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Résumé de l'article

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Abstract: This study offers an understanding of interactional resilience processes between young adults raised by caregivers who misused alcohol and people in their social-ecology who initiated supportive interactions that enabled them to achieve better-than-expected outcomes. Multiple in-depth face-to-face interviews and a draw-and-write methodology were used with 15 National University of Lesotho undergraduate students raised by caregivers who misused alcohol. An interactional resilience approach, building on person-in-environment and social-ecology perspectives on resilience, informed this study. Using constructivist grounded theory methods of data analysis, three themes were formulated: (a) other-initiated material support that elicits a response of resolve or obligation towards the other; (b) other-initiated sustained emotional support that elicits a response of hope for the future; and (c) other-initiated challenging support that elicits a change in behaviour. Given these findings, the study recommends that child and youth workers and social workers cultivate enabling and support-initiating social environments in key contexts such as schools, churches, and clubs, and develop children and young people's skills to respond to and receive such support.

Keywords: interactional resilience processes, caregivers, alcohol misuse, adult children of alcoholics, other-initiated help, better-than-expected outcomes, draw-and-write

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Studies across the globe have reported that many young people raised by a caregiver who misused alcohol experience multiple psychosocial challenges (Omkarappa & Rentala, 2019). Experiences of mistreatment (physical, emotional, sexual), homelessness, educational disruption, rejection, lack of household resources, and child welfare involvement may be compounded by challenges of being raised by a substance-abusing caregiver (Velleman & Templeton, 2016). These children have been reported to be three times more likely to be abused and four times more likely to be neglected than those whose parents do not misuse substances (Foster & Macchetto, 1999, p. 46).

Adults who were raised in substance-affected families often have emotional and mental health problems, including depression, obsessive-compulsive disorder, and anxiety disorders (Raitasalo et al., 2019; Smith & Wilson, 2016). They may experience interpersonal difficulties affecting their early sexual relationships and later lives (Mansharamani et al., 2022), and increased challenges in academic functioning and lower socioeconomic status (Kühn & Slabbert, 2017). They may have difficulties in dealing with the cumulative effects of parental alcohol misuse, such as silencing, secrecy, stigma, and mistrust (Hill, 2015). They are at a higher risk for engaging in substance abuse (Brown-Rice et al., 2018). Challenges in negotiating the transition from home to independent living have been observed among some adult children of caregivers who misuse alcohol (Bickelhaupt et al., 2021).

Although children raised in such families often struggle, this is by no means universal or inevitable. Indeed, many young people navigate through these challenges to establish satisfying and productive lives. Such outcomes are termed “better-than-expected outcomes in the face or wake of adversity”, which van Breda (2018, p. 4) claimed are the result of mobilising a range of resilience processes. Therefore, instead of concentrating on the negative experiences of these young persons, and the cumulative effect of such experiences, like most research in this area (e.g., Lipari & Van Horn, 2017; Raitasalo & Holmila, 2017), this study focuses on what enables the resilience of young people raised by caregivers who misused alcohol.

Even though studies exist on the resilience of young people raised by caregivers who misused alcohol (e.g., Hebbani et al., 2020; Kim & Lee, 2011), little research has been conducted on resilience processes that occur in the interaction between young people and other people or systems in their environment, which we refer to as “interactional resilience” (van Breda, 2023, p. 205). There is, therefore, a need to move from the frequently used notion of psychological resilience towards that of interactional resilience. This will enable the identification of the relationships and interactions that young adults draw on to navigate towards better-than-expected outcomes.

Therefore, the purpose of this study is to explore the interactional resilience of adult children raised by caregivers who misused alcohol. We focus specifically on the interactions of these young adults with people in their environment who initiated support that enriched their resilience and

how these other-initiated interactions function to promote positive outcomes. Fifteen undergraduate students at the National University of Lesotho (NUL) participated in this study; all were raised by caregivers who misused alcohol, but appeared resilient — that is, they were not misusing substances and were achieving good grades in their studies. In the following section, we briefly review existing research on the resilience of young people raised by caregivers who misuse alcohol and the interactional resilience theoretical framework of this study. After describing our methodology, we present three themes that emerged from our analysis of the data. We discuss the findings and limitations and present conclusions and implications.

Resilience in Adult Children of Caregivers who Misuse Alcohol

Literature shows that individual, familial, community, and societal protective resources can bolster the capacity of a child or young person to navigate and overcome challenges associated with being raised by caregivers who misuse substances (Masten et al., 2021). Individual resources include positive personality traits (ability to distract, dissociate, keep busy), average to high intelligence, and spirituality (Goeke, 2017). Positive coping skills, such as realistic rational appraisal of self, self-disclosure, self-esteem, and self-acceptance, also assist in achieving better-than-expected outcomes (Hebbani et al., 2020; Hudson, 2016). Furthermore, aspects of agency and self-efficacy, such as believing that one can influence life events, learning from both positive and negative events (Velleman & Templeton, 2016), and having the cognitive belief that odds can be defeated (Frydenberg, 2017), all contribute to the resilience of young people raised by caregivers who misused alcohol.

