

# “Fixing” Mother’s who Drink: Family Narratives on Secrecy, Shame and Silence

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**Abstract:** *Background:* In South Africa, there is a paucity of qualitative studies giving a voice to mothers who drink, which could inform interventions to assist families to heal from repetitive alcohol use disorders.

*Methods:* This qualitative study explored the discursive accounts of 10 mothers who are members of Alcoholics Anonymous in the context of their complex state of being-in-the-world with others (like husbands and children). The aims of this study were to explore why mothers drank excessively and to unpack their families’ responses to their drinking.

*Results:* First-person narratives with mothers’ about their lived experience with alcohol use disorder illustrate the main themes, which emanated from these discussions. The discourses on secrecy, shame and silence related to the mother’s lived-experience with alcohol’s occurrence in the family. This paper recommends that families who always stand over and against an alcohol dependent past should consider attending free support group meetings for loved ones of Alcoholics. A popular family support group for families affected by alcohol dependency is known as Al-anon.

**Keywords:** Alcohol use disorder, family, mothers, narratives, stigma.

## INTRODUCTION

In South Africa, there have not been many studies that report on mothers’ stories and how their heavy drinking behaviour relates to being labelled as “bad” mothers. Simone’s (2014) study on the “Mommy Wars” came significantly close to making sense of drinking mothers’ psychological health and how they are portrayed as “fractured females” in the media [1]. Her research indicated that the media’s perception of drunken mothers is that they put the lives of children in danger. Therefore, this paper argues that in society there is a struggle to “fix” the definition of “good” motherhood, separating mothers from one another (e.g. those who are addicted to chemical substances versus those who do not indulge) with consequences for understanding motherhood in society. In short, Simone’s research begs the question: “Who decides what makes a good mother?” [1, 2] Historically, researchers have been trying to unravel ideologies and images about motherhood, mothering and mothers perpetuated in gender scripts, which governed their behaviour [2]. Dubriwny (2013) argued that most mothers who drink had mothers who drank heavily since mother’s lived-experience with alcohol has honed their alcohol dependence through family interaction.

While exploring constructions of motherhood in the current literature with respect to the occurrences of alcohol in the family, we found that in accordance with the

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) Alcohol Use Disorder (AUD) prevalence was lower amongst White mothers compared to Black mothers [4]. Perceived stress was a risk for all mothers, but race-ethnic segregated social networks and perceived discrimination predicted current AUD for Black mothers [4]. Contrasting White mothers, current psychological factors rather than family history of alcohol problems predicted AUD for Black mothers [3-5]. Balan *et al.* (2014) suggested that future studies should address the interactions between race, motherhood, and psychological factors which interactively affect AUD in mothers [4].

This paper therefore highlights how family members attempt to “fix fractured females” who have AUD by shaming them to secrecy and forcing them to be silent about their drinking problem [6]. Despite the ongoing struggle to “fix” the definition of motherhood and its interacting relationship to the construction of gender performance [1], a significant consequence of self-stigma is associated with the mothers’ familial response to their drinking [7].

Studies that indicate how families influence or enable mothers with AUD emphasize that the habit-forming behavior does not occur in a vacuum but exists within a particular social context and could function as a risk or protective factor for the individual [4]. Social environments, much like the home setting, play a considerable role in the onset of alcohol use disorder [7]. This study problematized the role that families play in hiding mothers’ drinking to protect their families from the shame (or social stigma) and the disruption of family relationships.

Alcoholics Anonymous (AA) is “an informal meeting society for recovering people with alcohol use disorder” [6].

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AA members proclaim to “teetotal”, in other words, stop drinking with assistance of the 12-step program and assist others to attain sobriety when they suffer from alcohol use disorder. AA propositions that people living with AUD pursue the AA curriculum and withdraw from alcohol to pull through from its dependency and contribute to their experience, fortitude, and optimism with each other that they may solve their common difficulties or cravings.

AA appeals to mothers who fear stigmatization and thus they may choose to seek treatment anonymously because they feel intense shame about their dependency on alcohol [8]. The literature highlights that a gap exists in understanding mothers’ experiences of drinking and accessing treatment for their drinking problem [1, 9, 10]. Hence the rationale of the study and this paper was to explore and bring new knowledge to literature regarding South African mother’s drinking experience within the family context.

