

## **HOW CARE IS NEGOTIATED BETWEEN A YOUNG CARER AND A PARENT EXPERIENCING MENTAL ILLNESS AND ADDICTION**

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**Abstract:** This study explores the negotiation of care between a young carer and her parent experiencing mental illness and addiction. The bulk of research on young carers explores children's caring work and the associated risks for carrying out caring work. Usually overlooked are the highly complex relationships between disabled or ill parents and their children who care for them. Using contextual action theory to frame this case study, we examine how a young carer and her mother negotiated care across a period of several months.

**Keywords:** young carer, caring work, disability, parent–adolescent relationship, negotiation

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This study explores the negotiation of care between a young carer and a parent experiencing mental illness and addiction to illicit drugs. The experiences of parents and young carers have been examined largely in isolation from one another. Indeed, the literature on young carers tends to paint a picture of a carer-dependent dichotomy when in reality young caring is part of an interdependent and reciprocal relationship (Charles, 2011; Charles, Stainton, & Marshall, 2012). This is a critical omission in our understanding of families in which there are young carers. Without an understanding of the reciprocal nature of the relationship it is too easy to pathologize the child, the parent, or both, and fail to recognize that even in times of significant stress family members can still be involved in healthy interactions. In an effort to fill this gap in the literature, this case study attempts to answer the question of how care is negotiated between a young carer and a parent receiving care.

It has been estimated that just under 12% of young people in Canada provide significant caregiving in their families (Charles, Marshall, & Stainton, 2010). Aldridge and Becker (1993) define young carers as anyone under the age of 18 years who is a primary caregiver in the family due to parental illness, disability, or addiction. This definition has been expanded recently to include the phrase “beyond what would be normally culturally expected” (Charles, Stainton, & Marshall, 2010, pp. 83–84) in order to reflect cultural differences in the expectations of young people’s contributions to family well-being. Although some level of caring is encouraged throughout childhood as a healthy part of development, young carers take on a more significant level of caring in order to try to ensure the continued functioning of the family (Aldridge & Becker, 1999; Charles, Stainton, & Marshall, 2008, 2009). It is important to note, however, that the presence and degree of disability or illness in a family does not automatically lead to children within the family taking on a caring role; rather, young caring is often triggered by a combination of a disability or illness in a family member with a lack of adequate support from other family members and the community (Ramtulla, Charles, & Marshall, 2012; Thomas et al., 2003). The duties of the carer vary according to individual circumstance, but typically include one or more of emotional support, domestic work, personal care, assistance with health care such as changing dressings, and providing financial assistance to the family (Charles, Stainton, & Marshall, 2012; Moore, 2005).

### ***Mental Illness, Addiction, and Care***

While there are a number of reasons why familial circumstances give rise to children’s involvement in parental care (Charles et al., 2012; Stamatopoulos, 2015), this study involved a family with maternal mental illness and addiction. For women with a mental illness, mothering can be a normalizing life experience (Nicholson, Sweeney, & Geller, 1998). Many mothers with mental illness experience difficulty dealing with both children’s needs and managing their own illness (Obadina, 2010). However, many find also that being a parent is an important aspect of their identity, fundamental to their sense of self (Oyserman, Mowbray, Meares, & Firminger, 1999). While their condition may negatively influence how they parent, it is important to note that much of their parenting would be considered typical (Bjorgvinsdottir & Halldorsdottir, 2014). It is rare for a parent, no matter how badly struggling, to completely abdicate parental responsibilities (Charles, Stainton & Marshall, 2012).

Research available on drug addiction and parenting focuses largely on the negative effects on children and the problems faced by the parent (Barnard & McKeganey, 2004; Moore, McArthur, & Noble-Carr, 2011). Children, for example, are seen as being at risk for having problems developing healthy relationships and for misusing substances themselves (Barnard & McKeganey, 2004; McKeganey, Barnard, & McIntosh, 2002). The increased use of problematic substances by parents is associated with harsher forms of discipline, decreased supervision, and less involvement in the children's lives (Kandel, 1990). This being said, it is important to note that addiction often occurs in cycles of recovery and relapse (Barnard & McKeganey, 2004), and that the relationship between parents and their children thus changes depending on where the parents are in the cycle. Studying a parent-child dyad over time can provide a better understanding of how care changes over time between cared-for parents and their caregiving children. In this case, the study was conducted over a 12-month period.