In addition to such individual protective factors, multiple factors within the young person's environment — family, community, and society — shape an individual's resilience capacity. Theron and van Breda (2021, p. 2) reported the relevance of both family and community ("family↔communities") in promoting young people's resilience to maltreatment in sub-Saharan Africa. Culturally, in sub-Saharan Africa, the responsibility for children is shared by kin and community (Manful & Cudjoe, 2018), hence the saying, "It takes a whole village to raise a child." In this regard, children belong to and are raised by a "family community" (Mkhize, 2006, p. 187). Immediate family (e.g., mothers and siblings) and extended kin (e.g., uncles and grandparents), including fictive kin who have no blood or marriage ties to a child (Madhavan & Roy, 2012; Stark et al., 2016), contribute to the safety and well-being of these children. Fictive kin usually include neighbours, teachers, family friends, and members of the faith-based organisations attended by the family (Manful & Cudjoe, 2018). Links between family and community provide material, emotional, and instrumental support that assist young people to move on and up in life (Theron & van Breda, 2021).

Relational protective factors have been reported as vital in promoting the resilience of children and young adults raised by parents who misuse alcohol. A secure attachment to even one stable adult figure is one of the strongest resilience enablers across numerous vulnerable populations (Masten et al., 2023, p. 24). Multiple relational attachments with various caregivers, both kin and

fictive kin, were found to be present in African-American adult children who were raised by in homes with caregivers who misuse alcohol (Hall, 2007). For example, a close bond with a caregiver outside the family or substitute caregiver tends to provide a secure base in the young person's social environment (McLaughlin et al., 2015). Similarly, having at least one close friend is seen as protective (Hall, 2013). Positive role models (e.g., teachers and elders; McLaughlin et al., 2015) and informal support (e.g., mutual self-help and spiritual groups) are also vital in enabling resilience (Włodarczyk et al., 2017). Such relationships are bidirectional, involving not only the way such people relate to the young person, but also the ability of the young person to engage, initiate, and interact constructively with others (Leary & DeRosier, 2012; van Breda, 2022).

Communities that provide formal support systems and structures, like counselling services, good schools, and access to better education and opportunities that can change a young person's life trajectory (Sawant, 2020), promote resilience in children raised by caregivers who misuse alcohol. Natural and built environments are also significant enablers of resilience. For instance, Adams and colleagues (2017) reported that communities' provision of safe spaces in which to exercise and to befriend peers is a crucial resilience-protective factor among vulnerable young people. Social policies at the national and global levels that provide nests of support across micro, meso, and macro levels have also been found to provide crucial resilience contexts for vulnerable individuals, including at-risk children and youth (Pinkerton & van Breda, 2019). Additionally, institutional supports, including cash transfers complemented by family-strengthening programmes (Patel et al., 2019), have proved to be strong upholders of resilience in children and young adults.

The African philosophy of *Ubuntu* (known as *Botho* in Lesotho) is a significant protective factor in enhancing resilience among young people raised in adverse situations in sub-Saharan Africa (Theron & Phasha, 2015). Nyaumwe and Mkabela (2007, p. 152) explained Ubuntu as “the reciprocal belief that an individual's humanity is expressed through personal relationships with others in a community and, in return, other people in that community recognize the individual's humanity”. For instance, two Black students who demonstrated positive development despite chronic poverty and other associated adversities narrated how traditional South African culture (Ubuntu) shaped their resilience: their positive adjustment was promoted by constructive connections to a broad network of supportive people, as well as tolerance and educational agency (Theron & Phasha, 2015). Interdependence and interconnectedness (Ubuntu or Botho) are therefore considered important sources of resilience.

Interactional Resilience: A Theoretical Framework

The person-in-environment (PIE) perspective in social work practice foregrounds the significance of understanding an individual and their behaviour in light of the environmental contexts in which that person lives and acts (Kondrat, 2013). This perspective perceives individuals as constantly interacting with systems around them, such that each component element

simultaneously affects and is affected by the other (Zastrow et al., 2019). Van Breda (2018) and Ungar (2012) similarly argued that resilience processes occur across multiple levels of the social ecology or the PIE, including human and non-human systems such as cells, individuals, families, organisations, communities, the economy, and the climate. Their argument is based on the notion that meso- and macro-factors and the processes surrounding a person are significant in understanding the resilience of any individual.

Van Breda (2017) groups resilience processes into three categories, namely: (a) individual or personal traits, such as spirituality and optimism; (b) the social environment, which includes close social relationships (e.g., with family and friends) and the wider environment (e.g., community safety and family financial security); and (c) interactions — processes that link person and environment, such as teamwork and empathy (van Breda, 2017). Van Breda (2018, p. 4) thus defines resilience as “the multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity”.

Extending from Ungar’s (2012) construction of the social ecologies of resilience, van Breda (2023) emphasised the interactions that occur between people and their environment, more than either the person or the environment; that is, he prioritised the I in PIE. He argues that individuals are who they are through their interactions with people and the systems around them. Therefore, it is the interactions between people and their environment — through community involvement, being heard, teamwork and relationships, and interaction between agencies, structures, and systems — that contribute to resilience in young individuals (van Breda, 2023).

In line with van Breda’s (2023) interactional resilience framework, our study focuses on young people’s interactions with people in their environment. We are particularly interested in their interactions with other people who initiated help (other-initiated interactions) and how that initiation of help enabled them to do well despite experiencing hardships under the care of caregivers who misused alcohol.

Methodology

Due to the limited literature on the resilience of young persons raised in alcohol-misusing environments in Lesotho, we adopted a qualitative descriptive approach to our study. We applied a constructivist approach to the grounded theory design, which emphasises constructing, rather than discovering, theory from data (Charmaz, 2014). The approach is considered relevant because of grounded theory’s roots in symbolic interactionism and its focus on actions rather than qualities. The focus of the study was primarily on eliciting accounts of interactional processes among young persons who were raised by caregivers who misused alcohol and who received supportive help through interactions initiated by other people in their environment that contributed to resilient outcomes.

