

Relational parenthood in addiction recovery

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Abstract

Aims: The purpose of this research was to elicit how parents attending family-focused substance abuse treatment construct their parenthood in relation to other people. **Design:** Relational parenthood of addiction treatment attendees is scrutinised from seven thematic interviews carried out in a community-based inpatient substance abuse treatment unit in Finland. The core analytical concept of the research is relationality. The data were first content coded via Atlas.ti22 and the relations and codes classified into the five following parenthood types emerging from the data: (1) worn-out; (2) coping; (3) ambivalent; (4) changing; and (5) supported. Content codes and parenthood types were cross-tabulated to ascertain how these types are emphasised in different relationships. **Results:** Worn-out and coping parenthood types emerged in the closest relationships, mostly with their own children and the other parent. Ambivalent parenthood was present in all relations as expressions of inner conflict, which can lead to changing parenthood. Changing parenthood emerged in relation to interviewees' own children as an empowering experience. It also emerged in relation to other people as readiness to accept help. Supported parenthood was most often found in relation to significant others and professionals, presumably due to the context of the interviews. **Conclusion:** The parenthood types illustrate how parenting changes over time, which is also an important part of social identity change in recovering from

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addiction. In treatment, it is extremely important to understand the different sides of parenthood and to use the information to strengthen clients' parenthood.

Keywords

addiction, parenthood, relation, substance abuse, treatment

Parenting and substance abuse form a combination that affects the substance users themselves, but also a large group of other people. The most severe consequences are usually experienced by children, whose lives may be determined by inadequate parenting and various problems caused by substance abuse in the family (Barnard & McKeganey, 2004; Dyba et al., 2019b). However, addiction treatment as a system is largely built on the idea of an individual person using substances and his/her situation is in focus while the needs of family members are not met, as the knowledge, models and means of supporting families may be lacking (Copello & Orford, 2002; Itäpuisto, 2014; Mcvey, 2010).

In families with parental substance abuse, the special needs of parents and children are often interconnected (Akin et al., 2015; Alexanderson & Näsman, 2017). Effective support for parenthood in addiction treatment and family-focused treatment can strengthen parenting skills and parents' emotional coping, which may help them in parenting and also lead to better outcomes for people abusing intoxicants (e.g., Dawe et al., 2021; Heimdahl, 2018; Neger & Prinz, 2015; Seay et al., 2017).

Relationships with significant others are also linked to the recovery processes of addicted parents. Close family members are especially important in the construction of parenthood, but other people and general societal norms also play a part (e.g., Gunn & Samuels, 2020). Acting and negotiating with other people or concrete actions determine how parenthood is done in everyday lives. Consequently, from the relational point of view, parenthood is conceived of as a contextual and comprised set of

practices instead of a static position or fixed status (see Burr, 2015; Grunow & Evertsson, 2021; Lind et al., 2017).

In the present study, we are interested in how parents attending substance abuse treatment for families construct their parenthood in relation to relevant others. Hence, we ask what kind of parenthood is constructed among substance abuse treatment attendees in relation to other people. The question is scrutinised from seven thematic interviews carried out in a community-based inpatient substance abuse treatment unit in Finland. The core analytical concept of the research is relationality, highlighting interaction, relationships and collective identities in addiction recovery (see Donati, 2011). Relational theory challenges the traditional way of focusing solely on internal processes that for decades has predominated in the research and treatment for addictions (see Quinn & Grumbach, 2015). We use social constructionism as the theoretical framing and discuss our topic in the broad context of parenthood and substance abuse.

Literature review

Studies show that the parental skills of people abusing substances are weaker than those of other parents and that such individuals are exposed to maleficent characteristics, such as child abuse and neglect. In research, parents with addictions have been observed to be unable to meet their children's needs, show less warmth, inflict more punishment on the children and to supervise their children less than other parents (e.g., Lee et al., 2021; Söderström & Skärderud, 2013). On the other hand, despite excessive substance abuse,

parents may be caring and trying to fulfil the expectations of them as parents (e.g., Peled et al., 2012).

