
Serious physical injury			Being active was John's coping mechanism. With his coping

Losing coping mechanism Alcohol as coping mechanism Being genetically predisposed causes faster addiction Personal stressors, divorce Less stress tolerance at a younger age. Multiple stressors decrease tolerance of coping Habit of heavy drinking	 74 75	heeltemal, so sy 'coping mechanism' wat dit was is heeltemal weggeneem. Want hy kan nie meer draf nie, hy kan nie meer fiets ry nie, hy kan nie meer sulke goeters doen nie. Um, en, omdat hy 'genetically disposed' was het hy dit hom vinniger gevang. I: Ja. P1: Ek dink as ander mense. En toe is hy nog geskei ook op 'n verskriklik jong ouderdom. Want ek dink die grootste mate van (..) verstaan dalk voor dit kon hy dit nog kan hanteer, um, was dit nie so erg probleem nie, maar van daai punt af was dit, want toe is hy klaar in die ritme in.	mechanism being taken away he needs a new way of coping. John used alcohol as a new way to cope. John was genetically predisposed which caused him to get addicted faster. Andrea feels strongly about the biological causes/component of alcohol addiction. John was divorced at a young age. *Emphasise the young by adding very*. Does it mean that the younger you are the harder it is to cope with divorces? He divorced after he broke his back; therefore he needed a new way to cope. Drinking became his new coping mechanism. John might have been able to handle the divorce if he did not break his back. If he still had his coping mechanism of being active. From his divorced he was in the rhythm of drinking

	76	I: Mmm. Ek dink jy het dit baie mooi opgesom in terme van dat dit is sy 'coping mechanism' gewees om bietjie aktief te wees en dis net weg.	heavily. Rhythm could indicate that it has become a habit.
	77	P1: Dis weg, ja.	
	78	I: Okay, okay. Um, wat dink jy nog, dink jy daar is nog iets anders, of dink jy dis maar meer, jy weet, daai twee traumatiese ervarings	
	79	P1: Ja, ek dink ek dink dis maar ook, ek wil nie sê persoonlikheids tipe nie, maar (lag), um, verstaan ek dink dit 'n 'coping mechanism' is baie 'big', um, in want dit is 'n manier van 'cope', want die samelewing daar buitekant as jy dink jy is op 'varstiy', as jy 'n 'bad'	*Seems unsure by repeating 'I think'.* I don't want to say personality type. *Laugh at herself.* What does the laughter mean? *Repeats how very big a coping mechanism is.* It is what we use to cope. Writing a bad test at university could lead to friends drinking
Coping mechanism is important			
Dealing with			

disappointments by drinking Dropping out from university because of excessive drinking Coped at university by drinking Lost coping mechanism Personality type as contributing factor to addiction		toets gehad het dan sê jou 'buddies' vir jou kom ons gaan 'square' toe. Verstaan? Um, en ek sê baie kere ek dink 'n universiteit kweek eintlik alkoliste, veral, verstaan want ek was vier jaar op universiteit. Ek het gesien hoe oukies uit universiteit uit gaan want hulle het so baie begin drink op varsity, verstaan?	afterwards. <u>Dealing with disappointments by drinking.</u> Andrea thinks universities produces alcoholics. This leads to people dropping out because they drink too much. <u>Problematic drinking seems to start when a student attends university, as drinking becomes a coping mechanism.</u>
	80	I: Dit raak gewoonte.	
	81	P1: Ja. En hy was ook op universiteit en dis maar hoe die oukies gecope het, verstaan? Um, toe hy nog gedraf het en sulke goed is sy 'coping mechanism' weggevat, en sy persoonlikheids tipe is ook 'n faktor want, um, partykeer sal ek	John was also at university, that is how he coped. *Moving towards the masses to only John again.* His coping mechanism of being active was taken away. John's personality type is also a contributing factor to his addiction. Small things for Andrea are big for John. <u>John</u>

Experience events more intense		dink “jis dit is belaglik”, dan is dit vir hom iets iets ‘big’ verstaan?	experiences different things as stressors, he experience them more intense.
	82	I: Ja.	
Individuals have different stressors. Different reactions to the same incident Different approaches to solve problems	83	P1: Um, iets wat hy as ‘n stressor sien sal ek glad nie dink ‘n stressor in die lewe nie, verstaan? Ek, um, as dinge ‘tough’ gaan, maar dis persoonlik, is ek die een wat sê okay nou sit jy maar jou kop neer en jy werk daardeur of jy doen iets anderste om daar deur te kom. En as jy daardeur is dan sê jy ‘yeah, we survived’ en jy gaan aan.	Andrea and John have different stressors. Different incidents will lead them to use their coping mechanism. Could this lead to a lack of understanding when a relapse occurs? When Andrea faces personal challenges, she works through them actively. Her approach to problems is working actively to solve them. Try out a variety of approaches until she solves the problem. Component of determination. If you pull through a problem say ‘yeah’ and carry on. Acknowledge that you overcame the problem and leave it in the past.
	84	I: Mmm	
Different experiences for the same event	85	P1: Um, ietsie klein vir hom is ietsie groot. Wat vir my nie nie noodwendig, so ek verstaan nie altyd hoekom,	Something small to Andrea is something big for John. She does not always understand why it is big for him.

Valid reasons for relapsing		verstaan so as hy 'lapse' dan sê ek vir hom nou wat was die rede, dan sal nou vir my sê ... iets wat dink is totaal belaglik. Nee, hy is nou so gestres by die werk.	When John relapses his reasons sometimes is ridiculous. What would be valid reasons for relapsing? A ridiculous reason would be he stressed at work. Difference in stressors leads to frustration and not understanding why it is so big for him.
	86	I: Okay.	
Stress as the cause to relapse	87	P1: Jy het dit nog altyd gehad, dis nie meer stres as laas jaar nie, dis nie 'it might be different', maar hoe, ek verstaan nie hoekom dit so groot is vir jou nie want dis nie asof jy nou skielik bankgrot gaan speel nie. Dis nie asof asof jy, verstaan sulke goeters. Maar	He relapsed because of stress, even if it was the same amount of stress as last year. If he could handle the stress last year under similar conditions, he should in reality be able to avoid a relapse this year.
Need to drink surpass a valid reason for relapsing.		wanneer ek dink 'n alkolis, (...) as hulle in daai, 'pattern' van 'relapse' val dan is dit asof daar, 'anything can be the	When an alcoholic falls in a pattern of relapse, anything can be the cause. The need to drink surpasses a concrete reason for relapsing, which leads to the smallest thing as being the cause

		cause'. En dan kan dit wees vandag is dit te koud en die son skyn nie mooi nie en ek voel 'depressed'. So vandag moet ek drink, verstaan.	to relapse. *A tone of frustration can be heard in this specific response.* Frustrated with the relapse pattern of John, not having a valid reason for relapsing.
	88	I: Mm, mm. Nee, ek verstaan. Dit klink of jy nogal baie insig het jy weet oor	
	89	P1: Ek hoop so (Lag)	
	90	I: Dit lyk so.	
Learning to live with alcoholism. Stigma of alcoholism.	91	P1: Ja, ek dink mens leer leef daarmee, so jy, en dis nie as 'n 'spouse' wat ek weet aan die begin is jy half soos jy 'hide it away', jy wil nie hê mense moet dit weet nie. Um, maar hoe oper jy daaroor begin lewe hoe makliker is dit vir jou want, mense is altyd so bang vir die stigma dat almal dink, want ek het	You learn to live with the alcoholism as a spouse, not hiding it from people like in the beginning. Embarrassed in the beginning of what people might think. The more open you are about the alcoholism the easier it will become for you. Scared of stigma associated with alcoholism. What is the stigma?

Not the victim Choice to stay or leave the alcoholic		net gesê ek 'I'm not a victim in this', dit is my keuse om hier bly. Verstaan, ander vrou mense van buitekant af nie in so 'n 'relationship' is nie, sal altyd sê	She is not the victim; it is her choice to stay with John. The spouse of an alcoholic is seen as the victim. She does not want the pity of other people, as it is her choice to support John.
Not the victim		haai siestog die arme vrou. En ek wil nie dit wees nie want 'this is my chioce' anders kon ek geloop het, al lankal. 'But it is my choice to be here'. So ek is nie 'n 'victim' nie, en en ek dink dit is hoekom ek dinge anderste sien as ander mense en ek is ek is 'n 'analystical person' verstaan, ek (.) tel twee en twee is vier en dan maak dit vir my sin.	*Repeats that it is her choice to stay and she is not the victim in this situation three times.* She really feels strong to get that point across. She sees things from an analytical perspective, therefore not seeing herself as a victim. Thinking logically about a situation trying not to let her emotions overrun her decision making skills.
Avoid emotions ruling thinking			
	92	I: Ja, ja.	
	93	P1: En en die besef om te weet dat ek kan niks doen om dit te verander nie.	She cannot change John's situation by making it stress free. She acknowledges how little control she has to make his life
Spouse has no control			

over alcoholic's problem		Ek kan nie skielik sy lewe stresvry maak nie.	more smooth sailing.
	94	I: Mmm	
	95	P1: Ek kan nie skielik hierdie super huisvrou wees wat koeke bak en klere maak en um, verstaan, en ek kan nie dit wees en dit gaan dit nie beter maak nie.	She can't change to be a super housewife by baking and making clothes to make his situation better. She admits that even if she changes it will not lead to John changing his behaviour.
Changing as spouse ineffective			
	96	I: Ja	
Responsibility of the alcoholism	97	P1: Want, dis 'it's his thing'.	The alcoholism is his thing. The responsibility lies with John to deal with it.
	98	I: Mmm, wel ek dink hy is baie gelukkig om jou in sy lewe te hê. Ja. Nou (.) die terugvoer sessie waarvan ons nounou net so vinnig 'gechat' het, um, ja, het jy enige verwagtinge gehad toe julle die eerste keer half saam 'n sessie gehad het?	

Feelings towards other spouses Role of feedback session	99	P1: Um, ek dink ek dink wat my anders half gemaak het aan die ander ek kry eintlik die ‘spouses’ baie jammer wat (...) kyk, vir ons is dit ‘n ‘regroup thing’, dis nie die eerste keer wat John in ‘rehab’ is nie.	She feels sorry for the other spouses in the feedback sessions. Why does she not include herself with the rest of the spouses? The feedback session was a ‘regroup thing’ for them. John has been to rehab previously. Being through the rehab process before makes it easier for the next feedback session, as you know what to expect.
	100	I: Okay	
Rehab not a wonder cure Rehab a refresher Expectations of rehab changes with time	101	P1: En dit het tog wel my siening van rehabilitasie verander. Want aan die begin het ek gedink die eerste keer toe hy ‘rehab’ toe gegaan het het ek gedink ‘rehab is the wonder cure’, uiteindlik gesê hy gaan ‘rehab’ toe, ‘n stap in die regte rigting. Na ‘n paar jaar se verloop van tyd en ‘n paar ‘relapses’ het ek ook agtergekom ‘rehab is not a cure’. Rehab	Her view of rehab changed from it being the wonder cure, to a refresher on how to stay sober. Her view changed after experiencing a few relapses with him over the years. In the beginning she put all her hope on rehab curing John’s alcoholism. Rehab is still helpful, but the goal of rehab is after years different.

		is ‘n ‘refresher’ om te sê onthou jy nou weer dit is wat jy moet doen, kry jouself skoon, jy moet die werk doen. Verstaan?	*She checks in a lot to make sure I understand her.*
	102	I: Mm	Excludes herself from other spouses. It is a shock for other spouses to realise that how the alcoholic is when he drinks, he can be that anytime. Being sober does not mean the alcoholic will never return to old drinking habits.
Fall back to old drinking habits	103	P1: En ek dink vir baie spouses daar buitekant is dit die skok, want(..) jy moet besef dat soos wat hy is wanneer hy drink, hy kan weer so wees enige tyd. Um, as jy kinders het moet jy met jou kinders, as ek gaan kinders hê gaan ek met my kinder baie mooi moet praat, want, um, van altwee kante af is daar hierdie ‘gene’, so ek moet vir hulle sê jy moet meer passop. Um, en ek dink baie keer (...) as ‘spouse’ is jy so (.) jy	If Andrea has children with John she will need to explain to them that they have the alcoholic gene from both parents. They need to watch out. Her children will be more prone to alcohol addiction than individuals who are not born with the gene.
Alcohol gene			As spouse you cope with the alcoholic’s drinking, rehab and life. As the spouse of an alcoholic it is a lifelong process of coping.

Lifelong coping process Rehab – to tell or not to tell? Unfair situation Assumption about rehab patients		‘cope’ met die ‘drinking’, dan gaan jy ‘rehab’ toe. Dan ‘cope’ jy ‘with life’ want nou moet jy die keuse maak okay, ek wil nou nie eintlik vir almal sê o my man is in ‘rehab’ nie, verstaan, en daar is vrae van veral ons wat in besigheid is, waar is hy waar is hy? Verstaan?	Making the choice of should I tell people my husband is in rehab? <u>A lot of responsibility of choices to be made comes down to me.</u> Being in the business field it leads to questions about where my husband is. <u>Put her in an uncomfortable position to answer those questions.</u>
	104	I: Mm	
	105	P1: ‘Now you have to make the choice?’ Gaan ek jok en sê nee hy is weg vir ‘rest en relaxation’ of gaan, wat as veral in ‘n besigheid, jy kan dink die mense daar buitekant sê o die ou wat met wie jy jou geld vertrou is in ‘rehab’ nie. Verstaan?	The choice of lying or telling the truth about my husband’s whereabouts comes down to me. *A tone of injustice/unfairness noticed in this response.* *Repeats that it is more complicated being in the business field and what to say.* People will say the guy you are trusting with your money is in rehab. *Said this phrase with an accusing tone*. <u>People assume being in rehab leads you to being untrustworthy.</u>
	106	I: Ja,ja	

Spouse learn to cope alone Can't rely on alcoholic Alcoholic can't rely on himself Rediscover each other as a couple	107

Unprepared for life after rehab Rehab as wonder cure Multiple feedback session necessary Psychological treatment	109	P1: En ek dink baie spouses is nie gegear vir dit nie, want hier kom hulle in twee drie weke hier binne hulle sien 'therapist's' en wat ook al, die spouse kom kuier en dink weet jy kyk hoe oulik is jy weer, jy is weer die mens op wie jy verlief geraak het en vir wie ek lief is, um, maar daar is glad nie word glad nie met die 'spouses' gepraat in die sin van jy moet tenminste twee of drie, ek dink nie een terugvoer sessie vir 'n spouse is genoeg nie. Want die ding is, daar moet met, ek het 'n sielkundige gaan sien vir drie maande, verstaan, wat my geleer het om, want ek moes geleer het 'you have to have your own life'.	*Excluding herself from other spouses of alcoholics*. The spouses are not geared for this. Not prepared for when the alcoholic comes back home after rehab. The alcoholic sees therapists in rehab and when the spouse visit she/he thinks this is the person the alcoholic was before he/she started drinking. The spouse will expect a cure patient after rehab. *At times Andrea speaks inarticulate. She has so many things to say that she start with one idea but switches over to the next.* The spouse needs at least two or three feedback sessions, one is not enough. More feedback sessions is needed to prepare the spouse for when the alcoholic comes home. I saw a psychologist for three months. I learned that I have my own life, his alcoholism is not my fault and I can't fix it for him. As your spouse get treatment it is important that you also get help for your issues and concerns. You need healing like he

for both		Ek moes weet dit is nie jou skuld nie, jy kan niks daaraan doen nie. Jy kan nie dit regmaak nie. Um, dit is 'okay' om 'n identitieit te bou weg van hom maar saam met hom. Want hulle soek, mens is so gewoond, en baie ander vrouens is so gewoond om te sê 'I am the wife of an alcoholic', dat dit word hulle identiteit.	is getting healing.
Build own identities together			Building an identity away from John but with him. It is important to have your own identity and take on the identity of the spouse of an alcoholic. Other women will assume the identity of the wife of an alcoholic. *Excludes herself from them.* She has her own identity away from John and not a victim in this situation.
	110	I: Soos wat jy gesê het die 'victim'.	
'Wife of an alcoholic' identity	111	P1: Ja. Verstaan? En nou word hulle 'getreat' nou kom hulle terug in die huis in, maar die goed wat jy altyd gedoen het doen jy nogsteeds, jy, um, sonder dat jy daaraan dink 'check' jy nogsteeds okay maar, verstaan kom jy nou by die	When the alcoholic comes home after treatment you still carry on with old behaviour. Such as checking if he is sober. He got the treatment and changed his behaviour, although as spouse you still carry on with behaviour before rehab. Even though the alcoholic is sober, the spouse will still be concerned and expect the worse.

Suspicion after rehab Nervous Excessive checking in behaviour Difference in coping in social gatherings Different roles spouse take on		huis is jy nou nugter of het jy nou ‘n draai gery. Um, verstaan, as jy in ‘n ‘social setting’ is is jy meer gespanne. Hy’s okay op daai stadium is hy ‘fine’ en hy voel hy het glad nie lus vir drink nie het nie ‘n ‘craving’ nie, hy het niks nie ‘nothing major happened’ hy is net fine om te wees soos wat hy is. Maar jy as spouse, is heeltyd is jy okay, verstaan? So jy bring dit heeltyd op want hy begin daarmee ‘cope’ maar jy doen nie. Want niemand het jou geleer om te sê goed, jy gaan nou ‘n nuwe rol vervul. En dis hoekom mens moet jouself en jou eie lewe hê en daai goeters, want anders gaan jy heeltyd, dit	In social setting I am more nervous. Nervous that he might have a relapse or the temptation might be too much. John might be fine and not crave a drink, but as spouse you check in the whole time if he is okay. He is coping with handling social situations, but not the spouse. No one taught the spouse to realise you have a new role. Rehab taught the alcoholic how to adapt, but the spouse did not have someone to help her adapt. The spouse needs her own life otherwise you will play watchdog, policeman and money-watchman. The spouse needs to find her new role within their relationship after he comes

		is wat jy gaan word, jy word die waghond en polisieman en teller.	back from rehab. Taking on the role of preventing him to relapse will prevent you from adapting to the new sober situation.
	112	I: Mm, mm	
	113	P1: Verstaan?	
	114	I: Ek dan gaan die teleurstelling jy weet as daar ‘n ‘relapse’ is net soveel erger wees.	
	115	P1: Ek dink ek weet toe hy die eerste keer gerelapse het na (...), kyk elke ‘relapse’ is vir mens sleg. Daar’s, um, dit is die kwaadste wat jy sal wees in jou lewe en iemand wat nie getroud is met iemand wat gerelapse het nie of in ‘n verhouding is nie sal dit nie verstaan nie, want jy’s (...) ongelooflik kwaad. Maar jy is ook ongelooflik hartseer	*Trailed off*.
Relapse Furious Insight Very mad Very sad			Every relapse is bad for me, it is the most furious you will ever be. *Emphasise how infuriating she gets, as nothing can make her angrier.* If you are not married or in a relationship with someone who relapsed, you will not understand how mad you get. You need to experience it first hand to truly understand the emotion behind being with an alcoholic. *Repeats ‘unbelievably mad’.* You are also very sad, because you thought rehab will work.

