

BACK TO BASICS:
AN EXPLORATION OF RELATIONSHIP EXPERIENCES IN
ADULTS RECOVERING FROM SUBSTANCE
DEPENDENCE

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of Master of Arts in Clinical Psychology.

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DECLARATION

I declare that this thesis, entitled “Back to basics: An exploration of relationship experiences in adults recovering from substance dependence” is my own unaided work. It is submitted for the degree of Master of Arts in Clinical Psychology, at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination at any other university.

Signed this _____ day of _____ 2016

Cassandra Philyn Govender

ABSTRACT

Substance dependence is a global issue that is becoming significantly more problematic. This is due to the fact that it does not just have a devastating effect on the individual but results in profound spin-off effects, which impact society as a whole. Much research has been conducted within this area and contemporary research has seemed to focus on the link between attachment styles and substance abuse. Since its conception by John Bowlby, attachment theory has achieved an empirical authority that has contributed to its popularity in modern times. However, despite this renewed interest there still exists a gap in the literature around the role that relationships, throughout the lifespan, play in areas such as pathology and recovery. Consequently, this research embarked on an interpretive phenomenological exploration of the way relationships impact the lives of individuals suffering from substance dependence. Adults in recovery from substance dependence were individually interviewed about their experiences of their relationships during and after their years of abusing substances. Hermeneutical phenomenological analysis was used to analyse this data and it revealed a typical model of pathology where a negative childhood experience had cascading effects that culminated in the later dependence on substances. Participants all highlighted relationships with themselves or others as pivotal to either seeking substances or to going into recovery. These themes were then located within Bowlby's (1976, 1980) developmental pathways framework in order to make sense of the progression of substance dependence along the lifespan as it manifested in these participants.

Keywords: Attachment Theory, Developmental Pathways, Hermeneutics, Loss, Recovery, Relationships, Substance Dependence, Substance Use Disorder

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LIST OF ABBREVIATIONS

Abbreviation	Full Terminology
AA	Alcoholics Anonymous
APA	American Psychiatric Association
DSM-III	Diagnostic and Statistical Manual of Mental Disorders (Third edition)
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders (Fourth edition)
DSM-5	Diagnostic and Statistical Manual of Mental Disorders (Fifth edition)
NIDA	National Institute on Drug Abuse
WHO	World Health Organisation

PROLOGUE

THE ADDICT

The addict is a special case,
of feelings gone awry.
Alone, yes, in a crowded place,
perhaps a real nice guy.
Or gal, it's not to say the least,
both fret in stereo,
Beauty or the savage beast,
they never seem to know.

The world is wrong, a bitter place,
but deep, way down inside,
He'd rather die, than lose face,
he'd rather run and hide,
Distractions are the easy route,
with drugs and sex and food,
Adrenalin, beyond a doubt,
crime and dice will do.

The child inside is safe, endured,
he'll grieve another day,
No more hurt, he'll make sure,
someone else will pay,
Someday, maybe things will change,
he won't have to live this lie,
He'll laugh and dance and shout and sing,
All the music trapped inside.

Dean (1999)

CHAPTER 1: INTRODUCTION

Introduction

The poem in the prologue was written by an individual struggling to overcome his substance dependence. The author aptly highlights the struggles of so many others who have faced the same road as him. He insightfully captures the predominant conflicts burdening an individual suffering from substance dependence, such as the difficulty coping and managing life occurring both within and outside of the individual, the substantial feelings of loneliness and isolation plaguing them, the need for distraction or avoidance as a means to cope, and lastly the recognition of an internal struggle (“the child inside”) which is not worked through that then manifests as dependence. He portrays an image of someone fraught with internal turmoil and chaos who needs a protective outer core to shield this. Strikingly, trouble navigating relationships, whether they are with the self, emotions or the world at large; seem to be an underlying theme.

While the pathways leading to substance abuse and dependence are undoubtedly complex, involving numerous contextual, interpersonal, and intrapersonal factors (Kassel, Wardle, & Roberts, 2007), the importance of relationships is one which is gaining much traction. The idea of relationships as integral to human growth and development, or lack thereof, is not one which is novel but in fact is one of the basic tenets on which the field of psychology is based on. Across the various paradigms in psychology, theorists have acknowledged the central role which relationships play in an individual’s life. Consequently, this idea of relationships as integral to human life has formed the basis for this research, which has aimed to understand and conceptualise substance dependence through a relational lens.

Rationale

If relationships have the immense role that theorists have hypothesised, it is imperative that resources are invested in exploring and researching this aspect of functioning especially in the circumstances of development which have taken pathological or maladaptive shifts. This may not only provide insight into various

areas of maladaptive functioning but an idea around how to redirect this development into more healthy pathways. More than this, exploring the nature of relationships as they occur across the lifespan also provides a novel but interesting means by which to understand human development. Hence, this research does not only focus on the relationships of individuals but the way these relationships form, and shape people as they move through life. Specifically, tracking these relationships in patients with maladaptive functioning (like substance dependence) could have significant implications for future treatment and interventions.

Substance dependence was specifically chosen because of its relevance in contemporary South African society. According to recent statistics, the substance abuse problem in South Africa is reportedly twice the world norm and over 15% of the population is thought to have a drug problem (Jordan, 2013). The social and economic costs associated with drug abuse are high and the financial loss and distress suffered by substance related crime are increasingly making this an important public health issue (Jordan, 2013). More than this, the accompanying behavioural and mental health difficulties substance dependence gives rise to, particularly in adolescent populations, is of significant concern (Lynne-Landsman, Bradshaw, & Ialongo, 2010).

The price of life, money and emotional chaos which people have to pay when abusing substances makes this issue a major concern worldwide (Barlow & Durand, 2012). The treatment process also poses considerable challenges such as high relapse and dropout rates, presence of co-morbid illnesses and lack of social support (Nebhinani, Sarkar, Ghai, & Basu, 2012). Consequently, based on the recent increase in substance abuse practices and substance-related disorders, the devastating effects dependence can have both personally and on society, as well as the grueling process that treatment can entail, research in this area is a worthwhile endeavour to embark on especially in South Africa. As Lynne-Landsman et al. (2010) note, research investigating the mechanisms, which underpin developmental trajectories leading to substance abuse, is essential in providing information for interventions.

Substance abuse and dependence is a contentious subject when conceptualising its etiology, as it has taken a long time to be viewed as a disorder which has roots in more than just intrapersonal factors e.g. willpower. Contemporary research now highlights the various psychological, social and genetic links in the

development of substance dependence (Pretorius, van den Berg, & Louw, 2003). In addition to this, research examining the process of recovery emphasises the importance of more than just abstinence in sobriety but things like forming a self-identity and navigating various relationships in new ways (Shinebourne & Smith, 2011). Hence, in applying a relational lens to the manifestation of substance abuse, this research not only provides a novel means by which to explore this disorder but also yields interesting insights into its classification and treatment. The experience of the individuals who previously abused substances provides vital information about the role relationships (if any) play in the development, maintenance or treatment of their dependence. This allows for a fresh perspective of exploring how it is people have come to follow the maladaptive pathways to substance dependence and shifted their pathways into more adaptive functioning.

Much research, which has already been done in the area of substance abuse and relationships, has mostly concentrated on the links between certain psychopathology and certain attachment styles however most of these have all been done quantitatively (Crawford et al., 2006; Latzer & Lavee, 2009; Lyddon & Sherry, 2001; O'Shaughnessy & Dallo, 2009). In most cases, the research highlights links between attachment style and the particular pathology and less on the role relationships play within that and how individuals perceive this. Nebhinani (2012) also notes that there have been numerous studies which explore the reasons why individuals seek treatment, such as 'hitting rock bottom' (Ludwig, 1985), feelings of loss of control over their life and financial and family difficulties (Brook et al., 1998) and many more (Oppenheimer et al., 1988; Chung & Chek, 2008; Cunningham et al., 1994; Smith et al., 2010).

In studies which have had a relational focus, researchers have tended to focus on women's relationships (Covington & Surrey, 2000; Kilbourne, 1992; Surrey, 1991, Wilsnack, Wilsnack, & Klassen, 1986) and on intimate relationships (Florsheim & Moore, 2008; Keane, 2004; Larkin, Wood & Griffiths, 2006). While different studies may have focused on certain types of relationships (exclusively woman's or intimate), there has yet to be a study which tracks various relationships as they occur concurrently across the lifespan. Using relationships as the springboard and substance dependence as the focal point, this research provides a snapshot into participants' experiences of both intra, interpersonal relationships, the way these relationships

relate to each other and the perceptions, changes and roles these relationships play in the emergence of substance dependence and in the treatment process.

Aims

This study aimed to explore the self and interpersonal relationship experiences of adults in recovery from substance dependence. It retrospectively investigated the perceived role that relationships with others served for adults in recovery from substance dependence, in contributing to and maintaining the disorder, as well as in facilitating their recovery. Thus, the study explored experiences' of their relationships before the individuals sought treatment, as well as during and after the treatment process was engaged with. It concentrated on ascertaining whether adults in recovery experienced their relationships differently and what the implications of this are for understanding dependence and the role of support in the treatment and recovery process.

Structure of the Report

This research report is divided into six chapters, which include a review of the existing literature, the explanation of the research method employed, a presentation of the findings and an overall discussion. A more detailed description of the report is presented below.

Chapter 1: In addition to providing an orientation to the thesis, the current chapter provides an introduction to the report, and brings to the forefront the rationale behind the research and the aims of the study. This chapter assists in establishing the foundation on which this research rests as well as the intentions of the study in order to provide the reader with a general understanding of the purpose behind this research report.

Chapter 2 then goes on to describe, explore, and contextualise the relevant literature currently available with links to the topic of substance dependence. The intention behind the review is to provide an overview of the current thinking, ideas, and conceptualising within the area of substance dependence etiology and treatment.

It also aims to highlight the gaps within the literature relating to the focus of this research and how this focus has come about and been applied within this field of study.

Following this, *Chapter 3* presents the methodological ideas underpinning this research and how the questions this research study attempts to explore have been studied. This includes a presentation of the way in which the research was carried out and the research questions informing the study. Details regarding the sample, method of analysis employed and ethical considerations are discussed. The aim is to orientate the reader with the assumptions and understanding behind the qualitative and hermeneutical interpretative phenomenology approach employed.

The results obtained from the research are then presented in *Chapter 4*. This chapter presents the data obtained on a descriptive and comparative level. This chapter will include quotes from the participant's interviews in order to capture their views on the topic. It describes the dominant and minor themes as elucidated from the data collected and these will then be compared with any existing literature as well as thoughts from the researcher's own reflective diary and assumptions. The aim is to provide an illustration of the experiences' of participants as well as a contextualisation of those experiences in relation to a deeper level of understanding, which involves the already known and researched ideas of similar experiences. In order to illuminate the lived experiences' of participants, the section is separated into central thematic categories as they occur in the lifespan.

Leading on from this, *Chapter 5* ties all the findings to the theoretical assumptions set up in the literature review as well as within the broader theoretical and societal views. This is intended to interrogate the theoretical assumptions of developmental trajectories and the role of relationships within those trajectories and how this relates to the data obtained through the research. A discussion surrounding the links between the applications of theory in relation to the findings is presented and evaluated.

Lastly, the concluding chapter (*Chapter 6*) will provide a summary and conclusion to the report. It will surmise the main tenets and findings of the research, provide final comments, evaluate the strengths and limitations of the study, and

highlight possible future directions. The future directions are intended to provide an indication of how this research can be used regarding the understanding and intervention of substance dependence and its treatment, as well as to provide clarification on further research.

