This paper reviews the emotional and psychological assessment of substance use among single mothers who are in a recovery program. The study addresses the impact of addiction on children and family. It examined how different kinds of substance alter behavior and relationship between users and other individuals in their environment. It describes substance use following exploratory methodology and investigative framework. The setting of this study was simply a diverse one and participants were selected from a cross-racial standpoint. Units of study were substance abuse recovery centers located in Grand Rapids, Michigan. The mission of these recovery centers aimed at helping substance abuse patients understand the enormous impact of addiction on self, children, family, and environment. A myriad number of themes however emerged during this study which demonstrates that there exists a correlation in behavioral pattern, in emotional swing and psychological attitude abusers display while they were under the influence of substance. A manifold number of research literatures on substance abuse treatment were assessed to evaluate its pragmatic consequences and relevance to participant’s ongoing emotional swing and reaction to their environment and family as well. However, much of the current literatures available were in a form of opinion without sound statistical research base and analysis.

**Research aims and Objectives**

The primary aim of this study was to explore the impact of substance on participants’ overall behavior. Other aims were to outline the emotional and psychological consequences of addiction on self, children, family, and environment. Research objectives were to elucidate how abuse of substance caused participants to lose self-esteem in themselves; how participants dealt with rejection and abandonment, how they dealt with mental confusion, depression, chaotic relationships, and unstable emotion as a result of stress and fallout. Another aim however was to investigate why participants developed emotional trauma and psychological imbalance.

**Keywords: Substance Abuse, Emotional fallout, Psychological imbalance, children and Single mom**

**Introduction**

Experimental effort to explore substance use in any recovery center without scholastic courage to define its quality in mental health practice could be recognized as a complicated enterprise. It is complicated putting into context the feelings participants had, and the notion that professionals who counsel them are bridges between them and their biological children, making
them a “go-between” who symbolically bridges the world of treatment centers, family and community (Broadman & Parsonage, 2005). They are figures between friends and professionals, to whom patients who are addicted to substance can relate to and show feelings which if otherwise expressed would often compromise participation in family and community treatment (Adam et al, 2003). This is the more reason why psychology has continue to receive criticism as primarily dedicated to addressing mental illness rather than mental “wellness.” Research on emotional psychology of patients who abuse substance helps explore the manner; the ways single moms think and behave when they are under an influence of drugs or substance. Criticism on psychological and emotional “wellness” informs CASA’S report (1999) that single mom’s abuses of alcohol and drugs have overwhelmed the nations’ child welfare systems and have seriously affected its ability to protect children and family. Substance abusers are considered by some mental health professionals to be the least rewarding patients (Edgar, et al., 2007). Using the criteria in the American Psychiatric Association’s Diagnostic and Statistical manual and mental disorders (DSM-IV), abuse and dependence include symptoms such as physical danger, trouble with the law due to substance use, increased tolerance, and interference in everyday family life. Berganio (2006) opined that among those mostly affected are children of parents experiencing substance abuse disorders. This study explores social interaction and relationship that exist among single moms who abuse substance and the impact of substance on their children. It examines the relationships that exist between single moms, their families and environment. Four single mom who have history of abuse of substance before engaging in recovery program participated in this qualitative and exploratory study. Espinosa, Beckwith, Howard, Tyler and Swanson (2001) note that women who abuse substance and who as well come from environments with high contextual risks that included poverty, low education, minority status, and single parenthood suffers high psychological risk. Comparative study indicates a relationship between part-time work and social problems such as dropping out, delinquency, alcohol abuse and drug use among single parents. Summarily, this study explores emotional issues and psychological consequences and other related outcomes.

**Problem statement:**

Substance abuse among single mothers is a significant problem in South African culture and in much of Western societies. It is a major concern to single families in the United States as well. Parental substance abuse has an effect on children and adolescents too (Susanna, 1997). However, substance or illegal drug use has both physical and psychological side effects, including thought disturbance. Lisa and Jeanette (2007) write that substance elicit negative
emotionality (NEM) and impulsivity, antisocial PD, borderline PD, and narcissistic PD. Single Moms who abuse substance represent a rapidly growing sector of human population (Dallaire, 2007). Because they represent this population, Janet & Joanna et al (2007) believes that alcohol and substance use “blocks” their behavior and reduce their experience of emotions (secondary avoidance of affect) to nothing. Both authors strongly argue that while opiate abuse is associated with a tendency to avoid emotions being activated, nothing simple can be done other than treatment in mental health. Based on experience of users, the world Health Organization (2004) estimate that there are more than 200 million users of illicit drugs in the world. This statistics include single moms from African decent (predominantly South Africa) and the West who live independently as they raise their children single-handedly.

The impact of single parent families on child development is complex. Because it is complex, Rani (2003) write that single moms experience more stressful life events than married mothers do and, therefore are at a higher risk of depression, anxiety and other forms of mental distress. When single moms face these difficulties (anxiety, depression and mental distress), it affects their emotion and psychology. Parenting in Africa and in the West however, requires one to excellently care for oneself and one’s own family. However, single moms who abuse substance would hardly take care of themselves. And when they fail care for themselves, it becomes increasingly difficult for them to care for their own children as well. Since it is difficult for them to care for themselves, it becomes increasingly hard to provide for children’s’ physical, spiritual, mental, psychological and emotional needs. Substance interrupts children’s normal development, placing them at a higher risk of emotional, physical, and mental health problems that includes: higher rates of severe physical illnesses, generally believed to be manifested by increased stress; three to four times more likely to form an addiction to alcohol or other drugs; higher prevalence of depression, anxiety, eating disorders and suicide attempts compared with peers (Berganio, 2006). Sequel to stress and anxiety, environmental problems may trigger physical and sexual abuse. Limited financial and social support such as homelessness, legal issues and health problems often triggers abuse of substance among single parents.

**Literature Review**

Studies have shown that an estimated 12.8 million children under 18 years of age live with a parent who reportedly has used illicit drugs in the past years. Despite this report, empirical studies have found that illicit drug use have caught up with women by 5.7 percent and whose ages are 15-48 with children at home compared to 11.2 percent of women ages 15-43 without
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children (Colliver, et al, 1994). But combined data from 2004 to 2006 national studies indicate an average of 6.3 million single moms aged 18-49 (9.4 percent) who needed treatment for substance use problem (National survey on drug, 2004-2006). According to Arizona department of health services, substance use or dependence are associated with an array of medical, psychological and social problems. However, the means of sustaining this habit among African-American women, the frequency and intensity of use among Caucasian moms, the rationale for use among American women and ways Hispanic single moms narrate its psychological effects were examined in this study.

The 2000 current population survey estimated that 96 percent of children younger than 18 years of age lived with at least one parent (NHSDA Report 2003). In 2001 however, NHSDA estimated that about 70 million children younger than 18 years of age lived with at least one parent. Besides living with one parent, Yurkovsky (2007) maintained that in spite of the ultimate common endpoint of substance – attainment of euphoria- as well as the common means of reaching that state, cause users and addicts not to escape an obvious observation that there were some striking psychological differences between the common patterns among individuals who are consumers of this mind-altering agents. Emotional and psychological effects of these mind-altering substances include but not limited to medical condition, unemployment, drug use, alcohol use, illegal activity, poor family relations and psychiatric condition (Vadham, et al., 2006). These psycho-emotional conditions often lead users to have depression and social dysfunction. Major depression with co morbid and psychiatric substance use disorder relates to increase in health problems (Sobell, et al., 2007) and family dysfunction. Participants in this qualitative study experienced euphoria; increased energy, alertness, and sexual urges. They reported they experienced decreased fatigue and appetite (Ostler et al, 2007). Although a respondent reported an increase in appetite, they further claimed they experienced physical and cognitive impairments. Sequel to the above experiences, Maxwell (2005) write that single moms who abuse substance often experience paranoia, irritability, hallucinations, mood swings, and violent behavior. Other problems associated with substance abuse may include: health degradation, violence, child abuse, neglect, and family dysfunction. Statistical data demonstrate that heavy alcohol use; hepatitis C and illicit drug use have exacted negative impact on health-rated quality of life (Costenbader, et al 2007). Exploratory research on the health of children of single moms who abuse illegal drugs underscore increased emotional problems that results from increased incidence in psychiatric disorders (Luthar et al, 1998).