**SOCIAL CONSTRUCTIONIST APPROACH TO SOCIETY’S “FIXING” OF MOTHER’S WHO DRINK**

Social construction loosely defined means that human being’s thoughts, feelings and experiences are the products of a system of meanings that exist at a social rather than an individual level [8]. Social constructionist feminists have proven that mothers who live with AUD are in conflict with their social structure and AUD is the reaction or coping strategy [8]. According to social constructionists, “no one is neurotic unless made neurotic by society” [6]. That is, depending on where a person was raised, the way in which someone was socialized culturally and historically would explain their beliefs, attitudes and perceptions of AUD [10]. The social constructionist approach to society wanting to “fix” mothers who drink implies that human beings cannot be interpreted out of their lived context and this should be kept in mind when seeking to understand the phenomenon of “bad” mothers drink.

**PURPOSE OF THE STUDY**

The purpose of this study was to gain an understanding of mothers’ alcohol use disorder, their family’s response to their drinking problem and how that prevents them from seeking treatment. The main research questions were: *What is the structure of mothers’ drinking experience; how does this affect their families and their treatment seeking behavior?* This research was retrospective in the sense that it allowed the mothers to reflect on their alcohol dependence experiences and how it related to their families responses to them accessing treatment.

**METHODS**

**Participant Recruitment**

Exploring narratives of mothers who live with AUD presents a challenge in terms of accessing participants. However, in finding participants at the local Alcoholics Anonymous office, we were able to access mothers who are capable of reflecting on their past drinking experience. The snowballing sampling technique was used to recruit three

study participants identified through AA records (from the Western Cape head office) and the rest were from their acquaintances in AA [11]. The participants were heterogeneous because the sample came from various socio-economic backgrounds between the ages of 30 – 62 (see Table 1). The criteria for inclusion in the study were: (a) Mothers who drank in secret and tried to conceal their drinking problem from their partners, families and employers (b) Mothers who were sober for more than six months because sobriety made it easier for them to reflect on their drinking behavior.

**Table 1. Breakdown of participants.**

| Participant | Age | No. of Children | Family History of Drinking |
|-------------|-----|-----------------|----------------------------|
| A           | 45  | 2               | Both parents               |
| B           | 62  | 3               | Both parents               |
| C           | 39  | 1               | Mother                     |
| D           | 62  | 2               | Both parents               |
| E           | 39  | 2               | Both parents               |
| F           | 42  | 2               | Both parents               |
| G           | 30  | 1               | Father                     |
| H           | 46  | 1               | Both parents               |
| I           | 47  | 1               | Aunt                       |
| J           | 43  | 3               | Both parents               |

**Data Collection**

Narrative interviewing, also known as the life story interview method, was used to co-construct the lives of the mothers who drank [12]. Narrative interviews were conducted with 10 participants, captured by an audiotape and transcribed. Some of the participants spoke Afrikaans so the interviews were conducted in Afrikaans, transcribed and translated to English for transcription. The life span of the participant’s drinking was probed through a sequence of probing questions.

**Data Analysis**

The initial phase of data analysis involved fixing the text by transcribing the interviews [13]. Discourse analysis was used to identify themes across participants [14]. During the course of analysis, the following stages were applied in order to guide the process of interpreting the results [14]. The first phase focused on reading the transcripts to get a sense of the entire text. This process led to a noticeable pattern or sequence of when drinking behavior became problematic. Further, direct references to how their drinking was constructed from initial exposure to alcohol use disorder in family life and how the participants lived these narratives pre-reflectively in adult life, were identified. During the second stage of analysis, uncovered meanings were grouped into themes using a coding system and subthemes by cutting up the transcripts and placing them in thematically labeled envelopes. In the third stage of analysis the interviews were read again, this time reviewing individual themes and checking for disconfirming data, which led to new themes or

magnification of themes. In this phase of analysis, discordance surfaced which did not neatly fit into current themes, and it was noted as such. The fourth stage was refocused onto the themes placed in the envelopes and interpretations were extracted out of each theme. The final step in the data analysis allowed for the review of all the tensions and similarities across the themes. This final phase assisted in the presentation of a basic structure, which incorporates all the findings.