Conclusion

This chapter has provided an overview of the intentions and reasoning on which this research pivots, as well as orientating the reader to the structure of the report. The following chapter will delve into the existing literature relating to substance abuse and dependence in order to establish a foundation for the aims of the research and in order to highlight trends and gaps within the presented literature and ideas.

CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter endeavours to provide an overview and understanding of the relevant conceptualisation, literature and theory relating to substance dependence and its occurrence in everyday life. It will begin by explaining the way substance dependence is understood and thought about both within a contemporary research and diagnostic view. This serves to orientate the reader to the origins of substance dependence and how ideas of this have grown throughout the years. Then, the epidemiology and comorbidity of the disorder are presented. Following this, a brief discussion around the etiological and treatment factors associated with substance dependence is explored. In doing this, the chapter will provide the backdrop for the theoretical grounding of this report to be engaged with, namely the role relationships play within various stages of the cycle of dependence. A presentation of the lifespan approach to understanding pathology is presented followed by a focused discussion on attachment theory and Bowlby's (1976 & 1980) notion of *developmental pathways*. Lastly, the conceptual definitions are clarified and the nature and scope of this research is specified as it emerges from the literature review.

2.1 Defining Disordered Substance Use

Classically when one thinks of the word 'drugs' many connotations of heroin or cocaine come to mind and people rarely think of the more conventional legal drugs, such as alcohol and nicotine (Barlow & Durand, 2012). These more commonplace drugs also have serious effects on mood and behaviour, can be just as addictive, and account for more health issues and greater mortality rates than the illegal drugs combined (Barlow & Durand, 2012). Addiction has historically been a contentious subject spanning back to the 1930s where individuals afflicted by it were considered morally flawed and lacking in will power (NIDA, 2007). This attitude influenced the way in which society responded consequently viewing addiction as more of a moral dilemma than health problem. This led to a focus on punitive rather than preventative or therapeutic measures being taken (Kalant, 2009; NIDA, 2007). With the advances of technology, contemporary views have shifted dramatically from these previously

held beliefs, and innovations in brain studies have been at the forefront of this revolution (NIDA, 2007; Sellman, 2009). One of the significant shifts which this advancement brought, along with the recognition of the role biology plays in addiction, is the emphasis on replacing the terminology typically associated with abuse to more positive and less demeaning terms (Kalant, 2009; Kumar, Kumar, Bhatia, & Jhanjee, 2010).

This process of reclassifying ‘addiction’ as ‘dependence’ formally occurred when the revised third edition of the DSM-III was being composed (O’Brien, 2011). Interestingly, it was largely the non-clinicians on the panel who argued that the terms being used were pejorative and prejudicial (O’Brien, 2011), and therefore felt a more neutral term, such as dependence, was needed. They further highlighted that patients would be less likely to seek treatment if the current labels were still being used (O’Brien, 2011). The clinicians on the committee felt that the use of ‘addiction’ and ‘addictive disorder’ was appropriate as it captured the essence of the disorder (Sadock & Sadock, 2011) but also that the term ‘dependence’ was already used in the medical community to refer to something else. Medically, dependence was used to describe situations of tolerance and withdrawal which emerged when treating pain, depression or anxiety which differed from what they believed to be ‘uncontrolled drug-seeking’ (O’Brien, 2011). In the end, the movement for a new terminology won by a single vote and this approach to understanding the disorder was cemented when it was published unchanged in 1994 in the DSM-IV (O’Brien, 2011).

Since then, the conceptualisation of substance dependence has had a face lift and appears slightly altered in the newest edition of the DSM (DSM-5). The first major shift sees the collapsing of the DSM-IV categories of substance abuse and dependence into a single disorder (Substance Use Disorder) which is measure on a continuum from mild to severe (APA, 2013). Each substance (excluding caffeine which is not yet diagnosable as a substance use disorder) is treated as its own distinct disorder such as Alcohol Use Disorder or Stimulant Use Disorder (APA, 2013). However, despite the detailed names each disorder shares overarching criteria which have been strengthened (APA, 2013). So previously, in the DSM-IV, in order to be diagnosed with substance abuse an individual only needed to have one of the eleven symptoms, whereas now the DSM-5 requires two or three symptoms to be present for the diagnosis of Mild Substance Use Disorder (APA, 2013). In addition to this, the

criteria of drug craving was added to the list of eleven while the criteria of problems with law enforcement was omitted due to its difficulty with international and cultural applicability (APA, 2013). This change is thought to more accurately reflect the experiences of those diagnosed and reduced the confusion caused with using the term dependence (APA, 2013).

While diagnostically the DSM-5 has attempted to add more clarity in diagnosing the disorder which has largely involved switching terminology, it has also simultaneously made understanding the disorder challenging. Therefore, clinically the new conceptualization in the DSM-5 provides clearly delineated criteria which allows for the better detection and appropriate diagnosis of substance use which is pathological. However, diagnostic issues aside, Sadock, Sadock and Ruiz (2015) highlight the importance of not losing the meaning associated with previous terminology. This could possibly account for why old terminology is still commonly used when talking about substance use. Whilst reframing the disorder to be more sensitive is helpful, the processes those words described are still helpful to hold on to. Therefore, holding the diagnostic terminology in mind, there are certain characteristics which are central to any understanding of disordered substance use.

Early understandings of disordered substance use focused on the neuroadaptation which occurred when individuals used substances maladaptively and this presented through tolerance and withdrawal (Sellman, 2009). Meaning that, an individual requires larger quantities of a substance to experience the same effect (tolerance) and these individuals will react in a physically negative manner if the substance is no longer consumed (withdrawal) (Barlow & Durand, 2012). The presence of tolerance can negate the negative effects of substances but may also require greater dosages to experience the perceived 'positive' feelings associated with them while the negative experiences of withdrawal may reinforce and further motivate individuals to abuse substances (Sadock, et al., 2015). This experience of tolerance and withdrawal is understood as the body's physiological responses to the chemicals ingested (Barlow & Durand, 2012; Sadock, et al., 2015).

However, along with Sadock et al. (2015) and Kumar et al. (2010), Sellman (2009) also highlights that a compulsive behavioural element usually accompanies this physiological process. An example of this compulsive behaviour occurs when the individual persists with the disordered use despite the perceived negative

consequences. Essentially, this compulsive behaviour appears to involve processes outside the realm of the individual's conscious awareness further challenging the punitive idea that using substances involves 'free will' (Sellman, 2009). There appears to be a half a second delay behind that which has already been decided and being conscious of said decision and being able to think through it and this process is usually exaggerated in individuals using substances maladaptively (Sellman, 2009). This is because the initiation of substance-seeking behaviour activates a well-worn pattern of learned compulsive behaviour which overrides a capacity for change in the face of anticipated negative consequences (Sellman, 2009). Therefore, before an individual is actually able to appreciate the consequences of ingesting the substance their brain has already decided to do it based on previous learned patterns. These patterns are entrenched through more use but also maintained by physiological processes such as tolerance and withdrawal.

While the initial choice to use a substance is voluntary and often results in pleasurable outcomes, it is very difficult for people to appreciate just how dangerous and all-consuming substance use can become when used in a disordered way. Once disordered use comes to the fore, the individual is no longer able to exercise self-control and pro-longed use starts to result in physical changes in the brain which are responsible for judgment, decision making, education and memory, and conduct control (NIDA, 2010). As time passes, the continued use of substances becomes less pleasurable and the disordered use becomes essential just for users to feel 'normal'. Within this cycle of physiological and behavioural compulsion, there may be other kinds of triggers keeping the individual locked on their substance (Sellman, 2009). While the behavioural aspect may have certain underlying psychological roots, there are other types of psychological triggers which may also be activated and which keep the disordered use in its cycle (NIDA, 2010). For example, relational triggers are commonly found in individuals using substances maladaptively so much so that it has been named (NIDA, 2010).

The term for this is 'co-dependence' and refers to family members or friends that play a role in influencing the conduct of the individual's disordered use of substances (Sadock, et al., 2015). The word 'enabler' commonly describes this individual and they usually facilitate the addictive behaviour by giving them more substances or money to purchase them (Sadock, et al., 2015). Enabling can also

comprise of the reluctance of a family member to acknowledge the individual's addiction as a medical-psychiatric disorder or its presence at all (Sadock, et al., 2015). Consequently, whilst disordered use consists of many biological and physical processes, which are initiated, with the continuous use of substances there are simultaneously various psychosocial factors that have also been activated which play a role in maintaining or feeding into the cycle of dependence. It is for this reason that the notion of disordered use needs to be understood as more than just the biochemical processes occurring but also in light of these abovementioned aspects. Combined, they play a significant role in the manifestation and perpetuation of the disorder. Another contributing factor to the expression of disordered substance use is the context in which an individual lives (Sellman, 2009) and this will be expanded upon below within the frame of attempting to classify the disorder within the South African context.

2.1.1 Epidemiology of Disordered Substance Use

Disordered substance use has been a longstanding issue both globally and nationally. Across the world, the United Nations Office on Drugs and Crime (UNODC) estimate that between 155 and 250 million people, that is 3,5% to 5,7% of the population aged 15-64 years of age have used an illegal substance in the previous year (Degenhardt & Hall, 2012; Van Wyk, 2011). In a report published by the same organisation in 2010, 129-190 million people are using cannabis (marijuana) with the remaining people using amphetamine-type stimulants (i.e. methamphetamines), opiates and cocaine (Van Wyk, 2011). South Africa appears to be suffering from a substance pandemic as the consumption rate is postulated to be twice the world norm according to the Department of Social Development's Drug Authority (Van Wyk, 2011).

The new democratic dispensation in South Africa seemed to bring with it heightened difficulty as access to new substances became easier. During his opening address in 1994, former President Nelson Mandela, highlighted alcohol, and drug abuse as a social pathology that needed to be addressed (Peltzer, Ramlagan, Johnson, & Phaswana-Mafuya, 2010). Before this, the main substances of concern were alcohol, cannabis, and methaqualone but during the transitional years and because of the reopening of the borders, an influx of many new drugs has flooded the market

(Peltzer et al., 2010). Currently, South Africa continues to struggle with producing consistent research on substance use and therefore defining population trends and changes over time is difficult (Pasche & Myers, 2012).

Three national surveys conducted among adolescents illustrated that lifetime illegal drug use was the highest for over-the-counter or prescription drugs (16%), this is followed by inhalants (between 0.2% and 11.1%), club drugs (0.2%–7.6%), cocaine (0.1%–6.4%), mandrax/sedatives (0.1%–6.4%), and opiates 11.5% (Peltzer et al., 2010). Within these statistics, there appeared to be great gender differences concerning preference where males were more likely than female adolescents to use inhalants, mandrax/sedatives, club drugs, and cocaine (Peltzer et al., 2010). While these prevalence rates are considered lower than in other countries, such as the United States and Australia, comparing the local substance climate to international rates glosses over the idiosyncrasies of the drug culture here. For example, present cannabis use amongst South African men (3.9%) and women (0.4%) who are 12 years old or above constitute half of the US and Australian rates (Peltzer et al., 2010). Furthermore, the abuse of substances here is intertwined with other prominent social and economic factors plaguing the nation presently, which influences the country in a unique way.