Several theories on the use of substance however, suggest that single-mother families will be
less effective at socializing sons and daughters to the influence of substance (Thomas, et al, 2007). The reason is because single mothers are reported to be struggling simultaneously with the dual responsibilities of earning livelihood and child rearing (Bhave, 1983). Considering child rearing and social issue, single moms who are under the influence of substance are prone to develop feelings of inferiority, aggression and restlessness (Rani, 2003). While the differences are minimal, single moms with youths at home report they worry more and experience a higher level of emotion and anxiety (Hollist, et al, 2006). It is believed that economic pressures are other significant factors that can cause single moms to develop low-self esteem and low psychological well-being. Also, pressures from finances, job and environment may affect their self-worth, self-esteem and well-being. These factors impact their capacity for parenting. It affects their coping and social skills and traumatize emotional tie to children. When single moms face these difficulties (anxiety, depression and mental distress), it affects their emotion and psychological capacity for parenting.

**Conceptual Definition**

According to American Heritage dictionary (2005), Substance, the Middle English word, which originated from Latin, *substantia*, means substans, substant sub-stare. Etymologically speaking, the word substance first originated from Latin word *substantia*, literally meaning “standing under.” Hence, “sub” and “stare”, would then mean to stand. But the word “use” was first transliterated from the Greek philosophical term *ousia*. Therefore, if “use” was derived from *Ousia*, then the abuse of substance would refer to the use of any legal or illegal drug use by single moms that caused them problematic physical and/or mental damage or induce them to some illegal, social, financial or other problems including endangering their lives and the lives of their children. The phrase “problematic substance use” is an emerging term in substance abuse literature. However, this terminology has today gained scholarly acceptance in contemporary mental health studies. Seemingly, substance use therefore, refers to the overindulgence in a dependence on a psychoactive leading to effects that are detrimental to the individual’s physical health, mental, or the welfare of others (Mosby, 1998). Current psychiatric and psychological practices have distinguished between substance dependence (physiological and behavioral symptoms), and substance abuse in terms of social consequences and use (Pham-Kanter, 2001). On the other hand, social dependence and consequence is often determined following DSM-IV dependence criteria: built up tolerance for the drug; used the drug more often than intended; wanted to cut down or tried, but found they cannot; had a month or more in the past year when users spent a great deal of time getting the drug, using the drug or getting over
its effects; drug reduced important activities; drug caused emotional and/or health problems. Generally, substance abuse is a medical disease associated with biochemical changes in the brain. These changes in brain chemistry often play a significant role in the physical symptoms of abuse, including cravings and withdrawal (Lipman; Macmillian, Boyle, 2001). Common substances abused by participants in this study were alcohol, beer, marijuana, speed, heroin, mazanor, ecstasy, Amyl nitrate MDMA (ecstasy), crake cocaine, heroin etc. The Hispanic participant reported that marijuana, amyl nitrate, cocaine were her recreational drugs followed by speed and ecstasy. Another participant responded that she injected drugs than snoring and smoking. She admitted that besides crake cocaine, she abused heroine excessively.

Research Questions in this Study

The research questions in this qualitative study are both general and specific. The present study was undertaken to ascertain aspects of psychological effects of substance use on the lives of single mothers. Research questions centered on the objectives which progressed scholarly from an open stance to a more probing position and which includes a systemic, circular and appreciative inquiry style questions (Selvini-Palazzol et al. 1980; Cooperrider & Srivastr, 1987). Interviews followed an open-ended questions and discussion prompts. The following questions guided the entire inquiry and participants responded to the best of the abilities. Below are exploratory probes that guided this study: How old were you when you started using substance? What type of substance did you first used? What type of substance did you use most of the time and for how long? What emotional problems did you encounter during the time of use? What psychological issues did you encounter during the time of use? What were the effects of use on inter-personal relationships? What are the consequences of substance use on your job and how did you view employment while you were abusing substance? Do you think that substance has any adverse effects on your health and members of your family? Did your family feel that your use of substance was a problem? Were there any form of social support from parents, friends, family, relatives, environment that exacted a positive influence on your health and the health of your children? Can you remember the length of time when you did not mess with any hard drugs? Etc.

Other questions that constituted part of research probes include: What changes did you noticed in the overall family functioning during your period of use? What was your attitude towards fiancés during the time of use? What was your relationship with child/children look like during the period of use? Tell me about your emotional state, mood and mind during the period of use?
In what other ways did your use affect the behavior of your child/children? How often were you depressed and how often were your children depressed too? Did your child/children experience any adverse effects of emotional brake down while interacting with them? Did your emotional/psychological distress if any, result out of exposure to stress, or substance use? Given the fact that substance influenced participant’s emotional, mental and psychological behavior, the problems encountered by children of participants and their environment was assessed. The above research questions drew strength from the above literature reviews, the epistemological and philosophical paradigm since it considered the emotional and psychological status of single moms who abuse substance. However, follow-up questions varied depending upon the responses elicited by the initial probes.

Research Design and Method

This study used a qualitative phenomenological approach (Moustakas, 1994), valuing participants descriptions of how they experienced and perceived substance (Cocoman et al, 2008). Since this research study is both qualitative and exploratory, a fairly structural interview was employed in the process. Interview episode were conducted with a purposive sample (Sim & Wright, 2000) of four participants. In contrast to multiple positivist analysis that tries to evaluate quantitative approach on substance abuse, the method chosen in this study interprets the concepts of what participants discussed, analyzed and contemplated, thus demonstrating their experiences with mind-altering substance. Information sheet outlining the purpose of the study, its voluntary nature and strict code of confidentiality to be adopted for handling research data, accompanied a letter of invitation sent to potential participants (Barry, 2007). The study explored the health of single moms who abuse substance. It explored the psychological effects of substance use on their lives, their children and family. This study evaluated how alcohol, Cocaine, marijuana affects participants mental well being. Since research questions are both specific and general, this study evaluated families’ view on substance use. The reason is because whenever single moms who abuse substance visits a therapist or a counselor or engage in any detoxification program, they are often referred to a therapist, social worker or case worker who does a one-on-one intake. Furthermore, a descriptive design methodology was employed. Participants were selected based on their willingness to discuss substance and its emotional and psychological outcomes. The rationale for selecting this type of research design is to enable me gather objective and subjective evidences available. I gathered evidences on the subject matter and did not ‘run out of stream.’
Data Collection

I collected data on my subjects using interview schedule (semi-structural) as an aspect relating to identification of data, family background, details of single mom status, emotional experiences, psychological impact of substance, and how long substance have been used etc. Participants were informed that the study was not a form of substance abuse therapy/detoxification, but emotional and psychological probes of the consequences of substance on users. These initial probes were designed to elicit a full, rich, thick and meaningful description (Moon, Dillon, & Sprenkle, 1990). There was no formal recruitment process of participants. The four respondents were recruited at their places of recovery meetings. A triangulation of data sources was employed to ensure credibility of information. Data was collected from a variety of different sources, namely: 1) four Single moms 2), Friends and children of participants and finally, staff at narcotics centers who actively assists participants in their recovery process. Additional data was collected from newspaper clippings, abstracts, diaries, and letters (Grinnell. et. al, 2005). Interview lasted for an hour with each respondent baring her mind in the ongoing discussion. The time frame for the completion of interview was between two to three weeks. Interviews were recorded with audiotape and field note taken. During data collection, respondents were encouraged to focus on their own behavioral, emotional, and psychological experiences. The rationale was to see if sharing about themselves would increase their capacity of self-reflection and self-discovery. Participants’ response to what they learnt about themselves (research questions) demonstrated that the study enabled them to have a full discovery of self, children and family.

Description

Opinions of research participants in this qualitative study were not only imaginative but also imperative. The number of sample that participated in the study was four single moms with dependent children. At first determining the number of participant in this kind of study was a big challenge to me. As Sandelowski (1995) points out, determining adequate sample size in qualitative research investigation is ultimately a matter of judgment and experience. Three of the four participants had children with age ranging from 3-5-9 years. The fourth participant had a kid who was 9 years at the time of study. Basically, participants were less educated. The highest education attended by four of these respondents was high school education. One out of the four participant reported she received a trade certificate and diploma in fashion and design. Although participants acknowledged some therapeutic benefits from using recreational drugs
(e.g. to relieve stress/ high emotions), four of them agreed that there were incalculable drawbacks inherent e.g. that recreational drugs damaged their health, flattened their emotion and psychology and crippled normal running of their respective families. The first round of data was obtained employing face-to-face cross-sectional interviews. However, interviews were conducted at participant's convenience. (-reaching them at their convenience-places of their recovery meetings). Recruitment formulation followed two-fold strategies: personal networking; encouraging participants to develop less anxiety on their commitment on the on-going study. Participants lived predominantly with parents, friends or relatives in an environment that is unhealthy and chaotic. One participant, a Hispanic lived alone but remained tied to her three children while she attended daily N/A meetings. Two of the participants (Caucasian white) have no job at the time of recruitment/ interview. The other two (African- American and Hispanic) were receiving some form of federal assistance checks to support their kids. The age ranges of participants were between 26-49 years.