In situations where there is parental mental illness or addiction, the responsibilities of the parent and young carer are often blurred, and may shift depending on the needs and state of the parent (Kahng, Oyserman, Bybee, & Mowbray, 2008; Pakenham & Cox, 2015; Walmsley, 1993). This can result in episodes during which either more or less care is required. As a result, the relationship between the young carer and the parent continues to be negotiated depending on the parent's current state (Oyserman et al., 1999). In a time of parental health-related difficulties, a young carer may take on far more caring work than when the parent is doing well and the requirement for caregiving is reduced. As such, the caring process is fluid, responding to the parent's current state of need. It is this fluidity in the negotiation of care that is missing from current research. The interdependent and reciprocal nature of the caring relationship within the family needs to be acknowledged and explored in order to develop appropriate services, procedures, and policies to nurture and support these relationships (Aldridge & Becker, 1999).

### ***Theoretical and Methodological Approach***

The theory used for this study is contextual action theory. Valach, Young, and Lynam (2002) describe contextual action theory as a language used to explore the applied tasks which humans engage in during everyday life. This language is shared and used to describe what individuals are doing in a common environment (Valach et al., 2002).

Contextual action theory views actions as goal-directed and intentional (Young et al., 2006). Actions are organized into three different levels: goal setting, strategies, and operations (Valach et al., 2002). In the case of the young carer and parent dyad, a goal may be to keep the family intact with the strategy of having the child take on caring responsibilities. "Operations" refers to the ability to adapt to altered circumstances, such as a change in the parent's level of need. Each of these levels can be explored in more depth to extract the finer details of what motivates the actions.

Contextual action theory accommodates the ways actions are linked or joint between two or more socially related people. Within joint action the three levels of behavior (goal setting, strategies, and operations) are present for both the individual and group. The dyad may share the goal of keeping the family together, although, in addition, there may be different sub-goals and organizational steps for each participating individual. The behavior and regulation of the dyad is

believed to be communicated between participants who organize actions and sub-goals to move towards the highest shared goal (Valach et al., 2002).

An important feature of contextual action theory and the related protocol, qualitative action-project method (Young, Valach, & Domene, 2005), is that the actions observed between members of a dyad or larger social group are the unit of analysis as opposed to the individuals themselves. Although individual actions are observed, the qualitative action-project method focuses on the joint actions in a dyad (Marshall, Zaidman-Zait, Domene, & Young, 2012) such as that of young carer and parent. In joint action, the actions of each participating individual intersect with and are largely guided by the present environment (Valach et al., 2002). Young carers and parents can be seen engaging in joint actions over time, which contributes to the construction of the parent–child relationship.

Furthermore, actions are believed to be “energized” or set in motion by emotional processes. These processes are present throughout the progress of action (Valach et al., 2002). The child’s and parent’s emotional process of love and loyalty towards the family can be seen as motivation for involving a child in caregiving responsibilities. Energizing of the action is mostly required at the beginning of action or when changes occurs (Valach et al., 2002).

Contextual action theory was chosen for this particular case study as it allowed for the identification of a parent’s and child’s goals and their steps to reach those goals, thus making it possible to identify how the dyad negotiated care. Action theory was a useful way to collect, organize, and code the data after which a modified approach, content analysis, was used to identify how care was negotiated.

## **Method**

This case study attempts to answer the question of how care is negotiated between a young carer and a parent receiving care. The data for this case study were drawn from a larger study on career-development projects of adolescents and their parents. Secondary analysis was conducted with data from a single dyad and their social supports. The dyad was identified as a parent being cared for by an adolescent by the research team conducting the larger study on career development. The mother self-identified as being addicted to illicit drugs and experiencing depression.

In any relationship there is negotiation regarding the degree of reciprocity or “give and take” between the two people. This negotiation is ongoing and is largely influenced by the conditions and circumstances of the dyad. A within-case analysis allowed for an in-depth study of the negotiation of care between the young carer and her mother. The details of this particular dyad are not the key feature of this case study. Rather, the process of negotiating care is the focus, as little is known about the topic among families with young carers. Understanding of the negotiation process is enhanced by attending to the complexity of a single case (Stake, 1995), whereas information about interpersonal dynamics might otherwise be missed in a larger cross-analysis of multiple dyads. Gaining an understanding of the negotiation of care is a beneficial first step before pursuing larger scale comparisons.