Population and Sampling Strategy

Participants were students from the National University of Lesotho (NUL). Fifteen undergraduate students were selected from the Faculty of Social Sciences (FSS) using purposive and snowball sampling. Sampling criteria specified students who had been raised by caregivers who misused alcohol, who were willing to share their lived experiences, and who were considered to be achieving “better-than-expected outcomes” despite their childhood adversities (van Breda, 2018, p. 6). These outcomes included refraining from alcohol misuse, academic achievement (operationalised as students passing their courses) and being hopeful for a better future.

Fliers providing information about the study and who qualified to participate were distributed to classes in the FSS. Most participants (10) were purposively sampled through this strategy. Since 10 participants did not lead to theoretical saturation, snowball sampling was used to recruit five more participants. Six males and nine females, aged 20 to 27 years, participated in this study. All FSS undergraduate levels (from level one to level four) were represented. Most caregivers who misused alcohol were males, particularly fathers and uncles, who also were the family breadwinners. One participant was raised by caregivers who both misused alcohol and one by a mother who misused alcohol. Participants’ profiles, which are based on the information they were willing to share regarding their experiences under the care of caregivers who misused alcohol, are presented in Table 1.

Table 1. *Profiles of Participants*

Pseudonym	Gender	Age	Year of study	Caregiver who misused alcohol	Resilience resources interacted with
Anne	F	21	1	Father	Teacher, mother, sister, neighbours
Helen	F	22	3	Father	Mother, friends, grandmother, cousin sisters*
Joy	F	21	2	Father & uncle	Aunt, teachers, friends
Linette	F	20	2	Father & grandparents	Mother, friends on social media
Lizzy	F	25	4	Father	Teachers, uncle, neighbours
Lucy	F	23	2	Father	Aunt, church pastor, church friend
Mary	F	22	4	Father	Friends
Ruth	F	23	3	Mother	Father, aunt, siblings, neighbours, villagers
Summer	F	24	2	Father	Mother, teacher, friend, siblings
James	M	27	4	Father	Mother, teacher, neighbours, church & community leaders
Joe	M	22	4	Uncle	Mother, uncle
John	M	25	4	Both parents	Professional counsellor, neighbours, sibling
Mathew	M	25	4	Father	Grandmother, uncle
Ridge	M	23	3	Uncle	Grandmother, cousin sisters
Steve	M	22	3	Uncle	Teachers, friend, community members

Note. The term “cousin sister” denotes a female first cousin.

Methods of Data Collection

Data were collected in three rounds of interviews. In addition to a semi-structured interview schedule, the arts-informed “draw-and-write” visual technique (Pain, 2012) was used to collect data on participants’ lived experiences, resilience resources, and resilient outcomes. The draw-and-write technique was first developed for studies of children’s health in the United Kingdom during the 1980s and has been extensively used in resilience research in South Africa (Machenjedze et al., 2019). Visual methods collect visual data, such as pictures, drawings, collages, photos, and video products, that allow participants to communicate their points of view nonverbally (Glaw et al., 2017). Of late, scholars have been eager to use visual methods in qualitative research, since they augment traditional methods, such as interviews, by bringing in the additional dimension of artistic expression (Barbour, 2013). Visual images can provoke memories and deep emotions, and bring to light different layers of perception (Glaw et al., 2017, p. 7).

Visual methods are emphasised in resilience studies because they can elicit an understanding of resilience that could not emerge from traditional interviews (Didkowsky et al., 2010). During the draw-and-write activity, participants are prompted to perform a drawing activity along with a writing exercise (Glaw et al., 2017).

In the first interview, participants drew and wrote about their experiences under the care of caregivers who misused alcohol and the better-than-expected outcomes they achieved. During the second interview, a few days later, participants made drawings of the social-ecological resources that were supportive of their resilience. They were further requested to make meaning of their drawings by writing a few sentences on the drawing and providing a verbal description. Where necessary, the researcher probed for further clarification.

The third interview was held a week or two after the second interview, after detailed consideration of the first and second interviews. An individualised semi-structured interview guide was used with participants to explore the details of the interactional resilience processes that occurred between them and the resilience resources in their social environment. The focus of this interview was primarily on the individual, relational, and environmental interactional resources and processes that strengthened the young person’s resilience.

Most participants lacked confidence in their drawing skills, despite being willing to draw. They were therefore continually reassured that we were interested in the content of the drawing rather than its quality (Theron et al., 2011). All interviews were audio-recorded and later transcribed.

Analysis and Interpretation of Data

The constructivist grounded theory approach to data analysis (Charmaz, 2014) was used for both the data from the drawings and the data collected through interviews. Charmaz (2006, p. 146) contended that in grounded theory, “coding is the pivotal link between collecting data and developing an emergent theory to explain these data”. Coding enables the researcher to define what is happening in the data and determine its meaning. In our study, data were coded in two

stages. First, in the initial coding stage, after the first few interviews, many initial codes were established from the large amount of data that had been gathered. The first author carefully studied each participant's transcriptions and summarised their texts using line-by-line coding, formatted as gerunds (Charmaz, 2014). Each statement was coded and then grouped into similar codes to form tentative themes. Codes were also assigned to the contents of the drawings and to participants' explanations of their drawings. Among the many codes established, the researchers captured a group of codes centred on how interactions initiated by people in the environment enhanced the resilience of young people raised by caregivers who misused alcohol.