**FINDINGS**

The findings are not aimed at creating a-one-story-fits-all explanation, however, the research findings illustrate how the mothers who participated in this study constructed meaning of their lived experience with alcohol use disorder; 10 mothers participated in the study, each with their own distinctive narrative. Therefore the findings focus on the discourses, which highlight the participant’s individual experience and are not presented as if they were a homogenous group. The discourses are presented as if they were pieces of a complex collage carefully situated to place the participants’ sense of being-in-the-world-with-others and how that influenced their drinking behavior.

Since the mothers are always interpreting the significance of their dealings with one another, even if reflectively, the findings are interpreted in terms of their time and place narratives aiming to understand their life-worlds. The main themes that emanated from the discourse analysis was a) secrecy, silence and shame, b) normalized drinking, c) learning to cope and d) the road to recovery (tabulated in Table 2).

**Table 2. Main themes.**

| Major Themes               | Explanatory Notes   |
|----------------------------|---|
| Secrecy, Silence and Shame | An alcohol dependent family system constructed the silence, secrecy and shame of the dysfunctional family.                          |
| Normalized drinking        | All the participants had a family member who had AUD so drinking heavily was the norm.  |
| Learning to Cope           | The participants grew up noticing that alcohol was used as a coping mechanism.  |
| The Road To Recovery       | Identifying and naming the real problem that caused them to use alcohol as a coping mechanism, was the first step towards recovery. |

**Secrecy, Shame and Silence**

When the participants started narrating their alcohol consumption life stories during the data collection phase of this project, a poignant discourse about family dysfunction was pervasive. Prevalence of problem drinking in the family is where the story of alcohol use disorder begins for most of the participants in this study. It appears that when it comes to families experiencing alcoholism, there is a code of silence. Participants exclaimed sentiments like: “my parents did not want us to tell other people about their drinking”. The participants therefore reported that alcohol use disorder affects the family system in that it created an environment, which normalized dysfunction marred by silence, secrecy

and shame. Some of the narrated dysfunctions were that the participants lived under the breadline because instead of buying food, money went to alcohol. The following extracts illustrate:

*We were under the bread line. There were nights when I had to go to bed without food. I was hungry and there was no food. Because of the drinking the money went to alcohol. I remember some nights, instead of being in bed I was laying in the car in front of the bar (Participant A).*

*When my father drank he was very abusive. He humiliated my mother, he wanted to burn the house down then we had to sleep outside. He even threatened to kill us with his gun once and my brother had to take it from him (Participant E).*

The mothers who participated in this research clearly came from families where alcohol use disorder influenced their consumption. Living against the backdrop of an alcohol dependent past, there was a concerted silence associated with the dysfunction. As depicted by participants A and E, families deny that there’s a problem by not discussing the alcohol dependent behavior, which makes the problem worse [4-6, 15]. The participants felt coerced by family members who wanted to hide their drinking behavior into suffering in silence. Significantly, the mothers’ sense of what was dysfunctional or recognizing problem drinking stems from the exposure to family members who were alcohol dependent. The following quotations illustrate how the participants of this study managed to keep up appearances so that from the outside nothing seemed to be wrong.

*I saw a lot of violence. When I was 10 I had to wash the blood off the walls and furniture after my dad had beaten up my mom. My dad got into bar fights, he was stabbed once. I had to dress his wounds because my mother was (sic) passed out and I had to put them to bed. My father said I should not tell anyone (Participant F).*

*When I was ten and my parents had to go to rehab my Dad told me that he would kill me if I allowed a Social Worker in the house. I had to take care of my younger siblings while my parents were at rehab (Participant B).*

Narrations such as the above quotes were frequently expressed by participants and it was noticeable that in one house there may have been violent behavior, while a gloomy, glum silence permeated in another. Memories of “alcohol on mother’s breath” and her having always been tipsy, construct discourses of silence, secrecy and shame. In some cases, the alcohol was hidden from the children, in other cases the mother went for treatment often and the children were told that she is “going to visit family”. It was clear from these type of stories conveyed by the participants that their childhood was filled with sworn secrecy, silence and the shame that infused the lies that had to be told to preserve the family system despite its dysfunctional nature. But why preserve a dysfunctional family life? Many

participants attributed this to the fact that drinking and associated violent behavior was simply, “normal”.