Samples came from Grace Christian Reformed church located at 100 Buckley SE, Grand Rapids (Hispanic); We qualify-Roadbed ministries, 5010 South Division, Grand Rapids (Caucasian white), Natural life -faith Lutheran church , 2740 fuller Ave, N.E, Grand Rapids (African-American), All night recovery-4830 South Division Ave, Grand Rapids (Caucasian white). Participants are resident in Grand Rapids from 2000-2007. A purposeful sampling guided this exploratory study. Rubin and Rubin (1995) suggest three guidelines for selecting informants when designing any meaningful sampling. Namely informants should be knowledgeable about the cultural experience being studied, willing to talk about it and finally representative of the range of points of view. Contrast to this postulation, one responded declined to participate in the study. She was afraid I was a secret intelligent squad who was out there to tap information from her. I left her alone and never pushed her further because any attempt to temporally transposition her would result in some type of anachronism or a psychiatric attitude from a ‘crack head’. The second participant who declined gave reason that she didn’t know me well enough to share or tape record her ignominious past. With regard to ethnic or cultural backgrounds, two of the respondents are Caucasian white, one Hispanic and one African- American. All four participants held no religious beliefs. They reported they were Christian who strive for spirituality. As research investigator, I applauded them and told them too that I am a Christian who is not different like them who struggles like they do to worship the God of my own understanding. Sample comprised single moms who had been in treatment before or who are receiving treatment at the moment. The entire respondents had never been married before but have kids
they raise single-handedly. Of note, is that participants received an informed consent, and they were reassured that information they provided would be treated with a high level of confidentiality.

**Descriptive Transcription #1**

Venue: No Name- Grace Christian Reformed church

100 Buckley SE, Grand Rapids

Sex: Female

Ethnicity: Hispanic

**Transcription**

X: Participant

Gerald: How old were you when you started using substance?

X: I was 13 years old. At 13, I was doing what people above my age was doing.

Gerald: What do you mean by that?

X: I mean I was older in the mind at 13 when I started messing with men and drugs within my neighborhood.

Gerald: What kind of substance that set the ball rolling?

X: I started with Marijuana. After Marijuana, I tried to hit crack Cocaine for 15 years. I also used ecstasy, speed and mazanor.

Gerald: What were the emotional problems associated with substance?

X: Lots of problems! I lacked social skills. My emotions were gone at this period. I felt sad always. I mean I was very depressed, reserved about my feelings and emotions. I felt very angry and violent too.

Gerald: Tell me the psychological issues you noticed while you were using Crack Cocaine, speed and mazanor?

X: Experiences are the same. I was mentally drained and emotionally confused. After I was mentally drained, I had thought of committing suicide. I had thoughts and feelings of low-self esteem. I had thoughts of someone always speaking to me. I had thoughts of killing my kids
and people around me. I had nightmares and night dreams. All these were like when you get junk mail. What do you do when you have junk mails, you try to delete them. This is what I am doing in the N/A recovery center, trying to delete my drug issues that are driving my emotion and psychology nut. All these are issues I am struggling with now. They are issues that affected me the most.

Gerald: Any psychological issues while using Marijuana?
X: Same as crack. The harm or effects are not different. The difference is like the feeder and the express road. In the feeder, you kind like driving slow but in the major highway, you are fast unless you are slow down by heavy traffic.

Gerald: How did your use of Crack Cocaine imparted you emotionally as a single mom?
X: So many ways. As I told you before, I lacked feelings and emotion. I was not feeling my environment. I was not feeling me too. I lacked the feeling that I was a mom. Now, I am sitting before you, I am feeling you and your questions and it pounds on me. But at that time, my clarity was gone. I remember I gave my children away to a family who was in dire need. There was no moment of clarity but overall, I lacked feelings for doing this to my kids.

Gerald: {Interrupted} doing what?
X: Giving my children away. The emotion that connects a mom and a child was gone and that was why I gave my kids away. At the moment, I will not repeat this kind of mistake again in my life.

Gerald: What are the effects of use on your relationship?
X: The use of crake cocaine made my relationships changed for the worst. My relationships were all personal and they reflected how I was and what I would gain in the process. “Take away the cause, and the effect ceases.” You cannot achieve any good relationship because nothing splendid has ever been achieved except by those who dare believe that something inside of them as superior to circumstance. This is the belief of Bruce Barton. This is my belief too. I love that dude. He thinks smart. You are smart guy too.

What are the emotional/psychological problems you encountered as a single mom?
X: Many! I will say my relationship was breaking down. The world was falling down on me.

Gerald: Was there any psychological distress that resulted out of exposure to stress or
substance use?

X: At childhood, yes.

Gerald: What are the consequences of use on your job?

X: Oh boy! I lost all job opportunities. At the time of use I had no patience to deal with people at work. I mean the ‘bullshit’ from my trainer or manager. I had no tolerance accepting other people’s shit like “calling in.” However, I was fired so many times because I never showed up. You know you cannot show up while you are chilling.

Gerald: Do you think that using substance has any effects on your health or in the health of users?

X: Definitely it has some side effects. I did not take care of myself. I did not eat well. What preoccupied my mind were how to “get high” and not my freaking welfare. I did not go to any medical check-up. I never visited my doctor. Substance put me in a spot, in a position where using was at risk with my health.

Gerald: Did your family feel your use of substance was a problem? Tell me about it?

X: No. Members of my family did not care about my welfare. After they found I was into some shit, they separated themselves from me. Shit separates you from people. Nearly, all family members were into one form of substance or another. My uncle was different. He was not an addict. My Uncle would tell me that I need help.

Gerald: Why did your family refused to show care and love?

X: {Interrupted} first, many of them are big time drug users. Many of them where drug dealers and suppliers too. See, if you are an addict, you would not mind any shit. Family members were buying and selling and it is difficult for one who steals to persuade another to stop stealing. Addicts like my family members will find it difficult to stop me. I mean, an addict cannot change fellow addict.

Gerald: I believe you, but let me ask you; was there any social support from parents, friends, family, relatives or your environment that exacted a positive influence on your health?

X: No. My parent and family was using. I said it before. Users don’t assist you or support you in any way. When you are in trouble with the law, (caught with drug possession) users’ would abandon you whether family or friends. They will be on the run. They will run head over hill
towards a shelter. There was no support system from friends either. See, my relationship with them was personal. My environment was drug and gang related. A drug culture rarely supports you. A drug environment is a negative experience.

What changes in function did you notice in the overall family functioning during your time of use?

X: Chaotic, not loving and supportive. No feeling for each other. Not paying attention. No love or concern. Everything was upside down. Everything was in a topsy turvy, a roller coaster of a sort! I mean higgledy-piggledy- in a disordered manner.

Gerald: What was your attitude towards, finance during your time of use?

X I had a negative attitude towards life. I had a negative account balance. I owed everywhere from the bank to individuals and families. I owned people on the street. I owed my suppliers, people who sold crack to me out of sex not out of true friendship. I owed my “home boy” a debt of allegiance. I also had a negative attitude toward committing myself to a job or committing myself to a friendship. How can I commit myself to a job while I was into stuff like this? How can I have saving or property when I am “high”? If you don’t work you would not be paid. And if you are paid while an addict, you will be in a spending spree.

Gerald: What was your relationship with your Kids look like during the time of use?

X: Not good at all. I have no relationship with my kids. They will not forgive me for giving them away to a family for money and freedom.

Gerald: Tell me about your (kids) emotional state and mood?

X: Well, they were unstable the whole time I was using or the entire time I was gone. The shout at me at will and they would cry every time. They were deviants beast to raise. They acted angrily and violently. They had unstable mood that separated them from loving me despite the fact that I was their mom. Above all, my kids are sweet little children. I miss them!

How often were you depressed while using substance? Tell me how often where your children depressed too?

X: I was depressed most of the time, especially in the morning times. My children were caught up in the game. I was always sad. My sense of sadness stemmed from the fact I was alone and trying to survive on my own. With no job and no support from friends and family your mood would definitely go nut and you will become depressed too. They say that smile is contagious.
My children were caught up with my feelings and mess. They were depressed too. See, if a mother goes down her children will go down too. This is not different in my case. It is not different to any mother who abuses any substance.

Gerald: Could you tell me if your children experienced any adverse consequences of emotional breakdown when interacting with you?

X: Yes

Gerald: Could you tell me about it?

X: My children were always feeling bad all the time. It affected them to the degree that sometime they are scared of telling me about their needs. Sometimes they are scared coming around me. They were scared of the attitude I had shown to them. That made them feel wasted and worried all the time. When your kids don’t know your way about for days and for the entire week, they will feel worried. They will break down even in the maternal care of another woman.