Second, in the focused coding stage, the researchers extracted a set of central codes from the tentative themes that we had extracted from the transcripts (Sbaraini et al., 2011). Charmaz (2006, p. 57) described focused coding as “using the most significant and/or frequent earlier codes to sift through large amounts of data. Focused coding requires decisions about which codes make the most significant analytical sense to categorise data incisively and completely.” The initial codes and the memos (brief notes made during the interview process and coding or data analysis) guided this process and led to a reduced number of focused codes. The second author then reviewed the coding and suggested some modifications, which led to refined coding and grouping to improve the trustworthiness of the study (Charmaz & Keller, 2016). Because helping interactions initiated by others seemed significant and prevalent in the database, we decided that “receiving other-initiated help” should become a focused code. Using the constant comparative method of comparing codes against codes and data against data, we produced a central theory (Charmaz, 2006) that we named “other-initiated interactions that contribute to resilient outcomes among children raised by caregivers who misuse alcohol”.

Ethics

In this study, the International Association of Schools of Social Work (IASSW, 2018) statement of ethical principles was observed, including respecting the inherent dignity and worth of individuals. Each participant was provided with a study information letter before the first interview. Participants were asked not to disclose any information or to draw any image they were not comfortable about sharing with the public. Before the first interview, all participants signed a written informed consent form. Therefore, participation was voluntary. Their right to withdraw from the study at any time they wished was guaranteed. Interviews were conducted with care, given the sensitive nature of the topic, and arrangements were made in advance to refer participants for counselling if needed. The study was reviewed and approved by the University of Johannesburg's Faculty of Humanities Research Ethics Committee (REC-01-043-2019).

Results

Three themes emerged from the analysis of data: (a) other-initiated material support that elicits a response of resolve or obligation towards the other, (b) other-initiated sustained emotional

support that elicits a response of hope for the future, and (c) other-initiated challenging support that elicits a change in behaviour.

Other-Initiated Material Support That Elicits a Response of Resolve or Obligation Towards the Other

Many study participants narrated receiving physical care and material support through help initiated by people in their environment other than their caregivers. For most participants, this other-initiated support only occurred once — an inflection point in an ongoing interaction — while others received continued support. The other-initiated support elicited a sense of resolve or obligation to honour the offer by living up to the expectations of the person initiating the support. Participants' response to receiving initiated help was an interactional process that enriched their resilience.

Steve, for example, who suffered maltreatment under the care of his uncle, explained the interaction processes in terms of material support initiated by his primary and high school teachers. The support resolved some of his immediate material problems:

I was just sad. When I was in class 6, they [teachers] heard the story, the stories, that happened to me and why I was like that. So they approached me and asked me if I was fine and I told them everything. From a simple toothbrush, a Colgate [toothpaste], and a tie. It started from there.... You know what, I remember one time the teacher bought me new shoes.... So they also provided books at school — textbooks and writing books.... So I knew that when school opened, I would get those books.

Steve went on to explain how receiving material support instilled a sense of obligation in him to work hard, so as not to disappoint his teachers. This interaction seemed to generate a resolve to make the best of life for himself and his siblings, and not to be limited by his experiences of being raised by a caregiver who misused alcohol:

So, me having clothes, uniforms, books, everything they could provide, made it easy for me to learn because I didn't have any excuse to perform badly. I did not! But because they cared and I understood they cared, I worked very hard. I used everything they provided to me well.... It make me see, like, that if I don't put much effort to everything that I am doing, I am actually disappointing a lot of people.... It made me realise that, you know, this situation is not going to define what I am going to be in the future.... I am going to build something for myself and for these two people [his younger siblings].

John received physical care and material support initiated by people in his community, which resolved his problems and created a sense of obligation in him. Among these people, John spoke most highly of the interactions with his elderly neighbour, whom he called "Granny", who initiated support when his parents engaged in alcohol misuse. The elderly neighbour attended to his needs:

She always asked me how I am, how is school? Have I washed my uniform? Have I eaten? Yaaa, so it was easy because whenever, when she asks, have you eaten? And then I would say to her, “I haven’t eaten”, and then she would call me to her house and then she would give me food ... and then she would ask me if [sigh] I had already polished my school shoes ... asked me if I had ironed my clothes. And I told her, “No”, and she told me to come with them and she will do it for me. And sometimes I used to be afraid to be in the house alone when my mother was at the tavern and would come back late. So, the elderly neighbour would tell me to come and stay with her until my mother came back.

John reflected that the care and support initiated by Granny elicited a sense of resolve, of security, and of obligation that inspired him to work hard in school to avoid disappointing her:

The fact that I knew that I am not alone, and I knew that I can go to someone and get something — it made me feel happy and made me feel like I am not alone in the situation. There are people who understand the situation that I am in and who are willing to take care of me if need be. Because Granny became some of the people that I don’t want to disappoint in everything that comes to respecting the elders, I behave well. And when it comes to working hard at school, I worked very hard. Because she will always ask you, “Have you done your homework? Where is your report?” She was one person I didn’t want to disappoint.

Lizzy also related experiences of others surrounding and supporting her, as illustrated in Figure 1. With their support, these people instilled resolve and a sense of obligation and belonging in her. Each contribution, no matter how small, created an interaction that enabled her to achieve better-than-expected outcomes.