For example, substance use patterns seem to vary by provinces, with areas such as the Western Cape and Northern regions of the country, report abuse of different types of drugs and related social stressors (Pasche & Myers, 2012). The use of ‘tik’, in those regions, is extremely high and deeply entangled with the gang culture also affecting these places. Coupled with this, South African estimations highlight that between 36% and 79% of patients suffering from trauma test positive for alcohol and that about half of all pedestrians and drivers killed are above the legal alcohol limit (Pasche & Myers, 2012). This pattern of alcohol use is also implicated in increased sexual risk taking (e.g. unprotected sex) leading to higher HIV/AIDS rates as well as perpetration of crimes (Pasche & Myers, 2012).

According to Pasche and Myers (2012), alcohol remains one of the most commonly misused substances with 14% of the population having a lifetime diagnosis of alcohol abuse and/or dependence. WHO (2011) highlights that’s whilst the overall consumption does not surpass that of developed countries, the patterns of consumption differ with hazardous and binge drinking being more conventional (as

cited in Pasche & Myers, 2012). Consequently, population level statistics indicate that 28–39% of the adult population are current drinkers and estimates show that 7–14% of existing drinkers can be categorized as high-risk drinkers while 23–25% engages in dangerous or risky alcohol use (Pasche & Myers, 2012). This is particularly concerning in the case of youngsters where 29% are estimated to have engaged in binge drinking (Pasche & Myers, 2012). Cannabis remains the most conventional illegal substance, which is used by about 2% of the population, with cocaine (0.3%), sedatives (0.3%), amphetamines (0.2%) and inhalants, hallucinogens and opiates (0.1% each) being less popular (Pasche & Myers, 2012). Use of Heroin has increased and treatment demands are now between 5% and 20% depending on the province (Pasche & Myers, 2012).

Based on the above statistics and the context in which substance abuse occurs in this country, it is apparent that the pattern of use is not as straightforward as one would imagine. Much of the dependence statistics are so closely interwoven with other overwhelming social and economic issues and these together have such devastating primary and secondary adverse effects. Hence, as discussed, substance abuse and dependence does not just occur in isolation and its manifestation is usually due to an amalgamation of various individual, social, psychological and societal factors. However, along with this, diagnostically these disorders can occur within the spectrum of other psychiatric disorders and this also contributes to the complex picture substance abuse and dependence paints.

2.1.2 Comorbidity of Disordered Substance Use

It is somewhat unusual to encounter a person presenting to out-patient services with disordered substance use alone (Sellman, 2009). When trying to distinguish this occurrence of substance abuse and dependence in relation to other psychiatric disorders, the term comorbidity is usually used. According to Kumar et al. (2010), the concept of comorbidity is used synonymously with the notion of dual diagnosis or co-occurring illness. Comorbidity can be defined as the presence of two or more psychiatric disorders in an individual at the same time (Sadock, et al., 2015). Substance abuse is deemed to be a disorder, which is usually associated with high rates of comorbidity, and certain studies have indicated that up to 50% of user's has a

co-occurring psychiatric condition (Sadock, et al., 2015). The most common disorders, which have been emphasized, are mood disorders such as depression and anxiety as well as antisocial personality disorder (Sadock, et al., 2015). Contemporary work in this field has revealed that there are two types of comorbidity when working with clients who also have substance use disorders, which are discussed below.

Homotypic comorbidity is defined as the presence of mental disorders within a particular diagnostic grouping along with the substance use disorder (Kumar et al., 2010). For example an individual who abuses both cannabis and alcohol indicates homotypic comorbidity (Kumar et al., 2010). This allows for the acknowledgment of poly-substance use which is quite commonplace. Heterotypic comorbidity is the presence of disorders from different diagnostic categories such as the dual presence of a substance use disorder and anxiety disorder (Kumar et al., 2010). This particular type of comorbidity is also very common.

From the thought around which terms to use down to the way dependence is defined, understood to exist both in the individual, accounting for psychosocial factors, and within society as whole as well as in terms of diagnosis; substance abuse and dependence has been shown to have intricate and intermingled roots which requires pensive and comprehensive contemplation when attempting to classify and understand the disorder. The various layers and levels which the disorder impacts and is impacted upon by the factors discussed thus far, highlights why this is such a complex and alarming issue afflicting contemporary society. Essentially, if attempting to understand its manifestation, development, and expression is this complex, trying to understand its etiology could prove just as challenging. As a result, the general etiology and treatment of substance abuse and dependence will be explored below followed by a more comprehensive discussion around this papers assertions regarding etiology.

2.1.3 Etiology of Disordered Substance Use

Understanding disordered substance use is complex and many factors contribute to its development and maintenance (Pretorius, van den Berg & Louw, 2003). First and foremost, the choice to use drugs is influenced by an individual's immediate social and psychological environment as well as their genetic background and their history of use, initiates a process of learning which can play a role in maintaining the abuse

(Sadock, et al., 2015). In South Africa, the decision to begin using drugs can also be shaped by significant societal pressures and contextual factors. Peltzer et al. (2010) notes three major reasons why drug use may be so prevalent. The rapid urbanisation of the country has led to the decline in traditional social relationships and family structure, which can directly impact the use of drugs (Peltzer et al., 2010). Degenhardt and Hall (2012) further expand on this idea, demonstrating that this breakdown in family structures could come as a result of the poor quality of parent-child relationships, parental conflict and often parental or sibling substance use. This urbanisation also brings with it more availability of substances, the exposure to substances at an earlier age and societal norms which make the use appear acceptable (Degenhardt & Hall, 2012).

This leads to the second explanation which links to the idea of adults in the environment which promote the use of drugs, but the way this becomes compounded with psychological factors such as the personal need for attention and so on (Peltzer et al., 2010). Lastly, the high unemployment rate has contributed to the cycle of escapism and desperation, which afflicts many South Africans. In line with this thinking, anecdotal evidence shows an association between increased substance use and both increased accessibility of substances and the psychological consequences of adjusting to life in the “new” South Africa (Peltzer et al., 2010). Degenhardt and Hall (2012) explain that socioeconomic background is a major predictor of illicit substance use with individuals from more disadvantaged backgrounds being more likely to use substances in a disordered way. They also emphasise that very research has actually been done on the way structural risks, such as poverty and social and cultural factors, impact on disordered substance use (Degenhardt & Hall, 2012).

As with most diseases, susceptibility varies among different people and generally the more risk factors people have, the greater the likelihood that their use of drugs will become disordered use whereas protective factors lessen an individual's risk of developing a disorder (NIDA, 2007). There is no solitary reason which governs whether an individual will become dependent to psychoactive substances and the overall risk for developing the disorder is influenced by many factors such as genetics, gender, ethnicity, the developmental phase one is at, and the social milieu one exists in (NIDA, 2007). Drugs are fundamentally chemicals and they work by tapping into the brain's communication centre and influencing the way in which nerve

cells usually function (NIDA, 2007). Drugs, such as marijuana and heroin, operate by mimicking the role, which neurotransmitters normally play by misleading the receptors into activating nerve cells whereas other types of drugs can cause nerve cells to release aberrantly greater quantities of natural neurotransmitters, which inhibits normal reprocessing of these brain chemicals (NIDA, 2007).

While this explanation accounts for the physiological reason why disordered use occurs biologically, there appears to be other factors at play too. In research conducted by the Molecular Neurobiology Laboratory of the National Institute of Drug Abuse in the USA, disordered substance use was seen to have a 30% genetic component and 70% environmental component (Pretorius et al., 2003). Disordered substance use has a good foundation of research examining the genetics behind it and it has been shown to have strong familial links with heritability estimates ranging from 40 to 60% (Sellman, 2009). Kalant (2009) highlights that while the idea of disordered substance use running in families has been postulated; it is only with the various twin and adoption studies that emerged in the middle of the 20th century which concretised this hypothesis. However, with this researchers increasingly began to look at the expression of these genes in a way that an individual holding a vulnerability to disordered substance use would either activate these genes or not through certain environmental factors (Kalant, 2009).

Three major hypotheses in psychoanalysis appeared in the literature and most dynamic understandings of disordered substance use stem from them: as a biologically mediated disease, as a response to inability to tolerate affect, and as an object or transitional object equivalent (Johnson, 1998). According to the first approach (the neurobiological approach) disordered substance use seems to come from the same drive system which stimulates animals to seek food, water, and sex (Johnson, 1998). This hypothesis rests on the assumption that certain plant-derived chemicals can mimic processes occurring in the brain and this coupled with a tendency to associate such circumstances (i.e. pleasure) with mental representations could account for why substances become addictive (Johnson, 1998). Secondly, the inability to tolerate affect is also known as the self-medication hypothesis and posits that substances are used to alleviate psychological distress and this usually comes from a difficulty coping with emotional states (Johnson, 1998). Essentially, infants were not able to internalize self-care which typically develops out of parental

relationships and therefore cannot regulate their self-esteem, relationships or provide themselves with care (Johnson, 1998).

Lastly, the object or transitional object hypothesis proposes that substances are substitutes for a difficulty in using relationships, internal or external (Johnson, 1998). A powerful psychological defence of denial gets employed to deal with the harmful behaviour and allows the individual to continue using substances despite its negative effects (Johnson, 1998). This brings to light the second major finding of the research mentioned above, that is the role the environment plays in initiating maladaptive substance use. Specifically, this study emphasised the intra- and interpersonal aspects of disordered drug use (Pretorius et al., 2003). Pretorius et al. (2003) also mention there is a scarcity of research examining these two potential influential variables especially within the South African context. NIDA (2007) emphasises this role relationships can play in acting as buffers against or contributing to risk factors of substance abuse. The role the home environment plays is typically the most noteworthy in childhood and parents or caregivers who engage in substance abuse or dependency increase their children's chances of developing their own drug difficulties (NIDA, 2007). More than this, friends and acquaintances can have the greatest impact on adolescents and young adults so that substance-abusing peers may influence and maintain unhealthy patterns of drug use (NIDA, 2007). Therefore, it is significant to understand that whilst substance abuse and dependency all refer to the biological processes intrinsic to dependence, the term dependence encompasses so much more.

2.1.4 Treatment of Disordered Substance Use

Due to the various factors, which intermingle and combine to maintain the cycle of disordered use, the recovery process is generally very lengthy and complex (NIDA, 2007). Caspers, Yucuis, Troutman and Spinks (2006) also acknowledge that the uniform outcome (disordered use) may stem from various different external and internal experiences and as a result the intervention used would need to be modified to match the "developing person". The point at which individuals seek treatment is often when the disordered use has begun to dominate their lives such that their compulsion to seek, use and their experience of substances have taken over their thoughts (NIDA, 2007). It has disturbed the manner in which they function in many

areas of their lives such as their family lives or work and because disordered use has the unique ability to affect an individual's entire life, treatment needs to be geared towards the needs of the individual holistically (NIDA, 2007). While it is treatable, it is also a lifelong struggle, which can be managed effectively, and treatment programs need to be personalized for each individual's circumstances (NIDA, 2010). The lifelong nature of disordered substance use brings to the fore issues of relapse and like many other chronic medical diseases this is expected.