### Normalized Drinking Behavior

Family is the primary social unit and point of socialization for humans, and with both parents drinking, children tend to be socialized that drinking heavily is acceptable and the norm [15]. Heavy alcohol consumption was introduced to the majority of participants from an early age since alcohol dependent parents raised most of the participants. The participants appear to locate their initial encounter with alcohol to the role that alcoholism played within their family and environment as indicated in these excerpts:

*My father was an alcoholic so I know the behaviour* (Participant D).

*My dad drank so heavily when I was a child so I thought I could never be like him* (Participant A).

*I grew up in a house where alcohol abuse was rife. Both parents were drinking* (Participant F).

All the participants in this study grew up with or had at least one significant other (parent, aunt, sibling or spouse) who were dependent on alcohol. Clearly this normalised the drinking experience as indicated by D, she knew the behavior. Moreover, the environmental impact of “seeing the neighbourhood drunks on the corner” on a day-to-day basis constructed normalised imagery of drinking as stated by this participant:

*The area I grew up in, Qtown, there the people stood on the corner and drank, so it was normal for me. You know the funny part was that when I was 9 I saw these people. They were drunk and I said I would never become a drunk like that. They drank openly. I did it in secret* (Participant I).

The familiarity of exposure to alcohol dependence is linked to the participants’ problem drinking. A dysfunctional family environment in which conflict and abuse occur, consistently predisposes its members to accommodate the negative actions perceived on a daily basis [7]. At this point, it is important to note that an individual cannot be interpreted out of their lived context [6-8]. The way in which individuals are socially constructed as human beings with thoughts, feelings and experiences, are the products of systems of meaning [13]. Depending on where a person grew up, the manner in which someone was socialized culturally and historically would provide an understanding of their beliefs, attitudes and perceptions towards alcohol use disorder. Participants narrated that they grew up in dysfunctional families caused by alcohol use disorder as illustrated here:

*We had a total dysfunctional family life and that influenced my drinking* (Participant F).

*I had a horrific childhood it was verbal abuse, physical abuse and sexual abuse* (Participant D).

Even though participants’ report that they were not allowed to label their parents as alcoholics, but they reflectively recall their parents’ dysfunctional behavior associated with drinking heavily. These excerpts are illustrative thereof:

*We were not allowed to call our parents alcoholics but yes, in my eyes they were* (Participant A).

*My mother drank out of the closet when she came home at night* (Participant D).

*She hid her drink from us but we could smell her breath. She was always tipsy* (Participant J).

*My father was the functional alcoholic so he was bringing the finances in. My mum went to rehab I don’t know how many times* (Participant I).

Researchers argue that children of alcohol dependents are at greater risk for substance use disorder, eating disorders, learning disorders, teen pregnancy, and suicide [4-6]. The following excerpts support these findings:

*I had tried suicide. I didn’t have the guts to kill myself, it just didn’t work. It was a spiritual and emotional rock bottom* (Participant E).

*Being in recovery and not being able to have a drink has led to severe depression, binge eating and suicide attempts because, before alcohol was the escape. With alcohol removed there is no other learnt means to escape but to die* (Participant G).

*Towards the end when depression set in and I became suicidal, that’s when they realised that I had a problem. I didn’t want to live anymore, my life wasn’t worth it* (Participant B).

The lack of healthy coping strategies as illustrated in the above quotations, led to hopelessness and morbidity. If the alcohol dependent mother wanted to learn to cope with life’s stressors, she had to stop drinking and seek alternative coping strategies.

### Learning to Cope

Against the backdrop of an abusive alcohol dependent family system, the participants grew up searching to fill an emotional void with alcohol, which served to numb the pain of the past. As adults, reflecting on their drinking lives, the participants’ stories about alcohol consumption shifted, and appeared to mirror their experiences as children only this part of the story featured them as the alcohol dependent. Learning to cope with life stressors took them back to their childhood as indicated in these excerpts:

*I remember when I was 26 something of my childhood came back to me. I was actually sexually abused as a child. I drank to forget that my older brother sexually abused me* (Participant C).