		want jy het nou gedink dit gaan werk. Um, maar tot jy by die plek van	*Emphasis on very sad. She experiences these emotions intensely.*
Acceptance of relapses		aanvaarding kom waar jy sê 'relapse' is in ons lewe dit kan enige tyd gebeur. 'n Mens vrae altyd vir jouself af maar hoekom is daar mense wat vir vyftien,	You feel these emotions until you get to a place of accepting that relapses is in your life and can happen at any time. Realising it is out of my control, and accepting it makes the anger less intense.
Length of sobriety		twintig, vyf-en-twintig jaar kan skoon wees, hoekom nie my 'spouse' nie? En vir 'spouses' is dit altyd daai ding van	Some people stay sober for decades, why not my husband? Longing for John to be able to stay sober for longer periods of time.
Contributing reasons for relapse		'but what did I do wrong', word ek gestraf hoekom kan ek nie die 'white picket fence' hê nie, verstaan?	I will ask myself but what did I do wrong, am I being punished? Wondering if I contributed to his relapse or because of something I did not do.
	116	I: Mm. Okay	Why can't I have the white picket fence? Longing for a life without the problems of alcoholism.
Longing	117	P1: Um, maar jy het op iemand verlief geraak of lief geraak vir iemand vir sy eienskappe en dit is waaraan ek dink	You love someone for their traits, and you need to hold on to that. In tough times you need to remember why you fell in love

Reasons for falling in love Unprepared for live after rehab Multiple feedback sessions helpful Relapse possibility after rehab Worst case scenario thinking		mens moet vashou, maar ek dink dit is regtig ‘n ontnugtering vir daai ‘spouse’s’ (.) daar buitekant. En dit is hoekom ek dink, um, meer terugvoer sal beter wees en dat (..) daar half, want kyk, die moeilike ding is, jy wil nie vir iemand wat nou by stabilis was sê die ajy ‘relapse’ is groot nie , nie jy as ‘spouse’ nie. So, jy wil nie vir hom sê, ek is bitter bly maar in my hart maak ek my reg ook vir ‘worst case scenario’. ‘This can happen’, ons kan weer hier uit kom, verstaan?	with someone to get you through the crisis. *Repeats that spouses are not geared for what happens after rehab.* More feedback to spouses will be good. *Repeats this.* You do not want to tell the alcoholic after rehab that there is a big chance you can relapse. You do not want to discourage them from the start. This could mean that you doubt their abilities to stay sober. Although I am glad, I am making myself ready for worst case scenario. To protect myself by being realistic about what might happen in the future.
	118 119	I: Mm P1: Jy kan nie dit vir hulle sê nie want hulle is nou nuwe moed, nuwe	You can’t tell them there is a possibility for a relapse as they have new courage.

		verstaan? Jy kan nie dit vir hulle sê nie.	*Repeats that you can't tell them.*
Relapse possibility after rehab		Maar jy moet op 'n plek kan sit waar jy vir ander mense kan sê, dit is die realiteit vir my, die realiteit as julle mense is wat dalk se man vir die eerste keer kom soos vir die 'spouse' wat die eerste keer kom is dit 'not a wonder the cure'. Praat met ander mense wat al die pad langer stap.	The reality for me is that rehab is not the wonder cure. Saying that to the spouse whose husband goes to rehab for the first time. Telling the spouse the reality of how I experience rehab will lessen the disappointment when rehab does not fulfil the spouse's expectation.
Rehab not a wonder cure			
Sharing of experiences			Talk to other people who have walked this road for longer. To gain insight into the process of rehab.
	120	I: Mm	
AA	121	P1: Um, want ek dink, en ek dis hoekom hulle Al Anon en daai goeters het. Verstaan?	That is why I think they have Al Anon. To help provide insight into the process and what to expect from rehab.
	122	I: Mm	
Inconvenience of AA times	123	P1: Um, vir maar dit is so 'inconvenient' en op sulke 'funny' tye	The times available attending AA is on inconvenient times. Inconvenient times make it difficult to attend meeting on a

		dit is dit is nie. Verstaan, ek dink as hulle, sê nou maar, want dis wat mense kry in of in Pretoria inelkgeval dat jou Al anon and alcoholic anonymous op dieselfde tyd by dieselfe plek is nie. Dan kan jy as ‘n ‘couple’ sê op ‘n Donderdag gaan ons ‘AA’ toe. En ek ‘support’ jou want ek weet (..) jy het dalk nie lus nie maar ek moet gaan vir myself so ek moet na my groep gaan. Nou is die een sin op ‘n donderdag aand en dan is die al anon altyd op ‘n Sondae of ‘funny’ tye, Dinsdae aande en dit, verstaan?	regular basis.
Dedication to attend AA support groups			I need to go to my group, although you are not in the mood to attend your group. But I will to show you support. Do you feel his support when he goes to his group? Or are you the one always doing the supporting?
	124	I: Mm	
There is support available	125	P1: Dit is die probleem. Die ‘support	The support structure is there (groups), but the problem is it is

		structure' daar is dit, maar dit is nog nie nog nie (...) goed genoeg nie.	not good enough yet. <u>If the AA times where more user friendly it would be a better source of support for both the alcoholic and the spouse</u>.
	126	I: Ja, mm, soos verbruikers vriendelik nie?	
	127	P1: Ja, glad nie, glad nie.	*Emphasise the AA groups is not user friendly by repeating it.*
	128	I: Okay, okay. Um, nou moet ek eers kyk na my vragies. (..) En jy het nou al redelik gepraat van die terugvoer sessies en so aan. So is daar iets spesifieks wat vir jou uitgestaan het? Wat jy met jou kon saamgevat het?	
	129	P1: Um, ek dink wat wat ek wel daaruit geleer het, die laaste keer toe ek hier was. Kyk die vorige keer toe John by die ander plekke was het ek saam met die psigiater gesit en sy het vir my gesê	<u>She has attended more than one feedback session</u>. After one of the feedback session I know what to do if John had a relapse. <u>Have a plan of action of how to proceed in the</u>
Feedback session gives			

knowledge		as dit weer gebeur as hy weer ‘lapse these are your choices’, verstaan?	future.
	130	I: Mm.	
Options of what to do after a relapse	131	P1: Um, dat jy ook ‘n ‘game plan’ het. Dat jy sê okay, of hy moet ‘obviously voluntarily’ gaan as dit te lank aanhou en jy kom agter hy raak, um, hy gaan nie ‘voluntarily’ dit wil doen nie of hy raak ‘n gevaar vir homself of die omgewing om hom dan kan jy die hofbevel roete gaan. En dit was vir my goed, want ek dink baie van dit weet nie daarvan nie. En, um, van die ander rehabilitasie sentrums wat vir my verskriklik kwaad maak is hulle sê, jy kan net twee keer hiernatoe kom, met ‘n	To have a game plan when John relapses. He can go voluntarily or with the help of a court order in the case of being a danger to himself or his environment. Having a plan of action of how to proceed makes it easier to deal with the situation. That was good, as I did not know that. Other rehabs infuriate me by saying they have a very nice statistic of 80% success rate. But patients are only allowed to
Furious False advertising about			

rehabs Stabilis rehab policy The meaning of numerous rehab admittance		verskriklik mooi 'stat' van oe 80% van hulle pasiente kom nooit terug nie, want hulle mag nie terug kom nie. Verstaan jy, en dit is wat vir my goed is van Stabilis, dat jy kan terug kom. Verstaan en weer, mens wil nou nie hê iemand moet elke drie maande kom nie, want dan sê jy okay ons moet daad werklik na ons program kyk. Of aan die persoon wat ook al die issue was is of een buite ons raamwerk of daar's nie werklike (..) bereidheid om te verander nie. En dit is maar net 'n pleistertjie wat hulle plak om vir hulle familie te sê dat ek het mos nou gegaan. Verstaan?	come back twice. <u>False advertising gives you a false hope of succeeding.</u> What is good about Stabilis is that you are allowed to come back numerous times. <u>They will help you, there is no conditions put on the patient for coming back</u>. You do not want someone to come back every three months. Either the programme needs to be re-evaluated or the patients are not prepared to change. Going numerous times can make rehab seem like putting on a bandage to show the family they did go to rehab. <u>The more times a patient goes through rehab it may be perceived that the alcoholic takes it less serious.</u>
	132	I: Mm	

Video as an information giving tool	133	P1: Ja, um, so dit was vir my goed dat ek daar kon sit en daar en hierso wat vir my goed was was dat hulle het wys vir jou ‘n video wat jy kyk saam met die ‘spouses’ en die wat ook al. En ek dink, um, dit was goed want daar dit ‘refresh’ net, dit het vir vir die ‘spouse’ goed wat ek geweet het maar omdat ek vir terapie gegaan het ek verstaan.	What is good they show you a video that you watch with the spouses. The video refreshed what I knew from therapy, but good for the other spouses who did not know. Going for therapy gives you more insight into alcoholism.
	134	I: Mm	
Feedback session more important for alcoholic Insight in familial roles	135	P1: Mm, maar dink dit is baie belangrik vir die ou wat die ‘alcoholic’ is meer as vir die ‘spouse’, want hulle kom agter, jissie maar regtig, verstaan,	I think it is more important to the alcoholic as for the spouse. The spouse realises the roles people play in the family and stuff like that. Even though the feedback session is tailored to include the spouse, it is even more important for the alcoholic. The alcoholic realises that the problem extents further than just him.
	136	I: Mm	
	137	P1: Oor goeters wat hulle praat wat	

		hulle sê, um, die rolle wat mense wat wat mense in die gesin speel sulke tipe goeters, verstaan?	
	138	I: Mm	
Therapy for spouse important	139	P1: en, um, ek is bly dat ek gegaan het vir die terapie en dat ons dat ek dit behandel het want ek dink dit is wat	I am glad I went for therapy and that I dealt with it. Repeats how vital it is to go for therapy.
Spouse can move on through therapy		mens vir 'spouses' moet sê, jy moet vir hulle sê hy het nou gekom maar jy moet nogsteeds uit die motorongeluk wat sy drink is uitklim.	It is important to tell the spouse that the alcoholic came for treatment, and now the spouse still needs to get out of the vehicle accident which is his drinking. The spouse will be stuck with the drinking mentality if she herself does not get treatment of how to adapt in the future.
	140	I: Ja	
	141	P1: En as jy nie gaan gaan vir terapie vir jouself nie gaan jy dit nooit verstaan nie en jy gaan nooit uit daai motorongeluk, jy gaan daar sit en 'you	If you do not have therapy for yourself you will be stuck in the vehicle accident. The alcoholic will move on with his life but you will be stuck. *Repeats the importance of having therapy to be able to move on.*

		will be stuck', hy gaan aangaan met sy lewe, maar jy gaan vassit. En ek dink	
Therapy deals with emotions		dit is wat ek dink wat hulle kan inbring om vir hulle te sê jy moet gaan, want jy gaan nie verstaan tot jy nie gegaan het nie. Jy gaan nie jou emosionele gevoelens kan hanteer nie en wat jy gaan doen is jy gaan begin verwyt, want jou gesprekke gaan gaan (.) nee maar jy gaan nie onthou nie want daai keer was jy getrek.	They should tell the spouse of an alcoholic you need therapy, because you will not understand till you go. You will not be able to deal with your emotions and you will start reproaching. <u>You need therapy to deal with all the issues that comes with having an alcoholic spouse.</u>
	142	I: Mm	
Leave past behind Consequences for actions	143	P1: En dit is 'detrimental', want, um, mens wil nie half kyk in die verlede nie. Ek dink wel daar moet 'n 'consequence' wees, ek glo 'there have to be a	Looking back at the past is detrimental. <u>You cannot move on by bringing up things from the past.</u> I believe there should be a consequence for your action. *Repeats consequence three times to emphasise its importance.*

		consequence for your action', ja jy jy't gekom en en jy het reggekom maar jy kan nie dink jy gaan hier uit en almal gaan nou net wees 'yeah', verstaan. 'Yeah dankie yeah', jy is nou beter. 'There have to', daar moet een of ander konsekwensie wees.	Having a consequence for behaviour would lead to minimising the repetition of that behaviour.
	144	I: Ja,ja	
Losing relationships as consequence	145	P1: en vir party mense kry die konsekwent voor hulle inkom hulle hulle het nie meer huwelik nie oor nie hulle het nie meer 'relationships' oor nie. Maar, ja ek dink maar, dit is wat ek sal aanbeveel. Ek sal aanbeveel dat enige persoon wat getrou is, of se pa, of se kind, of se enige iets wat,	The consequences of behaviour can come before rehab. The alcoholic does not have a marriage or relationships left. That is what I will recommend to family members of an alcoholic. Is it therapy that you will recommend?

	146	I: Mm	
	147	P1: Want dit is soos ‘poison ivy’, dit trek in alles alles alle ‘relationships’ in en as jy nie as jy nie na jouself gaan kyk as ‘spouse’ nie dan gaan jy inelkgeval, hy kan dalk vyf jaar ‘sober’ wees maar jy gaan so emosioneel dit nie dit nie verwerk nie so oor 5 jaar gaan jy dan skei.	It is like poison ivy, it poisons all relationships if you do not look after yourself. *Emphasise by saying ‘all all all’ relationships*. If you as spouse do not look after yourself you will not work through it emotionally which will lead you to divorce. Unresolved issues are dangerous; it will catch up with you.
Resolve possible issues now.			
	148	I: Ja	
	149	P1: Want dan gaan jy sê (..) ek het my, dan sê vrouens gewoonlik daai ding van ek weet nie meer wie ek is nie, ek het myself verloor, ‘I am life’, jy kan nie jouself verloor nie behalwe as jy toe laat om jouself te verloor.	Wives of alcoholics say that they lost themselves, but you can’t lose yourself. You should not play the victim. Rather work actively to keep you identity and get therapy to prevent future problems.
Losing your identity			

	150	I: Ja. Maar die fokus is gewoonlik altyd op die alkolis jy weet die 'spouse' is	
	151	P1: Ja	
	152	I: Die spouse is raak verlore iewers tussen in.	
	153	P1: Ja, defnitief.	
	154	I: Ai, en, um, ja ons het nou gepraat oor die terugvoer sessie en so aan maar hoe was dit om dit saam met John te doen? Was dit, hoe was dit vir jou?	
	155	P1: Ja, ek dink (....) dis moeilik. Um, ek dink wat wat my geluk is tussen, met die man wat ek getrou het is, hy's meer 'n oopkop oor goeters en, kyk ek is nie ek is nie 'n bakleier nie. So ek het baie goed gehou, maar waar ons nou is is	It is hard explaining how it was. *Thought longer before answering.* The husband I married is open-minded and I am not a fighter. Therefore, I held it together pretty good. <u>As a couple they make it work with each other's strengths</u>.
Using your strengths to survive			

Honesty in relationship Withdraw emotionally Nice feedback session Each couple at a different place Sense of accomplishment Feedback session to evaluate where you are		ons is op ‘n plek waar ek vir hom kan sê wanneer jy dit doen is dit nie vir my lekker nie. Um, ek kon ‘real’ sê dat as jy begin drink moet jy weet ek gaan terugstaan ‘emotionally’ van jou af, want ek ek kan nie. Um, en ek dink, verstaan so die terugvoer sessie was vir my ‘nice’ want ek dink ons as ‘couple’ was op ‘n ander plek as die ander mense om ons omdat ons al daardeur was ons weet al, um, so dit was vir my ‘n ‘nice’ in die sin van dat ek besef het hoe ver ons al aanbeweeg het en ek dink om te sien van die vrouens die ander vrouens wat daar was, hoe hulle agtergekom het watter pad hulle nog moet stap. En ek	We are at a place where I can be honest about how I feel. If you drink you need to know I will withdraw emotionally from you. I do this to protect myself. Protect from what? The feedback session was nice for me. We as a couple are at a different place than other couples as we have been through this. You grow and learn every time you go through this process. It was nice to realise how far we have come comparing to the other couples. Sense of accomplishment of how far we have come. This makes the session with your spouse good. To see where you have come to and what work still lies ahead.

		dink dit is goed van die sessie saam met jou 'spouse'. En vir baie mans vrouens wie ook al die persoon is wat die probleem het,	
Feedback session creates open communication	156	I: Mm	In the feedback session it is the first time that the alcoholic
Alcoholic in feedback session at a place ready to listen	157	P1: Is dit die eerste keer wat hulle eintlik hoor. Verstaan? Want wanneer hulle in lalaland is, s-sien hulle nie wat hulle gedoen het nie.	really hears from the spouse. The alcoholic might now be at a place where they are ready to listen to their spouse.
	158	I: Mm	The alcoholic does not see because they are not at a place
	159	P1: Verstaan, hulle sien glad nie want hulle is nie op 'n plek waar hulle kan sien nie. Um, en in daai sessie hoor hulle dalk vir die eerste kere van die 'spouse' af wat sê dit, hierdie is my vrees, want dis moeilik, alhoewel	where they are able to see. In the feedback session it might be the first time the alcoholic hears the spouse's fears.
Fear			

“Insult to injury”		mense sê dis my huwelik en hulle, dis moeilik om vir die ou wat probleme het daar te sit en vir hom te sê weet jy, dit is nie vir my lekker nie dis hoe seer jy my gemaak het, dit is wat jy gedoen het,	It is hard to tell the man with the problem that this is what you did and how you hurt me. <u>He is struggling with the problem and now you put the focus on yourself by telling him how he has been hurting towards you.</u>
Fear		hierdie is my vrees, jy as alkolis het ook ‘n vrees, jy het ‘n vrees van sê nou ek kan nie ‘sober’ bly nie. Sê nou ek ‘lapse’ weer, verstaan? ‘What if i have that bad day?’ Maar jy moet onthou as ‘spouse’ het ek dit ook.	I have a fear and as alcoholic you have a fear of not being able to stay sober. <u>Both the spouse and alcoholic have a fear, and both needs to be acknowledged</u>. *Emphasising that as spouse she also has similar fears to the alcoholic.* *Excluding herself from the rest of the spouses.*
	160	I: Mm	
	161	P1: En ek dink dit is die eerste keer wat hulle dit eintlik hoor. Um, ek dink hulle moet wel (..), um, die groepsessie is vir my beter dink ek baie keer as die ‘one-	I think it is the first time the alcoholics really listen. The group session is better I think that the one on one feedback session. <u>For you and John or for all the couples?</u>
Group session less intimidating			

Group sessions provide answers without putting spouse on the spot		on-one's'.	*Struggling to find the right words to get her point across.*
	162	I: Okay	
	163	P1: Tussen die 'spouse's', omdat mens geneig is om dis hoekom ek vir hom gevra het of hy weet want dit is moeiliker om te praat as jy (..) party mense hou nie van praat voor ander mense nie, maar in 'n groep forum as daar net iemand is wat half ook praat dan maak want jy kan 'general questions' vrae. Sonder dat dit gemik is, verstaan jy, dat jou spouse nie voel, jissie maar het ek dit nou is jy so hoekom want dan is die antwoord altyd hoekom is jy dan nog saam met my, verstaan?	Certain people do not like talking in a group, but if only one talks in a group to ask general questions. Without the questions being directed to your spouse. <u>All the individuals in the group will get answer from the group without offending your spouse by asking direct questions.</u>

	164	I: Mm	
	165	P1: Want ‘if you ask a general question’ in ‘n groep, kry jy jou antwoord en jou ‘spouse’ voel nie ‘okay’ hier word ek nou ge(?) ook nie.	If you ask general questions in a group you will get your answer. *Incomprehendable word.*
	166	I: Ek hoor. Het jy gehoor daai groep sessies hulle is afgeskaf.	(Explaining that that group sessions has been abolished.)
	167	P1: Rerig?	
	168	I: Dis hoekom ons dit nou net ‘n terugvoer sessie noem. Ja, so, hopelik ek doen aansoek nou om volgende jaar hier te werk, laat mens dit net weer kan.	
	169	P1: Nee, defnitief	
	170	I: Ja.	
Group session is good	171	P1: Defnitief. Dit, um, ek dink dit is goed. Um, of as hulle nie, sê nou hulle	I think the group session is good. If they do not want to do the group with all the spouses, you need to attend one spousal

		wil nie ‘spouse’ saam (.) soos saam	session before discharging.
Importance of feedback session		groep nie moet hulle ten minste sê voor jou spouse ontslaan word moet jy een spousal sessie bywoon.	
	172	I: Mm.	
	173	P1: Dat jy half ook in die gewoonte kan	This will put you in the habit of attending AA, and that the
Make AA a habit		kom in om na Al anon en sulke plekke	spouse realise that you need the work.
		toe te gaan so dat jy kan agter kom of	
		dat die ‘spouses’ kan agterkom dat jy	
		het die werk nodig. Um, en gaan nie jy	
Spouse also needs work		gaan nie dit kry nie. Jy weet, en jy kort	*Repeating that the spouse also needs the work.* You need
		dit. Jy kort iemand om vir jou te sê,	someone to tell you to do the following. <u>What your options are</u>
		‘you have the right to’ om die volgende	<u>when you spouse relapses</u>.
		te doen.	
	174	I: Ja	
	175	P1: Onthou, hierdie gaan met jou	