Sellman (2009) highlights that abstinence as the foundation for recovery is a well-established treatment strategy but only a third of people are able to achieve this abstinence in the short or medium term. While continuous abstinence is typically unusual in the long term and less than 10% of people with disordered substance use achieve this (Sellman, 2009). This raises two important issues. Firstly, treatment needs to include an awareness and openness of engaging with relapses and therefore allowing individuals to re-seek treatment much easier. Secondly, treatment typically entails altering deeply entrenched behaviours and therefore this, needs to be contemplated and not shamed (NIDA, 2010). The most effective treatment plans integrate various procedures and modalities to meet the needs of the individual patient after a careful assessment (Sadock, et al., 2015). In an interesting study conducted in the United Kingdom (UK), the four main psychological approaches to treating disordered substance use were compared for efficacy (Sellman, 2009). Their research looked at cognitive-behavioural therapy (CBT), 12-Step facilitation therapy (TSF), motivational enhancement therapy (MET) and social and behavioural network therapy (SBNT). Results showed no significant differences in outcomes for each of the four approaches (Sellman, 2009). This suggests that despite different formulations and ideology, each of the approaches share some similar core tenants such as facilitation through an empathic relationship, an assessment of readiness for change, practical guidance with social problems and the individualising on treatment (Sellman, 2009).

In South Africa, the most common approach to treating dependence is the use of twelve-step programmes, such as Alcoholics Anonymous (AA). These programmes are seen to provide the recovering addict with a safe "holding environment" which permits positive peer collaborations and mutual support (Strausser & Spiegel, 1996). When individuals who use substances maladaptively seek treatment they exhibit severe ego deficits such as problems with reality testing, judgment, management of

affects and instincts and so on (Strausser & Spiegel, 1996). More than this, most individuals present with deficits and fragmented ways of relating to oneself and others and in many cases it is challenging to discern whether the drugs caused these deficits or these deficits resulted in drug abuse (Strausser & Spiegel, 1996). Regardless of where this originated, these addicts enter the program and treatment process with severe ego deficits and major problems in relating to others and these issues are addressed in twelve-step programs (Strausser & Spiegel, 1996).

Twelve-step, programs are self-help fellowships founded on the twelve-steps designated in the book *Twelve Steps and Twelve Traditions* (1952). The oldest, and the most commonly attended twelve-step groups, are AA which began in 1935 and which serves as a prototypical program for many other twelve-step programs, for instance, Narcotics Anonymous (NA) and Cocaine Anonymous (CA) (Strausser & Spiegel, 1996). Each twelve-step group convenes at a frequently arranged time and place and is open to all recovering addicts (Strausser & Spiegel, 1996). The twelve-step groups are informal in nature because one is free to attend as few or as many sessions as one wishes although it is encouraged that beginners attend ninety meetings in ninety days as a means to replace drugs with people and meetings (Strausser & Spiegel, 1996). This is interesting because a major part of treatment thus focuses indirectly on relational aspects. Relationships become a beginner recovering addict's way of navigating their new outlook on the world. In addition to this, two steps in the programme are devoted to personal relationships more directly.

Step eight and nine deal with actively taking stock of personal relationships in the individual's life. As a general overview, recovering addicts are, first, encouraged to look retrospectively at their relationships and ascertain mistakes that have been made so that secondly these can be mended (AA, 2009). Once the recovering addicts have washed away the rubble of the past, emphasis is placed on developing optimal relationships with the people in their lives based on their newfound knowledge (AA, 2009). Step eight basically comprises of coming to terms with the mistakes which addicts have made and the harm they may have inflicted upon others as a result of their addiction (AA, 2009). Although the primary preoccupation of this step is to make amends, AA (2009) highlight that it is crucial for the individual to become aware of their weaknesses based on their personal relations from the past. It is posited that maladaptive relationships with others are mostly the source of one's problems

and as a result a direct link to the need for alcoholism (AA, 2009). Step nine, translates step eight into the practice of actually making amends and taking ownership of the mistakes made (AA, 2009).

Therefore the presence of relationships in an individual's life can both contribute to the development, maintenance, or healthy treatment of their substance abuse and dependence. While there are also many factors, discussed above, which also play a crucial role in these processes the idea of relationships affecting pathology on such a deep level is one which the discipline of psychology is founded upon. The idiosyncratic nature in which relationships affect substance abuse and dependence, on a qualitative level, has yet to be explored and contemplated. If they play such a substantial role as posited, it would be interesting to consider the various complexities related to substance abuse and dependence and how this occurs varying in different people. This forms the theoretical point of exposition of this report and is unpacked below.

2.2. The Role of Relationships

Relationships are an integral part of what it is to be human and they play as much a part in shaping individual's lives as individual's play in the modeling of their relationships. Throughout the centuries, psychology has begun to focus and highlight these relational theories of development and pathology. The nuances and thought-provoking dilemmas which relationships invoke have sparked a renewed interest and enthusiasm in scholars working in this field (Harvey & Pauwels, 1999). Despite its contemporary popularity, research into relationships is not well advanced, as there still remains ambiguity around the role relationships play in human development (Hartup & Rubin, 2013). In addition to this, relationships are seen as never static, vulnerable to change and existing in idiosyncratic variations as well as subject to major societal shifts as well (Harvey & Pauwels, 1999). However, despite this, there is compelling evidence to suggest that individuals are healthier, more content, and have a longer life span if they have satisfying close relationships (Harvey & Pauwels, 1999), making this a worthwhile area to research.

Developmental theory posits that there are three main ways in which relationships can have an impact on a person's development. To begin with,

relationships are the backdrop to which most socialisation occurs and within that the regulation of emotions and fundamental aspects of the self-system also have their roots in relationships with others (Hartup & Rubin, 2013). It is unknown whether relationships affect these areas of development because many children spend most of their time in proximity to their significant others or because of the distinct demands and challenges inherent to having relationships (Hartup & Rubin, 2013). Nevertheless, it is widely accepted that the interactions which children engage in and their oscillations over time are significant (Hartup & Rubin, 2013). Secondly, relationships provide the basis from which individuals learn to function autonomously in society where healthy relationships between parental figures and peers provide a doorway to a vast range of experiences such as feelings of belonging or self-efficacy (Hartup & Rubin, 2013).

Lastly, and most importantly, the relationships which children either partake in or observe create vital patterns or templates of relating that are used to form further relationships (Hartup & Rubin, 2013). While these relationships may not necessarily repeat themselves in endless cycles, the consequences of early relationships can be detected in later ones illustrating the important role that relationships play in development (Hartup & Rubin, 2013). Furthermore, in addition to these assumptions, one of the most contended postulation of developmental theory is that, since relationships are persistent rather than temporary entities, the accumulated history which relationships hold, account for people's diverse personality and social development (Hartup & Rubin, 2013). More than this, whilst most research focuses on the benefits associated with forming close relationships the other side of that coin is just as influential (Harvey & Pauwels, 1999). The experience of difficulty in one's relationship is often one of the most common reasons for people to seek help in psychotherapy (Harvey & Pauwels, 1999). Hence, understanding the intricacies and dynamics which relationships possess can be challenging.

Whisman and Baucom (2012) highlight that an individual's relationships and mental health functioning are strongly linked to one another. This also brings to the fore that the qualities of relationships are significant in people's mental health not just the mere presence of one (Whisman & Baucom, 2012). There are many ways in which relationship functioning can have a toll on healthy development and one of the first is that relationships can be stressful. Relationship discord that is severe or

chronic can serve the means of acting as an interpersonal stressor, which increases people's chances of developing mental health problems (Whisman & Baucom, 2012). The opposite of this is also problematic which is that mental health issues can then cause relationship discord, which in turn will then affect psychiatric symptoms and treatment (Whisman & Baucom, 2012).

Sroufe, Duggal, Weinfield and Carlson (2000) note that interpersonal discord is one of the diagnostic markers that indicate disturbance in a person's life. There is an entire range of disorders, which use relationships as diagnostic criteria, or symptom of the disorder and these include things like social phobia or psychotic disorders (Sroufe et al., 2000). Hence, it has become common to be aware that where psychological disruption occurs there is also likely to be relational discord and vice versa (Sroufe et al., 2000). In this way, similarly to what Bowlby (1980) suggested, early relationships can be seen as precursors of disorders and psychopathology and this is normally a product of relational discord (Sroufe et al., 2000). In line with Bowlby once more, Sroufe et al. (2000) emphasises that a pathway to psychopathology may be introduced and sustained by important relationships that a child partakes in and this forms a prototypical pattern of relating in which a disorder may lie (Sroufe et al., 2000). However, it is imperative that relationships are seen to be both risk and protective factors in people's lives depending on the context in which they occur (Sroufe et al., 2000). This is further explored below with the aid of attachment theory.

2.3. Attachment Theory

Contemporary research has begun to highlight the use of attachment theory as a means to understand and conceptualise these patterns and developments in interpersonal relationships across the life span (McNally, Palfai, Levine, & Moore, 2003). Attachment behaviour is seen as any form of behaviour which is orientated towards an individual achieving or retaining proximity to their significant caretaker figures (Bowlby, 1980). These behaviours are categorised in a specific way, with its own dynamic, and are further distinguished from feeding and sexual conduct as having a different but equal importance in human development (Bowlby, 1980). While an affectual bond remains fairly consistent and endures when formed, it is only

activated or actively drawn upon in certain situations such feeling frightened or when fatigued (Bowlby, 1980). A developing child is understood to be part of a network of influences that function on many levels and some contextual factors may affect the child directly whereas others such as parenting can be indirect (Sroufe, Carlson, Levy, & Egeland, 1999).

Bowlby (1980) postulates the purpose underlying attachment behaviour as the need to sustain an affectional bond and in the event of something threatening this sustenance; the individual will react in a way to preserve the bond. The more the bond feels threatened and in danger of loss the more powerful and diverse the response will be in the individual to prevent it (Bowlby, 1980). Bowlby's major assertion, based on his effort to collect empirical evidence, was that for an individual to be mentally healthy, they need to experience the continuous warmth, care and intimacy in a relationship with their mother which results in both parties feeling satisfied (Bretherton, 1992). Subsequently, many theorists who engage with Bowlby's work after it was published neglect to acknowledge this emphasis which he placed on the impact of social influences, health and economic factors in development (Bretherton, 1992). He also highlighted that a one-year-old infant experiences attachment behaviour as a part of instinctual responses that function to bond the mother and infant to each other (Bretherton, 1992).

Essentially, attachment theory hypothesises that through repeated interactions, a baby will formulate indiscriminate mental representations or "working models" of themselves and their attachment figure (McNally et al., 2003; Siegel, 1999). This model of the self provides a foundation for emotions such as personal worthiness and esteem while the model of others underpins feelings of trustworthiness and sensitivity to others (McNally et al., 2003). On the level of cognitions, attachment also constructs an interpersonal relationship that the developing brain utilises to organise its own processes and this interaction is based on the mature functions of the parent's brain (Siegel, 1999). The construction of these mental models provides a significant means whereby implicit memory can create simplifications and summaries of past experiences, in so doing, illustrating the way in which the brain learns from the past which can then directly impact the present and cultivate future behaviour (Siegel, 1999).

This organisation then translates to the formation of particular patterns of relating that Bowlby posited as secure or insecure. Interactions of the former entail caregivers ability to be emotionally attuned to and responsive to their child's cues which results in the regulation of their child's positive and negative emotional states (Siegel, 1999). The guidance that caregivers can provide in managing difficult feelings, such as anxiety or fear, aids the child in feeling safe and soothed. Repeated experiences of this nature then become encrypted in implicit memory which results in the individual experiencing a "secure base" from which to view the world (Siegel, 1999). Siegel (1999) highlights that research has started to indicate that patterns or organizations of attachment relationships during early life are related to processes of emotional regulation, social connection, access to autobiographical memory, and the growth of self-reflection and narrative.