The protocol for the original study involved four phases of data collection and analysis. The first phase consisted of observations of parent–adolescent conversations and video recall interviews. The second phase included member checks regarding initial analysis of the data from the first phase. The third phase consisted of brief bi-weekly telephone interviews for a period of approximately six months, and the fourth phase was a talking circle with the parent–adolescent dyad and the identified social supports they invited into the research. Interviews, conversations, and talking circle were digitally recorded and then transcribed. The transcriptions were checked against the recordings for accuracy.

### ***Participants***

Participants for the larger study, which involved an examination of joint career-development projects, were recruited via broad-based poster and newspaper advertising. A joint career-development project involves sets of goals and actions negotiated between parents and an adolescent in regards to the young person’s educational and occupational future. Potential participants contacted the research team who then conducted a quick telephone interview to determine if the interested family met the study’s participation criteria, which required dyads to include both an adolescent between the age of 13 and 16 and one legal parent or guardian. Parent–adolescent dyads were invited to bring up to four family members and/or social supports to the final interview. Participants were briefed about confidentiality and any risks involved in participating in the study before signing consent and assent forms.

### ***Sample***

The original sample comprised 11 parent–adolescent dyads and 17 individuals who were their social supports. All but one adolescent were attending school at the time of the study; the grade range was 8 to 10. Parents were between the ages of 32 and 47 and of varied marital status. A mother–daughter dyad was selected for the current study. The daughter was 14 years of age and attending school. The mother was 34 years of age and experiencing depression and drug addiction. The daughter had been involved with substances at one time and had been in a treatment program, but at the time of the study reported that she was not using. Certain details of the dyad and their supports are excluded from the description of the participants to prevent revealing their identities.

## **Data Collection and Analyses**

***Phase 1.*** The first phase began with an orientation and rapport-building period. In this interview, dyads were encouraged to think about the adolescent entering adulthood and his or her future. Participants were then asked to converse, without the researchers present, about topics that had emerged in the first part of the interview until they felt the conversation had naturally ended. On average these conversations lasted 16.47 minutes. The conversation of the dyad described in this study was 14.02 minutes in length.

Directly after this conversation, each participant reviewed the video recording of the conversation with an interviewer without the other participant present. Participants were asked to recall the thoughts and feelings they experienced during each one-minute segment of the recorded conversation. Video recall interviews lasted an average of 34.69 minutes for parents

and 32.03 minutes for adolescents. The video recall interviews of the mother and daughter in this study were 48.24 and 26.21 minutes long, respectively.

**Phase 2.** Data from Phase 1 were analyzed to develop two individual narratives and one joint narrative. The narratives were developed through analysis of the individual and joint goals and the actions used to reach those goals (referred to as functional steps) that were identified by the research assistants. The narratives summarized each participant's goals and the functional steps taken. Each dyad met with the researchers to review the narratives, and was given opportunities to discuss any changes they felt were required.

**Phase 3.** The following six months was a monitoring period. An interviewer phoned the adolescent and parent separately every two weeks to ask about changes in the family's joint project, whether any activities relating to the project had occurred, and whether there were any feelings associated with those activities.

**Phase 4.** At the end of the monitoring period, a talking circle interview was conducted for each dyad. Participants were invited to bring up to four individuals they identified as being supportive in the context of the project. In this case, each brought one person to the final interview. The talking circle began with one of the researchers providing an overview of the narratives derived from Phase 2, and proceeded with a discussion of the joint career-development project that was the focus of the overall study. The talking circle also provided an opportunity to debrief participants about the experience of being a part of the study.

All the data collected for the young carer dyad was re-analyzed for the current study. The first conversation was coded using the original study's coding template and each participants' goals and functional steps were determined for each minute of the dialogue. The same was done with the final interview, which included the goals and functional steps of the supports brought in by the participants and the two talking-circle facilitators. A content analysis was then used to identify the goals and functional steps in relation to when and how care was being negotiated. Care was broadly defined as support of the other's physical, emotional, or developmental needs. The data from the six-month monitoring period was used to gain a better understanding of the family's context.