Work through emotions		gebeur, jy gaan, um wat met my gebeur het waardeur ek moes huil was ek kon nie stil sit nie, toe John vir ‘n tyd lank nugter was. Ek kon nie stil sit nie, want ek het nie ‘gedeal’ met wat gebeur het nie. Ek was net so bly en ‘elated’ van ‘yeah’ hy is nou beter, hier is dit nou. Maar jy het nie ‘gedeal’ nie, jy het nie gehuil nie, jy het geniks nie want jy het net aangegaan. En, dit is nodig, dit is nodig dat (.) hulle, al is dit net vir ‘n uur daar kan sit en huil en dit was ‘shitty’, dit was nie lekker nie. En ek is ‘excited’ maar ek is bang.	What I needed to cry through was that I could not sit still when John was sober for a long time. I could not sit still because I did not deal with what happened. Restless because scared of a possible relapse?
Mixed emotions			I was so elated he is better, but I did not deal and cried about what happened. I just carried on. . You need to deal with your own emotions to be prepared for when the alcoholic are discharged from rehab
Acknowledge how you are affected by alcoholism			It is necessary to cry for just an hour saying it was not nice. I am excited but scared. As spouse it is necessary for you to acknowledging how you experience the alcoholism and its effects on you. Just coping and not dealing with it is detrimental.
Scared and excited			
	176	I: Mm	
Normalising feelings	177	P1: Dat iemand vir hulle kan sê dit is	That someone can tell you it is okay to be scared.

		okay om bang te wees.	<u>Acknowledging that what you are feeling is normal.</u>
	178	I: Mm	
	179	P1: Dalk ‘n ‘spouse’ pas(?) moeiliker vir mense as die man en die vrou saam daar sit. Um, ek dink dit is nog erger as jou ‘kids’ daar moet sit, veral as jy tiener ‘kids’ het, verstaan,	
	180	I: Ja	
	181	P1: Dit is, um, ek dink dit moet verskriklik moeilik wees ek ek sien met Marc en met John, um, verstaan dit is vir hom ‘n realiteit. Dit is nie vir hom wat met iemand anderste gebeur nie. Dit gebeur met sy pa en hulle is ook op ‘n plek waar, Marc vir hom gesê het, pa as jy drink gaan ek nie jou sien nie. ‘I	
Children affected by alcoholism			For Marc it is a reality what is happening to his Dad.
Drinking affects			Marc is at a place where he can say if you drink dad I will not see you or call you, although I love you. You upset me too

relationships		will not call you', ek is nogsteeds baie lief vir jou, maar pa onstel my te veel. En my lewe word te veel 'gedisrupt'. Um, wat (.) dis sleg, maar, ja.	much and disrupt my life. Marc withdraws as a coping mechanism. One of the consequences John needs to deal with when he drinks?
	182	I: 'Tough love' is partykeer nodig.	
	183	P1: Partykeer, dis moeilik met John want hy's nie eintlik 'n (...), 'tough love does not work for him'.	
	184	I: Okay	
Family members and different roles Withdrawing	185	P1: Um, maar ek dink die 'family structure' werk so goed dat ek onttrek bietjie meer, Marc onttrek heeltemal, ek is nog daar, maar ek is verstaan half beskerm myself, ek soos ek wil nie gaan nie gesprekke in-diepte gesprekke met jou hou nie, want jy is inelkgeval nie	The family structure works very well. How to deal with John when he has relapsed. I withdraw a bit, Marc withdraws completely. I am still there but I protect myself. Protecting me comes from myself.

Motivation Family works as a team Find reason for standing up		rasioneel nie. En dan, sy pa sal kom en met hom praat en sê kom seun jy moet opstaan jy is 'n 'go-getter', want sy pa bring daai kant van hom uit van wat hom motiveer jy wil gaan jy wil gaan jy wil gaan. Dan kom sy ma in wat die sagter een is wat die liefde bring en vir hom sê ek wil jou nie nog gaan haal nie. En dan gewoonlik as almal nou die rondte gedoen het dan kom hy op die plek wat hy sê 'okay', ek is nou reg om op te staan. Want hy sien dan daar's soveel mense wat op hom 'depend', want hy aan in die begin as hy nie op daai plek is nie sal hy sê maar my ma-hulle is al oud en Marc is al groot.	John's dad will motivate him while his mom is the soft one that brings the love. <u>In the family structure everyone has a role to play to get John at a place where he is ready to stop drinking again. The responsibility does not fall on one individual solely</u>. When everyone did their rounds then John comes at a place where he is ready to stand up. Because he sees that there are a lot of people that depends on him. <u>Seeing that he is needed motivates him to get help.</u>

	186	I: Oh	
	187	P1: Verstaan?	
	188	I: Ja	
	189	P1: So, en partykeer is dit ongelukkig wanneer hulle in die diepste gat is wat mens dit moet doen, maar (.) dit moet ‘n ‘structure’ wees. Dis hoekom is dit nie ‘n ‘one support team’ nie. Die een ‘member’, uh,	Unfortunately that is what you need to do when they are in a deep hole. It needs to be a structure and not a one-support team.
Importance of family support team			Working and taking responsibility as a team is what works when wanting John to stand up again.
	190	I: Komplimenteer mekaar	
	191	P1: Ja, ja. Want, omdat elke verhouding verskillend is met elke persoon en dit is wat vir my so ‘sad’ is wat vir my so ‘sad’ is en die tyd wat mense besluit ek kort ‘rehab’, ek kort hulp, is daar nie meer daai verhoudings	It works because each relationship with each person is different. Each relationship fulfils a different role to get John to rehab. What is sad is by the time the alcoholic realises I need rehab, those relationships won’t be there. Another consequence of alcoholic behaviour?
Relationships fulfil different needs			
Lost relationships			

		nie. Nou kom hulle hier in, hulle doen alles wat hulle hier moet doen, nou gaan hulle weer hier uit, hulle het nogsteeds niks. Hulle het nie 'relationships' nie. Hulle kan nie die AA program sê en gaan na die mense toe en maak verskoning nie. 'People aren't like that'. Iemand gaan nie sê dankie, okay, nou is ek weer jou beste pel nie. Nou is ek nie meer kwaad nie, nou het ek nie meer gevoelens nie. En ek dink (..) ek weet nie altyd of die realiteit daarvan tot 'n besef kom wanneer hulle die dag sê 'okay' ek teken nou uit, jy (..)	Now they go to rehab, get out and still do not have any relationships. Trying to make amends after rehab is not as alcoholic might think. <u>Alcoholics realise too late how important the relationships of loved ones are in their life. Making amends comes too late</u>. I do not know if the reality of that sinks in until the day they sign out of rehab.
Making amends "A little too late"	192 193	I: Ja P1: Ek gaan nie buitekant toe nie.	

	194	I: Want ek dink gewoonlik die alkolis of die verslaafde begin alklaar met hulle helings proses, maar	
	195	P1: Ja,ja	
	196	I: Maar die spouse of die familie.	
	197	P1: die familie glad nie.	
	198	I: Mmm.	
Busy lifestyle prevents healing	199	P1: Jy, want jy het nie tyd nie. Jy moet nogsteeds als, en ek dink dit is die ding. As jy (.) ek dink hulle moet sê soos sê nou maar, as jou 'spouse' twee weke hier in is moet jy tenminste twee sessies kom.	Because you do not have time. You still need to do everything. <u>You are so busy you do not have time to do your own healing.</u>
Need two feedback sessions			The spouse should attend at least two sessions with the alcoholic during rehab. *This number of session Andrea feels is necessary changes as her experience changes*.
	200	I: Mm	
	201	P1: Sit met iemand en met iemand praat. Want ek dink wat ook, dis wat ek	Sit and chat with someone.

		het so soos hierdie keer toe ons John ingeboek het, het ek jy kry mos daai, dit is ‘stupid’,	When I booked John in, this is stupid. *Stupid said with much frustration.*
Frustration			
	202	I: Mm	
	203	P1: Jy moet sê hulle moet iets daaraan aan doen. Wanneer jy inboek kry jy	
Suggestions for therapy		heel laaste agter so vormpie, wat jy mos so invul. Wat wil jy hê moet ons met hom bespreek. Ek het die dag daarna vir Elke gebel, toe bel ek en vind ek vra ek by watse persoon is hy	You need to fill in a form at the back saying what should be discussed with the patient.
	204	I: Mm	
	205	P1: Toe praat ek en sê vir haar want op daai stadium as jy so lank gesukkel het om iemand te kry om ‘rehab’ toe te gaan	At that moment if you have struggled so long to get them to go to rehab you are emotionally at a place of now I can just breathe. *Sighing as a sign of relief.*
Relief			

	206	I: Mm	
	207	P1: Is jy ‘emotionally’op ‘n plek van, okay (sug), ek kan nou net asem haal laat hy net daar ingaan, verstaan, jy dit is hoe jy is. Dan ry jy van hier af en jy gaan huistoe. En, ‘then maybe for the first time’ in maande jare, ‘you have time to breathe’. Jy het nie ‘n ekstra kind of verstaan, en dan begin jy eers dink, ‘okay’, maar wat pla my? Verstaan jy?	Now you feel you can breathe. <u>The feeling of relief after booking John in.</u> Then you drive home and for the first time in a long time you have time to breathe. <u>You have time for yourself without needing to look after the alcoholic</u>. Then you ask yourself but what is bothering me? <u>Reflecting on what it is that will be helpful for the therapist to discuss with John.</u>
Sense of freedom Reflecting Time to process	208	I: Mm	*Speaking in an incongruent way, do not finish sentences before moving to the next sentence*.
	209	P1: So ek sal nie dat hulle die vorm (.) met, ek verstaan hoekom hulle dit doen want ander mense, ek het John gesien want ek kom kuier baie. Sê eerder	Ask the spouse for their email address and fill in the form in your own time. Send the form back within 48 hours or so. <u>The</u>

Relief		‘spouse’ gee vir my jou epos adres vul die vorm op jou tyd in en stuur dit vir ons terug in 48 uur of wat. Want dan het jy tyd gehad om te ‘process’ jy is nie net meer op daai plek van verligting nie.	spouse then had some time to reflect, process and come to terms with booking the spouse into rehab. Then you had time to process, and not just relief anymore. *Repeat relief after booking John into rehab.*
	210	I: Mm	
	211	P1: Want op daai dag, ek onthou dan moet ek skryf dan dink ek ek het niks om te skryf nie. Ek wil net die vorms dat hy net opgeneem word. Want dis hoe jy voel.	I remember on that day I needed to write and I had nothing to write. I just wanted him admitted, that is how you feel. Was it the relief you felt that prevented you from thinking of things to write?
	212	I: ‘Okay’. Dis interessant. Ja dis baie baie goeie ‘recommendation’.	
Relief	213	P1: Want jy jy is net op ‘n plek waar jy ‘you only feel relief’.	You only feel relief. *Repeat feeling relief booking John in*.

	214	I: Ja	
	215	P1: En jy dink glad nie oor, en nou na, dis hoekom die terugvoer sessies met die ‘spouses’ so belangrik is want oor drie week dan kom hy huistoe en (.) as jy nou nie ‘n besige lewe het nie, um, maar ‘even though’ jy het jy is nou alleen in die aand sê maar nou jy werk nou heeldag of jy’s mense wat kinders het of wat ook al. Sê nou maar nege uur is die eerste tyd wat jy nou alleen daar is, sonder dat dit wat jou huis omgekrap is daar is, dan het jy jou ‘space’ om te ‘process’. Maar dit is so emosioneel uitmergelende (.) ding wat met jou gebeur dat jy wil net slaap jy	*Start with a sentence and do not finish.* That is why the feedback session with the spouse is so important, because in three weeks he comes home. *Trails off and start a new sentence*. At night when you are alone and there is no one who dirties the house, then you have space to process. <u>Only when you are alone you can make sense of what happened?</u> It is an emotionally gruelling thing that happens to you that you only want to sleep and other people wants to do nice things.
Feedback session important Space to process Emotionally tiring			

		wil slaap en ander mense wil net lekker dinge doen. Want jy moet onthou, uh, die 'spouse' en die familie van 'n alkolis jy kan nooit vir iets 'RSVP' nie. Want jy weet nooit wanneer hy gaan 'relapse' nie. Jy kan nie 'RSVP' nie.	When I am emotionally tired you need space and time on you own. As a spouse of an alcoholic I can never RSVP for something.
Relapse unpredictable			You never know when John will relapse. Our social life is controlled by John alcoholism. *Repeats you cannot RSVP*.
Relapse is life changing		Jou lewe verander binne 2 minute, jou lewe verander binne' I'm having a good day I'm having a bad day'. Verstaan?	Your life changes within 2 minutes. If John relapses it happens very quickly and it changes your life.
	216	I: Mm	
	217	P1: Wat ander mense sin nie so doen nie. So jy is heeltyd wanneer jy (.) so	Your life is planned around it, even if you do not want to. We
Alcoholism dictates your life		jou lewe word beplan, mense wil dit nie doen nie, maar jy beplan daar omtrent. Verstaan? Ek het vir my familie en vriende gesê 'RSVP' nie vir goed nie.	plan our life around John's addiction, as if we do not have a choice. I told my friend and family I do not RSVP for things. *Repeats she cannot RSVP for social occasions.*

Alone time when spouse is in rehab Do my own thing Not worry		Ek sal vir jou bel ongelukkig ‘n uur voor die tyd en vir jou sê ‘yes we are having a good day’ ons kom. Of, nee ‘we having bad day’ ons kom nie. Um,	I will call you an hour before and tell you we are having a good day, we are coming. Or no, we are having a bad day. Does your mood/how your day is going depend on how John is feeling the day?
	218	I: Okay	
	219	P1: En nou het jy drie weke of twee weke net om te sê ek kan saam myself wees en as ek nou wil slaap is dit okay ek hoef nie te ‘worry’ dat iemand gaan val, of in ‘n ongeluk gaan wees, of verstaan?	Now I have two or three weeks where I can just be with myself. If I just want to sleep that is okay, because I do not have to worry if someone will fall or be in an accident. I do not need to babysit John and look after my own needs.
	220	I: Mm, okay. En enige iets anders, jy weet, wat jy dink jy nog half ‘n ‘recommendation’ sal hê wat sal help?	
	221	P1: Mmm, ek weet nie. Um,	
	222	I: Want jy het alklaar baie gegee wat ek	

		dink baie baie sal help	
	223	P1: (Lag)	
	224	I: Defnitief.	
	225	P1: Um, ag ek weet nie. Ek dink maar net, kyk 'obviously' moet mens (....) ek weet nie, dit dis 'n moeilike situasie.	*Jump from one idea to the next.*
	226	I: Okay	
	227	P1: Um, en (...) ek dink mens, kyk ek is nou weer in 'n nuwe fase, ek is nou in die fase van hy kom ek gaan nou vandag huistoe kom. En dis 'n dis 'n 'funny' gevoel van 'you're excited but you are not'. Verstaan?	Now we are in a new phase, John is coming home today. <u>Do you see the new phase as a new beginning?</u> It is a funny feeling, you are excited but you are not. <u>Excited John is coming home but apprehensive for what will come next?</u>
Different phases of addiction Mixed feelings Excitement			
	228	I: Mm	
	229	P1: Want jy is half, 'okay', um (..), ek weet nie ek sou dalk, um, wat ek wel	*Struggling to find the right words. Jump from one unfinished sentence to the next.*

Vicinity		gesien het hierso is ek's gelukkig ek bly naby, nie super naby nie maar verstaan, ek bly 'n halfuur weg,	I am lucky; I live half an hour away. Live close to Stabilis.
	230	I: Ja	
Visiting often	231	P1: So ek kan elke aand kom kuier vir die uur. Um, ander mense se families kan nie	I can visit every night for an hour, where other families cannot. Fortunate to spend time with John.
	232	I: Mm, mm	
Weekends in Stabilis	233	P1: En soos wat ek hier gesit het en gepraat het met die pasiente en goeters, naweke is vir hulle soos die dood. Dit is vir hulle ongelooflike sleg hierso.	When I sat here and spoke to the patients, weekends is like the dead to them. It is incredibly bad for them. Weekends the patients get bored.
Entertainment is patients responsibility		Want hulle kan familie meer sien, ja, maar hier is dan geen aktiwiteite, hier gaan niks aan nie. Jy eet, kyk tv, 'fam' kom kuier as jy 'lucky enough' is dat	They can see family, but there are no activities. The patients need to keep themselves busy. You watch TV and your family visit.

		hulle vir jou kom kuier.	
	234	I: Mm	
	235	P1: En dan doen jy weer niks.	
Re-socialising		Verstaan? Ek dink mens kan meer goedjies inwerk waar jy (.) hulle half (..) 'condition' om 'sociable' te wees.	I think they should add things that will half condition them to be sociable. Instead of letting the patients do nothing, add activities that will relearn patients to be social without using alcohol.
	236	I: 'Okay'	
	237	P1: Verstaan want as jy nou dink meeste mense by, kyk 'drugs' weet ek nou nie, maar verstaan iemand gaan mos nou nie sê kom by my braai en ons doen 'drugs' en dit word voor almal gedoen nie, verstaan, dit word half weggesteek.	
Drugs not used publicly			At a braai no one will say let's do drugs in front of everyone, it gets half hidden away. Drugs are not a substance that is used in front of a crowd in a social setting. It is socially unaccepted.
	238	I: Mm	
Alcohol is socially	239	P1: Alkolisme spesifiek, is (.) dis 'n	Alcoholism specifically is a sociable thing. Alcohol is easy

acceptable Master social gatherings without alcohol Lack of insight in alcoholism Insensitive		‘sociable thing’. Nou gaan hulle hier uit, nou is hulle in beheer en dis ‘fine’, nou moet ek daai eerste ‘social thing’ hê ‘without the alcohol’. Daai eerste braai, verstaan? En hulle sal okay wees, en dit sal okay wees as hulle sterk genoeg is en as hulle ‘family’ het en ‘n ‘support structure’ het, veral vriende het wat ‘okay’ daarmee is. Want, veral, ek weet nie vrouens so seer nie, maar ek weet mans is mos baie so nee kom tjomma, ag moenie so wees nie vat ‘n drink. Of jy wil nie drink nie vat ‘n ‘shot’. Verstaan?	accessible as it I used and accepted socially. When they get discharged they are in control and fine and now they have that first social thing without the alcohol. And they will be okay and strong enough, especially if they have family and a support structure and friends that are okay with that. Having a support system that will accept and support the alcoholic for not drinking. What happens to the alcoholic who does not have that support structure? Guys will say take a drink buddy, or take a shot. Men might be insensitive towards the alcoholic’s situation and encourage him to drink. This will put the alcoholic in temptation.
	240	I: Mm	
	241	P1: Verstaan? Um, ek dink as mens	*Starts with an idea but trails off.*

Socialising without alcohol Transition		dalk oor ‘n naweek veral in die eerste twee weke vir, want dit is ‘n nuwe ‘social skill’ wat hulle moet leer. ‘They need to be social without alcohol’ en hulle moet ‘social’ kan wees sonder um ‘drugs’ en verstaan. En waar leer hulle daai ‘skill’ aan? Want hulle gaan ‘smack bang’ terug na dieselfde (.) omgewing toe. En ek dink as mens	It is a new social skill they need to learn. They need to be social without the alcohol. Learning to enjoy themselves without the alcohol. They go smack bang back to the same environment. Stabilis can help to introduce the transition and help them prepare for social gathering without using alcohol.
	242 243	I: Dit maak baie sin P1: Verstaan as mens sê nou maar die Saterdag aand sê okay saterdag aand gaan ons nie eet nie, Saterdag aand gaan ons braai. En jy laat die mans, braaivleis maak en hulle moet vuur maak en verstaan. Dis ‘n, want dit is ‘n	Let’s say on a Saturday night the patients do not eat, but braai. The men make meat and fire.