Gerald: In what other ways did your use of substance affected the behavior of children?

X: Many ways.

Gerald: {Interrupted} you said in many ways, Tell me about it?

X: I was not in their lives. Most times, I was gone leaving them abandoned and forsaken. But God did not forsake them. The fact that I was not there always made them feel angry and act out. They hated me for that. I was cut up in my mess that I did not enroll them in school. Just look at that? If you fail to go to school, and fail to encourage your children to do same, your behavior would be raw, violent and crazy.

Gerald: What have you learn about yourself in recovery?

X: I learned about who I am. I have come to realize that crack cocaine destroyed my life for the bad.

_Descriptive Transcription #2_

Venue: We qualify- Roadbed Ministries

5010 South Division, Grand Rapids

Sex: Female
Ethnicity: Caucasian

Transcription

XX: Participant

Gerald: How old were you when you first used substance?

XX: If I could remember well, I was 11 when I started. At 12, my family had already abandoned me to my own fate. After I could not find help from people, substance was the only thing I could lay hand to. It helped me deal with stress and abandonment. At this time too, I was introduced to alcohol and heroine.

Gerald: What kind of substance did you first used?

XX: I told you already I started with alcohol and cigarettes and later heroine. At that moment, I was hanging out with couple of friends for couple of beers. I also smoked marijuana on a regular basis. I used Heroine for over 8years. I did crack cocaine and Amyl nitrate for a while.

Gerald: What was the feeling like when you were using both substances?

XX: The feeling was crazy. You can imagine yourself put into a burning cell. I had no feelings for anything. I had no feelings for life. I would fight men and my fellow women at the same time. I lost the sense of shame. My feeling was “go, go, go, go, go out.” During this time you can never get my ass at home. Sometimes, it was difficult for me to feel. I was numb all the time. The great feeling I crave was to be ‘high’ regularly and nothing less.

Gerald: Could you explain to me what you mean by regularly?

XX: Well, regular use for me means I was using Heroine with my ex-boyfriend every day. You know it cause money to buy stuff like that every day. At the end of the month you have spend a hell. I buy regularly, I use regularly. I party regularly and gossip regularly too. I had regular craving that cause both of us to use regularly.

Gerald: What types of feelings were you having while using these different substances?

XX: The feelings were same. It is the same because you want to get high. I used these substances for the same purpose. Again, their results are same. I used them to get over stress from family and environment. I used them to calm down my anxiety; to get rid of my worries; to overcome my burden and put my loneliness under control. The feeling may be different from any person based on the intensity of use and reasons for use. Everybody is different and influence
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may be different depending on use.

Gerald: Tell me if your child/children experienced any adverse consequences of emotional breakdown or depression while interacting with you?

XX: I don’t think so. If my child experienced any kind of emotional breakdown, I never knew because my feelings were gone. My feelings left me and I was not able to watch my kid to know what she was going through. She may be through hell but I never cared at that time. I was totally on the move and was totally ignorant about my environment including my child.

Gerald: Did your emotional stress result out of stress or substance use?

XX: I will say both. ‘Dope’ brought stress, emotions and discomfort to me. If you feel abandoned like I did, if you had no job like I did, if you are a single mom with all these problems, you will be burnt out and your emotion would be gone. You would be stressed out to a breaking point. See, my emotional stress resulted out of substance use. I was thrown out of house so many times. I was dumped by my boyfriend without anywhere to go. At one time, I was not in good communication with my family. My father died while he was snoring cocaine. All these put together brought me to where I am now. They all caused me to feel stress and feel agitated.

Gerald: Did your psychological distress, if any result out of exposure to stress, or substance use?

XX: Psychology! Do you mean behavior, feelings and attitude? Well, everybody has feelings, good or bad. During the time of use, I was thinking differently. I was stressed up. Remember dupe will make you feel that what you are doing is right and smart. It will make you feel fine and right. Dupe would cause you to always chill. I was chilling at the time.

Gerald: When you compare those days and now, what is the difference?

XX: I used to be sad and angry and my belief in my strength was gone. Sometimes, I was scared and sometimes not. I used to fight and get into trouble with the law. My driving license was suspended many times. After the suspension, it was difficult for me to get a job or drive a car. I have to sell my car since I cannot drive. I never wanted another person to drive it. I never wanted another man’s problems on my head. The time I was talking about has passed by. Now, I feel better and in good status with the state. I want to be able to drive again, get a job and take care of myself. I don’t want to feel stress again. I want to change the way I see things. I want to establish a status of limitation. I don’t want to be in the loser camp any more. I want to channel
my energies towards a right course. For now I am trying to feel calm and have peace. N/A meetings will help my feelings catch up with my present belief and behavior. The belief that comes to be true for me now is that this program is offering me the opportunity to use of my strength once again which I believe is the best means of putting my skills back to perspective.

Gerald: Do you think it is different now?

XX: Oh yes! It is completely different now. I am glad and happy to myself. I am doing better than before. Now I found myself in the midst of people struggling to remain clean. I now found myself in the midst of good people who think good of themselves and others. Now, I think well enough and engage in positive activities. I now surround myself with people who don’t do drugs. You cannot do recovery while you hang out with people, who do drugs; who drain your energies. Presently, I surround myself with those who empower me. I mean those who give me food for thought; who tell me the good in me and the good to go for. Generally, it is good and better now.

Gerald: What was your relationship with your child/children look like during the time of use?

XX: Pretty messed up. The relationship was pretty bad when you talk of mother-daughter relationship. My relationship with daughter during the time of use was kind of she is there and I am there. We were separated from each other. Substance separated us. The only good relationship I could think of was to provide them with food to the best of my ability. When she is hungry, I would drive out and we will eat some hamburger. At McDonalds, I would buy her two kids meal. That is pretty if you ask any really mom around.

Gerald: Do you think the relationship that existed between both of you was formal or informal?

XX: {She laughed} you would say formal but remember she is my kid regardless of substance use or not. The relationship I had with her was not formal in anyway. From the time she was born our relationship was inform and would remain informal even after she is grown up to adulthood and have family and children of her own. I love her even sometimes she feels rejected and abandoned. I don’t need to give her a phone call before I take her to shower. I don’t have to write her a letter before I take her to burger king for breakfast.

Gerald: What were the effects of use on your general relationship?

XX: There were no relationships except with my child. I tried to push everything and everybody away. Most relationships I had was short lived. They never lasted because the reason for
entering into such relationship was wrong and selfish. Having a relationship with a dupe man is risky and messy. He will despise you and treat you like a trailer trash at anytime. On one hand, my relationship with my child was not rooted in love, care and concern. It was a relationship rooted in substance and suffering. My child suffered because of the choices I made and she suffered because I neglected her. The relationship I had with my family was dramatic. It was dramatic because everybody was like a tiger ready to devour another. We lack trust in ourselves and ready to sell out each other at any given time. My relationship with friends, “dupe men” and relatives were the same. I was caught up in the chain web of disgust and one affects the other. The collapse of one brings burden to another and to all. There was chain reaction. Now I would like to have a healthy, non-abusive relationship with my kid and my man. Previous to my hospital admittance, I had no healthy relationship with anybody. Today, I have engaged myself in a meaningful occupation (fashion and designing). I am getting to know my environment and my own crazy family better and most importantly, I am getting to know me.

Gerald: When you say ‘dupe man,’ what do you mean?

XX: Drug dealers and drug suppliers. I mean men who live by selling drugs for money. Some girls who are messed up are into the game and into the trade. They are very well connected in street life and activities. They can be bad in their trade. They need their money after a supply. You cannot owe them and when they are after you, you cannot run away from your ass. If you don’t give them their money or pay through compensation, they will blow you up. They can cut their teeth in order to nip you.

Gerald: In what other ways did your use affected the behavior of your child/children?

XX: My daughter was always anxious, lonely and mad at me. She would transfer her aggression (emotions and anger) on other children. My daughter would get mad and throw stuff around. She will cry whenever she fails to get her way. My baby will act snobby and arrogant. She will call me names and call me bitch. She shows anger and impatience at all times.

Gerald: How did your use imparted you emotionally as a single mom?

XX: Bad! I lacked money because I spent so much on dupe. I would not keep more or save as the case may be. I was having hard time with money even before her dad left me.

Gerald: What psychological problems did you encounter as a single mom?

XX: I was always alone. I was unable to have what I wanted. I was lonely without someone to
show me some love. I had no one to encourage me or provide the stuff my daughter needed. There was no one to take her out to the park or show her how to swim like other kids at the pool. There was no help or support from my baby dad. He went out of the picture and left all responsibilities to me. It was hard for me dude.