In research and in treatment solutions for parents, the focus has mainly been on psychological issues and more narrowly on the parent–child dyad. In their review of psychosocial interventions, Heimdahl and Karlsson (2016) reported that although identified problems are related broadly to socio-structural conditions, treatment solutions are targeted at individuals or the attachment between mother and child. In family treatment settings, parenthood is the focus of change and is thus constructed in relation to professionals who may have negative attitudes towards substance abusers. This may affect how treatment-seeking parents understand themselves and how they identify with their parental roles (Grunow & Evertsson, 2021; Heimdahl, 2018; Lind et al., 2017). In the research by Virokannas (2011), drug-abusing mothers experienced the role of welfare authorities mostly as adversaries and only seldom as a partnership, while in the study by Chou et al. (2020) mothers found support from personnel important.

In the study by Silva et al. (2013), the mothers described difficulties in fulfilling their maternal role due to feelings of guilt and ambivalence about combining motherhood and drug addiction. Challenges in partnership also reflected on parenthood, while at the same time, the other parent's emotional or financial support or shared responsibility for the children was seen as a valuable resource. In addition to the other parent, substance-abusing mothers' own parents were described as a source of support as they are available and reliable. However, grandparents' help may be a double-edged sword, leading to excessive control and loss of independence of the mother, consequently undermining parents' self-efficacy (Silva et al., 2013; Wiig et al., 2017).

Relationality has not been mainstreamed in studies on addiction dominated by the biomedical model (Mudry et al., 2018). However, Mudry et al. (2018) claim that relationality is

essential in understanding natural recovery from addictions, while Kreis et al. (2016) suggest that relationality may be the mediator between women's substance misuse and involvement with criminal justice. The research on related themes also sheds light on how relationality is intertwined in one's life changes and individual growth processes. Women struggling with intimate partner violence were able to exit the problematic situation through relational agency of their children and important others in the research by Neustifter et al. (2015). When discussing parenthood in general, Smith (1999) states that relational self-construction is essential in personal change and preparation for key phases in one's life, such as pregnancy.

After institutional care, returning to everyday life may entail risks for people recovering from addiction if support networks are weak, lacking or if parents have difficulties in creating them (e.g., Francis et al., 2020). Significant others may themselves have insufficient resources and consequently be unable to help despite good intentions (Wiig et al., 2017). A shared past usually means a lack of trust regarding the parent with addictions. Therefore, close relationships may jeopardise rather than support both recovery and identity work as a parent (Gunn & Samuels, 2020; Kuppens et al., 2019). Despite the challenges, research evidence shows that treatment for parents with substance abuse may lead to permanent improvement in parenting skills (e.g., Doab et al., 2015; Dyba et al., 2019a; McGovern et al., 2021; Pirskanen et al., 2017).

Methods

Participants and procedure

The data consist of seven individual thematic interviews conducted by the same interviewer (AR) between September 2020 and January 2021. The interviewees were parents in an inpatient substance abuse treatment unit that provides non-medical and therapeutic community-based treatment for both individuals and families.

In this context, the term “family” refers to a single parent with child(ren) or a couple with child(ren). The treatment periods for families usually last several months. Each family stays in their private set of rooms in the treatment unit. Without exception, referral to family treatment is by social services.

The ethical review for this study was approved by the Ethics Committee of Human Sciences in Tampere Region as a part of the research plan. The policies of the treatment unit were also upheld. We followed the guidelines issued by the Finnish National Board on Research Integrity (TENK) on research with human participants (see TENK, 2019). Ethical principles, such as interviewee anonymity, respectful encounters and avoiding inflicting harm on participants, were paid special attention. Each interviewee provided informed consent individually at the beginning of the interview. No other type of personal information was collected. To ensure the anonymity of interviewees, information about the organisation and the interviewees is limited in the report.

There was a total of seven children joining their parents in the treatment unit (age range 10 months to 8 years). Four of the interviewees had children who did not accompany them to treatment as they were either grown-up or stayed with the other parent or grandparents. Four mothers had children with them; one mother had previously attended treatment with her children and was now alone. One of the women interviewed was pregnant and had no other children, and the male interviewee was her partner. The children were not present at the parents’ interviews and attended the local school or were in daycare at the treatment unit.

The interviewees were initially asked to draw lifelines regarding parenthood. These drawings were only used to orientate to the theme. The interview themes concerned parents’ thoughts about how other people and they themselves define their parenthood. The other main themes were their strengths as parents, desirable parenthood and the relationship with their children. The duration of the interviews was in the range of 30–75 min. The interviews were recorded

and transcribed verbatim. The data were anonymised by removing all personal information, such as names, organisations and places.