Redefine socialising		‘social gathering’ en onmiddelik is daar ‘n ander konnektasie in hul brein, dis nie meer dit gaan nie dieselfde wees as saam met hulle ‘buddies’ nie, maar ‘atleast’ weet hulle as hulle hier uitkom, ‘I can handle’ ek kan rugby kyk ‘handle’.	This is a social gathering and immediately there is a different connotation in their brain. Introducing the idea that they can braai without having an alcoholic drink. It will not be the same as their buddies, but at least when they get discharged they can say I can handle watching rugby. Repeats handle to emphasise the aim of the braai. That when they need to attend the first social activity outside of rehab the patients already has an idea of what to expect not drinking, as they have done it in rehab.
	244	I: Mm	
	245	P1: Ek kan dit ‘handle’. Ek het dit reggekry daar binne.	
	246	I: Ja. Jis, dit maak baie baie sin, want dit is van die oorgang van absoluut niks, van half kom ons kuier met die vriende is seker ook opgewonde hy kom uit	
	247	P1: Ja	
	248	I: Dit maak baie sin. Maar dankie.	

Table D2: Participant 2 interview transcript and analysis

Emerging themes	**Line**	**Original transcript**	**Exploratory comments**
	1	I: So basically, ja, we are just going to start off with creating the genogram, the family tree. So how many generations do you want to put in? Just you? Do you and Simphiwe have any children at the moment?	
	2	P2: Like, like ja. No children, but we are expecting one.	Simphiwe* and Thandi* are expecting their first child.
	3	I: Oh, congrats! Okay. So Simphiwe and you. So I am just gonna (…) you'll see, I think the best relationship for you guys at the moment is the committed one.	

	4	P2: Mm	
	5	I: So I'm gonna put in that one. (…-drawing).	
	6	I: Can I ask since when you guys have been dating?	
	7	P2: Since from 2003.	Been in a committed relationship since 2003.
	8	I: 2000 and?	
	9	P2: Three.	
	10	I: Okay (…. – drawing)	
	11	I: Um, let's see. Do you see (…..) maybe there is one for an unborn child. You guys probably don't know the gender yet?	
	12	P2: It's a boy.	The unborn child is a boy.
	13	I: A boy. Okay. When is your due date?	

	14	P2: December.	Due date is December.
	15	I: Okay. (….. – drawing). Okay, and any parents you maybe want to, or brothers or sisters you want to add in the genogram?	
	16	P2: (…) Ja, maybe my mother.	*Used the word maybe. Sounds unsure who she wants to add in the genogram.*
	17	I: Okay. (…. – drawing)	
	18	P2: My father passed away.	
	19	I: Okay. (……. – drawing). Can I ask how old your Mom are?	
	20	P2: Mmm. Forty (….) sixty-six. Someone who who who was born in ’66, how many years?	
	21	I: Uh	
	22	P2: Forty seven I think.	
	23	I: Let’s say, when was she born, in?	

	24	P2: Sixty-six	
	25	I: Okay I'll work that out later on. Okay, can I ask how old you are?	
	26	P2: Twenty-seven.	
	27	I: And Simphiwe?	
	28	P2: Thirty-one.	
	29	I: (… - drawing). Okay. Um, with you know the people we have on here do you want to add a significant relationship with them?	
No significant familial relationships	30	P2: Uh, no.	No significant relationship with any of her family members. Is she distant with her family?
	31	I: Okay. And Simphiwe do you want to add some family members with him?	
	32	P2: His mother, (…) and his father. His father passed away. And they were separated.	Simphiwe's mom and dad were separated. His dad has passed away recently.

	33	I: And separated. Um, and can I ask when your Dad passed away?	
	34	P2: 2007	Thandi's dad passed away in 2007.
	35	I: And Simphiwe dad?	
	36	P2: Last (……) I think, this year or last year.	
	37	I: Okay. And Simphiwe does he have a significant relationship with his mom or used to have with this dad?	
No significant familial relationships	38	P2: From the childhood, ja. No, not really.	Simphiwe does not have a significant relationship with his mom, neither when his dad was alive.
	39	I: Okay okay. Any brothers or sister you guys want to add? Or you want to add?	
	40	P2: I'm having like eh eh, three, two two. Two brother and one sister.	Thandi has two brothers and one sister.

	41	I: Okay. Who is the youngest?	
	42	P2: The youngest is a brother. But, we adopted him.	Youngest brother is adopted.
	43	I: Okay, the youngest (…. – drawing)	
	44	P2: I'm the first born.	Thandi is the first born.
	45	I: You're the first born. Okay, then you have another brother and sister.	
	46	P2: It's a brother and then a sister.	
	47	I: Okay. You're the oldest one.	
	48	P2: Ja.	
	49	I: Okay, and any of them	
	50	P2: And, eh, this here this sister, neh, is having a child now.	Her sister is expecting a son, due in two months (Nov 2013)
	51	I: Okay. How far is she along?	
	52	P2: Mmm, two months.	
	53	I: Two months. Okay, so you're not	

		sure about the gender yet?	
	54	P2: No, the gender is, eh eh, a male; he is having like a baby.	
	55	I: Oh. So almost at the same time, huh?	
Sharing of common experience	56	P2: (Laughs) Ja! (Laughs). So this one is having a child and is expecting one.	*Laughing because she and her siblings are expecting so close together*. *Seems excited and happy about it*. Could this bring the family closer together?
	57	I: Okay. (.. – drawing). Do you know male or female yet?	
	58	P2: The first one is a, a boy.	
	59	I: (…. – drawing)	
	60	P2: This one he's expecting is a girl.	Her oldest brother and his partner are expecting a girl.
	61	I: (….. – drawing). Okay. And with them any significant relationship, with your brothers and sisters?	
	62	P2: No, not really.	No significant relationship with her brothers or sister.
	63	I: Can I ask how old they are?	

	64	P2: Twenty, (..) twenty three. (….) Eh, I think eighteen. Nineteen nineteen.	
	65	I: Okay.	
	66	P2: And the other one sixteen.	
	67	I: Okay. And Simphiwe, any	
	68	P2: Siblings, two boy, two two males.	Simphiwe has two younger brothers.
	69	I: Okay.	
	70	P2: And Simphiwe is the first one.	
	71	I: Okay. Do you know how old the other (.) brothers are?	
	72	P2: I think, mmm (…) somewhere sixteen.	
	73	I: Okay	
	74	P2: And the other one maybe twelve.	
	75	I: Okay. Okay, so Simphiwe is quite older than than the other boys. Okay.	

		And you and Simphiwe you guys live together at the moment, do you guys live with someone?	
	76	P2: We we live together.	Thandi and Simphiwe lives together
	77	I: Okay. (….. – drawing). Um, is there any other you know significant information in terms of occupation, maybe you know what you're your dad's passed away, anything you might want to add in the genogram?	
	78	P2: (….). Mmm, like here, like uh, the father	
	79	I: Um-uh	
	80	P2: the father of eh eh eh of the children is not the same as (..)	Simphiwe and his two brothers all have different fathers.
	81	I: Okay, okay so there is a different	

	82	P2: Father	
	83	I: father. Okay	
	84	P2: Even this one and this one is eh different.	
	85	I: Okay. (…. – drawing)	
	86	P2: Ja, and this one.	
	87	I: (…… - drawing). And is it okay if I put, this one, with um, this what do you call it?	
	88	P2: Substance abuse.	Simphiwe is an alcoholic.
	89	I: Yes, for for Simphiwe?	
	90	P2: Yes.	
	91	I: Is there anyone else in the family you know that maybe suspected substance abuse or or also struggling with a problem at the moment?	

Parental substance abuse	92	P2: I think from like eh from the mother and the father. They were using it, like a lot. So like now the mother is no longer using it.	Simphiwe's mom and dad used a lot. Alcohol, drugs or both? Did Simphiwe learn this behaviour from them? Simphiwe's mom is no longer using substances.
	93	I: Okay. Did she get treatment for that or do you think she stop by herself?	His mom got cleaned by herself. How did she manage to stop?
	94	P2: She just stopped by herself.	
Sobering up without help	95	I: Do you think then maybe the suspected substance abuse rather or do you think it is more the substance abuse one?	
	96	P2: The substance abuse one.	She feels both of Simphiwe's parents abused substances.
	97	I: Okay, for both of them?	
	98	P2: Mm.	
	99	I: Okay. (… - drawing). And that is one thing we usually do get um with	

		substance abuse that it is in the family. Okay, anything else you think you want to add?	
	100	P2: (shaking head for no)	
	101	I: Cause I also think you know (…) that's about it.	
	102	P2: Ja.	
	103	I: Okay. Okay I have some few questions. Some of them might relate to this (genogram), but as I mentioned you know there is no right or wrong answer. Okay?	
	104	P2: Ja.	
	105	I: So how did you make sense of Simphiwe being treated at Stabilis?	
	106	P2: Mmm (sigh). How did it make	*Sighed. Sounded like a defeated sigh.* Could indicate that she is

		sense?	not sure? Still processing?
	107	I: Mm, how do you make sense of that?	
	108	P2: Ja, okay. For him to come here is a	For Simphiwe it is a big step coming to Stabilis. He is
Rehab a big step		big step. That okay like now he is	admitting he has a problem and willing to change. Simphiwe
		admitting that, uh, he is having the	acknowledging he has a problem and willing to get help is a big
Readiness to change		problem and he is willing to change. Ja.	step. Accepting he needs help to get sober.
	109	I: Do you think there is anything in the	
Acknowledging a problem		genogram that contributed to his	
		dependency?	
	110	P2: The parents. And even the mother.	Simphiwe's mom, dad and grandmother on his mom's side
		Okay like, eh, like eh his grandmother,	contributed to his dependency.
		the mother of his mother. Ja, their	
Family as contributing to		extended family they also contributed a	
addiction		lot. But the main factor is his parents.	Mainly Simphiwe's parents contributed. How did they
	111	I: Okay okay, so it is more almost what	contribute to his addiction?
		he saw from his parents that influence	

		his drinking behaviour?	
Parents contributing to addiction Witnessing substance abuse Bad role models Lack of guidance and support	112 113 114 115	P2: Ja, he saw them and they were not there for him. To guide him. Ja, to give him all those things. Support, ja. I: Okay, so the support wasn't there? P2: No, the support was not there. I: Okay. Um, what do you think, is there anything else except you know what you mentioned on the genogram that you think that could have contributed to his dependency?	He saw them. Simphiwe witnessed his parent's substance abuse, which contributed to his addiction. His parents were not there for him; to guide him. Simphiwe has/had absent parents. If they were there, would it prevent him from becoming an alcoholic? His parents did not support him. Support him emotionally, financially or overall?
Attentive to suffering	116	P2: (….). Um, (…). From, okay I will say Simphiwe usually, neh, he is that guy that uh (..) if maybe like he he doesn't want to see someone suffer. Like even even if he don't know them	Simphiwe does not like to see someone suffer. He is caring and attentive towards the needs of other people. Even if he does not know them. He will help a stranger as easily he helps a friend. There are no strings attached to who he helps.

Good Samaritan Generosity		neh, like maybe ja he'll come and just maybe he'll have a chat and maybe explaining to him you know what I'm having this kind of problem my wife is whatever, like maybe I, I don't have money for food and so on. Even if he maybe he is having a R20 on his pocket and he knows that that R20 is for him to buy a (?) to go to the, he'll give the money. Then later he will (..)	He will have a conversation with a stranger who shares their problem. If the stranger does not have money for food Simphiwe will give his last R20 to them. Even if Simphiwe needs the money himself. <u>Simphiwe is generous and puts other's needs in front of his own.</u>
	117	I: Okay.	
	118	P2: Ja.	
	119	I: So almost put other people in front	
	120	P2: Ja	
	121	I: of himself.	
	122	P2: Ja.	

	123	I: And with the feedback session (..). What was your expectations of the feedback session? How did you imagine the feedback session would look like?	
	124	P2: (..) um, ja like the feedback, like	
	125	I: Yes, what you guys had yesterday with Macdonald.	
	126	P2: Ja, like the feedback, okay. I wanted him to like to (…) to like, to know like immediately when I go out there like I'm not going to repeat the very same mistake that I did before. Like I'm quitting, not like I'm going to stop. Like or maybe I'll reduce the alcohol that I have been taking before. I want to stop completely.	*Pauses. Start and then stop a sentence.* Struggle to find the right words to make her point. Not repeating the same mistake as before. She wants to change her drinking behaviour. To assist him with his recovery. Reducing or stopping alcohol use. Abstaining from alcohol to help Simphiwe. To no tempt him.
Spousal change to assist recovery Alcohol abstinence			

	127	I: Okay okay. So do you think that is what you think you will do differently this time? Like not use alcohol in front of Simphiwe?	
	128	P2: (…) Nod (yes)	
	129	I: Okay, no, I'm just making sure I'm understanding you. Is that one thing you think you will do differently this time. Not using the alcohol like in front of Simphiwe?	(She seemed unsure when I paraphrased, therefore I clarified to make sure I understood her correctly)
	130	P2: Like myself?	
	131	I: Yes.	
	132	P2: No, like uh, I'm not drinking.	I am not drinking. <u>I am not drinking as I am pregnant.</u>
	133	I: Okay.	
	134	P2: Ja, but I did drink. But I'm not that kind of girl that I will, okay, that drinks	I used to drink.

Social drinker		and whatever like, I usually drinks at home, maybe just maybe having one glass. Then sleeping, but I ja.	I usually drink one glass at home, and then sleep. Light occasional drinker, not problematic or too much.
	135	I: Okay, okay. Um, you know we just spoke about you know, what you thought about the feedback session. To what extent do you think the feedback session lived up to your expectation? I guess you know you walked in with thinking how it would have been. To what extent do you think the feedback session lived up to your expectation?	
	136	P2: Um, (…) ja, I did get, because like the, like the way he responded first, neh, ja I did get that sense you know that the person is not willing to change. Which	Sound unsure starting her answer, *with an um and a pause. Starting with an idea but stopping again.* Got the sense that Simphiwe is not willing to change, meaning he is going to go back. He seemed unwilling to change, which
Reluctance to change			

Consequences of unwillingness to change Changing in rehab The old self		means he is going to go back. To his, uh, his way and so on. Then later he said you know like it was me before then now I'm changed. Ja.	would lead to a relapse and old drinking behaviours. Simphiwe said you know how I was before, I am that now, I have changed. During the feedback session he shared that he is the person he used to be and that he is serious about changing.
Fear	137	I: Okay. Okay, so it sounds that is one of your fears you know, going back to where you guys where before?	Trying to put Thandi's concerns at ease? One of Thandi's fears is Simphiwe not changing and carrying on with his drinking behaviour.
	138	P2: Mm.	
	139	I: And, just tell me about your experience of the feedback session.	
Scary	140	P2: (…) For me, it is actually scary. Like to be in a position like that and maybe your fiancé or partner is using and now he is willing to change. And like now he, uh, today he is going out so I don't know what to expect like from	It was actually scary. The feedback session was scary. Being in a position like that. Being the fiancé of an alcoholic. Your partner is using and now he is willing to change. The sudden change is scary? Is the unknown scary? Today he is going out, I don't know what to expect tomorrow. *Sounded worried*. Scared and hesitant of what will happen
Change from addiction to sober			
The unexpected			

Worried Apprehensive for discharge Overcome old temptations Unsure Coping with sobriety		tomorrow. Cause tomorrow is going to be a weekend, so from the previous, I know that when its weekend he's going to drink, so like now I don't even know like how like how will he cope of such. You understands?	when Simphiwe is discharged. Apprehensive for what will happen next? Tomorrow is the weekend and previously he drank over weekend. Scared he will fall into old patterns and habits, especially as weekends remind me of his drinking. I don't know how he will cope. Unsure how Simphiwe will cope and stay sober at the start of the weekend leaving rehab.
	141	I: Mm, mm. It is a true thing you say how you don't know how he is going to cope. You know. And in the feedback session is there anything that stood out for you? That you think you will take away from this session?	
Knowing when your partner needs support	142	P2: (…). Just to know that when to support him.	Knowing when to support him. Take away from the feedback session is knowing his needs and when to support him. How will this support look like?
	143	I: Okay, okay. Have you thought about you know the ways that you think you	

		might support him?	
	144	P2: (..). Not really because I was there	Not really. Not sure how she will support him.
Support by talking		for for even before like he came for in	Before he came to rehab and he was drinking I would talk to
Disregarded by alcoholic		here, but he never took me seriously,	him, but he did not take me seriously. Previously I supported
		because like you know like eh, even if	him by talking to him, but he did not take me seriously. Could
Abusing alcohol is wrong		I'm not drinking then he was drinking	it be because he was not serious about his recovery himself?
		then usually I will talk to him. No you	What you doing is not right. Abusing alcohol is not right.
Frustrated and annoyed		know, but what you do is not right. Do	*This response she sounded frustrated and annoyed.*
		whatever you do, even yourself know	Do whatever you do, even if you know it is wrong. Give up
Lack understanding of		that, it is not right. So why can't you	talking to him because you did not get anywhere with him?
why continue to drink		just stop it? You understands?	Why can't you stop? When you know something is wrong, why
	145	I: Okay. Um, and how was it doing the	do you still keep doing it? Frustrated not understanding why he
		feedback session with Simphiwe? How	persists with this behaviour.
		was it having him there in the session?	
Feedback session okay	146	P2: It was okay. Cause like previously	It was okay. It was okay doing the feedback session with
Reserved		he was not he is not that kind of person	Simphiwe. He is not the type of person opening up easily.