*I think I started drinking heavily after my husband died because I was lonely. By now it kicked in that I didn't have a partner. I'm alone, how am I going to cope with these four children alone? (Participant J)*

The participants' reflective accounts revealed a socially constructed discourse about the subtext of coping behavior, whereby the participant was always standing over and against an alcohol dependent past. This discourse of learnt coping behavior presents significant findings from an observational learning perspective, a parent with alcohol dependence vicariously teaches chemical coping behavior to children. Then, as adults, mothers who grew up in families with alcohol dependence, replicate that behavior in the selection of spouses, a high tolerance for dysfunctional behavior, and their own use of chemical substances.

The transition from social to heavy drinker differs from person to person but transformed the participants into a recognized alcohol dependent. During this transitional period, relationships change, the character of the alcohol dependent person changes and the direction or purpose in life changes. The mothers in this study reported that during this gradual phase of developing alcohol use disorder, the meaning in life was missing. One mother reported that her rock bottom moment was when the social worker said she would take her children away.

In order for the mothers to reach a pre-reflexive state of the recovery process, they reported that reaching rock bottom was the first step. This visual representation of the mothers' plunge to rock bottom necessitates how their entire existence became "meaningless". In order to restore meaning to their lives meant to stop drinking and to realize that in fact, they had no control over their drinking. This too is the first step of the AA fellowship: "We admitted we were powerless over alcohol - that our lives had become unmanageable" (Participants A-J). The mothers spoke of "having faith in a higher power" to keep them sober and AA being a "design for life" because before the awareness of a higher power and being members of AA they could not manage their lives (or cope with life's pressures).

### Road to Recovery

Participants all agreed that recovery is coming to the realization that "having a Bible in one hand and AA's Big Book in another hand leaves no hand free to take a drink". In other words, giving up drinking meant taking up a new hobby like knitting or sewing. Recovery also meant God's presence in their lives prevented them from doing more harm to themselves:

*I disconnected from God, God was my miracle taking care of me all the time. I used to drink and drive. I discovered that there was no human who could help me. I had to find the rooms [AA] so that I could find God again (Participant B).*

*If I should start drinking again today, I just wouldn't know how to stop. I would drink myself to death. If there wasn't a God out there I would never survive (Participant G).*

The participants reported that during their drinking days they had no purpose in life. Yet, in recovery, purpose has returned with new hope for life because as the above quotes illustrate, with the presence of AA, religion, or "God in their lives", they are able to make sober decisions. Reading AA literature such as the Big Book and being part of a church has reportedly filled the emptiness with spiritual, religious and emotional strength. The mothers reported a "renewed sense of personal meaning" by removing the stains left by alcohol and a painful past.

### CONCLUSION AND LIMITATIONS

The study was qualitative in nature and according to natural scientists this human scientific method is marred with subjective flaws [16]. Although qualitative scientific rigor is not measured in the same context as natural science, there is certainly a checklist with regards to validity and reliability. For example, a person's interpretation of her/his world-view may vary over time which is the hidden assumption underlying this type of research [17]. Apart from the study's limitation in terms of ability to draw generalizations to a wider population due to the purposive sampling used, the study has produced significant insights and understanding of mothers' experiences with alcohol use disorder and recovery. Related to the concepts of reliability and validity in quantitative research, systematic rigor was built into this study by acting in accordance with the four basic beliefs of qualitative trustworthiness: credibility, dependability, confirm ability and transferability [18].

In qualitative methodology, even if one person experiences something, this is considered worthy of study and valid because the aim is not to find the ultimate truth but to do justice to even a single person's experience [18]. There are interrelated themes across participants and the fact that some of the mothers have meanings that are not included or accounted for still means that their meanings are true for them, therefore valid [19]. However, amongst a number of the limitations considered in conducting this study was sample size because gaining access to mothers who drank covertly was not easy. Yet, a small sample size was a decisive and purposive choice because the life story interview method is a time consuming, intensive and extensive process [20].

Future research should consider using triangulation methods in order to capture more extraneous information about environmental factors, which contributed to the mother's drinking because all of the participants said that they never wanted to drink because of the occurrence of alcohol in the family.

In conclusion, this study captured the cycle of alcohol use disorder amongst three generations: the participants', their parents and their children. Reflective descriptions of why the mothers' drank harmfully revealed that the participants were always standing over and against an alcohol dependent past. For instance, from an observational learning perspective, the participants confirmed that because a parent with alcohol dependence vicariously teaches chemical coping behavior to children; then, as adults, the participants who grew up in families with alcohol dependence, imitate that behavior in the selection of spouses,

a high tolerance for dysfunctional behavior, and their own use of chemical substances.