Figure 1. *Lizzy’s Illustration of Interactions With People Who Improved Her Resilience*



Lizzy explained her picture:

They are my ladders, like a ladder to step into something. A ladder, one would lay something for me to step on to, that is food, the other would say clothes, the other would say I am providing a shelter for them. The other would say I will just be there

emotionally. The other would say, you see, I am just stepping from one class to the next, one class to the next. So somewhere, somehow all of them contributed.

Responding to the question, “When these people helped you, how did you respond?”, Lizzy expressed that the continuity of care and support received created a sense of self-determination that enabled her to manage her life. Her hard work was a payback for their efforts. She wanted them to be proud of her success:

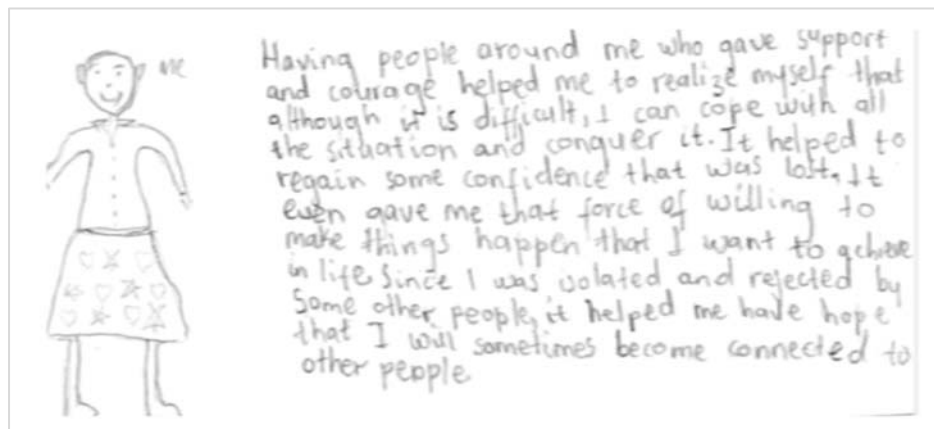
I work hard as much as I do to give back to them. Because I feel like each and every single one of them contributed in a positive way towards my life.... Those people, every single one of them [referring to all the people in her community who assisted her one way or the other], I may not see them now, but every time I work hard is to say [pauses] for them to say, “Once upon a time we knew that girl and that girl we always knew that she was always going to shine.”

These interactional resilience processes show that the offer of practical and material support initiated by someone else — teachers, neighbours, extended family — elicited resolve and an obligation to honour the offer by living up to their expectations, whether real or perceived. This engendered hope in these young persons raised by caregivers who misused alcohol. This interaction shows that offers of meaningful and tangible support, even if small, initiated by others towards children, can initiate a resilience cycle leading to that child’s investment in education and self-development.

Other-Initiated Sustained Emotional Support That Elicits a Response of Hope for the Future

Participants related experiences of sustained emotional support, initiated by someone else, that elicited a response of hope for the future. Various people played significant interactional roles in providing emotional support, encouragement, motivation, and advice, which enhanced the resilience of most of the participants. In Figure 2, Anne illustrated how interactions with others who initiated sustained emotional support elicited a response of hope for a positive future.

Figure 2. Anne’s Illustration of How the Support She Received Enhanced Her Resilience



Responding to “What was it about these people’s actions that helped you?” Anne explained that the other-initiated emotional support elicited resolve, hope, and encouragement that inspired her to want to achieve positive things in life:

Having those people that were there for me, who gave me emotional support, their support and courage helped me a lot, because it helped me cope with the situation at home ... helped me to regain my confidence. And those people help me to ... [pauses] It gave me the force, that force of willing to do things that I want to achieve in my life.... I can say it gave me hope that I can still achieve what I want.

Joe also expressed how interactions initiated by his uncle provided emotional support and advice about enduring difficult times, which elicited a sense of hope for a better future for him:

He [his uncle] portrays much of a fatherly figure in my life because since 2011 up until now, he has been there for me. So, it has been through that period that he was there to console me, he was there to give me some advice and to also show me the right way to succeed in certain aspects or certain things in life.... He would call me or if he had enough time he would come around and he would ask how we are doing together: me and my younger sister.... When he asked about the situation, he would just say, “You know in life things go sideways. Some instances would give you a go-ahead; some instances will just make you fall behind. So, whatever you do, just make sure that you protect yourself.” So his advice is basically on self-protection. And just to make sure that I continue with my studies as usual so that I live a better life.

Responding to “When your uncle supported you that way, how did you respond?” Joe explained, “I told myself that I should protect myself from things that distract my studies. I should work hard in school. I want to live a dignified life like my uncle.” Joe’s response shows a future focus in response to his uncle’s initiation of sustained emotional support. Joe’s resilience was enriched by interactions initiated by this supportive uncle, and who advised him to live a dignified life and strive for success, and who instilled hope for a better future.

Figure 3 depicts interactions initiated by Ruth’s father with her and her siblings that cultivated hope for the future. He constantly assured them that he would always provide for them and encouraged them to focus on their studies and do well, rather than concentrate on their mother’s condition. The encouraging interactions with her father instilled self-confidence and reassurance that enabled Ruth to hope for the future. When asked, “When your father gave you that hope, how did you respond?”, Ruth said:

I told myself that I don’t have to let him down, so I have to behave well. In school, I have to work very hard ... very hard for him. So that I have a better life than his and I will be able to take care of my father and mother.

In addition to the implied sense of obligation towards her father, Ruth's response highlights her hope for a better future.