Analysis

The data were reread multiple times, constantly revisited and coded with Atlas.ti 22 programme. The unit of analysis was one or more sentences containing talk about other people and relationships (see Krippendorff, 2013). In the analysis, the people and relationships mentioned in the interviews were divided into four content codes: (1) own child; (2) child’s other parent; (3) interviewee’s own mother or father; and (4) other people, including various professionals in the treatment unit, child welfare services, other helping organisations as well as other clients in the treatment unit or relatives not included in codes 2–3. Formal and informal relations are grouped as “other people” because in the data all these relationships were described as being more distant than were other relationships in the interviews.

In the analysis, relationships and social environments were made visible by asking the data how the parents interviewed constructed their parenthood and how they acted and negotiated in these relationships. In the analysis, we focused on interviewees’ thoughts and reflections of construction of parenthood in relationships. After that, we focused on the differences in the interviewee’s thoughts and experiences as sources of constructions of parenthood. Based on the analysis, we identified five parenthood types: (1) worn-out; (2) coping; (3) ambivalent; (4) changing; and (5) supported parenthood.

Content codes and parenthood types were cross-tabulated to ascertain how the types were emphasised in different relationships. These parenthood types are presented in a sequence that reflects the processual character of the descriptions, which is typically made visible in relational analysis (see Grunow & Evertsson, 2021). In the analysis section, quotations from the participants’ interviews are distinguished by a letter (P=parent) together with a running number (1–7).

Results

Worn-out parenthood

The first parenthood type was named worn-out parenthood, which reflects experiences of not coping in hard life situations. Beliefs about parenthood reflect either perfect but non-achievable, or too hard to cope at all. The following quotation illustrates how the unsatisfactory situation in the relationship and conflict with the intimate other are intertwined with burnout. Divorce is presented as a major turning point that has led to depression after being left without the other parent's longed-for support (see Silva et al., 2013).

“After the divorce everything went downhill, maybe even before that. I was left with five underaged children (...) On the other hand, I sometimes wonder if I had enough strength under that pressure, but I got tired. And then I really got that, diagnosed serious burnout. And after the divorce, I had depression and everything of course, quite severely.” [P6]

In the data, worn-out parenthood was not interlinked with the group “other people”, such as professionals, who were considered more distant. Altogether, this reflects how the most profound questions of problematic life situations arise in close relationships and are connected to the other parent's (in)ability to provide support and strengthen parenthood. Relationships may concern many people in need of support, and someone may expect support from a worn-out parent. This kind of relational situation is described by a mother who had given birth to twins, and whose spouse was depressed and needed care.

In addition to the other parent, the worn-out parenthood type was found in relationships with children. Interviewees described fear of their substance abuse affecting their children and damaging the relationships. Feeling of guilt stemmed from the insight that substance abuse had taken most of their parenthood resources.

“When I have been drinking and when I started treatment, the feelings of guilt were awful. And feelings of being a bad mother.” [P3]

Feelings of guilt seem to sustain parent's inadequacy and experience of being worn out, but these feelings did not predominate. Instead, the term refers to the quality and depth of the way that certain relationships can diminish resources to be a parent.

Coping parenthood

The next parenthood type, coping parenthood, is also constructed mainly in relation to the child's other parent, who is lacking responsibility and involvement. In the data, mothers describe experiences of relationships with their children's fathers who take no responsibility as parents. In the following quotation, the mother talks about her feelings when, instead of contributing and taking care of his parental responsibilities, the father was also a person in need of care and attention, whom the interviewee described as being a third child to be taken care of:

“I have been thinking afterwards, that in a way, I wouldn't have needed the third child there, so I have been too good-hearted too, when pampering that man. I can't see anything positive there. But drugs are the thing that makes that world.” [P5]

This quotation illustrates how she felt left alone with parental responsibilities and that she perceived the father's and her own substance abuse as being one reason for that situation. However, in contrast to the worn-out parenthood type, her response to the situation was to take care of everyone, to survive and to cope. The means to manage have to be found inside oneself. In the general cultural frame, it is assumed that an adult person is capable of coping alone, and asking for and receiving help may be interpreted as a threat to one's autonomy and competence (see Wu et al., 2021). These norms are transmitted in

close relationships, which is pictured in the following quotation:

“My mother has always said to me, especially when I have had difficult times and depression, that when I said that I can’t cope, my mother’s comment was that ‘of course you can, you are a grown woman’. That was her comment. And that must be the reason why I think that I must cope.” [P3]

The ways interviewees explain ending up coping on one’s own as a parent vary from compulsory to more voluntary reasons. Depending on the number and quality of relationships available, the possibility to obtain support may vary a lot even if such support would be very essential.