## Results

### *Phase 1*

In the initial joint conversation, the parent and adolescent were asked to discuss the adolescent's career development and what support she received. Minute-by-minute analysis of this conversation revealed the mother and daughter were alternating the focus of discussion from the mother's care of the daughter (in the form of support and guidance) to care of the mother by the daughter. The dialogue began with the daughter taking charge of the conversation by asking, "So Mom, how was your last relapse?" The daughter's initial goal for the conversation was to discuss her mother's recent relapse. The mother answered with little hesitation and discussed her feelings and progress for a full minute before the subject changed. This initial joint action demonstrated the daughter's ability to steer the conversation and gain information from her mother.

The conversation transitioned from talking about the mother's progress since her last relapse to how the two participants supported each other. The information presented by both mother and daughter indicated the reciprocal nature of the relationship as both participants discussed examples of how each supported the other. They talked about how the mother supported her daughter:

Daughter: You get me...involved in extracurricular activities.

Mother: I, um, always know where you are now too.

The daughter then expressed humor about the number of things her mother helped her become involved in. When asked what she did for her mother, the daughter expressed anger that her mother would assume she does little to support her and she gave the following examples:

I come home when you need me and I'll talk to you if you're feeling depressed or feel like going to use yadayadayada. I work on my Steps [12 Steps] with you, I'll go out with you. I don't know yadayadayada (laughing) I basically I help you out when you tell me to help you out.

The daughter continued to take charge of the conversation by asking her mother what she would do if she (the daughter) were ever to relapse. The mother used exaggerations (e.g., "I'd kill ya") to emphasize the fact that she would be upset, which she then followed with a serious discussion about her daughter's future:

You have dreams. And you — you drugs can't be a part of those dreams. Drugs is for people who don't have dreams. You know ... drugs is for people who don't have a future. Right? They — they get high off of that instead of life. You know you — you can get high off of life. You have a future. Right? You have a good chance of really making something really big out of yourself.

The mother had taken control of the conversation and the reciprocal nature of the relationship was once again revealed as she took on a clearly more powerful role. The mother's conversation also demonstrated her ability to maintain her parenting status while dealing with a mental illness and recovery from addiction. The daughter remained quiet while her mother talked.

The mother further demonstrated her parenting role by discussing her daughter's personality and how it compared to her own. The daughter asked about what type of person she (herself) was and the mother used hand gestures to indicate they were both independent rather than conforming to others around them, and said, "You're a lot like me. And you know [cough cough] so you know that [cough cough] – let me put it this way... I get you things to head in any direction you want. Right?"

The dialogue transitioned into the mother explaining how drugs had negatively affected her life as a method to deter her daughter from following the same course. The daughter interrupted her mother to describe how it is the two support each other, which reinforces the idea

of both young caring and reciprocity: “We support each other by always being there when one of us needs us.”

While discussing how the mother supported her daughter, the daughter mentioned her need for time alone. The conversation went back and forth with each participant presenting her case. It was evident that the mother’s need for support from her daughter sometimes infringed on her daughter’s time to herself:

Daughter: I’m just sitting alone in my room and you come in there and I’m like — go away — You don’t support me.

Mother: But I want to talk.

Daughter: I don’t!

In the final portion of the dialog the mother initiated the topic of discussion regarding the daughter’s career options and choices. The mother asked questions about her daughter’s career choices and about hypothetical situations with the goal of helping her daughter gain a deeper understanding of the careers in which she has expressed an interest.

This initial conversation between mother and daughter contains examples of both participants acquiring control of the conversation and caring for the other. As would be found in a reciprocal relationship, both participants took turns controlling the conversation and expressing care. Thus, the analysis of this conversation reveals how the mother and the daughter took on both carer and dependent roles at different times in their relationship.

### ***Phases 2 and 3***

The purpose of Phase 2 in the original research investigation was to present the joint career project. The joint project initially identified by the research team and subsequently agreed upon by the dyad was: “It appears that the mother and daughter are currently working on who the daughter is becoming.” The mother and daughter agreed with the joint project identified for them. In this case the joint project involved helping the daughter to reach her aspirations for an acting and singing career.