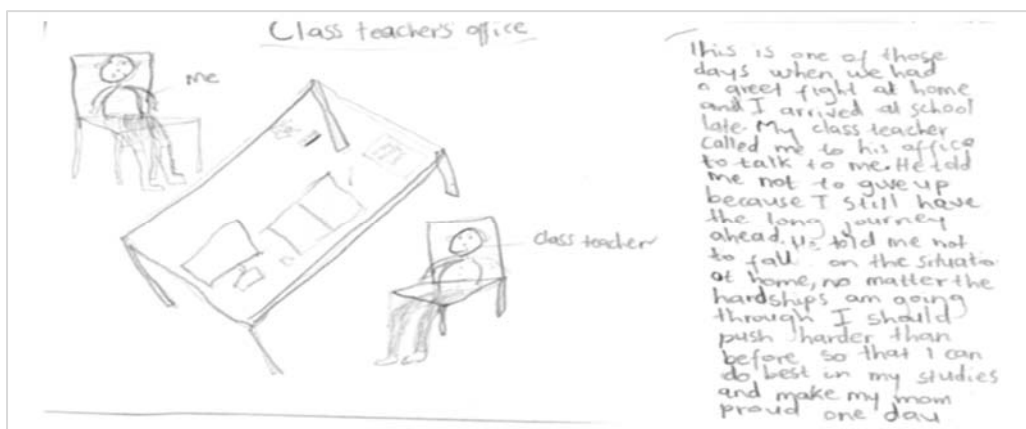
Figure 3. *Ruth With Her Siblings While Their Father Encourages Them to Study*



Figure 4 illustrates Anne's interactions with her teacher. Every time he observed that Anne wasn't performing well in class, he would call her to his office and encourage her to focus by telling her:

You need to perform well in your schoolwork so that one day you go out of your Mom and Dad's house. You will have your own house, with your child, and you live a happy life. It's only when you do your schoolwork that you could become whatever you want to become in life. And sometimes if your Mom encounters such a situation at her home, she could go to your home and you will accommodate her.

Figure 4. *Anne's Teacher Giving Her Hope for a Better Future*



Anne stated that such supportive interactions, initiated by her teacher, inspired her to work hard and elicited hope for a positive future: “I have to do things in a different way so that I become what I want in future. I stood up to see that I change the way I was still doing my things and I took things seriously.”

John also talked of having professional-initiated emotional support that was future-oriented. As a child, John attended counselling to deal with trauma caused by acrimonious divorce proceedings between his parents, as well as by their alcohol misuse. During their sessions, the counsellor always motivated him to work hard so that he would have a better future. John remembered her reiterating, “You should always have a dream”:

“Where do you see yourself in five years?” She liked to ask about that. And then at first I didn’t know how to answer the question. I was just clueless. I didn’t know what I wanted. And then she took me through the process step by step. She will be asking me, “When are you writing test at school? How much do you want to score?” And then I will tell her, “I want to score these marks.” And then she said, “You should always know what you want to achieve. You should always have something that you are working hard to achieve, like a goal.”

Asked “When the counsellor suggested all that, how did you respond?”, John answered:

I think when you are in that kind of a situation, where you are struggling, when you are drowning, your mother is abusing alcohol, you’re crying almost every day, and then there is someone who tells you that even in that situation, you still have to have goals, you should set goals for yourself. [John fell silent for a moment.] I would feel positive, I would feel strength, like I would feel the power to achieve something better in life.

These examples show that interactional resilience processes involving persistent other-initiated emotional support from uncles, fathers, teachers, counsellors, and others in these young persons’ environments, cultivated hope for a positive future, enabling them to achieve better-than-expected outcomes.

Other-Initiated Challenging Support That Elicits a Change in Behaviour

Several participants expressed receiving other-initiated challenging support that elicited a change in behaviour. This contrasts with the previous two themes, which involve material and emotional support — here others challenge the young person, sometimes strongly. Joe, for example, spoke about how his behaviour was nearly negatively influenced by his uncle who misused alcohol; however, conversations with his mother improved his resilience:

In the beginning, my behaviour was quite bad, I guess because of the impact that the situation showed. So her [mother’s] advices mainly assisted me to do different ways of enjoying life, but not to damage my health. We talked numerous things ...

about such the situation.... So one of the things that I liked about her intervention ... like one of the advices that she gave to me was, despite the way how my uncle is showing or doing things around the house, he would normally do it in a bad way. Then [she would say], “*You*, my son, *you* should have to be strong. You know if you just make a promise that you won’t do what your uncle is doing, I would be happy.... Whatever negativity that your uncle is trying to portray, don’t do it!” So, if he is doing something that is damaging his health, I should do something that is promoting my health.

It is noteworthy that Joe described his mother’s talk as an “intervention”, implying she was working to change Joe’s life. This is further reinforced by her emphasis on the word “you” in her challenge to Joe. Asked, “When your mother advised you that way, how did you respond?”, Joe indicated that he responded by living a kind of life that pleased his mother — adopting a positive, healthy lifestyle — in deliberate contrast to his substance-abusing uncle:

I did respond with one word: “Okay”. And my other response was just through actions. Actions that would please her.... So, one of the things that I will do was, if my uncle would drink beer, I will drink water.... If he was smoking, then I would eat fruits.... So I think that was my foundation to resilience towards the situations. It’s those kind of advices.