Ambivalent parenthood

We use the term “ambivalent parenthood” to refer to situations where there exists a mismatch or even a conflict between expectations, thoughts and actions – not only on the personal level, but also on the social and cultural level. This is illustrated in the following excerpt, where an interviewee describes her expectations and beliefs about parenthood that are sometimes in stark contrast with reality:

“(…) my home must be clean, and laundry must be washed. It’s a mark of a good mother and woman, everything is perfectly done. And meals must be at a certain time. And if I can’t manage today to cook myself and we end up eating fast food, it means I am bad again.” [P3]

Addiction had diminished capacity in parenthood, minimised interaction and weakened the emotional relationship with the child, which can be seen very clearly particularly in ambivalent parenthood. The ambivalence appears as part of the process of change from addicted parent to caring parent, who can fulfil the child’s needs and exhibit adequate parenting

skills. Difficulties in the process may emerge concretely in everyday situations as can be seen in the following quotation:

“... I couldn’t start doing it [painting with the child]. I should have processed that question with myself, why was that so difficult for me. But it never happened” [P3]

Ambivalence was found in the relationship with the other parent. The mothers said that they had hoped to get support from the father, but parental responsibilities were left to them alone. Unstable intimate relationships had strengthened ambivalence and also affected self-confidence in parenthood. The following quotation illustrates how unstable relationships affect parenthood over the years:

“I am not so self-confident any more, I don’t know what has affected, maybe my age. Surely my intimate relations have affected too because they didn’t work out.” [P5]

Ambivalent parenthood was found in all the types of relationships, and it was also discernible when the interviewees talked about cooperation with the authorities. Parents had been annoyed when the authorities intervened in their lives and two parents felt that they had not got the support they needed. The interviewees’ ambivalence about the authorities had diminished during their treatment after there had been more personal interaction and mutual goals concerning parenthood had been agreed on. In relation to one’s own parents, ambivalent parenthood manifests in situations where at the same time support and intervention emerge.

Changing parenthood

Changing parenthood can be seen to grow as ambivalence decreases, but ambivalent parenthood and changing parenthood overlap. In the data, it was prevalent in relation to interviewees’ own children. No statements were connected to the other parent and only a few

statements to the interviewees' own parents and other people. The main experience was that the relationship with the child had become stronger over time and individually with every child. Parents reported how the children had begun to trust them and how they had learned to enjoy doing things and spending time with their children. This had led to diminishing demands on oneself as a parent, as described in the following quotation:

"(...) it's so hard to believe because I have always thought that there should be everything, expensive toys and giving presents and everything. And really, when I am sitting on a couch with my child under my arm, and how happy he is there" [P3]

Confidence in one's parenthood and having new kinds of experiences with children serve to construct changing parenthood. At the same time, these experiences support changing parenthood and altogether form a strengthening spiral. In addition to doing things together, discussion is essential. On the level of feelings, parents reported having more patience. All these changes result in better-than-before relationships with their children and strengthen parenthood.

To change beliefs about parenthood, it is important to become a parent who has more resilience towards the child and her/himself. Parents stated that belief in coping must change because it may inhibit seeking help. The main source of change seems to be the change in relationship to their own child(ren), which makes the positive development possible and strengthens parenthood. Accepting help and support from other people also strengthened changing parenthood. Accepting help connects changing parenthood to the next relational parenthood type, supported parenthood.

Supported parenthood

Supported parenthood was the most common type of parenthood in the data. It can be

defined as the ability to ask for and accept help and as the ability to be in relationships where asking for and accepting help are realised. Parents accepted help in childcare, received advice and guidance in parenting, and got psychological support. Children are in focus in the support; in the analysis, child and supported parenthood are connected only when the person who gives support is the parent's own [adult] child. However, accepting advice was not always easy:

"It's a little bit like, that if someone else intervenes in parenthood, it's a sensitive matter. (...) Now I think that I accept hints and advice if anyone can help so that our everyday life would get smoother and easier." [P2]

In the data, expressions about supported parenthood intensified when life stories approached the present time. When considering the context of data collection, it is logical that the relations with professionals are emphasised. However, sometimes the professional support for parenthood was not what was anticipated. One of the mothers said that she was disappointed with the minimal help she had at home after treatment.