Hence, it is clear that an individual's experiences throughout life play a role in molding the functioning of the mind and therefore the interactions that occur in infancy underpin the continuous interactions that a person has with the world. Despite the fact that early relationships can promote various positive areas of growth such as cognitive functioning and resilience, development is constant and thus growth and change can occur later in life even with suboptimal early life experiences (Siegel, 1999). Early relationships can also serve to provide negative experiences that hinder development of an individual and those patterns of relating are deemed insecure. Insecure attachment is further subdivided into those who are avoidantly, ambivalently or disorganised in attachment. Avoidant attachments styles are characteristic of controlling behaviour in individuals which developed as a result of excessively restrictive growth experiences while ambivalent attachment styles are typified by previous experiences intruding upon present ones (Siegel, 1999). While in disorganised attachments there is major difficulty in establishing the sense of self and in all three occasions this can lead to internal drowning and interruptions in interpersonal relationships (Siegel, 1999).

Consequently, Bowlby's theory of attachment is both a framework for understanding normal behaviour as well as psychopathology and it focuses on both the formation of typical and atypical attachment patterns (Sroufe et al., 1999). Within this, early experience is deemed significant in the processes that yield pathology but this role is also seen as reliant on the environment that the attachment patterns emerge

from (Sroufe et al., 1999). It is important to understand that early experience does not lead to later pathology in a linear manner but rather that these experiences have a special significance in the deviation of development (Sroufe et al., 1999). Therefore, early experience is not emphasised any more than later experience, which also has the ability to change and alter the nature of an individual's adjustment (Sroufe et al., 1999). Hence, attachment theory highlights that human beings are a product of all their experiences regardless of when they occur and this brings to light one of Bowlby's most noteworthy, but under represented ideas, namely: Developmental Pathways.

2.3.1 Bowlby's Notion of Developmental Pathways

Most of Bowlby's work around the impact of earlier experience and present interactions with regards to psychopathology can be summarized in his notion of developmental pathways (Bowlby, 1976 & 1980; Sroufe et al., 1999). While common understandings of attachment theory, as discussed above, are imperative in conceptualizing substance use disorders, the highlight of Bowlby's theory of attachment, for this research paper, is his notion of developmental pathways. This notion is less prominent when discussions of attachment arise but extremely significant when contemplating pathology. One could imagine developmental pathways as a vast number of branches on a tree or tracks in a railway which all converge in the center and where each pathway can have an infinite number of outcomes and branches (Sroufe et al., 1999). The persistence of a particular event or occurrence may perpetuate pathways or the introduction of a new pathway may deflect people back onto previous pathways and this notion is particularly significant for normality and psychopathology (Sroufe et al., 1999). Essentially this means that with the perseverance of specific factors certain developmental pathways can endure even if they are deviant and on the other end if the introduction of a new factor transpires the pathway can shift towards a more normal route.

Therefore, and importantly, travelling on a pathway even from early on does not necessarily lead to a predetermined outcome but only initiates a set of possibilities (Sroufe et al., 1999). However, with this in mind, the longer at which a pathway is travelled the less likely it becomes that an individual can return to centrality and thus

based on attachment theory psychopathology emerges when a series of consecutive adaptations occur (Sroufe et al., 1999). First and foremost then, psychopathology is seen as a result of an individual's psychological growth following a deviant pathway and not the consequence of a fixation or regression that is common of most psychoanalytic theories (Bowlby, 1980). As a result deviant patterns of relating and behaving can emerge at any age because of an aberrant pathway (Bowlby, 1980). Lastly, the chief determinants of the pathway which people's attachment conduct emerges, and of which the pattern of organisation occurs, are the unique experiences which individuals have had with their attachment caregivers during infancy, childhood and adolescence (Bowlby, 1980).

Holding both Bowlby's notion of attachment styles and developmental pathways allows for the understanding of human behaviour in a more complex way. He essentially asserts that early interactions set one on a path of relating and being in the world that is relatively fixed but not immovable and as one progresses, the environment can present opportunities for the same or new paths to be followed (Bowlby, 1980). This approach highlights the importance of experiences across the lifespan and therefore provides a novel way of understanding complex trajectories of pathology such as Substance abuse and dependence. While very little research has been done in this manner, the section below highlights both the existing attachment and developmental pathways research conducted.

2.4 Current Literature on Attachment and Disordered Substance Use

Bowlby's ideas around attachment and the importance which interpersonal relationships play in development revolutionised thinking in psychology and although many theorists were slow to warm up to his ideas, today attachment theory is one of the mostly widely researched domain of psychology. Specifically, research has examined the role, which interpersonal relationships play in the formation or sustenance of psychopathology. In most cases, interpersonal relationships are seen as distinctive features of psychopathology and these relationships play a significant role in disorders such as depression, schizophrenia and various other mood disorders (Allen, Haslam, & Semedjar, 2005). The link between these two facets of development (relationship-disorder) is not concrete but people with atypical relationships are seen

as more vulnerable to developing full-fledged disorders because they are more likely to experience interpersonal discord in their interactions (Allen et al., 2005). Within the realm of substance abuse, much research has focused on the relationship between attachment styles and use of substances or the process of recovery and what this entails. This is discussed below, before contemplating research embodying the developmental pathways background.

2.4.1 Attachment style and Disordered Substance Use

Previous research has demonstrated strong links between quality of adult attachment styles and various forms of psychological distress with burgeoning literature further pointing to a relationship between attachment and substance use (Kassel, Wardle, & Roberts, 2007). Most of the initial research investigating the association between attachment style and substance abuse disorders have mostly been conducted in university settings and focus on alcohol consumption. Many studies have uncovered that certain drinking-related practices and behaviours are indicative of particular attachment styles and the most noteworthy finding is that an insecure attachment style may increase the chances that an individual will develop maladaptive drinking patterns (McNally et al., 2003). Brennan and Shaver (1995) were among the first researchers to report this and since then many others have examined this link between insecure attachment and drinking behaviour (Burge, Hammen, Davila, & Daley 1997; Caspers, Cadoret, Langbehn, Yucuis, & Troutman, 2005; Cooper, Shaver, & Collins, 1998; Kassel et al., 2007; Thorberg & Lyvers, 2006; Vungkhanching, Sher, Jackson, & Parra, 2004).

From this, other researchers began casting a wider net and attempted to find links within different populations as well as in relation to other quantitative and qualitative features. For example, Mickelson and Kessler (1997) attempted to find the same link between insecure attachment and alcohol consumption on a wider sample which encompassed more sociodemographic heterogeneity and they found interesting links between adult attachment, on the one hand, and childhood adversity and parental characteristics, on the other. While Senchak and Leonard (1992) examined this within males and found those with avoidant attachment styles were more likely to be heavy drinkers than men with a secure or anxious attachment style (as cited in Mickelson &

Kessler, 1997). From here, McNally et al. (2003) tried to start making sense of these associations and they explored individual's experiences of insecurity in their relationships and interpersonal interactions and posited that it has a direct impact on the need to use alcohol as a coping mechanism.

They believe that people may struggle to control and regulate negative affect within relational contexts and as a result alcohol is employed as a maladaptive form of tension reduction (McNally et al., 2003) and this was confirmed in research by Kassel et al. (2007). Their research has indicated that alcohol consumption by undergraduate university students is deemed normal and binge-drinking is more likely to occur when people are experiencing interpersonal difficulties such as conflict with friends and disturbances in personal relationships (McNally et al., 2003). Caspers et al. (2006) went on to explore this within non-clinical samples and they found that substance use was higher in dismissing or preoccupied attachment styles compared to those securely attached upholding McNally et al's (2003) ideas around substance use providing a means to cope. They also investigated what this would mean for treatment and the effects their style was likely to have on treatment seeking and compliance (Caspers et al., 2006).

This spurred research that looked at the recovery process of substance dependence and the experience of those going through it. In a study conducted by Shinebourne and Smith (2011), researchers explored people's experiences and understandings of the process of recovery from alcohol or drug problems, over an extended period of time. It was noted that despite there being a vast amount of research on recovery, very few studies examine the process of long-term recovery qualitatively (Shinebourne & Smith, 2011). One of the themes that their study highlighted was the need to connect to others and have meaningful relationships as crucial to their recovery (Shinebourne & Smith, 2011). This commenced through their connections with people in AA and they later repeated this way of relating in their relationships with others (Shinebourne & Smith, 2011). Despite this finding, there has not been much research that focuses solely on recovering addict's experiences of their relationships.

Most research on relationships and recovery focus on intimate partners and women's experiences of recovery. Rivaux, Sohn, Armour and Bell (2008) highlight the fact that many studies have revealed that women's pattern of drug abuse varies

based on their social relationships regardless of whether their partners abuse substances or not (Falkin & Strauss, 2003; Neale, 2004; Grella & Joshi, 1999; Riehm, Hser, & Zeller, 2000; Riehm, Iguchi, Zeller, & Morral, 2003; Wilsnack, Klassen, Shur, & Wilsnack, 1991). The researchers further highlight that in another qualitative study examining relapse (Sun, 2007) many women's dilemmas of sobriety were traced to their socialisation and gender roles which included being unable to leave unhealthy relationships and establish and maintain new healthy relationships (Rivaux et al., 2008). It became imperative to note that women in recovery are often required to deal with and manage their relational lives and their personal support systems in order to increase the efficacy of treatment (Rivaux et al., 2008).

Rivaux et al. (2008) state that substances tend to aggravate issues that women face and as time passes these women begin to form a relationship with the substance itself referring to it as a 'good friend'. According to Rivaux et al. (2008) women may use substances with the hope that they will function as a means to maintain relationships, ease anxiety around intimacy or even compensate for what may be absent in their relationship. In their study, Rivaux et al. (2008) explored the interaction between intimate partner relationships and substance abuse recovery and results revealed that their relationships were so tightly bound to their substance abuse. For some, relationships were the means which kept them abusing drugs while for others relationships with significant others were lost as a result of their drug abuse (Rivaux et al., 2008). Similar to other studies (Covington, 2002; Keane, 2004), Rivaux et al. (2008) found that the women who participated in the research felt drugs and intimate relationships served similar purposes and as such both these mechanisms were used to manage intense emotion such as anger or insecurity. Clinically Rivaux et al. (2008) draw attention to the need to examine repetitive patterns of substance use and in relationships which are maladaptive and can cause relapses. More than this, research tracking the trajectories of pathology such as substance dependence could also be of value when contemplating clinical treatment and this is discussed below.

2.4.2 Developmental Pathways Research

There have been very few, if any studies, which have used Bowlby's (1976 & 1980) idea of 'developmental pathways' as the backbone of their investigations. One study that attempted to evaluate this notion examined the pathways of adolescents who

failed school or got in trouble with the law. The first major finding of Burgoyne (2003) is that not all individuals who experienced these problems in adolescents progressed to experience significant life difficulties in adulthood. She understood this as coming down to the persistence of certain issues, such as violence, substance abuse, and mental illness, in their pathways from childhood (Burgoyne, 2003). She also highlighted various reasons why examining the role of protective and resistance factors shaping developmental pathways, in this particular case of adolescents who fail school and commit crimes, is a worthwhile endeavour. These reasons can be extrapolated to pathways and pathology in general.