Lucy talked about a time she engaged in alcohol misuse and sex as a way of solving her problems. After she joined the church, her pastor initiated challenging support that elicited a change in her behaviour:

My pastor plays a major role as well. He would just pray for me. Like when I am feeling down, and I feel like going back to drink again, it’s like he has something that tells him, then automatically he checks on me. Then after checking on me, even if I wanted to go anywhere else, I feel like there is somebody who cares so much and he is in the Lord.... Because as he says, “Let’s pray about it.” After praying about it, I feel like I can wash dishes now, I can read, I can do that.... I feel like ... he knows what goes on in our lives and he always come in to fill the gap, like he is the man of God.

Lucy’s pastor called her out on her “bad” behaviour, such as drinking alcohol, and challenged her to live a better life, aligned with the Christian value of sobriety. She further expressed that her interactions with the pastor improved her self-confidence, as she was now able to face her challenges through prayer. It enhanced her sense of belonging: the pastor and church members assuaged the loneliness and emptiness that she had long suffered due to parental neglect. Such are interactional processes that facilitate resilient outcomes:

So, I said to myself that I came here [to church] because I was looking for love all the time. I was feeling [pauses] I was empty and feeling like only love can fill this

gap. After being here, I felt like I belonged. I felt this love of God that they are talking about so genuine and I chose and made a decision that I will live for God.... And then, as of that I began to be confident, because if you are a drunkard you start to go to church, people are like, “You, you are just going to be there for this week when you are feeling lonely, next week you won’t be there.” So, then I felt confident enough to say, “If they saw me doing sins, they should now see me doing well with God, serving and stopping doing whatever that I was doing before.” So then, I got confidence that the love of God can transform me and then that was it.

Joy spoke about interacting with her teacher who initiated challenging support that elicited a change in behaviour when she had lost hope due to the situation at home. Her teacher would say, “You have to graduate, buy yourself a car, you will go there having everything so that if you get out, you will still be having your things.” Speaking about her teacher, whom Joy saw as her “mother”, Joy said:

And right now, my “mom” is still checking up on me. Checking on how I am still doing, asking about my results, and then I will be telling her that “Mme [mother], I failed this, I passed that.” Akhere [Right], she would pray. [pauses] Everyone would pray for their child to perform well. So, every time immediately I get the report, I know I have to go to her office and show her my report. And then she will complain about this one. “You didn’t perform well here, ok so you know this one. How can you pass this better than this?”

Joy indicated that such interactions made her work hard in school to make her teacher proud:

I knew that I have to work hard at school, so that I can make her proud. I didn’t want to disappoint her in any way. It was very nice, because my own father couldn’t care about my schoolwork. So at least someone does. So, I had to work hard in school, very hard in order not to fail her efforts.

While the first two themes involved interactions that focused mainly on others offering support — material or emotional — that elicited responses of resolve or obligation, and future-oriented hope, this third theme involves others challenging the young person in a way that elicited a change in behaviour. Such challenging interactional processes enabled participants to adopt a life path that led towards better-than-expected outcomes.

Discussion

In alignment with emerging resilience theory, this article endeavoured to identify interactional resilience processes between university students raised by caregivers who misused alcohol and other people in their social environment who initiated support that enabled them to achieve better-than-expected outcomes. This resonates with the understanding that resilience is an ongoing social process enacted through normal practices of everyday life and situated in people’s contexts that

enables them to achieve positive outcomes in relatively challenging situations (Sulimani-Aidan, 2017). Our study identified and named these resilience processes as “other-initiated interactions”. These interactions were initiated by family members, teachers, friends, pastors, counsellors, and neighbours, among others.

Afifi et al. (2016) posited that it is the prosocial daily verbal and nonverbal perceptions, behaviours, and actions of influential people in an individual’s social environment that allow individuals to be resilient. Our findings in this study point to several prosocial verbal and nonverbal interactions between participants and multiple people in their social environment who initiated support that enhanced the resilience of these young people. The analysis identified three types of support initiated by others: material support, sustained emotional support, and challenging support. These supports contributed respectively to responses of resolve or obligation towards the other, of hope for the future, and a change in behaviour. In each case, the other person initiated an interaction, through words or actions, and the participant reciprocated the initiated help in ways that enabled them to achieve better-than-expected outcomes.

Our study established that other-initiated interactions drove these young people to reciprocate in positive and constructive ways that improved their resilience. For some young adults, the interactions helped to resolve their problems. For others, the interactions pushed them to work hard and do well, because they felt obligated to pay back the support they had received. For still others, the interactions worked as interventions that positively modified their behaviour. A study of young Rwandans (10–17 years) affected by HIV or AIDS, for example, established that the safe conversations, access to resources, love, advice, safe spaces, and comfort they received from people in their social environment enabled them to reciprocate through their own generosity and industriousness (Betancourt et al., 2013). Our study confirms these findings by showing that other-initiated interactions acted as processes that mediated the undesirable impact of vulnerability on outcomes among young people raised in unhealthy alcohol-use environments.

Thus, the received support became a driving force for them to work hard and to behave respectably. Since home environments of children raised by caregivers who misused alcohol are usually complex and challenging, such individuals require a great deal of resilience, including persistent hope, to believe that they can effect change in their lives and carefully create a better future for themselves (Hebbani et al., 2020).

Other-initiated interactions in their environment also enabled the participants to carefully evaluate their situations. They did this by identifying hindrances, as well as opportunities, and reacting in ways that produced favourable outcomes. The interactions with others initiating help also helped participants to realise their own value or worthiness, and thence to make increasingly committed actions in positive directions (see Ceary et al., 2019). It is not only the other-initiated interactions that are important in this regard, but also the responsiveness of these young adults. Their receptivity to constructively receive help enabled them to take advantage of the other-initiated support to work on achieving better-than-expected outcomes.