Gerald: What were the consequences of use on your job?

XX: First, using crack affected my job ethics in so many ways. I hated to wake up and go to work. I had no interest in job and I had no interest in finding one. I lost all job at the time of use. On two different occasions, I fought with team members and both of us were fired. When you work and do drugs, one would be affected. And I chose staying at home. See, I was anxious always and it affected my psychology and how I look at job. It was hard to love your job or keep one. All I did was to stay home, sleep and ‘get high’.

Gerald: What was your attitude toward finance during the time of use?

XX: Dupe would not allow you to make good financial decisions. You spend money as it comes in. you spend as furious as it comes. There is a street word for it, “come easy go easy.”

Gerald: Since you like to stay home how the money does comes in?

XX: O boy! It comes from friends, or selling what you have. Sometimes gifts and the gifts led to something else... you know what men want. They want sex and nothing but sex. Men are nasty creatures.

Gerald: Could you tell me what it is men want?

XX: {caught in} you know they want-sex. Men are freaks.

Gerald: Do you think that substance use had effects on your health?

XX: O yes! Why not if you use? Dupe affected my health in so many ways. It affected every aspects of my health. When I was 19, I had heart problems. I had to test for EKG that lasted so long. The heart problem nearly killed me. At the time I was using dupe, I was always tired. I was always weak to do anything to help myself and children. I feel sick and nauseated.

Gerald: Does your family feel your substance use was a problem? Tell me about it?

XX: O yes. My family sees it as a problem. My family says that I cannot be better while using substance. They lost the confidence and trust they had on me and my abilities.
Gerald: Was there any social support from parents, friends, family, relatives or your environment that exacted a positive influence on your health?

XX: No, everybody including friends and family abandoned me, especially when I got into trouble. My relatives would behave funny when I have contact them. They refused to assist me. They would not return my calls. They don’t want to be bothered by me. I am a pain in the ass!

Gerald: What changes in function did you noticed in the overall functioning during the period of use?

XX: Chaotic! The very good family functioning was gone. There was no order of things in the household. I was depressed and my daughter was depressed and exhausted too. Everything was crashing down at home.

Gerald: Tell me how often you were depressed during the time of use?

XX: {Interrupted} I was always depressed. If I am not high, I feel worried and depressed. If I lack money, I feel mad and angry at myself, at my life and condition. See, I transferred my chaotic world to my daughter. As much as I was angry and depressed, she was depressed.

Gerald: What have you learn about yourself in recovery?

XX: {caught in} A lot. I now see the light. I have come to realize that I was in darkness during those crazy days. I am free from my bondage. I am free from the diseases of the mind, the disease that destroyed my relationship with kid, family and friends. Dupe is a disease that labels me as a bad person and made me an outcast.

**Descriptive Transcription #3**

Venue: Natural Life- Faith Lutheran Church

2740 Fuller Ave, NE Grand Rapids.

Sex: female

Ethnicity: African American

**Transcription:**

XXX Participant
Gerald: What caused you to start using substance?

XXX: A lot of it comes from my childhood. Before someone picks up the drugs he already has a problem. He already has the attitude, how they were raised, how they were misinformed and miss-educated, the society, family life and environment.

Gerald: You mentioned environment, Tell me about it?

XXX: {interrupted} was the environment of the child consisted of drugs, sexual abuse, did it consist of emotional abuse, physical abuse, molestations or violence? Was the environment chaotic and lawless? Where they praised when they did something awesome or where they neglected outrightly?

Gerald: What do mean going back to the childhood?

XXX: When you go back to childhood, you look for what the child was told. I was told that you should not give in to any man for whatever reason. You should not allow a man do stuff for you especially if you can do it yourself. I was informed never to want a man to take care of my problems. I grew up that way to push and sabotage relationships with opposite sex.

Gerald: Why?

XXX: Because, I was raised to live in isolation. Now as an adult and in my addiction, I have grown to believe that a man cannot do for me what I can do for myself.

Gerald: What would you say of the environment where the mom never used substance, but her children are using substance themselves?

XXX: If my mom never used any substance, what was I told over the course of time? What did I observe Dad and mom was doing? What else did I see? Who told me what I am doing now? Was my environment consisted of drug addicts? Because of early childhood issues, if Mom was using and she told me using was wrong, that is what I am going to do notwithstanding. I will go ahead and use because of what I see around me. This is environmental issues. The richest people in the world have drug issues too. I am blessed that substance had not killed me till I found myself here. If I don’t change, I would blame you Mr. Interview recorder till the day I die.

Gerald: Why must you insist on doing what you are told not to do?

XXX: {caught in} I insist because of attitude. I mean bad attitude. Bad attitude clicks with drug use. If I have clear vision, if I have clear focus, if my environment is good and right and healthy,
if I was told the right thing by the right people, then I would not in any way involve myself with substance.

What was your relationship with your family like when you were using substance?

XXX: What was it like?

Gerald: Yes.

XXX: Bad, I mean bad, frenzy and crazy. A lot of things happened. I mean lack of discipline and a lot of rejection. The primary thing is rejection from the family. When you are rejected, your option is to use substance to deal with rejection. It is crazy when all members of the family use substance. My mom was using something different from what I used. So our attitude was different because our realities were influenced by different substances.

Gerald: Did your emotional or psychological distress during your period of use result out of stress or out of substance use?

XXX: No. Who would say I did not have stress in childhood. Who would say I did not have stress before I picked up drugs. See, I had stress at childhood. I had to grow up like that till I picked up drug and my world changed for the worst. I started doing adult things. My mind developed faster after I picked up the dupe.

Gerald: besides doing adult things, what other things did dupe did to you?

XXX: Dupe killed my feel. It destroyed me and made me invincible. It caused me not to think of my psych and feelings. There were issues in the past that cause me stress too. There were other issues that affected my life and the feeling in me and the world.

Gerald: While raising your kids alone, tell me the emotional/psychological consequences associated with these responsibilities?

XXX: {Interrupted} Say that again.

Gerald: What were the emotional pains that followed you as a single mom while raising your kids?

XXX: There is no doubt in my mind that I have the addiction. There was no doubt in my mind that it affected my kids in any possible way I can think of. If my use affected me, there was nothing I could have passed onto them than drug related issues
Gerald: Now you are in recovery, what is your relationship with your family?

XXX: Now, I have clarity, my eyes are clear. I have more vision in life. Now I stand alone to believe on my own values, morals and my own convictions and never the values and conviction imported from my family. As I have made decision to be here, I can as well make decision to go back to the street and to drugs. There are levels of recovery. We have ‘significant-other level’ of recovery. But in my ‘new-comer level’ of recovery, I have to reach out to new people who are in recovery before me. I need to reach out and get the help I needed, so that I can instill in my children what I have learned from my own recovery. The commonality is that my environment was bad and I had nothing good to instill into my children. But after learning good lessons here at recovery, I hope to pass unto my children good things.

Gerald: What substance did your own mom used?

XXX: She used more than enough. More than I can count. My mom was into Meth, Cocaine, Marijuana and alcohol. Mom drank excessively too. She was a drunk and an addict at the same time. Drug and alcohol can mess you up big time. It leaves mom and other single mom like her broke.

Gerald: What if you are broke to a situation that you can’t afford any money to buy dupe?

XXX: I would do anything. That is how we think. That is how dupe makes you to think. Like I said before, the urge or drive is always there. Dupe is not a disease, it is not a symptom. Remember, I told you we all have attitude before we pick up the drugs on the street. After we picked up the drug, the symptoms in us would begin to manifest. Dupe is a disease of addiction. I have a disease that is incurable. This disease can be put to sleep because I have found the God of my understanding. I have allowed God into my life by putting me here. Now, where do you think I want to be (back to the street) after I find myself here. The answer is no.

Gerald: Do you mean that addiction to substance cannot be cured?

XXX: The disease of addiction is incurable. Like I said, it can only be put to rest. When we pick up the tools in recovery-12 steps we get treatment and cure. Dupe takes you to your own world. It causes you to live in illusion. It puts you into the fantasy world.

Gerald: What were the changes in family function during the time you were using substance?

XXX: At the time I was using, everything changed completely. Everything changed completely because substance is a mind and mood altering drugs. Do you understand what I mean? Drugs
affected my mood, feelings and attitude and behavior. It affected me mentally, emotionally and psychologically and my entire attitude changed for the worst. Drug affected relationship with my family and children. During this time, family function was not the same. Remember I told you that my primary purpose was to get drugs. I felt different and when an individual lack the feelings of the other, it would be hard for him to feel for himself and children. The person would not think of his/her role in the family as mom.

Gerald: What have you learn about yourself during this period of recovery?