Surprised Calm open communication		who would open up easily. So, but he surprised me he was calm and just opened up. Everything, ja.	Simphiwe usually keeps his thoughts and feelings to himself. He surprised me; he was calm and opened up. *Said with a surprised tone*. It was unexpected seeing him opening up and talking calmly. It is out of his character.
	147	I: Okay, so it was more pleasant you know	
	148	P2: Ja	
Pleasantly surprised	149	I: surprised seeing him opening up?	Pleasantly surprised seeing him opening up.
	150	P2: Ja.	
	151	I: Okay. Um, for the feedback session do you have any recommendations you think you know they can maybe change to make it better for the spouse?	
	152	P2: No.	No recommendation for the feedback session.
	153	I: Not? Okay. And any other suggestions you know cause I think the partner of the alcoholic have a lot of	

		times some ideas that might help them during rehab, after rehab. Do you have any other suggestions you think might be beneficial?	
Individuals' unique needs	154	P2: It depends on the individual. Like Simphiwe himself like now neh, okay, we stay here at Pretoria North, and he is working at Centurion. There is this uh he is having the friends that, and on the way there is this place near Bosman. Near Bosman station. So like he past there each and every day. So like if even if maybe he doesn't have money those kind of friends they buy for him all those things. So like, at least if maybe like ah ah ah, you guys maybe,	Recommendations depend on the individual. Each individual has a different way responding to rehab, which will lead to different recommendation. Simphiwe has friends en route to work which he passes every day. *Repeats every single day.* Even if Simphiwe does not have money, his friends will buy him all those thinks. His friends will bring him into temptation to start drinking again. He will be tempted every single day. Haw friends will pay for the alcohol, which takes away the worry of money. *Struggling to make her point*. Maybe you are going to choose the friends for him. Stabilis can
The temptation friends			
Assist in process of			

adapting to a world without alcohol Choosing friends Good vs. bad friends Alcoholism prevents diligent work		okay, but it will be like, yes if maybe, ah, you going to choose the friends for him. But here is an individual who say no, I'm going to cut this friend out of mine, because they are not helping me. They are just putting me in, into some because if maybe you are doing something wrong, if maybe I'm your friend I have to tell you no, what you are doing is not right. Because it influences even at work. But especially at work is no longer contributing.	assist helping Simphiwe make decisions regarding his friends, how to approach the situation and adapting to the decision the patient made. I am going to cut this friend out, he is not helping me. End friendships that make you do wrong things, such as relapsing. Instead of helping me stay on the right track and not drink. If you do something wrong, as I friend I will tell you. After rehab Simphiwe needs friends who will support his decision to abstain from alcohol. Help him to stay sober by not tempting him to drink. It influence even at work, he is no longer contributing. His drinking is influencing his work; he is not pulling his weight.
	155	I: Okay, so helping with that process you know about adapting you know, maybe not having that friends anymore and making new one.	

	156	P2: Mm.	
	157	I: Okay. Any other suggestions you think.	
	158	P2: (Shaking head, no)	
	159	I: okay. I think then that is all the questions for today. Is there anything else you know that maybe came up for you that I, maybe a question I didn't ask? Anything you maybe want to share?	
Unexpected changed person Disclosing of rehab	160	P2: (….) Mm, not really because like my like as I told you Simphiwe is not like that kind of guy that opens up who's like who needs to tell me the world he's like now neh, his friends they don't know that he's been here. So	Simphiwe will not open up and tell everyone how he is like now. He will not tell anyone that he is sober and his new outlook on his life. His friends do not know he's been in rehab. His friends will not expect Simphiwe to have stopped drinking. This will lead to them assuming he will behave and drink as before rehab.

Unsupportive friends Need for supportive friends Lie to friends Carry on like previously Unexpected change Teasing Insensitive friends Being truthful		you understand he's going to be a problem as well, because like how will you expect them to support you if maybe you have not yet tell them you know I'm going to quit these things guys. So please help me along the way. Like now they are going out, like he's been telling them no I'm going away for a week. So like now he's going to come out, so those people will expect they were doing previously.	How will his friends support him if they do not know he went to rehab? Support from his friends will lack because they do not know. How will his friends react to the news? Will he tell his friends? Please help me along the way. Friends can be asked to support me along the journey of sobriety. But without knowing they cannot fulfil this supportive role. He told his friends he is going away for a week. Coming back they will expect to do what they were doing previously. Not preparing your friends of the change will lead to them carrying on as usual.
	161 162	I: ja they are not expecting the change. P2: They are not expecting the change. Ja, they will tease him always, cause he was not up not opening up. No guys, I'm going to change.	They are not expecting the change. His friends will be surprised. They will tease him, because he was not opening up. They will tease him because he usually keeps his thoughts and feelings himself or because he did not tell them about rehab? I am going

	163	I: Okay, and what do you think that means for you in terms of support.	to change. He needs to tell his friends he is going to change.
On-off support system	164	P2: Sometimes I do fail him okay, sometimes I lost interest because like it's like ja, I've been there for him. When I check back when I look back I will say no but uh, I should have long time uh, leave this guy because he is not that kind but some the hope is something that has keep me going. No maybe one day, maybe one day he will change. Like now, I think like the present like, my situation now is the one that triggers him. And I don't want to be the father that my father was to me.	Sometimes I do fail him. I am not always there to support him. I lose interest sometimes, but I have been there for him. Losing interest because he does not take your conversations seriously? Looking back I should have left Simphiwe a long time ago, but hope has kept me going. The way Simphiwe is behaving and what he has put me through it would seem fitting to have ended our relationship. However hope is the factor that I held onto to keep our relationship going.
Tolerance of relationship			
Hope			My current situation is what triggers him. Being pregnant is what made him want to sober up.
Becoming a new dad			He does not want to be the father that his father was. Simphiwe had a bad example as a dad, and wants to be a better father to his son.
	165	I: Okay.	

Ending the cycle of bad parenting	166 167 168 169	P2: So I think that's the things cause like everything he does he put (a few inaudible words due to aeroplane) up like ja. I: Okay. P2: So I don't know. I: Mm,mm. Okay, but thank you.	(*Inaudible phrase due to an aeroplane passing*)

Table D3: Participant 3 interview transcript and analysis

Emerging themes	**Line**	**Original Transcripts (Afrikaans)**	**Exploratory comments**
	1 2	I: Met die genogram hoeveel generasies wil jy insit? Wil jy net vir jou en Dawie insit? Ouers? Kinders? P3: Kan ek maar die mense wat almal op ons perseel bly?	Can I put in all the people living on our premises?

	3	I: Yes, jy kan.	
	4	P3: Orait. Nou dit is skoonma.	
	5	I: Okay, so. Ek wil net eers vir jou en Dawie (…….. - drawing). Okay so jou skoonma? So Dawie se ma.	Dawie* and Lisa* are married.
	6	P3: Ja.	
	7	I: Okay.	
	8	P3: En sy stiefpa.	Dawie's mom and stepdad resides with them.
	9	I: (……. – drawing). Okay.	
	10	P3: Dis reg. Dan is dit die kinders.	
	11	I: Die kinders, okay.	
	12	P3: Okay. My my twee kinders, dis 'n seun en 'n meisie.	Lisa has a son, Werner* (20) and a daughter, Alida* (17).
	13	I: Okay, watse een is die oudste?	
	14	P3: My seun.	
	15	I: Jou seun. En wat is sy naam?	

	16	P3: Werner.	
	17	I: Werner. (…… - drawing).	
	18	P3: En dan Alida.	
	19	I: (….. – drawing)	
	20	P3: En aan Dawie se kant is dit een seun, Jaco.	Dawie has a son, Jaco* (15).
	21	I: Okay. (…. – drawing)	
	22	P3: Hy is die jongste van al drie kinders.	
	23	I: Okay. En was hy voorheen getroud gewees?	
	24	P3: Dawie, ja.	
	25	I: Min of meer hoe lank terug, want as hy geskei is is dit twee strepies deur op die lyn.	Dawie divorced Jaco's mom in 2003.
	26	P3: Hy's geskei (…) Jaco was drie, hy	

		is nou vyftien so dit was 12jaar terug.	
	27	I: Okay (….. – drawing). Um, hoe oud is Werner?	
	28	P3: Twintig.	
	29	I: En Alida?	
	30	P3: Sewentien.	
	31	I: (… - drawing). En kan ek vra hoe oud is Dawie?	
	32	P3: Dawie is drie en veertig.	Dawie is 43.
	33	I: Kan ek vra hoe oud is jy?	
	34	P3: Een en veertig.	Lisa is 41.
	35	I: En Jaco?	
	36	P3: Die vier en twintigste van die maand is hy 15.	
	37	I: Okay. (….. - drawing). Okay, so dan het ons jou twee kinders, vir Jaco en	

		dan Dawie se ma en stiefpa. Um, lewe sy ma en sy stiefpa nog? Hulle bly nog op die perseel saam met julle?	
	38	P3: (Nod head for yes).	
	39	I: En die kinders, wie bly nog saam, bly almal van die op die perseel saam?	Lisa, Dawie, Jaco, Werner, Alida, Dawies' Mom and stepdad all reside on one premise.
	40	P3: Ja, almal. Dawie se een suster en sy een haar een seun bly net tydelik by ons want hulle het van die Kaap af gekom. Hulle is net tydelik daar.	Dawie's sister and nephew are staying with us only temporarily.
	41	I: Net tydelik. So gewoonlik trek ons dan 'n hele sirkel, so ek kan maar 'n hele sirkel om al hierdie mense trek?	
	42	P3: Ja.	
	43	I: Bly in een huishouding. Okay. En is daar nog iemand wat jy wil insit? Jou	

		ouers? Boeties en sussies?	
	44	P3: My ouers bly nie by ons nie.	Lisa's parents do not reside with them.
	45	I: Okay. Enige iemand wat, jy kan enige eimand insit as jy voel jy het 'n verhouding. Jy kan selfs diere insit.	(Explained that she can even include animals in her genogram)
	46	P3: Is jy seker? Nege honde (Laughs)	Nine dogs. *Laughs and sounded amused*.
	47	I: (Laughs)	
	48	P3: Nee wat, ons los dit maar daar. (Laughs)	
	49	I: (Laughs) Enige iemand anders wat jy wil insit?	
	50	P3: (Shake head for no)	
	51	I: Nie. Okay. Um, het jy (..) 'a significant relationships' met enige van hierdie mense? Wat jy dalk wil insit wat jy voel jy het regtig 'n sterk verhouding	

		met hulle. Of dalk ‘n bietjie wankelrige verhouding of is jou verhouding met almal redelik.	
	52	P3: Okay. Werner.	Relationship with Werner 90% good. Very close relationship most of the time.
Good mother son relationship	53	I: Um-uh.	
	54	P3: Ons verhouding, kom ons sê is negentig persent goed.	
	55	I: Okay. Kom ons kyk hierso. Okay, so julle (…) kan ek die ‘close’ ene insit met die twee lyntjies?	
	56	P3: Ja.	*Yes answered without hesitation*. She is certain of her close relationship with her son.
	57	I: Okay (….). Okay.	
Distant mother-daughter relationship	58	P3: Okay, Alida. Ons was ‘close’ voor haar pa se dood. Maar nou is ons (..) sy sy trek weg.	Was close with Alida before her Dad passed away, no she is pulling away. Currently they have a distant relationship.
	59	I: Okay. Ek dink daar is a lyn vir ‘n	

		meer ‘distant’ ene. Um (….), waste een dink jy sal die verhouding die beste beskryf. Wat van, ek wil nie heeltemal sê ‘close-hostile’ nie, maar wat van ‘close-distant’?	
	60	P3: Oraait.	
	61	I: Want dan weet ek dit was ‘close’ maar besig om bietjie weg te trek (… - teken). Kan ek vrae wanneer, um, haar pa oorlede is?	
	62	P3: Toe sy sewe was en Werner tien.	Lisa’s ex-husband passed away in 2004.
	63	I: (… - teken). So dis tien jaar terug?	
	64	P3: Eintlik nege. Dis was ‘n maand voor sy verjaar het, so maak dit agt. Sy was agt en Werner elf.	
	65	I: Okay.	

	66	P3: Dit was ‘n maand voor sy verjaarsdag.	
	67	I: Okay, okay. En met enige van die ander, wil jy ‘n ‘significant relationship’ daar insit?	
Sensitive relationship	68	P3: Okay, met Dawie. Op die oomblik is ons nou bietjie wankelrig.	Relationship with Dawie is currently shaky. Their relationship is at a sensitive place at the moment.
	69	I: Okay. Watse enetjie dink jy sal goed hom beskryf?	
Mending broken relationships	70	P3: Ah, (…..) ek sal ook sê daar is ‘n ‘distance’ tussen ons op die oomblik. Ons het nou reeds met haar gepraat om ons te help met huweliksberading.	*Thought about the answer*. There is a distance between me and Dawie. We talked to her to help us with marriage counselling. Suzanne, the psychologist will help them with marriage counselling.
	71	I: Okay. En dan enige van die ander wat jy	
Hostile relationships	72	P3: Met Jaco, (sigh), ons kom glad nie	Jaco and I do not get along. *Sighed, sounds despondent.* They

		oor die weg nie (..). Al probeer jy hoe hard jy kan nie. En met my skoonma nog minder.	have a hostile relationship. Even less with mother-in-law. She and her mother in law do not see eye to eye, also have a hostile relationship. *She sounds defeated*.
	73	I: Okay.	
Excellent relationships	74	P3: My stief skoonpa, puik.	Relationship with step-father in law is excellent.
	75	I: Okay, so baie, kan ek dieselfde as soos vir Werner sin insit? Baie naby.	Ask whether close relationship symbol would be sufficient. *She replied with a very fast yes*. No doubt about their relationship.
	76	P3: Ja.	
	77	I: (…… - drawing). Hoe is dit vir jou om, want hier is baie verskillende dinamieke wat ‘n rol speel?	
Complicated living situation Not living up to full potential	78	P3: Eintlik baie moeilik. Dis moeilik. Want soos Alida neh, sy was ‘n top leerder in skool neh. Sy, ek dink in standard twee, toe het die skool vir Dawie nog laat weet, toe het sy ‘n prys	Very difficult. *Repeats difficult to emphasise how difficult*. Very tough living with hostile family. Alida was a top student in her school. She won the price for smartest child in Gauteng. Then she got the wrong friends. Alida is very smart looking at past achievements, however bad

		gewen vir die slimste kind in Gauteng.	decisions made her go on a destructive path.
Bad decisions		En, toe kry sy verkeerde maats. En sy het ‘n man gesien wat soos haar oorlede pa lyk, maar sy het haar pa se lyk gesien so sy weet hy is dood. Toe ewe skielik	Alida saw a man looking like her late dad, and she thought I divorced her dad. Alida thought I lied about her dad’s death and divorced him. She then fell and go addicted to dagga. She
Dagga as coping mechanism		dink die kind ek het haar pa geskei. Toe val sy, toe raak sy verslaaf aan, um (..), dagga. Toe neuk sy haar hele skool loopbaan op. En sy sy is ‘n baie mooi kind.	ruined her schooling. Alida could not cope with the idea her dad did not die and her mom lied to her. She used dagga to numb the pain. This led to her no paying attention to her school work. Alida is a beautiful child.
	79	I: Mm,mm.	
	80	P3: Sy het model al gedoen, en toe sy twaalf was het sy model gedoen en toe	She did modelling at twelve; and she got raped. Could this have contributed to the dagga addiction? Her losing interest in
Traumatic experience		word sy nog verkrag ook.	school? Her pulling away from her mom?
	81	I: Sjo, so daar is maar baie trauma daar.	
	82	P3: Mm.	

	83	I: Hoe is sy nou op die oomblik?	
Daughter's wellbeing a mystery	84	P3: Ek weet nie. Ek vermoed amper sy is weer terug op 'drugs'. Ek's eerlik, ek vermoed dit nou, maar ek kan dit nie bewys nie.	I don't know. Lisa does not know how her daughter is doing at the moment. Confirmation of how distant their relationship is. Honestly, I suspect she is back on drugs, but I can't prove it. *Sounds despondent.*
	85	I: Mm,mm	
Usual addictive behaviour	86	P3: Want sy is nie aggresief soos sy altyd was of so nie.	She is not aggressive. She does not behave aggressively like she did when she was addicted previously.
	87	I: Okay.	
Keeping an eye	88	P3: Maar ek kan verkeerd wees, maar ek wil haar nie nou seermaak en ek hou haar nou maar dop.	I can be wrong, but I am watching her.
	89	I: Okay. Dink jy vir Alida wil jy daai tekentjie insit van dalk 'suspected substance abuse'?	
	90	P3: Ja, dis hoekom ek nounou vir jou	Put in the symbol of suspected substance abuse.

		gesê het, goed daar gaan iemand wees wat ek gaan wil insit.	
	91	I: Okay	
Suspected substance abuse	92	P3: Ek ek vermoed dit. Want, ah, sy het bevriend geraak op ‘n ou wat tik rook. Toe het ek nou eendag toe het ek daai tik dingetjie in haar kamer gesien. Nou sê sy dis syne en ek kan nie sê sy lieg nie.	I suspect it. Suspect she is back on drugs. She is friends with a guy smoking tik; and I found that thing in her room. She says it is her friend’s, not hers. I can’t say she is lying. The relationship is sensitive; I do not want to further complicate it by accusing her of lying. Breaking the little trust between us.
Benefit of the doubt			
	93	I: Ja	
Trust	94	P3: En sy sê ek kan haar toets, maar ek wil nie daai vertroue breek en haar regtig gaan toets nie, want ek is net bang vir daai skok.	She says I can test her, but I do not want to and break the trust. I am scared for the shock. Shock of her testing positive and she lying to me. Could it be that she is scared for the reality that her daughter might be addicted again?
Scared			
	95	I: Ja, en tik is mos maar hoogs verslawend.	

	96	P3: (Nod head for yes)	
	97	I: Okay, dis waar jy met haar op die oomblik is.	
Random drug testing	98	P3: Mm. Maar ek het vir haar gesê ek gaan haar een of ander tyd toets, sonder dat sy weet wanneer. Want dit is maklik want sy het eenkeer toe sy verslaaf was aan dagga, toe, ah, het sy gesê maklik om iemand te mislei want jy van ‘n kondoom, jy piepie, iemand anders piepie daarin en dan dra hulle dit in hulle sake.	I told Alida I will be testing her soon without her knowledge. Preparing her that I will test her, to try keep the trust between us. It is easy to mislead someone when they test you for drugs. Use someone else’s urine in a condom for the test.
	99	I: Ja	
	100	P3: en wanneer hulle nou in daai dinge moet piepie, dan vat hulle nou daai kondoom en maak dit stukkend. So ek	

		wil ek het haar gesê dat ek gaan haar toets maar sy gaan nie weet wanneer nie.	I will test her, but she will not know when. With an unexpected test she will not have the opportunity to mislead me in the test.
	101	I: Ja. Nee hulle het baie as ek so luister het hulle redelik baie 'tricks'. So dit is maar 'n goeie manier.	
Possible drug addiction	102	P3: Ja, ek sal maar regtig. Ek weet nie, ek kan dit nie bewys nie.	*Repeat I do not know if she is back on drugs. Emphasis on not knowing. Sounds helpless.*
	103	I: Okay. En hoe is Werner en Alida se verhouding?	
Sibling relationship	104	P3: (..) Kyk, hulle kan nou oor die weg kom, maar soos broer en suster kan hulle ook maar baklei.	Alida and Werner come along now, but they can fight like brother and sister. Now that they are older, their relationship is better.
	105	I: Okay, okay. So amper maar daai tipiese broer en suster verhouding.	
Being outspoken	106	P3: Alida hou haar mond vir niks en	Alida keeps quite for nothing, not even the police. Alida speaks

		niemand nie. Nie eers vir ‘n polisie nie. Maar sy’s van kleins af so. So ek meen haar pa is ‘n alkolis, hy het ons aangerand, sy het van kleins af geleer om op haar regte te staan. Sy hou haar mond vir niks.	her mind, even to authority and even if she can get into trouble. Her dad was an alcoholic and he assaulted us, from when she was small she learned how to defend herself. This contributed to her dagga addiction? She keeps quite for nothing. *Put emphasis on the nothing to make her point*.
Fending for yourself			
	107	I: Niks nie.	
Nothing will silence her Quiet temperament Ruined schooling	108	P3: En Werner is nou weer die stil rustige seun. Al het hy ook nou sy skool opgeneuk, maar ons het nog nooit problem gehad van verslawing en goed by die kind nie.	Werner is the quiet son. He also ruined his schooling but we never have a problem of addiction with him. It is easy to get along with Werner and I do not worry about him.
	109	I: Okay	
Not rebellious	110	P3: Ook nie ‘n, ah, rebelse tiener nie. Hy het ook sy nukke nou en dan, maar hy was rustig.	Not a rebellious teenager, now and again he has his moods. He has no extreme moods or behaviours that are of concern.