During the Phase 2 interview, the mother reported that she had relapsed and was going to a rehabilitation center for a four-week stay. The telephone monitoring began after the mother returned home. During the six-month telephone monitoring period the mother and daughter were telephoned every two weeks. Calls were staggered so that the mother and daughter were not called at the same time. Additionally, two researchers were assigned to the dyad so that the mother and daughter were not interviewed by the same researcher. The mother and daughter were each successfully contacted three different times. These interviews provided information about the family in the period between the second and final interviews.

In each of the daughter’s telephone interviews, she described what she was doing to follow her career aspirations. When asked about how she and her mother had been moving towards her career goals, the daughter mentioned helping her mother, reporting, “I try and help out as much as I can.” This statement may indicate the daughter taking on a caring role.



Indication of the mother's caring role was also given when the daughter described her birthday party, which the mother had helped to organize. The daughter also had started to compose a writing contest entry about her mother as an inspirational female in her life.

The mother described, in each of her telephone interviews, how proud she was of her daughter for doing well in school and for doing so much around the home without having to be told. She also described how much she needed her daughter in her life, indicating the receipt of care from her daughter. The mother reported having provided guidance and care for her daughter through supporting her in extracurricular activities and ensuring she completed homework before going out with friends. Although the telephone interviews did not furnish sufficient in-depth data to justify substantial conclusions, they did provide insight into the dyad's ways of caring for one another.

#### *Phase 4*

The final interview's topic of discussion was again the daughter's career development, but unlike the first interview each participant brought a support person with them. Two facilitators were also present. The final interview was in the form of a talking circle, which began with a facilitator explaining how the talking circle worked followed by each participant introducing themselves. The support person whom the mother brought to the research started the talking circle by discussing how he had supported the mother in her recent relapse and his involvement in helping others around him.

The circle continued with the mother talking about her daughter but quickly digressed when she began to talk about her own relapse, which occurred two weeks before the final interview. The mother's inability to talk about anything other than her own current situation as opposed to the care of her daughter, paired with the information provided about her relapse and depression, indicated a time of struggle with her mental illness and addiction. The daughter was silent while the mother spoke. At one point the daughter left the room saying she needed to use the washroom. After approximately ten minutes of the mother talking about her own situation, the facilitator attempted to bring her back to the subject of her daughter saying, "I haven't heard you mention [daughters name] in the last 5 or 10 minutes." From this point the mother was able to discuss the daughter again but chose to focus on a story about the daughter not listening to her instead of discussing the topic of care and support. The facilitators then intervened by suggesting they move on to the next participant, the support person the daughter brought to the circle.

The daughter's support person explained that the daughter had supported her in her own times of need and that the daughter called her when things were not good at home, such as during her mother's recent relapse. At that point the mother interrupted the discussion to state that her daughter often helped others with their problems and to explain how her daughter evolved into that role: "She was a leader for the longest time and she started to be a follower in the second semester of grade 7 and now since she's back in recovery she's taken on that leader role again..."

This statement by the mother demonstrates that even in her state of high need for support to manage her mental illness and addiction recovery, she had knowledge about her daughter's development and the ability to describe it. The facilitator asked the mother about the support

person the daughter had invited to the interview and the mother described her daughter's relationship with her friend and how she supported it: "[friends name] is at my house ... [friends name] is a good kid and I know that she's not going to go the drug way so you know it's a positive relationship."

The facilitator asked the daughter's support person for more information about their relationship. After the friend's response, the mother discussed her daughter's singing career and her interest in interior design, once again demonstrating her ability to support and care for her daughter:

She also has an opportunity to make the demo, another demo but she hasn't wrote out a song or memorized a whole — a whole song and so I've been you know nailing her about that and for months ... I've been telling her 'cause this is her dream, right?

At the facilitator's suggestion, the talking circle then moved on to the daughter. She answered the facilitator's questions about the support person she brought to the interview, but then fell into an argument with her mother on being asked to stop digging in her bag. The mother and daughter argued about the bag with the mother gaining little ground and the daughter disregarding most of what the mother said.

The mother then turned the conversation to the topic of the daughter's self esteem, which the daughter was reluctant to discuss. The members of the talking circle discussed the daughter's relationships with boys and although it was off topic, this again demonstrated the mother's ability to show concern for her daughter:

She was saying in front of everybody, "I'm ugly", and I'm like, "[daughters name] you're not ugly", ... so she's really down on herself and you know it's — it's been hard for me to hear my daughter say that cause I think she's beautiful.