XXX: What do you mean? Do you ask what I learn? I have learnt about myself. I have learnt how to see Dupe as a problem. I have learned not to blame others for my mistakes and problems, or my childhood issues. I learned that I was psychological down because of dupe. I learned that all my health issues were as a result of not taking care of myself. Most importantly, I learned that dupe affected my behavior, attitude, emotion and my spirit.

**Descriptive Transcription #4**

Venue: Natural Life-Faith Lutheran Church  
2740 Fuller Ave. NE, Grand Rapids.

Sex: Female  
Ethnicity: Caucasian white  

**Transcription**

**XXXX participant**

Gerald: How old were you when you started to use substance?

XXX: emm, actually I was 15. At that time, I did not know the consequences of use. My dad’s son got me into it. I would say when I was about 15 or 16 years.

Gerald: What kind of substance did you begin with?

XXX: Heroine, speed, marijuana and Crack Cocaine.

Gerald: Did you use any other kind of substance or narcotics?

XXX: I wasn’t into any other stuff at that time, except what I told you.

Gerald: Could you tell me what type of substance you used most, and for how long?
XXXX: I told you before I used heroin and crack cocaine. I used heroine for more than 15 years. That was a long time, for you mister investigator, haaa!

Gerald: Yes, but what were the emotional problems associated with your use of heroine?

XXXX: I was not able to feel or do whatever I wanted to do in life. I was not able to focus. I never felt strong or confident with myself again. I was not able to control my anger with self and another.

Gerald: What are the psychological consequences you experienced while you were using heroine?

XXXX: The consequences are many. Heroin drained me and so was crack cocaine. When I was using this drug, I was always sleeping all the time. I lack the strength to do stuff for myself and my children. It destroyed my feelings. It separated me from myself. “You book people call it separation anxiety.”

Gerald: How often were you depressed while using Heroin and Crack?

XXXX: When I was using, I was stressed up. I was anxious and confused. That was when my son was mentally and emotionally affected. Other kids at the play ground would tease him and make fun of him that his mom is not there for him. Everything for him was a total chaos and breakdown.

Gerald: Could you tell me if your child/children experienced any adverse consequences of emotional brake down or depression while interacting with you?

XXXX: {Caught in} Of course. My son was always crying especially when he was hungry. And I could see how he feels on his face. However, depression is not written on the face but his actions to me and self implies that he was depressed.

Gerald: How did the use impart you emotionally as a single mom?

XXXX: As a single mom, I was not able to connect with my son. I lost all the help I could get from family, friends and other social connections. Things I needed were no longer there. My contacts were all gone. My son too was neglected and he could not receive the love he wanted for himself. I have to give him up for adoption.

Gerald: Did you give them up or were they taken away from you by the state?

XXXX: Honestly he was taken away from me by the state.
Gerald: What were the effects of use on your overall relationship?

XXXX: When I was into heroine, I was into many relationships. I was in and out of relationship. Relationship with a man sometimes last three days and everybody is on his own tract. The longest relationship I could remember was like a month. Some of these relationships were good, while some were bad. Heroine destroyed relationship with my son’s father. It destroyed my relationship with the outside world.

Gerald: Could you tell me how Heroine destroyed your relationships?

XXXX: Heroin and Cocaine numbed me and made me angry about myself and people around the block. I mean people around my neighborhood. It causes me to develop hatred for my parents. I hated them because they were not supportive people. They are “unsupportive crake heads.” They were not providing for my needs. I lost the relationship with people too. At a time, I was separated from my own son. Whatever separates you from your blood son is not good. That is what Crack and Heroine did to me. That shit is deep.

Gerald: What are the impacts of the use of Heroine on your job?

XXXX: Well, you will be ready to give up your job if you are into this shit. Substance would alter your mind that you will not take your job seriously. If something makes you to lose control, concentration and focus, then you cannot keep any job even when the job pays well. Even when you keep a job, it will not be long before they fire your ass. I know I called- in several times. I know I came late several times. I know my mood was not cool during my time of use. I know I felt like I would make more money on the street than keeping my ass in a job.

Gerald: Do you think that substance has any impact on your health while you were using?

XXXX: Yes, I felt sick in my stomach all the time but now in this recovery center or mental clinic, I feel much better.

Gerald: Was there any social support from parent, friends, relatives or your environment that exacted a positive influence on her health?

XXXX: No, not really.

Gerald: Tell me if your family feels your use of substance was a problem?

XXXX: O yes! O yeah! When it comes to family it is different bro, from the motherland. Everything you do is not right. When it comes to family you are always a problem and you are
always wrong. They see you as a failure. They call you a crack head. They see you as a problem child who needs help. They always thought I will continue to use substance. That stereotype shit.

Gerald: Tell me what you mean when you say stereotype?

XXXX: I mean what everybody says and believe. I mean the shit the say on television and media about addicts as outlaws; as no good people; as not good individuals for family and society. I mean what the law says about street life, what family says about selling drugs and even what people on the street say themselves. Family and society believes it is wrong to do drug.

Gerald: What changes in the overall family functioning did you noticed during the time of use?

XXXX: I was never around my family or my son. I was missing in action. I mean I was missing family action.

Gerald: What was your attitude towards finance during the time of use?

XXXX: {Interrupted} there was no stable financial goal. If you don't have a stable job, do you picture having money with you? No thought of saving. What comes to mind always is robbing others; I mean survival of the fittest. The jungle life on the street doesn't keep account. Money can come in today and it is gone tomorrow. We live for the moment because we don’t have any account number or routing number for straight people who make bank deposit.

Gerald: What was your relationship with your son like during your period of use?

XXXX: Although my son always stood by me, I acknowledge that I put him into a lot. I regret putting him into this and not being able to be there for him in time of sorrow and pain.

Gerald: Tell me about his emotional state and mood?

XXXX: Always angry, mood swing. He always had an attitude. He is always mad at everyone. He is always crying and mad at me too.

Gerald: In what other ways could you say your use affected the behavior of son?

XXXX: I put a strain on my son because he has to watch the house while I was gone. My son has to learn how to take care of the house very early in his life. It was like some kind of imposition on him. He was mad at me for all these.

Gerald: Why was he mad at you?
XXX: {Interrupted} since I put a lot of emotions and stress on him, on many occasions, he was abandoned to her own world. He was abandoned in his own infantile world.

Gerald: Was your psychological stress if any resulted out of expose to stress or substance use?

XXX: Yea, The whole time was stressful. You really don’t know what happens because you are living a cool life. Also, because you have better opportunities with cool people are around you and your environment did not abandon you on the street or introduce you drugs too early in life.

Gerald: Tell me what you have learnt about yourself in recovery?

XXX: I have learnt a lot about myself. I have learnt a hell lot about me. I leant that I cannot depend on drug to solve my emotional and sexual problems. I leant that doing drug would not promote me for any kind of success. I think if you have a problem you have to face it. I have learned about my own self esteem. I can now control my feelings. I have learned to keep relationship with family and friends.

Data Analysis

Consequent upon series of interviews and detailed transcription, data was subjected to a rigorous content thematic analysis. This process contradicts the style and approach of some boot leg researchers who often fail to employ operational methodology in data analysis. In this study, data was prepared in transcript format and was transcribed two days after data was collected. A circular process that involved reading and rereading transcripts, and listening to tentative categorizing to a more concrete coding as patterns emerged (Barry, 2007). Initially, data was collected using a tape recorder to capture the above opinions of participants in its original format. Transcription of data was done by me without assistance from any professional who maybe knowledgeable in this area. The rationale was to establish credibility and conformability to what I observed, listened by myself from what another would transcribe or contribute in the research process.

Describing the Code process

The coding process centered on the reoccurring words and themes that were expressed by participants. However, I found these themes repeating severally.

. Low self –worth

. Emotional stress
.rejection and abandonment
. Feeling of worry/depression
. Chaotic relationship with parent
. Unstable moods/Emotions
. Lack of confidence of self
. Lack of feeling for self and kids
. Unstable relationship with family and children

The above themes were common and it reoccurred among the four participants. There were lots of themes running throughout this study. In order to reduce these long overlapping themes, I merged some together to arrive at a central theme. After examining the many similar themes, I found that no relationship with Kids, bad relationship and chaotic relationship were merged together in a single unit of idea. Also lacking confidence in oneself and low self esteem were merged as one theme. Reason is because four of the participants responded they experienced low self esteem. They expressed that they lacked confidence during the time of substance use. The feeling of low-self esteem resulted both because participants were rejected and abandoned by family while they were young. And to deal with issues of abandonment, participants pick up drugs to deal with rejection or to get over stress. However, unstable mood and emotions were merged with low self-feeling. Here, participants were implying the same thing that substance altered their feelings which resulted in a constant emotional swing. Participants felt emotional stress, unstable mood and psychological breakdown during their addictive moments. Their use of substance became an alternative exit to get over family and environment; and it served as a welcomed option to calm down anxiety, worries, burden and loneliness.