She suggests: (1) investigating the developmental pathways of individuals (akin to the struggling adolescents) could provide insight into identifying protective and resistance factors and the role they have in modifying the current developmental trajectories; (2) understanding the ways in which both these aspects explain the varying developmental pathways of individuals could allow for the development of a richer conceptual model of how developmental pathways work and could be changed; and lastly (3) investigating developmental pathways can lead to identifying nuanced conditions and forces that make all developmental trajectories unique (Burgoyne, 2003). Similarly for dependence, tracking the pathways, which individuals have followed from childhood until treatment could provide these, nuanced understandings as well as the opportunity to refine treatment and intervention measures. This brings to light the intentions of this research and the way in which these notions are utilised in the study is presented below.

2.5 Conceptual definitions

From this discussion, it is clear that relationships do play some significant role in both the development of a disorder and in the recovery of substances. What this role is and how it can be understood by those using the substances maladaptively has not yet been aptly researched. Firstly, as mentioned earlier, even the manner in which to define and talk about disordered substance use is complex and still malleable. Throughout this chapter, what was commonly known as substance abuse and dependence was referred to as disordered or maladaptive substance use, in keeping with the present DSM-5 classification. However, going forward this research will employ the terms substance abuse and dependence when referring to this disordered

substance use as this is still the terms employed by participants in the study. Using the language which they feel best describes their experience and consistently representing that will allow for more clarity and authenticity of the research. Secondly, the types of relationships to be explored need to be delineated and clarified.

The definition of interpersonal relationships employed by this study is derived from Sroufe et al. (2000) and denotes ways of interacting with specific partners, parents or peers which are carried over time and involve a degree of investment by both parties. Rivaux et al. (2008) note that in their study focus was drawn on intimate relationships and the other relationships present in women's lives could also have a substantial impact on substance use and recovery but have not been investigated in this study. As a result, this study would like to adopt an exploratory approach to understanding adults recovering from substance dependence experiences of their relationships. As a result, the types of relationships examined will be the relationship to the self (intrapersonal) but not in a sense of psychometric or personality but more a qualitative exploration of their sense of themselves. While interpersonal relationships will encompass parental, familial and peer relationships. Understanding the various relationships in an individual's life makes possible the ability to explore differences and similarities not only between people but also within people's lives.

Conceptually, to try and understand the participants' experiences relationally, they will be interviewed during the time period when all the aforementioned relationships are paramount to their development as based on Erikson's psychosocial stages of development. Erikson's theory focuses on sensitive periods of increased vulnerability and heightened potential during an individual's life which usually manifests themselves in the form of 'crises' (Sadock et al., 2015). These crises signify various points on the continuum of development, which lead to the growth of certain virtues or deficits (Sadock et al., 2015). Early adulthood is the 6th stage of psychosocial development which centers on intimacy versus isolation (Hook, 2009). At this stage, it is essential for people to have the ability to form intimate and meaningful bonds with significant others in their lives and Erikson highlights the key quality of this phase being love (Hook, 2009). This stages' resolution is also intertwined with the resolution of the previous stage during adolescence, identity versus role confusion (Hook, 2009).

In this former stage, identity versus role confusion, the central task is to establish an identity which can be challenging at this period of development due to the many transitions people face at this time (Hook, 2009). This particular stage is heavily invested in becoming socially integrated with ones surroundings and forming relationships with others such as peers (Hook, 2009). Identity of the individual is thus formed when the adolescent attains a sense of identity and belonging (Sadock et al., 2015). Hence, in both stages of development relationships, be it social or romantic, are highlighted as the distinguishing developmental accomplishments making this period in people's lives the most beneficial when attempting to gain insight into the role of relationships. By ensuring participants are in early adulthood but closer to the period when they have undergone adolescence, will ensure a better period from when to tap relational constructs and ideas.

Conclusion

Substance abuse and dependence therefore appears to be rooted in many complex factors, which have a significant bearing on the manifestation, perpetuation, and treatment of the disorder. These include things like socioeconomic issues, culture, relationships, peer pressure, genetics, and so forth. Specifically, relationships and attachments to other people, across the lifespan, has been highlighted by this paper and posited to play a significant role in the development, maintenance, prevention, and treatment of substance dependence. Relationships and attachment to others are fundamental to human experience and exploring this in relation to a disorder as multifaceted as dependence could provide interesting insights and a lens with which to begin engaging with such a disorder on a deeper level. This engagement could then have significance for the future prevention and treatment of the disorder. Thus, the next chapter will demarcate the methodology underpinning this research endeavour and the research questions, which will be investigated.

CHAPTER 3: METHOD

In this chapter, the research questions emerging from the literature review, and underpinning this study, are presented. The research approach and methodology utilised in attempting to answer the aforementioned research questions are then presented. A description of qualitative and interpretive research is provided along with the rationale for using this approach. The sampling method used is then discussed and an overview of the sample employed by this study is specified. Following this, the procedure used in conducting the research interviews and the manner in which the data was analysed are explained. Lastly, the reflexive and ethical dilemmas anticipated and encountered during conducting this research are presented and explored.

3.1 Research Questions

The following research questions emerged from the review of the available literature and provided the basis for the research study:

1. What are the various relationship experiences of adults in recovery from substance dependence while they were abusing substances?
2. How do different types of relationships interact and influence the treatment process for adults in recovery from substance dependence?
3. What role do adult's relationship experiences play in understanding the developmental pathways in relation to substance dependence and recovery?

3.2 Research Approach

When attempting to explore the human condition, and its related experiences and problems, qualitative research provides the means with which to illustrate such occurrences that previously more traditional scientific approaches made inaccessible (Caelli, 2001). Qualitative research generally uses naturalistic techniques to understand experiences occurring in context-specific surroundings where the researcher does not attempt nor want to manipulate the phenomenon of interest (Golafshani, 2003). Essentially, the intent of qualitative research is to embark on an exploration of phenomenon, which occurs and make sense of them as they occur. The

intention of qualitative studies is to provide a description and understanding of complex psychosocial issues which cannot be captured through numbers but answering questions from a more humanistic “why” and “how” stance (Collins et al., 2000; Marshall, 1996). It is for this reason then that the qualitative approach is becoming increasingly recognised and popular when investigating health care phenomenon (Marshall, 1996). Therefore, because this study focused on the relationship experiences of adults in recovery from substance dependence, a qualitative research design was employed as it endeavoured to capture informants’ meanings, experiences, and understandings.

Within this approach, the constructionist paradigm exists, which views knowledge as socially constructed and able to change subject to different circumstances (Golafshani, 2003). The major assumption which constructivism rests on, is that people attempt to seek understandings of the world they reside and work in and they cultivate subjective meanings of their experiences, which are focused on certain objects or things (Creswell, 2014). Therefore it acknowledges the presence of multiple perspectives or meanings, all holding equal value and truth that emanate from an individual’s experience where these meanings are thought to be a product of the individual’s social and historical background (Creswell, 2014; Golafshani, 2003; Guba & Lincoln, 1994). The aim of this type of research is to highlight the informant’s experience of a situation as key (Creswell, 2014) and as a result, this study attempted to make knowledge claims using a constructivist outlook.

The primary means of collecting data is through open-ended mechanisms in order to elicit themes (Creswell, 2014). Consequently, the researcher will typically draw attention to the “process” of interaction between individuals thereby signifying the relationship between the researcher and informant as one that is interactive and reciprocal (Creswell, 2014; Guba & Lincoln, 1994). Essentially, the findings are seen as not only emanating from the content but the investigation process (Guba & Lincoln, 1994). Hence, an appreciation that the researcher’s background will influence the interpretation exists, rebuffing the idea that the researcher can remain objective in the research (Lincoln & Guba, 1986). Because this study endeavoured to comprehend the meanings other people have about the world and the way this then affected them, the qualitative approach and constructivist paradigm best served and complimented the research aims and questions under investigation.

3.2.1 Sampling Approach

In qualitative research, an appropriate group of participants is determined based on their ability to effectively answer the research questions posed (Guba & Lincoln, 1994; Marshall, 1996). Consequently, the number of participants needed could vary depending on the scope and complexity of the study (Marshall, 1996). In reality, the number of participants can be established with confidence as the research unfolds as new themes or information stop emerging from the data indicating data saturation has been reached. Hence, a flexible research design is favoured and an iterative, cyclical approach to sampling and data collection, analysis, and interpretation is required (Marshall, 1996). Determining appropriate sample selection can also be aided through studying a broad range of experiences, which allows for the presence of outliers (deviant sample), subjects who have specific experiences (critical case sample) or subjects with special expertise (key informant sample) (Marshall, 1996).

One means through which this sampling can be achieved is having potential participants recommend others for the study and this technique is known as purposive snowball sampling and was utilised in this research. This is considered a means of non-probability sampling which entails gathering participants who do not accurately reflect the population as a whole and is usually employed in research which endeavours to generate theory or gain broader understandings of social practices (Collins et al., 2000). In particular, this method of sampling applies to research which aims to investigate discrete phenomenon which generally emerge from “how” or “why” questions (Collins et al., 2000). Both these understandings resonate with the purpose and aims of this particular study as it aims to theoretically address relational constructs and the way in which this influences an individual’s daily life. This means of sampling also offers practical benefits which ease the burdens of conducting research.

Purposive sampling then, as a sub-branch of non-probability sampling, entails the specific selection of participants based on particular characteristics which they possess that the researcher deems significant for the study (Collins et al., 2000; Marshall, 1996). One of the disadvantages of selecting for such a definite sample raises issues of transferability however this can only really be managed, according to Lincoln and Guba (1986), by attempting to provide a detailed description of the context which the participants emerge. Therefore, the onus is on the researcher to

guarantee enough information concerning context is provided and this entails transparency with regards to aspects such as data collection methods used, number of participants specified, time period when the data was collected and so on (Shenton, 2004).

In this study, saturation was reached after conducting interviews with 10 participants and they were drawn from a specialised clinical population of recovering addicts who had undergone a formal treatment program and had been sober and drug-free for a minimum of two years. Participants were limited with respect to the substance abused and only participants who had either abused alcohol or cannabis were used. Based on the findings of the Pasche and Myers (2012) study, these participants reflected the majority of substance abusers and therefore made them easier to access. These types of drugs also posed the most prominent danger and therefore require emphasis and research. However, because poly substance use is also extremely common (Barlow & Durand, 2012), this research did not exclude poly substance users.

In addition to this, participants were required to either be actively attending support group sessions or have some means of external support such as a sponsor or psychologist. The reason for this choice was to ensure that the participants are in an ethically sound and mentally healthy frame of mind with adequate social support in order to be able to reflect and manage emotional issues which may arise during the research process. This is explored more in the discussions of ethics which can be found later in this chapter.

3.2.2 Participants

The participants in this study comprised of five males and five females all recommended from each other as the research progressed. All the females were White while the male racial composition included three White, one Indian, and one Black. Six of the participants were between the ages of 31-36 while four were between the ages of 25-30 when the research was being conducted. The age of beginning to abuse substances for most of the participants was between 16-22 years of age with only one participant considering their abuse beginning at 27 years of age. Majority of the participants (5) said they abused substances for between 4-7 years while three

reported abusing them for 8-20 years and the remaining two reported abusing them for 3 years. All participants said alcohol was their primary substance of choice but as time progressed, two participants reported also using ketamine and cocaine; one reported also using pharmaceutical drugs and one more said he used cannabis as well. All participants engaged with a formal treatment centre for their recovery and were presently still strongly affiliated with that centre through attending regular AA meetings.