	111	I: Mm, okay. Ek sit dan sommer, is dit okay as ek Alida en Werner se pa hier insit?	(Asking if it is okay that I can include Werner and Alida's dad on the genogram, her late husband).
	112	P3: Dis doodreg.	It is perfect.
	113	I: Net om te sê hy was oorlede. Um, was hy ook 'n alkolis?	
First alcoholic husband	114	P3: Ja, hy was erg. Hy was verslaaf aan grandpa's, en hy was 'n totale alkolis.	He was a severe alcoholic. Addicted to grandpa's and a complete alcoholic. How does this influence your view of addiction?
	115	I: Okay. En dit is wat mens geneig is om te kry, is dat dit is in die familie. As dit daar is, so ek is bly jy hou darem vir Alida net so bietjie dop.	
	116	P3: Ekke doen.	
	117	I: Ja, ja. En, um,	
Drinking by example Genetically predisposed	118	P3: Ek het eers gedog my kinders gaan begin erg drink. Want hulle het begin	I thought my children will start drinking severely. As their dad was an alcoholic and they were exposed to his drinking and

		drink, toe se ‘n ander vrou vir my, ek	behaviour.
Experimenting		moet hulle los. Eerder nou die goed	They did start drinking, but I left them to experiment. They
		uittoets terwyl hulle jonk is. En weet jy	however stopped by themselves. Prescribing to them not to
		dit het gewerk. Hulle het net self gelos,	drink could lead them to do the opposite, however freedom to
		maar nou het Alida begin werk in ‘n	experiment made them stop drinking.
Working in a toxic		‘bar’, waar sy ook ‘n drankie moet drink	Alida works at a bar where she should enjoy a drink without
environment		maar sy mag nie dronk word nie. En	getting drunk. I told her I do not like it. Worried that she works
		toe het ek vir haar gesê ek hou nie	at a place where she is exposed to alcohol. What could this lead
		daarvan nie. Toe sê sy ma gee met net	to?
		kans tot ek genoeg geld het om, uh, sy	
		wil graag verder gaan leer want ons het	
		nie die finansies nie.	
	119	I: Ja, ja.	
Keeping an eye on her	120	P3: So ek hoop maar so, maar ek hou	I am keeping an eye on her. *Repeats this phrase multiple times*.
		haar dop.	Could it be to show how unsure and helpless she feels about the
	121	I: Okay, okay. En vir Dawie kan ek ook	situation?

		daai tekentjie insit van die ‘substance abuse’ enetjie?	
	122	P3: Ja.	
	123	I: (…. – teken). En Dawie se, um, ma en stiefpa. Enige, hoe kan ek sê, enige tekentjies wat jy daar wil insit. Iets ’significant’ van hulle wat vir jou uitstaan?	Draw the sign of substance abuse for Dawie.
Insignificant relationships	124	P3: Niks!	*Exclaimed nothing*. Sounded *disgusted* that anything could be significant when her mother in law is involved.
	125	I: Okay. Enige iets anders wat jy wil insit behalwe die nege honde? (Laughs)	
	126	P3: (Laughs) nee, nege honde en sestig voëls. Nee.	
	127	I: Sestig voëls?	
	128	P3: (Laughs)	
	129	I: Sjowee (Laughs). Kom ek sê so, jy	

		kan enige tyd iets bylas as jy voel, jy weet, as jy dalk iets wil bylas. Ons het die generasies gedoen, ons het die geslagte en die ouderdomme gedoen. Verblyf reëlings, verhouding en enige noemenswaardige gebeurtenisse soos die verslawing, wie oorlede is en so aan. Okay, dan is dit dit vir eers. En dan het ek nou ‘n paar vragies.	
	130	P3: Okay.	
	131	I: Hoe maak jy sin daarvan dat Dawie by Stabilis is vir behandeling?	
	132	P3: Sê weer.	
	133	I: Hoe maak jy sin daarvan dat Dawie hierso is vir behandeling?	
	134	P3: Weet jy, eers het dit nie vir my sin	It did not make sense. <u>Dawie coming to rehab did not make</u>

		gemaak nie, want Dawie het vir my	sense. He lied and said he was here for depression.
Lying about reason for rehab		gelieg oor hoekom hy hier was. Hy het vir my gesê hy is hier vir depressie.	Why did he lie? Still processing about the reason he came to rehab?
	135	I: Okay.	
Lying	136	P3: Ja. So hy het vir my gelieg, maar ek het al lankal vermoed hy is verslaaf aan pille. Want ek het al vir hom gesê	So he lied to me. *Sounds mad*. I have suspected that he is addicted to pills. She is confused and still making sense of the true reason he is at Stabilis.
Hate for alcohol and pills		luister hierso jy jy kan nie sonder ‘n pil nie. En ek haat ‘n pil en ek haat drank. Jy moet daai goed nie naby my bring nie.	I hate pills and alcohol. Used of hate to emphasise how much dislike she has for pills and alcohol. *Serious tone*. Never bring those things near me. Did your late husband contribute to your feelings towards pills and drugs?
	137	I: Ja	
	138	P3: Ek haat dit met passie. Maar, um, ek hoop net dit gaan hom help, regtig.	I hate it with passion. Repeats how much she hates pills and alcohol. I hope it helps him. That rehab will help Dawie. *Emphasise by adding really*.
	139	I: Okay	
Drunk behaviour	140	P3: Hy was darem nie aggresief of iets	He was not aggressive, he was a comic. When Dawie was

		nie, hy was ‘n komiek. As hy nou so gepil was en gedrink het.	drunk he was not aggressive like Lisa’s late husband, but he tried to be funny.
	141	I: Ja. So jy was eintlik half meer verbaas gewees toe jy dit uitgevind het.	
Signs of alcohol abuse	142	P3: Ja, maar hy was irriterend en goeters ook. Um, ek het net party aande sy asem geruik. Hy het nie voor my gedrink nie, want hy weet ek haat dit. Ek haat drank. Want Dawie was al die jare wat hy met my getroud is, um, my	Dawie as irritating as well. Some nights I smelled his breath. He never drank in front of me, because he knows how I hate it. She repeats how she hates it twice in this response.
Social drinker		pa vat ook sy drankie maar my pa was nie ‘n alkolis nie. Want my pa glo as hy, as iemand moet bel en daar is nood moet hy kan in sy kar klim en ry. So my pa was ‘n geleentheids drinker en Dawie ook. Dawie kon byvoorbeeld	My Dad is a social drinker. If someone calls for help my dad feels he needs to be sober to be able to drive. Dawie as well. Also a social drinker. He could estimate on one

		op sy een hand getel het hoeveel keer hy	hand how much he drank in a year.
Unsuspected alcohol		in ‘n jaar drink. So ek het nie eers	
abuse		vermoed (*shock/unbelievable*) van	I did not even suspect alcohol. *Sounds shocked and*
		alkohol nie. Maar ek het net die	*unbelievable about Dawie’s alcohol addiction.*
		afgelope ruk dan, ah, as Dawie na my	Now when Dawie came to kiss me good night I could smell the
		toe kom en hy wil my nag soen dat ruik	alcohol. He just said he had a drink with his stepdad.
Lying		ek die alkohol. Dan dink ek ag hy het	Reflecting back I can remember some the sign of alcohol use,
		net ‘n doppie agter by sy pa sy stiefpa	including the lying. I only found out about the alcohol he
		gedrink maar ek het nooit geweet van	bought a few days ago, when I found the bottles.
Evidence for alcohol		die drank wat hy gekoop het tot nou so	Dawie really did a good job hiding his alcohol addiction.
abuse		paar dae voor ek hiernatoe gekom nie	
		toe het ek die bottels gekry.	
	143	I: Okay. Dink jy jou gevoel oor drank	
		is oor jou eerste man?	
Previous experience with	144	P3: Ja, ja definitief.	My feeling towards alcohol stems from the days of my late
alcoholism	145	I: En kan jy enigeiets in die genogram	husband’s alcoholism.

		wat ons nou geteken het,die familie stamboom, is daar enige iets wat jy dink hier binne bygedrae het tot sy verslawing?	
	146	P3: (….). Nou vir Dawie?	
	147	I: Ja.	
Reason for addiction according to alcoholic	148	P3: Ek het nou eers gehoor hierso, dis maar oor sy seun se rebelsheid. Dit wat hy nou hier binne wat ek nou gehoor het, maar ek glo nie net dis sy seun nie.	I only hear now it is about his son being rebellious. Dawie said his alcoholism was cause by Jaco being rebellious. I do not believe it is just his son.
Reason for addiction according to spouse		Ek dink tog, ek meen, hier is ek, daar is sy seun en sy ma. Ek kom nie met sy ma of seun oor die weg nie, want ek meen dis heeltyd ‘n agteraf geskindery. En jy mag nie vir Jaco iets verkeerd sê nie dan is daar hel. En ek meen, ek dink	I do not get along with his son or mom, because there is always malicious gossiping. Treating her bad by talking behind her back. You can’t say something wrong to Jaco, because then there is hell. I can’t defend myself, as Jaco is always right. This leaves me helpless.

Feeling trapped		Dawie het in die middel gevoel en hy nie meer geweet watter kant toe nie. Ek dink ook maar dit.	I think Dawie feels trapped in the middle and not sure what to do. Dawie started using alcohol because of the hostile relationships between me and his son and mom.
	149	I: Okay. So jy proseseer dit ook maar nou eers, dit het half nou eers uitgekom.	I am still processing Dawie's reason for drinking.
Unpleasing living arrangements	150	P3: Ja, soos jy sê. Want sy ma bly by ons, en ek meen dis nie lekker om so skoonma te hê wat by jou bly nie.	His mom lives with us and it is unpleasant having such a mother in law living with you. The mother in law complicates relationships in the house and makes living at home tough.
	151	I: Ja, ek glo jou. En dink jy daar is enige iets anders, behalwe half sy seun se rebelsheid wat jy dink bydrae tot dit?	
	152	P3: Nee.	
	153	I: Okay. En, um, die terugvoersessie met Suzanne, hoe het jy gedink dit gaan wees?	
Different than expected	154	P3: Anderste as wat ek voorgestel het.	Different that I thought. My expectation of what the feedback

feedback session	155	I: Okay.	session would look like was different.
	156	P3: Want dinge het uitgekom waarvan ek nie eers, okay ek het daarvan geweet maar ek het nie geweet ek gaan (..) die 'guts' hê om daaroor te praat nie.	Because things came out which I did not think I would have the guts to say. I did not think I would have the courage to speak about sensitive issues and be completely open to the process.
Truthful feedback session Courageous			
	157	I: Okay, so dit was heeltemal	
	158	P3: anderste	Completely different experience that I imagined.
	159	I: 'n Groot stap vir jou ook gewees. Okay, die volgende vraag sal mooi daarby inpas, tot watter mate het die terugvoer sessie half opgeleef tot jou verwagting? So dit was heeltemal iets anders?	
Marriage counselling	160	P3: Ja, nou gaan ek en Dawie tenminste vir huweliksberading.	Dawie and I are going for marriage counselling. We are going for therapy to help solve our issues; we have some clarity about what the future holds for us.
	161	I: Okay, okay. So daar het half meer	

		‘clarity’ gekom oor amper die pad vorentoe vir julle?	
	162	P3: (Nod head for yes)	
	163	I: Okay. En oor die algemeen hoe het jy die terugvoersessie ervaar?	
Good feedback session	164	P3: Goed.	Feedback session was good.
	165	I: Goed?	
Very good session	166	P3: Baie goed.	*Repeats how well by saying very good*.
	167	I: Iets wat vir jou uitgestaan het?	
Surprised by helpfulness	168	P3: Dat sy (Suzanne) ons regtig wil help.	What stood out was that Suzanne really wants to help us. Surprised that there is still people who wants to help you and care.
	169	I: Oh	
Likeable psychologist	170	P3: Ek is mal oor haar (Laughs).	I am crazy about her. *Laughing of happiness*. I really like her.
	171	I: Okay	
Feeling heard Objectivity	172	P3: Sy het nie my kant gevat nie sy het nie Dawie se kant gevat nie, sy het in	She did not choose side, she stayed in the middle. Suzanne did not make one of us feel responsible for the problems, she stayed

		die middel gebly.	objective and listened to both parties.
	173	I: Ja, ja. En dit is wat ‘n goeie terapeut kan doen.	
No blaming	174	P3: Sy het nie vinger gewys nie, sy het regtig, sy was puik.	She did not point a finger. She did not blame one of use for the problems in our marriage, she did not make me feel like I did something wrong.
	175	I: Okay. So waar los dit jou nou dink jy op die oomblik?	
	176	P3: Sê weer.	
	177	I: Waar los dit jou op die oomblik, dink jy..	
Courage for future	178	P3: Ek het darem nou ‘n bietjie moed.	I have a little bit of courage now. Courage for our marriage for the future.
	179	I: Okay. Ja, dis wonderlik. Um, en hoe was dit om die terugvoersessie saam met Dawie te doen?	
Scared	180	P3: Ek was eers bang, want ek was bang hy gaan eers met my baklei omdat ek	I was scared at first. About the doing the feedback session with Dawie. I was scared he will fight with me if I tell the truth.

Truth might get you in trouble Nervous Open truthful communication		die waarheid hier praat. Want ek het hom vroegtydig gevra, mag ek die waarheid praat en hy het gesê ja. Ek was eers skrikkerig, ek het eers gewag dat hulle praat en	Telling the truth could offend him and put him in a bad light. He said I could tell the truth. I was nervous at first and waited for them to talk first. Nervous to tell the truth or about the feedback session? Nervous about the unknown?
	181	I: Um, um	
	182	P3: (..) toe praat ek maar.	
	183	I: Okay, so jy was bly gewees dat jy van die begin af eerlik gepraat het.	
	184	P3: Ja.	I was glad I was honest in the session.
	185	I: Okay, okay. En, wat sal jy van die terugvoersessie af wegvat?	
	186	P3: Niks.	Nothing. She said she will take nothing away from the feedback session. However, she understood and interpreted the question as asking what she will change about the feedback session.
	187	I: Niks nie.	
	188	I: Het jy enige voorstelle vir die terugvoersessie?	

	189	P3: (…) Nee.	No recommendations for the feedback session.
	190	I: Nie regtig nie. En watse ander voorstelle dink jy kan behulpsaam wees by Stabilis wat hulle dalk met die pasiente bietjie anders kan doen? Het jy enige voorstelle?	
New to rehab process	191	P3: Nee, dis die eerste keer wat ek regtig met so iets te doen het.	No recommendations for Stabilis Treatment Centre. This process is new to her; therefore she is still trying to understand how rehab and its components are working.
	192	I: Um, um	
Different approaches to dealing with addiction	193	P3: Ek weet regtig nie. Ek weet nie eens hoe dit werk nie, want Alida toe sy verslaaf was, nou die ou wat sy het se ma was ryk. En sy het laat hulle gaan vir hierdie hipnose en toe werk dit nie. Toe kry hulle die inplantings.	I really don't know. I am clueless about how rehab works. When Alida was addicted she went for hypnosis which did not work. Then the implants. I am used to different approaches when dealing with addiction.
	194	I: Okay, okay.	

	195	P3: So ek het nie my kind by sulke plekke nie, so dis die eerste keer dat ek regtig met sulke goed werk.	It is the first time working with rehab as helping addiction.
	196	I: Ja, ja, ja. Um, weet jy op die oomblik hoe die pad vorentoe lyk vir jou en Dawie?	
The future is unknown	197	P3: Op die oomblik weet ek nie, dit lyk nog so bietjie donker.	At the moment our future seems a bit dark. Unsure about her and Dawie's marriage in the future, but not good at the moment.
	198	I: Okay, okay. En in terme van Suzanne, gaan julle haar weer kan sien?	
Marriage counselling	199	P3: Ja, ons het al klaar 'n afspraak vir volgende week, maar dit is nou na ure.	We start with marriage counselling next week.
	200	I: Okay.	
See light if therapy works	201	P3: So sy gaan ons nou sien. As dit gaan werk, dan sien ek dan tenminste lig.	If the counselling works, then I see light. We need help in dealing with our problems. Only if therapy works I can see hope for a future still together.

	202	I: Ja, okay. So tenminste die minste wat die terugvoer sessie kon doen was om vir jou weer hoop te gee.	
	203	P3: Hoop te gee, ja.	The feedback session gave me hope.
	204	I: Okay. En is daar enige iets anders wat dalk vir jou opgekom het tydens die 'interview' wat jy wil deel?	
	205	P3: Met hierdie 'interview'?	
	206	I: Ja.	
Enjoyed interview	207	P3: Nee, maar ek hou daarvan. Dit is die eerste keer dat iemand my 'interview'.	I like the interview; it is the first time that someone interviews me. Lisa's job is to interview people; therefore she enjoys being the one interviewed this time.
	208	I: Okay.	
	209	P3: Ek doen dit gewoonlik.	
	210	I: Ja, ja. Ek kan dink. So ek dink dit is al die vragies wat ek het.	

APPENDIX E: Tables of subordinate themes

Table E1: Table of subordinate themes participant 1

Themes	**Transcript/line**	**Key words**
Aftermath of losing coping mechanism		
Coping mechanism is important	1/79	‘coping mechanism’ is baie ‘big’
Serious physical injury	1/73	rug gebreuk in ‘n motor ongeluk
Losing coping mechanism	1/73	heeltemal weggeneem
Lost coping mechanism	1/81	‘coping mechanism’ weggevat
Multiple stressors decrease tolerance of coping	1/75	dalk voor dit kon hy dit nog kan hanteer
Less stress tolerance at a younger age	1/75	geskei ook op ‘n verskriklik jong ouderdom
Dealing with disappointments by drinking	1/79	‘bad’ toets gehad het
Coped at university by drinking	1/81	universiteit en dis maar hoe die oukies gecope het
Alcohol as coping mechanism	1/73	hy kan nie meer sulke goeters doen nie
Contributing factors to alcoholism		
Alcoholic family history	1/32	in sy familie aan sy ma se kant

Genetically predisposed	1/69	hy was genetically predisposed
Being genetically predisposed causes faster addiction	1/73	het hy dit hom vinniger gevang
Habit of heavy drinking	1/75	toe is hy klaar in die ritme in
Personality type as contributing factor to addiction	1/81	persoonlikheids tipe is ook ‘n factor
Alcohol gene	1/103	van altwee kante af is daar hierdie ‘gene’
Unique individuals equal unique experiences		
Individuals have different stressors	1/83	iets wat hy as ‘n stressor sien sal ek glad nie
Experience events more intense	1/85	belaglik, dan is dit vir hom iets iets ‘big’
Different reaction to the same incident	1/83	as dinge ‘tough’ gaan, maar dis persoonlik
Different approach to solve problems	1/83	nou sit jy maar jou kop neer en jy werk daardeur
Different experience for the same event	1/85	ietsie klein vir hom is ietsie groot.
Difference in coping in social gatherings	1/111	as spouse, is heeltyd is jy okay,
The truth about rehab		
Rehab not a wonder cure	1/101	siening van rehabilitasie verander
Rehab a refresher	1/101	Rehab is ‘n ‘refresher’
Expectations of rehab changes with time	1/101	eerste keer toe hy ‘rehab’ toe gegaan het

False advertising about rehabs	1/131	kan net twee keer hiernatoe kom
Stabilis rehab policy	1/131	vir my goed is van Stabilis
Experience of couple feedback session		
Importance of feedback session	1/171	ontslaan word moet jy een spousal sessie bywoon
Multiple feedback sessions necessary	1/109	tenminste twee of drie
Multiple feedback sessions important	1/117	meer terugvoer sal beter wees
Role of feedback session	1/99	‘regroup thing’
Feedback session give knowledge	1/129	hy weer ‘lapse these are your choices’
Feedback session to evaluate where you are	1/155	besef het hoe ver ons al aanbeweeg het
Feedback session create open communication	1/157	eerste keer wat hulle eintlik hoor.
Feedback session more important for alcoholic	1/135	baie belangrik vir die ou wat die ‘alcoholic’
Alcoholic in feedback session at a place ready to listen	1/159	hoor hulle dalk vir die eerste kere van die ‘spouse’ af
Nice feedback session	1/155	vir my ‘nice’
Experience of group feedback session		
Group session is good	1/155	dink dit is goed
Video as an information giving tool	1/133	goed was was dat hulle het wys vir jou ‘n video