The conversation then veered off topic for several minutes until the facilitator redirected the focus to the topic of the support persons the mother and daughter brought along to participate in the talking circle. Both mother and daughter discussed why they chose to bring their support persons with them to the interview. The mother discussed how her support person helped her. The mother's description was expressed in similar terms to the daughter's description, in the initial interview, about how she supported her mother. The parallel between the daughter's and the support person's caring responsibilities reinforces the idea of the daughter's caring role in the relationship.

At this point, the mother again began to talk about her own situation. The facilitator acknowledged her story but redirected the focus to the daughter's social support person when an opportunity arose. The daughter's social support person discussed her family life and her own mother's situation and the talking circle ended with the mother interrupting and telling a story she had heard that she found comical.

Throughout this final interview the mother frequently steered the conversation towards herself and, despite the facilitators' efforts, she had great difficulty maintaining a discussion regarding care of her daughter. Compared to the initial interview where a more reciprocal

relationship was observed between mother and daughter, the daughter said little during the later conversation and the mother displayed her struggle with mental illness and addiction. The daughter's reluctance to speak during the talking circle makes it difficult to gain an understanding of how much care she was providing for her mother in the latter's state of high need. The daughter's actions seem to suggest a non-verbal form of negotiation, with the daughter sending a message to her mother through her silence and through leaving the room.

This case points to two significant findings: the mother's and daughter's ability to negotiate care and the reciprocal nature of their caring relationship. In both instances of recovery and relapse the mother was able to maintain some form of parenting and care for her daughter, although it varied significantly in detail. The daughter discussed the care of her mother in her time of recovery but said little of the care in the mother's time of relapse. This is an example of the ebb and flow of caregiving, demonstrating the shifting amount of care and how it is negotiated. The importance of reciprocal negotiation processes in this relationship illustrates the need to routinely consider these processes when evaluating the relationship dynamics between parents and young carers. A moment-in-time assessment would likely only capture one side of the parent-child interactions and as such give a false impression of the dynamic features of the relationship.

### **Discussion**

This study explored the negotiation of care between an adolescent carer and her mother. The findings are discussed in two sections: the first covers how care was negotiated in the first interview, and the second compares the interviews with one another.

Although some level of care and responsibility is encouraged for healthy adolescent development, the emotional support present in this dyad goes beyond what would normally be seen in a parent-child relationship. In this case, emotional support is present in the form of the daughter being available for her mother when the latter is feeling depressed or feeling like using drugs. The daughter's expression of her desire for time on her own is consistent with reported negative effects of young caring, as many young carers report a lack of time to themselves (Cree, 2003).

It is revealed in the initial conversation that the mother-daughter relationship is reciprocal in nature, in accordance with the findings of Aldridge and Becker (1999), as the two participants each discuss the support they give one another. The daughter's opening question at the beginning of the conversation about her mother's relapse can be seen as an example of the daughter taking a more adult-like role in the relationship. In combination with the mother's description of how she supports her daughter and the daughter's description of their mutual support, it also demonstrates a bidirectional caring relationship. Mother and daughter both receive and give care. This does not, however, impinge on the mother's ability to maintain her parenting status.

Walmsley's (1993) findings regarding parents with disabilities who still retain control over their children while relying on them for care recur in the findings of this case study. In this particular case, the mother is very involved in her daughter's life and in organizing her extracurricular activities, while at the same time relying on the daughter's support to help in her

own recovery. This again demonstrates the bidirectional nature of the relationship. Receiving support from one's child does not mean that the relationship is unidirectional. A parent can be both a recipient and a provider of care.

Findings from the first conversation and the talking circle challenge stereotypes of parenting inadequacy (Banks et al., 2001) that currently exist regarding parents of young carers. Too often in the existing literature, young caring is seen as unidirectional, with the young person giving but often not getting support (Charles, Stainton & Marshall, & 2012). This ignores the fluidity of the relationship that can occur between the parent and the child. For example, in the talking circle, the mother expresses some of the difficulties she has parenting, the difficulty she has controlling her children, and her need for time to herself. At the same time, the mother also demonstrates, especially in the initial conversation in Phase 1, her ability to care for and support her children as well as negotiate that care with her daughter. These findings demonstrate the mother's ability to parent her child while in relapse and recovery. The findings also help counter the stereotypes associated with young caring and parenting and, as such, challenge the stigma that is frequently attached to parents with a mental illness or addiction.