3.2.3 Procedure

Before conducting the research, the relevant ethical clearance and approval was obtained from the University of the Witwatersrand Human Research Ethics Committee. Once this approval from the Ethics Committee was obtained, the process of obtaining the required sample and contacting potential informants commenced. They were invited to partake in the study and once they expressed interest in participating in the research, arrangements for the interview were made. Initially, securing participants was very challenging and required snowball sampling and respondents who already consented to participate were asked to suggest potential informants upon the conclusion of their interview. The research was conducted at the Emthonjeni Centre at Wits University or at a coffee shop which was convenient for the participant.

A few days before the interview was scheduled to take place the participant information letter and consent forms (please see appendices C-F for samples) were sent to the informants in order to allow them an opportunity to aptly familiarize themselves with what the research entails. A day before the interview, the participants were contacted again to confirm the details of the interview such as venue, time, participation and aspects akin to this. On the day of the interview, before it commenced, informants will be given a brief demographic questionnaire to fill out and the researcher explained the purpose of the research and what their participation entailed. The participants were then asked to sign a series of consent forms which included consent to participate and audio tape the session. Upon the signing of the consent forms, the interview was conducted and lasted approximately between an hour and an hour and a half. Upon the completion of the interview, participants were thanked for their willingness to be involved with the project and a debriefing letter

with the researcher's contact details were given to them should they later need to ask questions or want to inquire about results.

3.2.4 Data collection tools

Demographic Questionnaire

The demographic questionnaire consisted of six directed open-ended questions which aimed at eliciting information regarding practical details related to participant's substance abuse. No opinion-based questions were asked but rather the questions served as a means of gathering additional information to later create a comprehensive context for the study in terms of attempting to establish a sense of transferability. Respondents were required to complete the demographic questionnaire in order to ascertain information such as when they began abusing drugs, for how long they had been abusing drugs and their drug preferences for example. Please see Appendix A for a copy of the demographic questionnaire.

Semi-structured Interviews

The most noteworthy information of concern was gained through the use of semi structured interviews which were audio recorded and then transcribed. According to Collins et al. (2000), in semi structured interviews the rationale behind the process is to obtain the informant's perspective about a scenario rather than making generalizations about behaviour. The researcher endeavoured to create a sense of rapport with the informant making the process take on a conversational tone (Collins et al., 2000). This was particularly important for this study as the content which was discussed had the potential to arouse vulnerability in the informants and rapport helped ease the tension that could then inevitably arise. The interview questions were open-ended in nature in order to spark conversation and elicit specific information which tapped into relational aspects of the individual's life. Please see Appendix B for the interview schedule. However, due to the focus being obtaining the participant's perspective, this method also allowed for the flexibility to explore ideas which the informant brought up. Collins et al. (2000) further notes that it is precisely in the use of semi structured interviews that allows for certain areas to be expanded on and explored through the use of follow-up questions and reflections. Transcription

was completed by an outside third party and the informant was made aware of this. The third party was not aware of the identity of the participants and signed a confidentiality document to ensure the participant's interview information was safe guarded.

3.3 Data Analysis

Hermeneutical Phenomenological Analysis

Hermeneutical phenomenological analysis was used as the means of data analysis and the assumptions of this approach lend itself well to qualitative and constructionist approach to research. When making phenomenological hermeneutical interpretations there is similarly an acknowledgement that there is no individual fundamental truth and the researcher aims to search for potential meanings in a continuous process (Lindseth & Norberg, 2004). Phenomenological research endeavours to answer questions of meaning and this procedure is most advantageous when the researcher is attempting to comprehend experience in the manner in which it is understood by those who are having it (Cohen, 2000). This method of analysis is significant when studying novel areas or when attempting to gain a fresh perspective on a specific area of research (Cohen, 2000).

Hermeneutic phenomenology draws its roots from philosophy and was first introduced by Edmund Husserl and Wilhelm Dilthey, who acknowledged the need to revive the grounding of truths in human experience (Caelli, 2001) but soon after their work was adapted by Martin Heidegger and Hans-Georg Gadamer. While Husserl and Dilthey focused on learning about or comprehending the structure of lived experience, Heidegger and Gadamer expanded this understanding to encompass three key components (Cohen, 2000). According to Heidegger and Gadamer, hermeneutics could be understood as: the endeavour to appreciate the phenomena of the world as they occur; the endeavour to comprehend how one goes about understanding the world as it occurs; and the endeavour to comprehend being itself meaning why is there something rather than nothing (Cohen, 2000).

Furthermore, Spinelli (2005) describes phenomenological hermeneutics as focused on exploring the experiences of participants and identifying the mutual meanings that they make in understanding the phenomenon under investigation. Kafle

(2001) highlights that hermeneutic phenomenology is essentially focused on subjective experiences of people as a means to reveal the world as experienced by the individual through their life world narratives. The school of phenomenology generally aims to delve into the subjective experience and discover the genuine objective nature of the things as recognized by people (Kafle, 2001). What distinguishes hermeneutic phenomenology from other types of hermeneutic methodologies is the custom of examining phenomena and an individual human experience as oppose to a social process, structure or culture (Cohen, 2000).

Whitehead (2004) contends that the epistemology of phenomenological hermeneutics is useful in guiding research exploring a topic about that which very little is known about, as emphasis is placed on comprehending the lived experiences of the participants and the meanings that they make of it. This method can illustrate issues and concerns around defining what experiences are, and can highlight the importance of a particular event or phenomenon. The process begins with an individual's lived experience and within this the researcher will already be familiar with particular meanings associated with that phenomenon (Lindseth & Norberg, 2004). In order to adopt a phenomenological approach, the researcher will need to discard the automatic meanings which are assumed and attempt to gain a phenomenological outlook which emphasises allowing the phenomenon to dictate meaning known as essential meaning (Lindseth & Norberg, 2004).

This essential meaning denotes a process whereby individuals are acquainted with the practices of life and this acquaintance is articulated through means of living, conduct, stories and reflection (Lindseth & Norberg, 2004). The focus of hermeneutic phenomenology is to illustrate these nuances and trivial aspects which may be assumed within daily life, with the aim of constructing meaning and accomplishing a sense of understanding around them (Kafle, 2011). Hence the notion of essence refers to essential meanings of a phenomenon, which constitutes that which makes something what it is (Kafle, 2011). The process of analysis, according to Lindseth and Norberg (2004) consists of four phases which are known as: naïve reading, structural analysis, comprehensive understanding and articulating the results in a phenomenological hermeneutical manner. The first phase involved multiple readings of the transcripts in order to gain a deep understanding of meaning and in doing this it is required that the researcher switched from adopting a natural attitude (where

meanings are taken for granted) to a phenomenological attitude (Lindseth & Norberg, 2004).

The second phase, structural analysis, essentially involved the process of eliciting and defining themes from the data (Lindseth & Norberg, 2004). A theme is denoted as a strand of meaning which infiltrates the data and it is seen as illustrating essential meaning of lived experience therefore they are expressed as condensed descriptions of the data and not abstract ideas (Lindseth & Norberg, 2004). In constructing these themes, the data was initially read and separated into meaning units, which constituted a few words, a sentence, many sentences or a portion of any interval which expressed a single meaning (Lindseth & Norberg, 2004). The meaning units were then read again and reflected on in relation to the naïve understanding of them and then they were first grouped into sub-themes and lastly into main themes based on similarities or differences each unit shared (Lindseth & Norberg, 2004).

Gaining a comprehensive understanding or interpreting the data and its themes, as a whole, comprised the next phase of analysis. All the themes were summarised and reflected on with regards to the aims and framework of the research and imagination and recontextualisation of the data became really important at this point (Lindseth & Norberg, 2004). It became imperative that the results were viewed in relation to existing literature and emphasis was placed not on what was being said by the data but the possibilities of living in the world which the data opened up (Lindseth & Norberg, 2004). The final phase of analysis entailed articulating the results in a phenomenological hermeneutical manner whereby the language reflected everyday semantics, which resembled the lived experience as far as possible (Lindseth & Norberg, 2004). In some cases, the use of poetic language or expressions and metaphors to highlight the interpreted meaning was favoured (Lindseth & Norberg, 2004).

Hermeneutic phenomenology requires the researcher to have the capacity to reflect profoundly on what existing literature has documented and engage in deep conversation with this (Lindseth & Norberg, 2004). The outcome of this research process was not to produce identical works of exiting literature but to engage with a world that the data revealed and opened up (Kafle, 2011). Within this five-step process of analysis, a hermeneutic cycle of reading, reflective writing and interpretation of a rigorous nature were continually on going (Kafle, 2011). Since

hermeneutics is primarily understood as a means of construction between researcher and informant, the construction of meaning was seen as having developed through a circle of reading, reflective writing, and interpretations (Lavery, 2003). It was then through this process that the understanding of an experience through a particular theoretical lens occurred and this type of research thus required a commitment to self-reflexivity (Lavery, 2003). This reflexivity aimed to ensure the researcher was constantly in conversation with the lived experience whilst living in the moment creating interpretations and later tracing these interpretations to their roots (Lavery, 2003). Consequently, phenomenological hermeneutical research aids in gaining awareness around the world, being an individual in that world and seeing the world and oneself self in a new light (Lindseth & Norberg, 2004).

3.4 Reflexivity

Reflective writing and self-reflexivity appears to be an important feature of the hermeneutic phenomenology approach and as such needed to be carefully contemplated and navigated in the present study. Due the nature of qualitative research, the investigations that emerge were generally the product of the interaction between the researcher and their own subject matter (Larkin et al., 2006). This is of course anticipated as the researcher plays a vital part and is naturally intertwined in the sphere that is being described and analysed (Larkin et al., 2006). In light of this inherent reality of conducting research, investigators are encouraged to illustrate and record their process of interpretation as the validity and confirmability of the data is reliant on the capability of the researcher to illustrate how these interpretations and conclusions were drawn (Larkin et al., 2006). Lavery (2003) highlights that the use of a reflective journal can serve the dual purpose of engaging with a hermeneutic circle whilst simultaneously also allowing for self-reflexivity to occur.

It is thought that the act of writing forces an individual into adopting a reflective state of mind and this allows for the interpretive process to be engaged with until the point when meaning has been made which is free from inner contradictions (Lavery, 2003). Therefore it is essential for the researcher to be able to account for their role and trace their movement throughout the process in the hermeneutic circle, which employs reflexivity (Lavery, 2003). More than this, the use of self-reflexivity

in research helps to establish dependability and this is denoted as the capacity to replicate data (Golafshani, 2003; Shenton, 2004). Data in qualitative research is typically bound to its context and therefore specific to that present which raises questions of the whether this type of work can really be replicated at all (Shenton, 2004; Golafshani, 2003). This is where reflexivity plays a major role in establishing dependability as in order to uphold an in-depth understanding of methodology and its efficacy processes of research design, data gathering techniques and procedure need to be transparent and accurately reported on in relation to a self-reflexive element (Shenton, 2004; Golafshani, 2003).

Keeping a self-reflexive journal allowed the researcher to track her presence throughout the process and separated the expectations and realities of the information that emerged. These thoughts are integrated into the reporting of the findings, presented in the next chapter, allowing for the transparency of the researchers process to be tracked by the reader. In addition to this, keeping the diary allowed for the research process, as seen through the researchers eyes, to be captured and thought about and these ideas are presented briefly below.