Group session less intimidating	1/161	groepsessie is vir my beter
Group session provide answers without putting spouse on the spot	1/163	'general questions' vrae. Sonder dat dit gemik is,
Spouse's lived experience of a relapse		
Relapse unpredictable	1/215	weet nooit wanneer hy gaan 'relapse' nie
Relapse is life changing	1/215	Jou lewe verander binne 2 minute
Contributing reasons for relapse	1/115	'but what did I do wrong'
Stress as the cause to relapse	1/87	dis nie meer stres as laas jaar nie
Need to drink surpass a valid reason for relapsing	1/87	'anything can be the cause'
Furious	1/115	kwaadste wat jy sal wees
Acceptance of relapse	1/115	die plek van aanvaarding
Shorter relapse, easier to sober up	1/67	hy kan self uitkom
Importance of individual therapy for both		
Psychological treatment for both	1/109	ek moes geleer het 'you have to have your own life'
Therapy for spouse important	1/139	bly dat ek gegaan het vir die terapie
Spouse also needs work	1/173	jy kort dit
Therapy deals with emotions	1/141	Jy gaan nie jou emosionele gevoelens kan hanteer nie

Leave past behind	1/143	mens wil nie half kyk in die verlede nie
Resolve possible issues now	1/147	dit is soos ‘poison ivy’
Work through emotions	1/175	waardeur ek moes huil
Spouse can move on through therapy	1/139	uit die motorongeluk wat sy drink is uitklim
Build own identities together	1/109	identitieit te bou weg van hom maar saam met hom
Experience towards alcoholism in the ‘outside world’		
Stigma of alcoholism	1/91	altyd so bang vir die stigma
Rehab – to tell or not to tell?	1/103	nie eintlik vir almal sê o my man is in ‘rehab’ nie
Assumption about rehab patients	1/105	mense daar buitekant sê
Lack of insight in alcoholism	1/239	ag moenie so wees nie vat ‘n drink
Insensitive	1/239	jy wil nie drink nie vat ‘n ‘shot’
Spouse’s experience as life with an alcoholic		
Added responsibility when living with an alcoholic	1/59	ek het maar geleer om dit te ‘float’
Learning to live with alcoholism	1/91	ek dink mens leer leef daarmee
Lifelong coping process	1/111	as ‘spouse’ is jy so (.) jy ‘cope’
Spouse’s experience during rehab		

Sense of freedom	1/207	ek kan nou net asem haal
Reflecting	1/207	'okay', maar wat pla my
Time to process	1/209	jy tyd gehad om te 'process'
Space to process	1/215	dan het jy jou 'space' om te 'process'
Do my own thing	1/219	ek kan saam myself wees
Not worry	1/219	ek hoef nie te 'worry'
Spousal experience after rehab		
Rediscover each other as a couple	1/107	moeilikste deel om dan mekaar weer te vind
Suspicious after rehab	1/111	sonder dat jy daaraan dink 'check' jy nogsteeds
Different roles spouse take on	1/111	jy gaan nou 'n nuwe rol vervul
Relapse possibility after rehab	1/117	kans dat jy 'relapse' is groot
Dedicated to attend AA support groups	1/123	as 'n 'couple' sê op 'n Donderdag gaan ons 'AA' toe
Make AA a habit	1/173	in die gewoonte kan kom
Rollercoaster ride of emotions		
Furious	1/131	wat vir my verskriklik kwaad maak
Very mad	1/115	die kwaadste wat jy sal wees in jou lewe

Very sad	1/115	ongelooflik hartseer
Longing	1/115	hoekom kan ek nie die ‘white picket fence’ hê nie
Fear	1/159	jy het ‘n vrees van sê nou ek kan nie ‘sober’ bly nie
Fear	1/159	Maar jy moet onthou as ‘spouse’ het ek dit ook
Mixed emotions	1/175	‘Yeah’ hy is nou beter. Maar jy het nie ‘gedeal’ nie
Scared and excited	1/175	En ek is ‘excited’ maar ek is bang
Withdrawing	1/185	ek onttrek bietjie meer
Frustration	1/201	dit is ‘stupid’
Relief	1/205	gesukkel het om iemand te kry om ‘rehab’ toe te gaan
Relief	1/209	daai plek van verligting
Relief	1/213	‘you only feel relief’
Emotionally tiring	1/215	emosioneel uitmergelende
Mixed feelings	1/227	‘funny’ gevoel van ‘you’re excited but you are not’
View of self in relation to the alcoholic		
Not the victim	1/91	‘I’m not a victim in this’
Choice to stay or leave the alcoholic	1/91	dit is my keuse om hier bly

Spouse has no control over alcoholic's problem	1/93	ek kan niks doen om dit te verander nie
Changing as spouse ineffective	1/93	Ek kan nie skielik hierdie super huisvrou wees
Spouse learn to cope alone	1/107	jy't klaar so as 'spouse' geleer 'cope'
Can't rely on alcoholic	1/107	ek kan nie op hom 'rely' nie
Alcoholic can't rely on himself	1/107	'He can't even rely on it'
Alcoholism dictates your life	1/217	so jou lewe word beplan,
Family an essential component in the recovery process		
Family is of significance	1/12	'Obviously' beteken mens se 'family' mos iets
Family members and different roles	1/185	'family structure' werk so goed
Withdrawing	1/185	ek onttrek bietjie meer, Marc onttrek heeltemal
Motivation	1/185	seun jy moet opstaan jy is 'n 'go-getter'
Family works as a team	1/185	as almal nou die rondte gedoen het
Importance of family support team	1/189	nie 'n 'one support team' nie
Relationships fulfil different needs	1/191	elke verhouding verskillend

Table E2: Table of subordinate themes participant 2

Themes	**Transcript/ line**	**Key words**
Friendship and familial relationships		
No significant familial relationships	2/30	Want to add a significant relationship? Uh, no
No significant familial relationships	2/38	No, not really.
The temptation friends	2/154	friends they buy for him all those things
Choosing friends	2/154	going to cut this friend out of mine
Good vs. bad friends	2/154	I have to tell you no, what you are doing is not right
Unsupportive friends	2/160	I'm going to quit these things guys
Need for supportive friends	2/160	please help me along the way
Lie to friends	2/160	so those people will expect they were doing
Teasing	2/162	previously
Insensitive friends	2/162	they will tease him always
Being truthful	2/162	he was not up not opening up
		No guys, I'm going to change

Parenting		
Family as contributing to addiction	2/110	their extended family they also contributed a lot
Bad role models	2/112	they were not there for him
Lack of guidance and support	2/114	No, the support was not there
Becoming a new dad	2/164	I think like the present like, my situation now
Ending the cycle of bad parenting	2/164	I don't want to be the father that my father was to me
Exposure to substance abuse		
Parents contributing to addiction	2/110	the main factor is his parents
Parental substance abuse	2/92	They were using it, like a lot
Witnessing substance abuse	2/112	Ja, he saw them
Negative emotions		
Fear	2/137	going back to where you guys where before
Scary	2/140	For me, it is actually scary
Worried	2/140	I don't know what to expect like from tomorrow
Apprehensive for discharge	2/140	Cause tomorrow is going to be a weekend
Unsure	2/140	I don't even know like how like how will he cope

Disregarded by alcoholic	2/144	he never took me seriously
Frustrated and annoyed	2/144	it is not right. So why can't you just stop it
The cycle of change		
Rehab a big step	2/108	For him to come here is a big step
Readiness to change	2/108	he is willing to change
Acknowledge a problem	2/108	now he is admitting that, uh, he is having the problem
Reluctance to change	2/136	the person is not willing to change
Consequences of unwillingness to change	2/136	To his, uh, his way and so on
Changing in rehab	2/136	now I'm changed
The old self	2/136	like it was me before
Change from addiction to sober	2/140	using and now he is willing to change
The unexpected	2/140	I don't know what to expect like from tomorrow
Unexpected changed person	2/160	his friends they don't know that he's been here
Carry on like previously	2/160	so those people will expect they were doing previously
Unexpected change	2/162	They are not expecting the change

Look at self to assist addict		
Spousal change to assist recovery	2/126	Like I'm quitting
Alcohol abstinence	2/126	I want to stop completely
Knowing when you partner needs support	2/142	Just to know that when to support him
Support by talking	2/144	I will talk to him
Lack understanding of why continue to drink	2/144	So why can't you just stop it?
Feedback session: Lived experience		
Feedback session okay	2/146	It was okay
Surprised	2/146	he surprised me
Calm open communication	2/146	he was calm and just opened up
Pleasantly surprised	2/146	surprised me
Sobriety vs. drinking		
Overcome old temptations	2/140	I know that when its weekend he's going to drink
Coping with sobriety	2/140	I don't even know like how like how will he cope
Assist in process of adapting to a world without alcohol	2/154	going to choose the friends for him

Table E3: Table of subordinate themes participant 3

Themes	**Transcript/line**	**Keywords**
The bright side of relationships		
Good mother-son relationship	3/54	is negentig persent goed
Excellent relationships	3/74	My stief skoonpa, puik
Sibling relationships	3/104	kan nou oor die weg kom
The dark side of relationships		
Distant mother-daughter relationships	3/58	sy sy trek weg
Sensitive relationship	3/68	Op die oomblik is ons nou bietjie wankelrig
Mending broken relationships	3/70	om ons te help met huweliksberading
Hostile relationships	3/72	(sigh), ons kom glad nie oor die weg nie
Daughter's wellbeing a mystery	3/84	Ek weet nie
Insignificant relationships	3/124	Niks!
The feedback session experience		
Different than expected feedback session	3/154	Anderste as wat ek voorgestel het

Truthful feedback session	3/156	Want dinge het uigekom
Courageous	3/156	nie geweet ek gaan (..) die ‘guts’ hê
Good feedback session	3/164	Goed.
Very good session	3/166	Baie goed
Surprised by helpfulness	3/168	Dat sy (Suzanne) ons regtig wil help
Feeling heard	3/172	sy het nie Dawie se kant gevat nie
Objectivity	3/172	sy het in die middel gebly
No blame	3/174	Sy het nie vinger gewys nie
Courage for future	3/178	Ek het darem nou ‘n bietjie moed
Scared	3/94	ek wil nie daai vertroue breek
Nervous	3/180	Ek was eers skrikkerig
Open truthful communication	3/182	toe praat ek maar
Detecting possible addiction		
Usual addictive behaviour	3/86	Want sy is nie aggresief soos sy altyd was of so nie
Keeping an eye	3/120	ek hou haar dop
Suspected substance abuse	3/84	Ek ek vermoed dit

Benefit of the doubt	3/92	ek kan nie sê sy lieg nie
Trust	3/94	nie daai vertroue breek
Scared	3/94	ek is net bang vir daai skok
Random drug testing	3/98	haar een of ander tyd toets, sonder dat sy weet wanneer
Possible drug addiction	3/102	ek kan dit nie bewys nie
Keeping an eye on her	3/120	ek hou haar dop
Drunk behaviour	3/140	nie aggresief of iets nie, hy was ‘n komiek
Signs of alcohol abuse	3/142	net party aande sy asem geruik
Unsuspected alcohol abuse	3/142	So ek het nie eers vermoed van alkohol nie
Lying	3/136	So hy het vir my gelieg
Lying	3/142	net ‘n doppie agter by sy pa sy stiefpa gedrink
Evidence for alcohol abuse	3/142	nooit geweet van die drank wat hy gekoop
Contributing factors to addiction		
Bad decisions	3/78	toe kry sy verkeerde maats
Dagga as coping mechanism	3/78	Toe val sy, toe raak sy verslaaf aan, um (..), dagga

Traumatic experiences	3/80	Verkrag
Drinking by example	3/118	Ek het eers gedog my kinders gaan begin erg drink
Genetically predisposed	3/118	Ek het eers gedog my kinders gaan begin erg drink
Experimenting	3/118	goed uittoets terwyl hulle jonk is
Working in a toxic environment	3/118	begin werk in ‘n ‘bar’
Reasons for addiction according to alcoholic	3/148	oor sy seun se rebelsheid
Reasons for addiction according to spouse	3/148	Ek kom nie met sy ma of seun oor die weg nie,
Feeling trapped	3/148	ek dink Dawie het in die middel gevoel
Preconceived idea of alcoholism		
First alcoholic husband	3/114	hy was ‘n totale alkolis
Hate for alcohol and pills	3/136	En ek haat ‘n pil en ek haat drank
Previous experience with alcoholism	3/144	Ja, ja definitief
View of future marriage counselling		
Marriage counselling	3/160	nou gaan ek en Dawie tenminste vir huweliksberading
Likeable psychologist	3/160	Ek is mal oor haar
The future is unknown	3/197	dit lyk nog so bietjie donker

Marriage counselling See light if therapy works	3/199 3/201	ons het al klaar ‘n afspraak vir volgende week As dit gaan werk, dan sien ek dan tenminste lig

APPENDIX F: Master table of themes

Themes	Transcript/line
A) Focus on feedback session	
Experience of the feedback session.	
P1: die terugvoer sessie was vir my 'nice'.	1/155
P1: jy moet tenminste twee of drie, ek dink nie een terugvoer sessie vir 'n spouse is genoeg nie.	1/109
P1: En dit is hoekom ek dink, um, meer terugvoer sal beter wees.	1/117
P1: ek dink hulle moet sê soos sê nou maar, as jou 'spouse' twee weke hier in is moet jy tenminste twee sessies kom.	1/199
P1: die terugvoer sessies met die 'spouses' so belangrik is	1/215
P2: It was okay.	2/146
P3: Goed.	3/164
P3: Baie goed.	3/166
P3: Anderste as wat ek voorgestel het.	3/154
P3: Sy het nie my kant gevat nie sy het nie Dawie se kant gevat nie, sy het in die middel gebly.	3/172
P3: Sy het nie vinger gewys nie, sy het regtig, sy was puik.	3/174

Meaning of feedback session.	
P1: (...) kyk, vir ons is dit ‘n ‘regroup thing’.	1/99
P1: P1: Mm, maar dink dit is baie belangrik vir die ou wat die ‘alcoholic’ is meer as vir die ‘spouse’, want hulle kom agter, jissie maar regtig, verstaan.	1/135
P1: was vir my ‘n ‘nice’ in die sin van dat ek besef het hoe ver ons al aanbeweeg het.	1/155
P3: Ja, nou gaan ek en Dawie tenminste vir huweliksberading	3/160
P3: Dat sy (Suzanne) ons regtig wil help.	3/168
P3: Ek het darem nou ‘n bietjie moed.	3/178
P3: Hoop te gee, ja.	3/203
P2: like the way he responded first, neh, ja I did get that sense you know that the person is not willing to change. Which means he is going to go back. To his, uh, his way and so on. Then later he said you know like it was me before then now I’m changed. Ja.	2/136
Open communication.	
P1: Is dit die eerste keer wat hulle eintlik hoor.	1/157
P1: Verstaan, hulle sien glad nie want hulle is nie op ‘n plek waar hulle kan sien nie. Um, en in daai sessie hoor hulle dalk vir die eerste kere van die ‘spouse’ af.	1/159

P2: he is not that kind of person who would open up easily. So, but he surprised me he was calm and just opened up.	2/146
P3: Want dinge het uitgekom waarvan ek nie eers, okay ek het daarvan geweet maar ek het nie geweet ek gaan (..) die 'guts' hê om daaroor te praat nie.	3/156
P3: die waarheid praat.	3/180
Feelings.	
P1: Ja, ek dink (....) dis moeilik	1/155
P1: dit is nie vir my lekker nie dis hoe seer jy my gemaak het, dit is wat jy gedoen het, hierdie is my vrees, jy as alkolis het ook 'n vrees, jy het 'n vrees van sê nou ek kan nie 'sober' bly nie.	1/159
P2: he surprised me.	2/146
P2: (…) For me, it is actually scary.	2/140
P3: Ek is mal oor haar (Laughs).	3/170
P3: Ek was eers bang, want ek was bang hy gaan eers met my baklei omdat ek die waarheid hier praat.	3/180
P3: Ek was eers skrikkerig, ek het eers gewag dat hulle praat.	3/180
B) Focus on contributing factors of addiction	
Genetics contributing to addiction.	
P1: (..) Wel, ek dink hy was genetically predisposed...as mens na sy 'family history' kyk.	1/69

P1: Um, en, omdat hy 'genetically disposed' was het hy dit hom vinniger gevang.	1/73
P1: Umm, en dan weet ek in sy familie aan sy (John) ma se kant, um, sy ma se sussie was ook 'n alkolis.	1/32
P3: So ek meen haar pa is 'n alkolis.	3/106
P3: Ja, hy was erg. Hy was verslaaf aan grandpa's, en hy was 'n totale alkolis. Ek het eers gedog my kinders gaan begin erg drink.	3/114
P1: As ek gaan kinders hê gaan ek met my kinder baie mooi moet praat, want, um, van altwee kante af is daar hierdie 'gene', so ek moet vir hulle sê jy moet meer passop	1/103
P2: I think from like eh from the mother and the father. They were using it, like a lot.	2/92
Inability to cope with demanding situations as contributing factor.	
P1: En toe hy (John) twintig was het hy sy rug gebreek in 'n motor ongeluk. [ ] Toe word dit (being active) heeltemal, so sy 'coping mechanism' wat dit was, is heeltemal weggeneem. [ ] En toe is hy nog geskei ook op 'n verskriklik jong ouderdom. Want ek dink die grootste mate van (..) verstaan dalk voor dit kon hy dit nog kan hanteer, um, was dit nie so erg probleem nie, maar van daai punt af was dit, want toe is hy klaar in die ritme in.	1/73, 75
P3: toe kry sy (Alida) verkeerde maats. Sy het 'n man gesien wat soos haar oorlede pa lyk, maar sy het haar pa se lyk gesien so sy weet hy is dood. Toe ewe skielik dink die kind ek het haar pa geskei. Toe val sy, toe raak sy verslaaf aan, um (..), dagga.	3/78

I: is daar enige iets wat jy dink hier binne bygedrae het tot sy verslawing? [ ] **P3:** Ek het nou eers gehoor hierso, dis maar oor sy seun se rebelsheid. [ ] Ek dink Dawie het in die middel gevoel en hy nie meer geweet watter kant toe nie.	3/145, 148
P3: nou het Alida begin werk in 'n 'bar', waar sy ook 'n drankie moet drink maar sy mag nie dronk word nie. En toe het ek vir haar gesê ek hou nie daarvan nie. Toe sê sy ma gee my net kans tot ek genoeg geld het om, uh, sy wil graag verder gaan leer want ons het nie die finansies nie.	3/118,
P1: Um, en ek sê baie kere ek dink 'n universiteit kweek eintlik alkoliste. [ ] En hy was ook op universiteit en dis maar hoe die outjies gecope het, verstaan? Um, toe hy nog gedraf het en sulke goed is sy 'coping mechanism' weggevat.	1/79, 81
Individual's character as contributing factor.	
P1: en sy persoonlikheids tipe is ook 'n faktor want, um, partykeer sal ek dink "jis dit is belaglik", dan is dit vir hom iets iets 'big' verstaan?	1/81
P2: Even if he (Simphiwe) maybe he is having a R20 on his pocket and he knows that that R20 is for him to buy a (?) to go to the, he'll give the money. Then later he will (..) I: Okay. P2: Ja. I: So almost put other people in front P2: Ja I: of himself.	2/116-121
C) Focus on relationships	
Dynamics of familial relationships.	
P1: 'Obviously' beteken mens se 'family' mos maar vir mens iets.	1/12