Other common themes were participant’s inability to connect with kids and lack of relationship with family. A common difference here as reported by African American respondent was that during the time of use, she had no intimate relationship with kids. She reported that her emotions were flat and that she could not feel her kids. Themes like always worried, anxious, bored and unstable mood and emotions were left as different themes. The psychological, emotional and spiritual sicknesses of these four participants were considered as a theme on its own. Participants reported that their feelings were gone. They reported being stressed, invincible and completely detached. They reported experiencing unstable moods, emotion,
anger and sadness. Participant’s chaotic relationship with children and family resulted out of substance use. Also bad relationships, rejection, abandonment and unstable mood and emotions were merged together. Lots of rejection, and unhealthy environment caused participants to become overstressed and finally experienced emotional brake down. The lack of social support and the lack of patience in dealing with children as a result of use caused participants to feel worried and depressed.

**Codes:**

a) Low self –worth:

1. about self
2. shame engaging in healthy relationship
3. mental confusion
4. Unstable mood
5. Problem with self esteem

Participants expressed that besides mental confusion, substance caused them to develop feelings of low self worth. Again, Low self-feeling, unstable mood and flat emotion were reported the primary cause of their stress, worry and depression. Studies reveal that in late adulthood, wives are less satisfied with life, and they will develop the tendency of higher anxiety, and low self-esteem than their husband (Kulik, 2006). If this is the case, single moms would be less satisfied with life because they abuse substance. They will develop low self esteem due to anxiety. Even when they fail to experience anxiety or self-esteem, they would become screwed and develop unstable mood. Similarly, they will develop shame in engaging in a healthy relationship with family. However, findings on homogeny in socio-demographic variables reveal no difference between participants in the “high” and “low” satisfaction groups. Kulik concludes that with personality traits (self-esteem and anxiety), there are differences between participants in “high” and “low” satisfaction group.

B) Emotional Stress:

1. Unstable emotions
2. Emotional swing
3. Lost of real emotion
4. Depression as a result of stress/emotional
Participant’s emotional stress resulted out of substance use. A participant expressed that after she gave her child away, she lost the actual emotion that connects a mom to her child. She tells how unstable her emotions were and how substance affected her kid’s emotional stability causing them to act angrily and violently. She described substance as a disease of the mind which also works on the attitude of users. She reported that she had stress in her childhood. She believes that she had stress already before picking up drugs. She recalled that since she had stress in childhood, then growing up and picking up dupe transformed her life completely for the worst. The Hispanic reported that while she was depressed, her daughter was depressed and neglected too. The situation launched family into some form of emotional confusion. Participants argued that emotional swing, numbness, depression, panic attack, fearfulness, compulsive/obsessive behavior, feeling out of control, irritability, anger, resentment, withdrawal from normal routine relationship are predators common with abusers.

C). Feelings of worry/depression:

10. feelings of anger and depression
11. Angry at self, kids and family
12. Angry at life, situation and the world
13. Emotionally down as a result of substance use and anger

Participants reported that substance caused them to feel depressed. The Caucasian white reported that substance caused her to feel depressed and lost in human reality. She tells about how she feels when she lack the money to buy herself crack. She feels angry at self, at life and situation. According to her, substance transformed her world to her daughter negatively. She also noted that “as much as she is emotionally down, her daughter was emotionally down too.” The African-American respondent mentioned that during the time of use “everything changed completely because drug is a mind and mood altering substance.” This logic makes sense based on some assumptions and affirmation from reviews of literature. She reaffirmed that drug affected her mood, feelings and attitude and behavior. She concluded that “crake affected her mentally, emotionally and psychologically and when she is worried or feel depressed her whole attitude swing to the worst. The Caucasian American tells about how she was depressed while using substance and how her daughter was depressed too. She reported that while she was depressed, her entire family was depressed too and there was no rule or order guiding family members. As a result, “everything was in disarray. There was no peace in the house.” Empirical
studies regarding the effects of substance on the emotion/feelings of abusers include; mumbling, amnesia, avoidance of situation that resembles the initial event, detachment, guilt feeling, overreaction, including sudden and unproved anger (Graduate Institute Center for chemical Studies, 2007).

d) Relationship with children:

1. No feeling for self
2. No feeling for kids
3. Losing the role in the family as a mom
4. Lacking connection with kids
5. Separation from family and kids

Participants responded that substance affected their relationship with family and kids. The Caucasian reported that since substance cause her not to feel for self; it becomes increasingly difficult for her to feel for her kids or to think of her role in the family as mom. On the contrarily, another participant reported that substance never allowed her to connect with kids. She mentioned that the use of substance separated her from her own kid. She mentioned that “whatever separates mom from her kid or blood relative is evil.”

e). Unstable Mood/Emotions:

1. Emotional instability
2. Destruction of mood
3. Mind and mood altering
4. Children acting out in a deviant and violent ways
5. Destruction of emotions and feelings
6. Changes everything for the worst.

All four respondents expressed deep mood/emotion which was altered by the use of substance. The African American reported that because she was unstable, it caused emotional instability to her kid. Emotional instability caused her kid to act out in a very deviant and violent ways. A Hispanic respondent tells how alcohol, meth, Cocaine, Marijuana messed her up and her mom. She described that after meth destroyed her mom's emotions and feeling, everything changed from the worst. Against this backdrop, she called dupe “a mind and mood altering substance” or
the disease of the mind.

f) Lack of self confidence:

1. Inability to feel strong
2. Inability to feel confident of self
3. Unable to control anger with self
4. Dealing with self confidence and rejection.

In this study, participants continually talk of how substance caused them to lack confidence of themselves. A participant tells of the emotional problem that was associated with substance. She tells of how drugs destroyed her to the point that she was unable to feel strong or confident with self. She describes how substance was unable to help her control her anger with self and others. She believes that lacking self-confidence and her self-image resulted out of feeling of low self worth/esteem and family rejection. This participant described her experience this way: “the primary thing is rejection and when you are rejected, the next option is to use substance to deal with rejection.”

g) Chaotic Relationship with family and others:

1. Disconnection with Kids
2. No meaningful relationship with family
3. No relationship with friends
4. No relationship with environment
5. No social support systems
6. Destruction of family function

The inability to maintain close relationship or chose appropriate friends or mates have been found a condition that affects genuine relationship with kids, family, friends and the environment. The fourth participant (xxxx) tells of how substance destroyed her feelings and caused her to disconnect with kid. She admitted that during the time of crack use, she had no meaningful relationship. She disclosed that her kids were neglected and lacked the genuine love a mom could give. She revealed that she lacked real relationship which destroyed family function. However, it was only participant X who reported that although she had no relationship with family and others, that she maintained filial relationship with her child. She disclosed that her reasons were that previous relationships with men were abusive and chaotic. She narrated
that men abused her, despised her and treated her with ignominy. Findings in this qualitative study describe participant’s views on what constitutes emotional fallout and psychological impact of substance abuse. Multiple categories encompass my findings on how participants view emotion during the time they abuse hard drug and how their feelings are shaped. Interestingly, these findings are consistent with numerous studies that show users’ desire for good therapeutic relationships (Berker et al 1999, Crosland, 2001, Svedberg et al, 2003).

Discussion

A wide range of drugs and other substances were abused by participants with myriad psychological and physiological effects on self, families, friends and environment. Always, the primary goal of care is not to diagnose a clear case of respondent being under an influence of drugs or substance. Rather, the fundamental goal of care is always to recognize a possible overdose or other problems requiring medical attention and professional help. This is why constructionist theories often see recovery practice centers as emergent (Kearney, 2004). While this is the case, there were many codes in this study that needs further exploration. The four participants expressed that they experienced emotional swing and breakdown and that they experienced chaotic relationship with family, kids and environment. These themes overlapped in the course of the study and brought out striking similarities in the experiences of respondents while they were abusing substance. Although Participants experienced emotional swing and psychological breakdown and broken relationships with kids, they all viewed themselves and their kids in a positive light (Fleischmann, 2005). But the romantic antithesis of emotional fall-out or mood swing is the central theme reveled by participants, which at the same time, is rendered diffuse by a stream-of-consciousness and by the fallacy of imitative behavior. Participants have great virtues which I admired and which I have enumerated in this sensitive investigation. In order words, participants lack the final precision and control of their impulses. Lacking of control and inability to identify spontaneous impulses demonstrates evidence of weakness which manifest itself in participants overall behavior. Participant’s romance with hard drugs led them astray from meaningful opportunities, a tendency to base their security on a view of ill-manners instead of good morals. The essence of romantic association with narcotics by participants brought them to their own kneels where they confessed a state of moral insecurity where they could not found ways to improve on their own without help in this recovery centers. In this sense, they were dominated by an emotion that is inexpressible, because the effect of use was in excess for them to handle. They were up against this difficulty that their disgust is occasioned by immediate assistance from family members or relatives. Most
often relatives were not able to receive adequate help they needed which allowed their problems to overcome them.