In supporting families where young caring is occurring, Grant, Repper, and Nolan (2008) recommend a family-centered approach. A family-centered approach assesses and responds to the needs of the parent and the child rather than focusing on, in this case, either the mother or the young person separately (Charles, Stainton & Marshall, 2012). The approach acknowledges the individual yet interconnected needs of each family member. A better understanding of parents' abilities, the dynamic nature of the caring relationship, and the on-going negotiation process could potentially help develop family-centered supports and make the caring relationship a more positive experience for all involved. As Aldridge (2006) argues, the entire family needs to be involved if supports are to be effective. As mentioned earlier, many interventions and supports that are currently available for young carers assume that the child is highly vulnerable and the parent is incapable of parenting. It is clear from looking at the findings of negotiation of care from this dyad that both mother and daughter have strengths and weaknesses. It is the complementary nature of their strengths that makes their relationship work. Focusing on just one side of the relationship would exclude an important aspect needed to properly support those involved in the caring relationship (Ali, Krevers, Sjostrom & Skarsater, 2014).

The distribution of power in parent–child relationships is typically viewed as being vertical, with the parent holding power over the child (Kuczynski, Marshall, & Schell, 1997; Russell, Pettit, & Mize, 1998). The findings from this dyad are an example of how in fact both partners have power. This demonstrates a bilateral model of parent–child relationships (Kuczynski, 2003). For example, during the negotiation of care the daughter has power when asking about her mother's relapse, but this does not diminish the power the mother has over her daughter regarding things such as support and extracurricular activities. Power in the negotiation of care is being shared but not cancelled out as both participants retain power over the other. This again reinforces the idea that the caring relationship is more fluid and complex than is depicted in much of the young carer literature.

Since data were collected through separate phases spaced several months apart, negotiation of care can be seen across time. In the first conversation the mother was in a state of recovery from illicit drug use; in the second she had recently relapsed; and in the final interview

she displayed a number of struggles, such as her difficulty in discussing the care of her daughter. This fluctuation affected the level of care provided by the daughter. This can be seen in the talking circle by the lack of discussion of how the daughter cared for her mother, as the mother dominated the conversation. In the initial conversation it was the daughter who discussed how she supported her mother. In the final interview the daughter said little unless prompted with questions. No data were collected from the daughter about her silence during the talking circle. Nonetheless, there was a clear change in how care was negotiated during recovery (Phase 1) and relapse (Phase 4).

One might speculate that a parallel process was at work between the mother's state of need and her daughter's response. When the mother's needs were slightly lower, as in the first conversation, the daughter was able to respond — indeed, the care appeared reciprocal. When the mother's need increased significantly by the final interview the daughter may have felt overwhelmed and pulled back. Taken together, the processes appear parallel: reciprocity engendered reciprocity, but when the parent's needs grew overwhelming the daughter withdrew. Understanding the cyclical pattern of addiction and mental illness would be a great asset for interventions and support services assisting families with young caring relationships.

This is the first study of this type involving a young carer and her parent. However, much of what was seen is already known in the context of parent–child relationships in that it involves the negotiation of boundaries between the two parties. In this case the negotiation is complicated by the role reversal that occurs at times between the mother and her daughter. While this influences how the boundaries are negotiated, it is important to note that renegotiation of boundaries is a developmental process that inevitably occurs between parent and child as the young person grows towards adulthood.

It should also be noted that, as this is a single case study, the participants' awareness that they are taking part in a study on negotiation could have had an influence on how they perceived or enacted their roles in the process. This needs to be taken into account when evaluating the results. As such the findings of this study can only be seen as a starting point for further research regarding young caring and the negotiation of care. Previous research tends to portray young carers as passively taking on the role. This study challenges that view by revealing important information about the reciprocity of the young caring relationship as well as the fluidity and complexity of caring relationships over time. The results provide the groundwork for predictive studies that can be used to inform support services for families.

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