More research needs to go into buffering or enhancing family resilience to adequately understand risk factors and how they may be transformed into protective factors. The participants’ desire for access to treatment resources purposely designed for specific groups such as mothers’ is strongly recommended. This will assist to provide safe and appropriate treatment to lift the veil on secretive drinking. Instead of subjecting the mothers to secrecy, shame and consequently silencing their voices, Al-anon, which is a support group for family members, is key in lifting the burden of the disease for family members who try to “fix” mothers who drink.

**CONFLICT OF INTEREST**

The authors confirm that this article content has no conflict of interest.

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**REFERENCES**

[1] Simone JM. Disciplining drunken mothers: media representations of mothers’s use of alcohol. *Commun Rev* 2014; 17(1): 45-64.  
 [2] Peskowitz M. *The truth behind the mommy wars: who decides what makes a good mother?* Emeryville, CA: Seal Press 2005.  
 [3] Dubriwny T. *The vulnerable empowered mother: Feminism, post feminism, and mothers’s health.* New Brunswick, NJ: Rutgers University Press 2013.  
 [4] Balan S, Widner G, Chen HJ, Hudson D, Gehlert S, Price RK. Motherhood, psychological risks, and resources in relation to

alcohol use disorder: are there differences between black and white mothers? *ISRN Addiction* 2014; 437080: 1-9.  
 [5] Kuntsche S, Knibbe RA, Kuntsche E, Gmel G. Housewife or working mum—each to her own? The relevance of societal factors in the association between social roles and alcohol use among mothers in 16 industrialized countries. *Addiction* 2011; 106: 1925-32.  
 [6] Jacobs L, Jacobs J. 'Bad' mothers have alcohol use disorder: moral panic or brief intervention? *Gender Behav* 2014; 12(1): 5971-9.  
 [7] Butler J. *Gender trouble: feminism and the subversion of identity (subversive bodily acts, IV bodily inscriptions, Performative Subversions).* New York: Routledge 1990; pp. 1-179.  
 [8] Jacobs L, Naidoo A, Reddy P. Crossing the invisible line: exploring mothers's secretive alcohol dependence and barriers to accessing treatment. *J Psychol Afr* 2012; 22(3): 120-7.  
 [9] World Health Organisation Library Cataloguing-in-Publication Data. *Global status report on alcohol and health.* World Health Organization 2014.  
 [10] Eaton LA, Pitpitan EV, Kalichman SC, *et al.* Beliefs about fetal alcohol spectrum disorder among men and mothers at alcohol serving establishments in South Africa. *Am J Drug Alcohol Abuse* 2014; 40(2): 87-94.  
 [11] Chaim N. Sampling knowledge: the hermeneutics of snowball sampling in qualitative research. *Int J Soc Res Methodol* 2008; 11(4): 327-34.  
 [12] Seidman S. The end of Sociological theory: the postmodern hope. *Sociol Theory* 1991; 8: 131-47.  
 [13] Ricoeur P. The human experience of time and narrative. *Res Phenomenol* 1979; 9: 17-34.  
 [14] Harris ZS. Discourse analysis: a sample text. *Language* 1952; 28: 474-94.  
 [15] Johnson B, McBride D, Hopkins G, Pepper S. An examination of parent–child relationships and teen substance use: a brief report. *J Child Adolesc Sub Abuse* 2014; 23(4): 4-10.  
 [16] Denzin NK, Lincoln YS. *The sage handbook of qualitative research.* 4<sup>th</sup> ed. University of Illinois at Urbana-Champaign Texas: A&M University 2011.  
 [17] Fuller AR. *Insight into value: an exploration of the premises of a phenomenological psychology.* Albany: State University of New York Press 1990.  
 [18] Creswell J. *Research design: qualitative, quantitative, and mixed methods approaches.* USA: Sage 2008.  
 [19] Saladana J. *The coding manual for qualitative researchers.* USA: Sage 2012.  
 [20] Flick U. *An introduction to qualitative research.* UK: Sage 2014.

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