Participants demonstrated through word of mouth and through facial expressions that their low self-esteem and psychological well-being triggered after they were introduced to substance. They reported higher emotional instability and anxiety (Hollist et al, 2006). Out of the four participants, only one (African-American) disclosed that her low self-esteem, attitude, depression and anxiety emerged when she was a child. However, four of the participants demonstrated that they adopted a proactive approach in dealing with the above psychological issues; a model of learned helplessness as predictor for depression (Abramson et al, 1989; Alloy, 1989). It seems that participants picked up substance when they were relative young. It also appeared that their ex-boy friends, relatives or baby dad introduced them into using substance without them knowing its dramatic consequences. The African American said she picked up substance when she was 13 years. The Caucasians was introduced to substance between the ages of 13 and 15 respectively. Another respondent expressed that at 12 years, she was abandoned by her family and at 13, and she picked up substance to deal with stress, rejection and abandonment.

In the current study, it is interesting to note that single moms who were either abused, or abandoned, who experienced homelessness or who came from a hostile environment were more likely to pick up substance to deal with emotional pain. When respondents were asked to described the emotional pain associated with substance use, a sense of surprise or discomfort emerged. It was surprising that participants learned about themselves. In the broadest sense, it was surprising that participants acknowledged that substance affected their behavior, attitude and emotion. Another sense of surprise emerged when respondents were asked what they have learned about themselves in recovery. However, a sense of discomfort overlapped when two of the participants realized that the use of substance caused them to give up their kids. The African American said she learned who she really was and how substance had destroyed her life. The Caucasian white responded that she is now free from bondage, from the disease of the mind; the disease that labeled her as an outcast. A second Caucasian shed tears over her surprise that she no longer depend on dupe to solve her emotional and sexual needs. When comments were made about emotions from the use of substance, their responses denoted a similar sense of surprise.

During the time of this study, participants were insightful, identifying the emotional and
psychological effects of substance use in their lives. Participants later believed that their use altered their perception, mood and psychology. Also lugging (what they called hanging out) around addicts intensified use and sabotaged relationship with kids, families and friends and destroyed chances of inner joy and happiness. Comparisons of this nature are capable of causing individuals develop markers of their progress towards more effective empathic relationship behaviors (Long et al, 2006). Participants’ attitude during the study supports other studies that examined the complexity of expectations concerning successful coping with drugs; no hope for the future, rather than positive expectations and success (job, finances and career). Pancer & Hunsberger (2000) articulated that the complexity of a person’s expectations is the product of the degree of information that he or she has acquired, or knowledge that helps the individual cope with current problems while maintaining a cautious optimism in regard to the future.

**Implications:**

It appears to me that assessments of the emotional, psychological enhancement of single moms who abuse substance have remained virtually unexplored in substance abuse literature. In all literatures reviewed, none mentioned how to effectively enhance the behavior, empathy and psych of single moms with substance abuse history. On the basis of previous, albeit limited study, there is a need for how this data could be used. This study could be used to enhance any operational therapy with N/A meeting to help increase the emotional or psychological stability of single moms who are at the beginning of their recovery process. Noteworthy, is that empathy training would help teach all single moms who abuse substance to develop empathy with kids. However, using ‘videotape feedback’ during recovery meetings other than reciting the 12 steps would help produce dramatic results in strong family connection and interaction; strong relationship building than sabotaging friendship. Any positive feedback that enforces the child’s level of functioning or enhances his or her abilities serves as a ‘shot in the arm’ for participants to continue to invest on their kids. The self –awareness effort is more effective in building positive relationship change than comments suggested by a therapist (Long, 2006) or broken relationships which respondents experienced during the time of substance use. Since participants experienced broken relationship with kids/family/friends and environment due to substance use, symbolic integration for effective interaction (Kaplan & Hennon, 1992) becomes absolutely essential. The rationale is for respondents to learn the skills necessary for effective empathic relationship with kids. Empathic relationship is only possible with self-recovery. Mead (1934) articulated that it takes interaction with others to have a fully develop sense of self.
Worthwhile research always has relevance to someone, a group of people or the general population. Study participants are no exception. Findings in this study are worrisome and surprising. Findings revealed that women who are churchgoers and who worship in the above mentioned inter-denominational faith can still live with depression and can still abuse substance. Therefore, the abuse of substance does not limit itself to race, culture or faith. Anybody can be involved.

**Limitations**

It is essential here to enumerate some limitations in this qualitative investigation. Since the purpose of any research study is to underscore the experiences of research participants in depth, it would be difficult for substance abuse participants to disclose their experiences without holding back some information’s. The number of respondents in this study was very limited to provide a comprehensive and in-depth knowledge of the emotional and psychological experiences of single moms. To further explore more knowledge from both sides of the hedge, single moms who have married before and who abused substance during or after their romantic relationship with significant other need to be added in any future study or in any proximate review on this subject. Again, it would be difficult to measure the nature of psychological difficulty experienced by single moms. The reason is because; they are the most unrewarding patient to deal with. Even though participants are unrewarding patients, psychiatrists, counselors and psychologists are advised not to assume that illegal drugs are involved at all times. Instead they are to threat the situation like any other cases of sudden illnesses.

**Recommendations:**

Data collected in this study should be used to facilitate further research on this population. Using videotape feedback in the N/A meetings and allowing research participants to watch their behavior and attitude would go a long way to facilitate self-awareness and recovery. This can serve as an evident practice in the Narcotic anonymous recovery programs or in any recovery or psychiatric units whether private, public, state or federal facility. One thing that should be done is to set a standard in the protocol of recovery meetings. A standard for their lives would go a long way to assist them from relapse. These standards includes but not limited to moral, ethical, social, familial, educational and legal. Moral standards would assist single moms who abuse substance to remain steadfast, knowing where they are and where they are going. Moral standards at their domicile would help confront the evils that are associated with depression, anxiety and loneliness. Moral standards would help them educate their kids to realize that going
to jail does not make one a heroine, and having kids without preparation does not make a woman an over-comer. A standard without conformity is a failure. Single moms who abuse substance need to be educated on how to get to the right standard of living and bring their minds to societal conformity. The end to this is to make them get a job. They must be encouraged to work regularly. The key in conforming to ideal standard of good living is to work. In fact, work means to live well, to develop interaction, to build rapport and healthy relationship with kids, relatives and friends. Work means to show evidence of ability. It also means to depart from hostile environment that are prone to picking up dupe. It is to work away from suffering and poverty. It means to fall in-line and shown bases for survival. It means to conform to society expectations. The courage to pick up employment would overcome their wildest urge of substance use. Lindsey (1997) once described unemployment as being a determinant factor to mental health.

From a psychological perspective, a work that takes place outside home can have tremendous benefits; affecting a person emotionally (e.g., depression) and mentally (e.g., stimulation, self-worth) and promoting his overall general feelings and satisfaction. Employment is advantageous from a grander sociological perspective especially in Western cultures where people identify their self-worth through employment (Vejar, 2003). In line with this trend of thought, Santrock (1997) asserts that mothers who are employed in occupations can in fact play a role in the career development of children, particularly little girls. He further argued that seeing their own mothers gainful employed can influence their eventual career paths by making them aware of their limitless options. Indeed, unloading emotional gun is very essential here. Putting emotionally loaded events in writing has been found to assist in overcoming emotional problems (Pennebaker & Seagal, 1999). Single parents who abuse substance should be encouraged to put the course of their lives and post it in the newspapers, internet or talk about it publicly or in the media like Oprah show or Dr. Phil’s on air counseling. This effort would help educate victims who abuse substance or help them know the implications and emotions associated with substance use. Finally, there are factors to look for when health professionals try to care for this population-namely: Behavioral changes not otherwise explained; sudden mood changes; Restlessness, Talkativeness, Irritability; Altered consciousness; Slurred speech or poor coordination; Moist or Flushed skin; Chills, Nausea, Vomiting; Dizziness, confusion; Irregular breathing and loss of consciousness. In sum, the emotional and psychological assessment of substance use among single mothers is in its infancy and this study calls for a future reflection on how abusers can play a much more involved part in their treatment and recovery for
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