One of the mothers mentioned family workers as important individuals in activating her to seek treatment in the first place, sharing her burden of a stressful situation and giving hope that change could happen in their lives. Many interviewees talked spontaneously about family workers, whose role was expected to become more important after treatment.

Abstinent friends, siblings, one's own parents and other relatives were also mentioned in the context of supported parenthood. The pregnant couple both talked about their own parents, who had been a great support when they had been considering whether to keep the child or not. For the couple, the pregnancy was unplanned, and they were both taking drugs at that time, but decided to go for treatment. The pregnant woman also obtained support from her partner when she found that she was expecting a child.

“(...) I have strong faith in myself and the baby’s father, so we are going to manage this, sure there’s going to be difficult times, but I am so happy that he is supporting me and that he is in this situation with me, there are many men surely wouldn’t have done this.” [P4]

In the data, supported parenthood in relationships to fathers was rare. In these cases, the other parent was taking care of the children who were not attending treatment with the mother or had previously carried the main responsibility for the child because of the mother’s unstable life. One’s own children may also support parenthood, as described by a parent reporting that elder siblings take care of younger ones. The mothers had experienced these as a positive support; even this kind of help can be seen as a replacement for the mother.

Discussion

The results of the present study show that parenthood among substance abuse treatment attendees is multidimensional and that it is constructed in the complexity of interpersonal relationships with close family and significant others. The analysis revealed five parenthood types that demonstrate various dimensions and variations of parenthood: worn-out; coping; ambivalent; changing; and supported parenthood. These types are not mutually exclusive but may overlap, evolve and have different weight at different stages of individuals’ life trajectories. These types reflect a process of change, but we must keep in mind that recovery is not a linear one-way process nor similar in everyone.

The first two parenthood types identified, worn-out and coping parenthood, are typical at the beginning of the interviewees’ stories. These types were found less often in the data than other types, but they reflect graver and more comprehensive experiences than the other relational parenthood types. For example, supported parenthood may be situational or

sporadic, while worn-out and coping parenthood types are long-lasting and overlap in life as whole. The need to cope may arise from substance abusers’ lifestyles, but being a single parent, for example, may also lead to a need to cope. This highlights the fact that parenthood affected by substance abuse is not influenced only by addiction; other challenges and hardships in life may occur as they may to any parent, even without substance abuse problems.

Worn-out parenthood was found only in close family relations and not in relations to people who are more distant. In relation to one’s own children, changing parenthood was mentioned most often and ambivalent parenthood as often as in other relations, while supported parenthood was found only once. Of these, worn-out and ambivalent parenthood especially reflect the profound impact substance abuse problems may have on parenthood: that life may break down into overwhelming situations with a feeling of there being no way out. Ambivalent parenthood emerges when inner and external pressure about expectations in relations create conflict and push towards change. Importantly, there is hope in ambivalent parenthood because the process can convert it into changing parenthood, and this is crucial for professionals in social services to understand.

In the data, supported parenthood was the most common parenthood type, presumably due to the context of the interviews. Supported parenthood was either prevalent in relation to professionals in the treatment community or elsewhere and in relationships to interviewees’ own parents and friends. As in the study by Silva et al. (2013), we found support from the other parent to be especially valuable but is rarely obtained.

Worn-out parenthood has minimum or no resources – there are no strengthening relations in life. Coping parenthood seems to have inner strength, and relation to the other parent of child(ren) is the only source of resource (see Peled et al., 2012). Ambivalent parenthood reflects the ambivalence in various dimensions: giving

up intimate relationships; that have turned out to take more than they give; and contradictions between one's own thoughts and reality in parenthood – these activate parents to think seriously about parenthood and push them towards change. Changing parenthood is possible when addiction makes way for a relationship with child(ren) and there are more other relationships strengthening parenthood. Supported parenthood is active in treatment context and strengthens the change (Chou et al., 2020).

Our study is limited by its small sample size, but the reality is that the numbers of family-focused substance abuse treatment units and their size in Finland are very limited. In spite of this, the results show that in substance abuse treatment it is important to focus also on relations and not only inner processes in recovery. To understand the various interviewees' views of parenthood and to use this information to strengthen the parenthood of clients in inpatient treatment is of the utmost importance.


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