The findings point towards resilience as a series of actions and reactions forming a virtuous cycle. Despite participants' adverse environments, the other-initiated actions (i.e., material and emotional support, as well as being challenged) acted as triggers for changes in their behaviours and thoughts, leading to resilient outcomes. The received emotional support and advice mobilised agential energy that helped them identify their capabilities to achieve better-than-expected outcomes. Thus, such interactions enabled them to focus and cope well academically and positively change their lives. This action and reaction process, in a virtuous cycle, enhanced participants' resilience. While this notion of virtuous cycles is commonly used in studies on the resilience of environments (e.g., Tidball et al., 2018) and organisational systems (e.g., Chamberland-Rowe et al., 2019), it has been little used in discussing the resilience processes of individuals. Van Breda's (2018) proposed interactional resilience perspective, as well as the draw-and-write method, permitted us to dig deeper into other-initiated interactional processes that promoted the resilience of young people raised by caregivers who misused alcohol.

These other-initiated interactions are highly relevant in African settings, because of the strong indigenous concept of Ubuntu, which rests on core values such as humaneness, caring, mutuality, collectivism, interdependence, and interconnectedness (Sekudu, 2019). This aligns with van Breda's (2018, p. 23) understanding of Ubuntu as referring to "the relational and interactional nature of human life that we are who we are through other people". While the term Ubuntu is Southern African, the concepts of interdependence and mutuality resonate with indigenous values around the world (Mayaka et al., 2023) and are increasingly being recognised as important among Western peoples (Chatzidakis et al., 2020). This spirit of Ubuntu, not explicitly named by participants, enhanced resilient outcomes for children and youth raised in vulnerable environments. In short, the interactional resilience processes that emerged in this study show that an individual's capacity for adaptation is located in relationships and interactions with others.

Limitations of the Study

This is a small qualitative study with participants located in just one area of Lesotho. Furthermore, all participants were university students in one faculty at one university. Consequently, the findings cannot be generalised with confidence to all people raised by caregivers who misuse alcohol. However, the in-depth nature of the data collection (multiple interviews using multiple methods) and resultant findings give confidence that the findings could apply to children and young adults raised in such environments elsewhere. Further research to confirm these findings in other contexts is recommended.

Conclusion and Implications

In this article, we have endeavoured to demonstrate the usefulness of using van Breda's (2023) interactional resilience perspective to unpack other-initiated interactions that enhanced the resilience of young persons raised by caregivers who misused alcohol. The process of accepting and responding to the help initiated by other people in their environment enabled our participants to feel indebted in a positive way, thus using the support to achieve better-than-expected outcomes.

These other-initiated interactions by ordinary but influential people in their social environment contributed to a range of resiliencies, suggesting that at-risk young people are likely to benefit from hope-giving initiatives emanating from within their social environment. Thus, a wide range of other-initiated actions — in particular, the material, emotional, and challenging initiatives — triggered interactional resilience processes that enabled better-than-expected outcomes for vulnerable young adults.

This study lends support to van Breda's (2023) interactional construction of resilience in that the resilience-enabling processes have been shown to be located at the interface between the young people and others in their environment. Simply having people in their environment did not contribute to better-than-expected outcomes; nor did merely the resolve, hope, or behaviour of the young people. Rather, it was the reciprocal exchanges with interested and caring others, offering the vulnerable young person a range of supports (material, emotional, and challenging), and the willingness of the young person to receive and engage with these offers, that constituted the resilience processes that led to resilient outcomes.

It is noteworthy that ordinary people (as opposed to professionals) who were willing to initiate supportive interactions with vulnerable young people were able to play a crucial role in improving resilience in vulnerable young people, specifically those raised by caregivers who misuse alcohol. This aligns with Masten's (2014) notion of "ordinary magic" — that resilience is not a superhuman capacity of individuals or of environments, but rather engendered through everyday, ordinary engagements characterised by care, interest, an extension of self, and a willingness to be honest and even challenging. This provides hope that even in resource-constrained environments, which are common in a developing country like Lesotho, neighbours, friends, extended family, teachers, pastors, and others can make a significant contribution to the resilience pathway of a vulnerable child.

We, therefore, recommend that social service practitioners, including child and youth care workers and social workers, mobilise and capacitate people in the social environments of vulnerable children and young people to be alert to their needs and to initiate helpful interactions with them. The contexts in which this could take place include schools, churches, community settings, and social clubs. These people (teachers, neighbours, church members, etc.) could be educated on how even relatively small supportive actions on their part can have a larger resilience-enabling impact on these young people. They may also need to develop skills in interacting attentively and responsively with vulnerable children in their ecology.

In addition, we recommend that social service practitioners work directly with vulnerable children and youth to help them identify, recognise, and be responsive to offers of support — even small or tentative offers. It is not sufficient to have enabling people in one's environment; it is also necessary for children and youth to be receptive and responsive to such people. In summary, interactional resilience results when people in a child's environment are attentive, responsive, and

willing to engage with the child and when the child is receptive to offers of support and able to engage with them meaningfully. Both are necessary.

Mindful that our findings are only a snapshot of a small group of vulnerable young people's interactions with people who initiated help, there is a need for more studies on other-initiated interactions among children and youth raised by caregivers who misuse alcohol and other groups of vulnerable children and youth. Such studies will help to tease out in more detail the kinds of interactions that enable better-than-expected outcomes.

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