P1: Baie goed, ja. Baie goed. Hulle is ‘n, hulle is ‘n baie groot deel van sy ‘support structure’. Ongelookflike groot deel.	1/39
P1: Um, maar ek dink die ‘family structure’ werk so goed.	1/185
P1: ek onttrek bietjie meer, Marc onttrek heeltemal, ek is nog daar, maar ek is verstaan half beskerm myself,	1/185
P1: sy pa sal kom en met hom praat en sê kom seun jy moet opstaan jy is ‘n ‘go-getter’	1/185
P1: Dan kom sy ma in wat die sagter een is wat die liefde bring.	1/185
P1: Dis hoekom is dit nie ‘n ‘one support team’ nie.	1/189
P1: vir my so ‘sad’ is en die tyd wat mense besluit ek kort ‘rehab’, ek kort hulp, is daar nie meer daai verhoudings nie.	1/191
P1: Hulle het nie ‘relationships’ nie.	1/191
P1: En hulle sal okay wees, en dit sal okay wees as hulle sterk genoeg is en as hulle ‘family’ het en ‘n ‘support structure’ het.	1/239
I: And Simphiwe does he have a significant relationship with his mom or used to have with this dad? **P2:** No, not really.	2/37-38
P3: Okay, met Dawie. Op die oomblik is ons nou bietjie wankelrig.	3/68
P3: Ah, (…..) ek sal ook sê daar is ‘n ‘distance’ tussen ons op die oomblik.	3/70
P3: ek dink Dawie het in die middel gevoel en hy nie meer geweet watter kant toe nie.	3/148
Friendships.	
P1: ‘n ‘support structure’ het, veral vriende het wat ‘okay’ daarmee is.	1/239

P1: mans is mos baie so nee kom tjomma, ag moenie so wees nie vat ‘n drink. Of jy wil nie drink nie vat ‘n ‘shot’.	1/239
P2: So like if even if maybe he doesn’t have money those kind of friends they buy for him all those things.	2/154
P2: I’m going to cut this friend out of mine, because they are not helping me.	2/154
P2: if maybe you are doing something wrong, if maybe I’m your friend I have to tell you no, what you are doing is not right.	2/154
P2: how will you expect them to support you if maybe you have not yet tell them you know I’m going to quit these things guys.	2/160
P2: They are not expecting the change. Ja, they will tease him always, cause he was not up not opening up.	2/161
P3: En, toe kry sy verkeerde maats.	3/78
D) Focus on emotions **During relapse or alcohol abuse.**	
P1: kyk elke ‘relapse’ is vir mens sleg. Daar’s, um, dit is die kwaadste wat jy sal wees in jou lewe. Jy’s (...) ongelooflik kwaad. Maar jy is ook ongelooflik hartseer want jy het nou gedink dit gaan werk.	1/115
P3: Maar, um, ek hoop net dit gaan hom help, regtig. [ ] En ek haat ‘n pil en ek haat drank. Jy moet daai goed nie naby my bring nie. [ ] Ek haat drank. [ ] Ek haat dit met passie.	3/138, 136, 142, 138
P2: he never took me seriously. [ ] Do whatever you do, even yourself know that, it is not right. So why can’t you just	2/144

stop it? You understands?	
My own process when the alcohol-dependent person is admitted	
P1: En, 'then maybe for the first time' in maande jare, 'you have time to breathe'. [ ] Want jy jy is net op 'n plek waar jy 'you only feel relief'. [ ] En nou het jy drie weke of twee weke net om te sê ek kan saam myself wees. Ek hoef nie te 'worry' dat iemand gaan val, of in 'n ongeluk gaan wees. [ ] Is jy 'emotionally' op 'n plek van, okay (sigh), ek kan nou net asem haal laat hy net daar ingaan.	1/207, 213, 219, 207
P2: That okay like now he is admitting that, uh, he is having the problem and he is willing to change. Ja I did get that sense you know that the person is not willing to change. [ ] Maybe one day, maybe one day he will change. Like now, I think like the present like, my situation (being pregnant) now is the one that triggers him.	2/108, 136, 164
P3: Dawie het vir my gelieg oor hoekom hy hier was. Hy het vir my gesê hy is hier vir depressie. [ ] Ja. So hy het vir my gelieg.	3/134, 136
Feelings towards being discharged.	
$P1_{31}$: Ek was net so bly en 'elated' van 'yeah' hy is nou beter. [ ] En ek is 'excited' maar ek is bang. [ ] En dis 'n dis 'n funny gevoel van 'you're excited but you are not' [ ] Um, verstaan, as jy in 'n 'social setting' is is jy meer gespanne.	1/175, 227, 111
P2: Ja I did get that sense you know that the person is not willing to change. Which means he is going to go back. [ ] today he is going out so I don't know what to expect like from tomorrow. Cause tomorrow is going to be a weekend, so	2/136, 140, 164

from the previous, I know that when its weekend he's going to drink, so like now I don't even know like how like how will he cope of such. [ ] the hope is something that has keep me going. **P3:** Op die oomblik weet ek nie, dit lyk nog so bietjie donker. [ ] Ja, nou gaan ek en Dawie tenminste vir huweliksberading. [ ] Ek het darem nou 'n bietjie moed. [ ] As dit gaan werk, dan sien ek dan tenminste lig.	3/197, 160, 178, 201
E) Focus on the couple **Self-reflection and my contribution to my spouse's addiction.** **P2:** Sometimes I do fail him okay, sometimes I lost interest because like it's like ja, I've been there for him. When I check back when I look back I will say no but uh, I should have long time uh, leave this guy because he is not that kind but some the hope is something that has keep me going. [ ] Like I'm not going to repeat the very same mistake that I did before.	2/164, 126
P3: Ek dink tog, ek meen, hier is ek, daar is sy seun en sy ma. Ek kom nie met sy ma of seun oor die weg nie, want ek meen dis heeltyd 'n agteraf geskindery. En jy mag nie vir Jaco iets verkeerd sê nie dan is daar hel. En ek meen, ek dink Dawie het in die middel gevoel en hy nie meer geweet watter kant toe nie. Ek dink ook maar dit.	3/148,
P1: En vir 'spouses' is dit altyd daai ding van 'but what did I do wrong', word ek gestraf.	1/115
P1: ek het net gesê ek 'I'm not a victim in this', dit is my keuse om hier bly. [ ] 'this is my choice' anders kon ek geloop het, al lankal. [ ] Ek moes leer, ek moet aangaan. Want ek kan nie daarop 'rely' nie. 'He can't even rely on it', verstaan?	1/91, 107, 141

[ ] En as jy nie gaan gaan vir terapie vir jouself nie gaan jy dit nooit verstaan nie en jy gaan nooit uit daai motorongeluk, jy gaan daar sit en 'you will be stuck', hy gaan aangaan met sy lewe, maar jy gaan vassit.	
My role and what's in my control.	
P1: En en die besef om te weet dat ek kan niks doen om dit te verander nie. [ ] Ek kan nie skielik hierdie super huisvrou wees wat koeke bak en klere maak en um, verstaan, en ek kan nie dit wees en dit gaan dit nie beter maak nie. [ ] Want, dis 'it's his thing'	1/93, 95, 97
P1: Met sy probleem is dit maar meer ek het maar geleer om dit te 'float'.	1/59
P1: um, sonder dat jy daaraan dink 'check' jy nogsteeds okay maar, verstaan kom jy nou by die huis is jy nou nugter of het jy nou 'n draai gery. [ ] Maar jy as spouse, is heeltyd is jy okay, verstaan? So jy bring dit heeltyd op want hy begin daarmee 'cope' maar jy doen nie. Dis hoekom mens moet jouself en jou eie lewe hê en daai goeters, want anders gaan jy heeltyd, dit is wat jy gaan word, jy word die waghond en polisieman en teller.	1/111
P2: Like or maybe I'll reduce the alcohol that I have been taking before. I want to stop completely. [ ] Just to know that when to support him.	2/126, 142
P3: Weet jy, eers het dit nie vir my sin gemaak nie, want Dawie het vir my gelieg oor hoekom hy hier was. Hy het vir my gesê hy is hier vir depressie. **I:** Okay. **P3:** Ja. So hy het vir my gelieg	3/134, 141
What the future might hold.	

P1: die moeilikste deel om dan mekaar weer te vind. [ ] Um, maar jy het op iemand verlief geraak of lief geraak vir iemand vir sy eienskappe en dit is waaraan ek dink mens moet vashou. [ ] Donderdag gaan ons 'AA' toe. En ek 'support' jou want ek weet (..) jy het dalk nie lus nie maar ek moet gaan vir myself so ek moet na my groep gaan.	1/107, 117, 123
P2: hope is something that has keep me going. No maybe one day, maybe one day he will change. Like now, I think like the present like, my situation now is the one that triggers him. And I don't want to be the father that my father was to me. [ ] And like now he, uh, today he is going out so I don't know what to expect like from tomorrow.	2/164, 140
P3: Ja, nou gaan ek en Dawie tenminste vir huweliksberading. [ ] Op die oomblik weet ek nie, dit lyk nog so bietjie donker. [ ] So sy gaan ons nou sien. As dit gaan werk, dan sien ek dan tenminste lig.	3/160, 197, 201

APPENDIX G: Informed consent form

Researcher: Nadia Cloete

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INFORMED CONSENT:

Title of the study: Spouses' experience of a shared alcohol rehabilitation involvement: An Interpretative Phenomenological Analysis.

Purpose of the study: To gain insight on how the spouse of an alcohol-dependent individual experiences the feedback session they attend together as a couple. This may lead to recommendations for Stabilis to improve their inclusion of a family member or spouse in the treatment.

Procedures: A once off semi-structured interview of about an hour will be held at Stabilis, which include making a genogram. This interview will be audio-recorded after participants have given their permission. Participant needs to be comfortable speaking in English or Afrikaans.

Risk: No risks are anticipated for participants. However, a referral to appropriate literature will be made if necessary and a psychologist at Stabilis will be available if the need to debrief arises.

Benefits: No immediate benefits, however unexpected benefits might occur such as a feeling of support or a sense of being heard.

Participant's rights: Participation in this study is voluntary and participants may withdraw from the study at any time.

Confidentiality: Original unedited data collected from the interviews will only be seen and heard by the researcher to ensure confidentiality. Permission is required to include data transcripts in the write-up; however pseudonyms will be used to further assure confidentiality. If participants choose to withdraw from the research any collected data will be destroyed. Results will be made available to the Psychology Department at the University of Pretoria and participants will also have access to these results. Data will be stored for 15 years at the Psychology Department.

_____	_____
Name of researcher	Name of participant
_____	_____
Signature	Signature
_____	_____
Date	Date
_____	_____
Place	Place

APPENDIX H: Translations of Afrikaans quotes

P3$_1$: Different than what I imagined. [ ] She did not take my side she did not take Dawie's side, she stayed in the middle. She did not point finger, she really, she was brilliant.

P1$_2$: You need to at least two or three; I do not think one feedback session for a spouse is enough. [ ] And that is why I think, um, more feedback will be better. [ ] I think they should say like say, if you spouse is here for two week you need to at least come for two sessions.

P1$_3$: The feedback session was nice for me.

P3$_4$: Good. [ ] Very good.

P1$_5$: (…) look, for us it is a regroup thing. [ ] Mm, but I think it is very important for the guy that is the alcoholic more than it is for the spouse, because they realise, 'jissie' but really, understand. [ ] was nice for me in the sense that I have realised how far we already have moved on.

P3$_6$: Yes, now Dawie and I are at least going for marriage counselling. [ ] That she (Suzanne) really wants to help us. [ ] Now at least I have some courage. [ ] Gave hope, yes.

P1$_7$: It is the first time that they actually hear about it. Understand, they do not see at all because they are not at a place where they can see. Um, in that session they maybe hear for the first time from the spouse.

P3$_8$: Because things came out I did not even, okay I knew about it but I did not know that I would have (..) the guts to talk about it. Because I asked him in advance, may I speak the truth and he said yes.

P3$_9$: I was scared at first, because scared that he was going to fight with me because I spoke the truth here. [ ] I was first nervous, I first waited that they started talking. [ ] I am crazy about her (Laughs).

P1$_{10}$: Yes, I think (…) it is difficult. It is not nice for me how he hurt me, this is what you did, this is my fear, you as an alcoholic also has a fear, you have the fear of lets say you cannot stay sober.

P1$_{11}$: (..) Well, I think that he was genetically predisposed…if you look at his family history. [ ] Um, and, because he is genetically predisposed it caught him quicker.

P1$_{12}$: Umm, and then I know in his (John) family on his mother's side, um, his mom's sister was an alcoholic.

P3$_{13}$: So I mean her dad was an alcoholic. [ ] Yes, he was very bad. He was addicted to grandpa's, and he was a total alcoholic. I first thought my kids were going to start drinking badly.

P1$_{14}$: If I am going to have children I will need to very nicely talk to them, because, um, from both sides there are this gene, therefore I need to tell them they need to be more careful.

P1$_{15}$: And when he (John) was twenty he broke his back in a vehicle accident. [ ] And then that (being active) was completely, his coping mechanism that was, was completely taken away. [ ] And then he divorced also at a terribly young age. Because I think the greatest degree of (..) perhaps understand before that he could still handle it, um, it was not such a big problem, but from that point on it was, because from then he was already in the rhythm.

P3$_{16}$: then she (Alida) got wrong friends. She saw a man that looked like her late father, but she did see her dad's body therefore she knew he was dead. And then suddenly the child thought I divorced her dad. She then fell, she got addicted to, um (..) dagga.

I_{17}: is there anything you think here that could have contributed to his addiction? [ ] **P3:** I heard only now here, it is about his son's rebellion. [ ] I think Dawie felt stuck in the middle and did not know which sided to go to anymore.

$P3_{18}$: now Alida started working in a bar, where she also needs to drink a drink without getting drunk. And then I told her I do not like that. Then she said mom just give me enough time until I have enough money to, um, she really wants to go and study further because we do not have the finance for that.

$P1_{19}$: Um, and I said numerous times that I think universities actually breeds alcoholics. [ ] And he was also at university and that is how these guys coped, you understand? Um, when he could still jog and that type of stuff is his coping mechanism taken away.

$P1_{20}$: and his (John's) personality type is also and factor, because, um, sometimes I will think "jis, this is ridiculous", then it is something big for him understand?

$P1_{21}$: Obviously means your family something for you. [ ] Very good, yes. Very good. They are a, they are a very big part of his support structure. Tremendous big part.

$P3_{22}$: Okay, with Dawie. At the moment we are a little shaky. [ ] Ah, (…..) I will say that there is a bit of a distance between us at the moment. [ ] Okay. Werner. [ ]. Our relationship, let's say is ninety percent good. [ ] Okay, Alida. We were close before her dad's passing. But now we are (..) she is pulling away. [ ] With Jaco, (sigh), we do not get along at all (..). Even though you try really hard you can't. And with my mother-in-law even less.[ ] My father-in-law, stunning.

$P1_{23}$: Um, but I do think the family structure works so well. I withdraw a bit more. Marc withdraw completely, I am still there, but I am understand semi protect myself. [ ] His dad will come and talk to him and say come on son you need to stand up you are a go-getter.

Then his mom comes in who is the softer one that brings the love. That is why it is not a one support team.

I_{24}: is there anything that you think [ ] contributed to his addiction? **P3:** I do not get along with either his mother or son, because I mean it is the whole time an underhand gossiping. And you cannot say something wrong to Jaco then there is hell. And I mean, I think Dawie felt stuck in the middle and he no longer knew which side to go to. I also think that too.

$P1_{25}$: guys are a lot of the times no buddy come, do no be like that take a drink. Or you do not want to take a drink take a shot. [ ] a support structure is, especially friends who are okay with it (not to drink).

$P3_{26}$: And, then she got the wrong friends. [ ] I I suspected it. Because, ah, she got befriended with a guy who smokes tik.

$P1_{27}$: look every relapse is bad for me. There's, um, this will be the most angry you will ever be in you life. You're (…) incredibly angry. But you are also incredibly sad because you just thought that it will work.

$P3_{28}$: But, um, I hope just that now it will help him, really. [ ] I I hate a pill and I hate alcohol. You should not bring that stuff near me. [ ] I hate alcohol. [ ] I hate it with a passion.

$P1_{29}$: And, then maybe for the first in time in months years you have time to breathe. [ ] because you are at a place where you only feel relief. [ ] and now you have three weeks or two weeks just to say you can be just with yourself. And you don't have to worry that someone is going to fall, or will be involved in an accident. [ ] Emotionally you are at a place of, ok (sigh), I can now just breathe let him just go in there (rehab).

$P3_{30}$: Dawie lied to me about why he was here. He told me he is here for depression. [ ] Yes. So he lied to me.

P1$_{31}$: I was just so happy and elated like yeah he is now better. [ ] I am just excited but I am scared. [ ] And it's it's a funny feeling of you're excited but you are not. [ ] Um, understand, if you are in a social setting you are tenser.

P3$_{32}$: At the moment I don't know, it still looks a bit dark. [ ] At least now I have a little courage. [ ] If it is going to work, then at least I see some light.

P3$_{33}$: I do think, I mean, here am I, there is his son and his mother. I do not get along with either his mother or son, because I mean it is the whole time an underhand gossiping. And you cannot say something wrong to Jaco then there is hell. And I mean, I think Dawie felt stuck in the middle and he no longer knew which side to go to. I also think that too.

P1$_{34}$: And for the spouse it is always that think of but what did I do wrong, am I getting punished.

P1$_{35}$: I just said I'm not a victim in this; this is my choice to stay here. [ ] this is my choice otherwise I could have walked away, long ago. [ ] I had to learn, I must go on. Because I can not rely on that. He can't even rely on that, understand? [ ] And if you do not go go for therapy for yourself then you will never understand and you will never get out of that car accident, you will sit there and you will be stuck, he goes on with his life, but you will be stuck.

P1$_{36}$: And and the realisation to know that I can do nothing to change it. [ ] I cannot suddenly be this super housewife that bakes cakes and makes clothes and um, understand, and I cannot be this and this will make it better. [ ] Because, it's it's his thing.

P1$_{37}$: With his problem it is more me that learned how to float it.

P1$_{38}$: Um, without you thinking about it you still check okay but, understand now you get home are you sober or did you go for a drive. [ ] But you as spouse, the whole time you are

like are you okay, understand? So you bring this up the whole time because he starts coping with it but you don't. This is why you must have your own life and stuff like that, because otherwise you are going to be the watchdog, policeman and counter the whole time.

P3$_{39}$: You know, at first it did not make sense to me, because Dawie lied to me about why he was here. He told me he was here for depression. **I:** Okay. **P3:** Yes. So he lied to me.

P1$_{40}$: the most difficult part is to find each other again. [ ] Um, but you fell in love with someone or loves someone for his characteristics and that is what you need to hold onto. [ ] Thursday we go to AA. And I support you because I know (..) you might not be in the mood but I need to go for myself therefore I need to go to the group.

P3$_{41}$: Yes, now Dawie and I at least will go for marriage counselling. [ ] At the moment I don't know, it looks a bit bleak at the moment. [ ] Therefore she will see us now. If it is going to work, then I at least some light.

APPENDIX I: Proof of editing

To: Ms Nadia Cloete

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7/7/2014

Statement by language editor

I hereby declare that I language edited a Master's dissertation authored by Ms Nadia Cloete with the title: "Spouses' experience of a shared alcohol rehabilitation involvement: An Interpretative Phenomenological Analysis". The text was edited for matters of writing style and grammar. Should there be any enquiries in this regard I can be contacted at the numbers below:

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Yours faithfully,

Jennifer Lake

Accredited Professional Text Editor, SATI (APEd)