Personal Reflections

Two major themes emerged and continually resurfaced throughout the research process: the use of language and the disinvestment in the process. With regards to language, from the onset conceptualising this study using the correct terminology posed many challenges. Although diagnostically there is a push towards using less pejorative terminology and redefining of many well-known concepts in reality old terminology is still very much apparent both for the clinicians and those they are treating. Even the researcher struggled to hold onto the contemporary and correct reclassification of terms which exposed an interesting dilemma. How much of the participants' experiences could be understood with using this new terminology as this is not how they have made sense of their experiences. To them, things like 'addict', 'addiction' and 'dependence' captured what they felt they experienced. Personally, using the recent terminology of disordered use felt even more foreign and illusive and therefore challenging to stick to and this could be a result of two things. One, it illustrates just how entrenched these old ways of thinking and understanding 'addiction' are but also how words can start to take on a meaning and life of its own.

When composing the results chapter, the use of language appeared again but this time the researcher often found herself using language which portrayed the participants as victims “being left with” various emotions or experiences. Without realising it, the researcher strongly resonated with the loss of the participants and the idea that they were abandoned or “left” and this came across quite strongly when attempting to capture the participant’s narratives. More than this, the entire process of compiling the research report became very challenging and it took a lengthy period in order to produce the final report. This in part was due to the various life changes happening for the researcher but also a general difficulty in being able to hold onto the participants and their narratives in a continuous manner due to the emotionally heavy content. The researcher would start to feel too much and therefore there were huge breaks in between the various stages of this process. Each time it would require more time and effort to reengage with the topic, the data found and the research process itself which culminated in the lengthy time taken to compile this report.

3.5 Ethical considerations

This study primarily entailed informants being interviewed about their understandings and thoughts about certain experiences in their lives and as such there was no anticipated risk associated with participation. However, in research such as this, the researcher should always acknowledge and remain aware of the potential for change which can occur during the process that cannot always be predicted when the research begins (Caelli, 2001). Any transformation or change which can occur in participants is not in itself an ethical problem as the decision for change emanates from the participants themselves. Nevertheless, the possibility for impacting participants in an unintentional adverse way needs to be acknowledged and in such a case the researcher must be available to support the participant through the changes instigated by his or her participation in the research (Caelli, 2001).

Consequently, the researcher endeavoured to safeguard against any emotional distress that may have emerged by ensuring the participants were in recovery from substance dependence and had existing professional external support structures which could be used by the participant if necessary. This means that participants were only selected if they had a professional support system to draw on (i.e. support group leader or psychologist). Therefore, if any psychological problems did arise the first

form of referral would have been to their existing support structure. In addition to this, participants were provided with the contact details of three organizations which could assist with further counselling if need be. These organisations were provided on the information sheet handed out. Hence the most important principle of non-maleficence was deemed to have been contemplated and met (Collins et al., 2000).

The informant's also had the opportunity to aptly educate themselves about what the study entails before participation and they were further be informed about the study upon their arrival for the interview. This consent was extended to informing participants about their right to withdraw at any time without any consequence. Throughout the research participants were guaranteed confidentiality across all aspects from the interview material to reporting of the data. They were informed only the supervisor and third party transcribers had access to the audio recordings and transcripts but these did not have any other personal identifying features attached to that such as names. In addition, any transcribers outsourced were made to sign a confidentiality agreement and again no personal identifying information was provided. All these aforementioned issues of informed consent, the right to withdraw and confidentiality played a role in ensuring that the information obtained was trustworthy as the informants were voluntarily providing this information which contributed to the notion of credibility (Shenton, 2004) which examines the compatibility of results in relation to reality (Lincoln & Guba, 1986).

Furthermore, questions were asked from a neutral stance so as not to make the participants uncomfortable and an environment which encouraged diversity and openness was strived for. Furthermore, this research included a section on self-reflexivity which aided the researcher in establishing credibility and ethical reporting of results. The above mentioned ethics have strived to be to be consistent with the code of ethics for human subjects recommended by the University of the Witwatersrand Human Research Ethics Committee (please see Appendix G for the Ethics Clearance Certificate).

Conclusion

This chapter commenced with delineating the central research questions underpinning the study and the consequent research approach was presented in accordance with the

questions presented. The nature of qualitative research was defined and a rationale for this approach and the constructivist paradigm, within this approach, was provided in relation to the questions investigated in this study. The assumption of multiple truths of equal value and intent to capture lived experiences in a way in which they occur was highlighted as the main tenets of qualitative and constructionist research. The sampling method was discussed and explored which included information on the required criteria of participants as well as the rationale for having them. The procedure and tools used in the research were described and the means in which the data was analysed was presented following this. Lastly, the potential ethical dilemmas and means taken to avoid these were discussed. The findings obtained from the above information will be presented in the next chapter.

CHAPTER 4: PRESENTATION OF FINDINGS

In this chapter, various extracts are presented below which encapsulate the findings of the research as acquired from the interview data and synthesized with notes from the researcher's self-reflexive journal. Firstly, a brief overview of the structure of the chapter and presentation of the findings will be provided. Then the perspectives and themes obtained from the data are described and contrasted with the relevant pertinent existing literature.

When recounting their experiences, most participants began their narratives from birth and they traced their need to later seek substances to early childhood experiences. These experiences then seemed to set them on a cumulative path, in which one experience led to another and eventually culminated in a cycle of substance abuse and dependence. Therefore, the data will be presented according to the same chronological developmental pattern, commencing from childhood, and tracking the various pathways and experiences through to treatment and post-treatment phases in the participants' lives as they described them. Firstly, the pivotal early childhood experiences the participants spoke of as well as the effect this had on their relationships which followed, i.e. with themselves, families and peers, are discussed. From here, it will describe the reasons for them seeking substances and the factors which maintained this use. The key change in seeking treatment is then presented along with the posttreatment changes noted by participants. All of these themes are then summarised at the end of the chapter before the theoretical exposition in the next chapter.

4.1 Childhood Experiences

"One day when she was two years old she was playing in a garden, and she plucked another flower and ran with it to her mother. I suppose she must have looked rather delightful, for Mrs. Darling put her hand to her heart and cried, 'Oh, why can't you remain like this forever!' This was all that passed between them on the subject, but henceforth Wendy knew that she must grow up".

Peter Pan
-J.M. Barrie-

Childhood represents a crucial time in an individual's life where one is simultaneously able to remain the freest but also the most vulnerable from society. In one of the most prolific stories of childhood, Peter Pan is essentially a novel about childhood and growing up and as Mrs. Darling highlights above, childhood is the point at which a child can just delight in a flower with no other reason than the joy being felt. However, as Mrs. Darling also knows, this is a temporary and growing up often brings with it less of an ability to feel things like simple delight. This joyful state of childhood is also critical because it can lay the foundation of experience for years to come.

Depending on your theoretical position, whilst these experiences may not be set in stone, they can play a significant role in future interactions and experiences. Although the idea that the nature of one's early social environment is significant in determining emotional health and well-being is well-known and empirically supported (Turner & Lloyd, 1995), the nuances around which types of social experiences can relate to certain outcomes is yet to be explored especially in substance dependence. Unsurprisingly, many participants seemed to share similar pivotal childhood experiences regarding their sense of self and their relationships with family members and peers that they have identified as crucial in their later development of substance dependence and these are presented below.

4.1.1 Real or Perceived Loss

Interestingly, the dominant experience, which many participants highlighted in childhood, was the real or perceived loss of a parent. Most participants emphasised the feelings of confusion and pain they were grappling with due to the loss of a parent and how this seemed to set them up to later seek substances. Participant 2 talked about the pain associated with the loss of his father in the quote below:

He was diagnosed with a brain tumour. I was very close to him, so I think that really sent me off the rails... Also it was an escape to say yes so basically losing him and that hurt and not accepting that pain. So like drugs and partying and was a way not to accept, to like prolong, the feeling of hurt and the pain. (Participant 2)

A couple of months into me being here my mother passed away and life for me changed a lot. Being an only child, having been in Jo'burg, having my

dad in Bloemfontein... My mother was like my best friend, so it was very hard to, it was so difficult, you know, the person I would always go to, always talk to. I think it was covering up the loss of my mother, the fact that my dad got into a relationship. I realised had a lot of abandonment issues over the years, and I mean, I am still working on them today. (Participant 1)

With the loss, participants seemingly found themselves in a space where they needed to cope with this significant experience, which occurred earlier on in their lives, yet they felt unprepared and ill-equipped to do this. It was something about attempting to navigate this struggle that appeared to leave them vulnerable to later using substance. Many researchers and theorists alike have postulated this association between the death of a parent in early childhood and its possible negative impact on the later development of the individual (Calmes, 2012; Kendler et al., 1992; Lynne-Landsman et al., 2010). Kendler et al. (1992) notes that early research investigating this link between childhood parental loss and adult psychopathology contained many methodological issues and that recent work to emerge focused mainly on depression. Fewer studies then looked at the role early parental loss played in the development of other major adult psychiatric disorders (Kendler et al., 1992). In a more recent study conducted by Calmes (2012), death of a parent in early childhood was confirmed to have the second highest most significant negative impact on the individuals interviewed proceeded by sexual abuse. However, in their study they did not specify what exactly “negative impact” entailed. Ellis and Lloyd-Williams (2013) expanded this by describing and linking these negative outcomes as things like: a greater propensity to abuse substances, an increased vulnerability to depression, higher risk of criminal behaviour, school underachievement and lower employment rates.

Although, there have not been many studies that link loss of a parent in early childhood to psychopathology per se, it is a well-researched hypothesis that this loss does have an impact which can play out in various ways in adulthood. For these participants, this early loss seemed to set them on a path of later substance abuse and dependence. What was also striking about these participants is that, while a few participants in this study struggled with the real loss of a parent, others seemed to struggle with the feeling of a parent(s) abandoning them, the perceived loss of a parent. Yet for them, the feelings and outcomes appeared

to mirror those who had actually lost a parent.

It was surprising to see that many participants seemed to react to their perceived loss or abandonment of a parent in a similar manner to those who had a parent pass away. This sense of perceived abandonment or loss stemmed from parents getting divorced, a parent leaving, or having one or both parents emotionally unavailable or present in the way the participants required. Participant 8's experience aptly highlights the tumultuous nature of loss and change in early childhood, which was echoed in other participants' narratives:

At 4 years old my parents divorced, mother had found a new partner, okay so divorce, change of city, move away from dad, move to Joburg, move into a house in Joburg with mother and new partner and what else, new partners wife was an alcoholic so took him 9 years to divorce her and a lot of money.
(Participant 8)

For this participant, she spoke about the confusion around having so many big life changes at such a young age and how as a result she seemed to struggle to find a place where she felt she belonged. Similarly, Participant 6 also spoke of feeling out of place within his environment and he recounts his experience as:

So growing up my parents were very unavailable, if I can use that word. Well, my mom was emotionally unavailable and my dad was absent there as well... the way how my parents used to treat me back in the day, I mean, it was neglect if I can use that word. That came rushing back to me and I was like, you know what... This is why I am drinking, and I became angry and that really just fuelled my alcoholism to another level.

For Participant 6, the perceived neglect and abandonment of his parents seemed to resonate in a similar manner to those whose parents were physically not present. It appears that the loss of a parent early on, whether due to physical or perceived means, shares common emotions but more than this the participants might have been too young to be able to make sense of the distinction. One may assume a parent who is perceived unavailable but still alive compared to the parent who is physically no longer available (i.e. passed away), would elicit a different texture of loss but at such a young age this may have been too much to separate and make sense of and therefore the participants appeared to perceive absence and neglect similarly to bereavement. This idea of loss was prominent in most of the participant's narratives and the manner in which they explained this period of loss

in their lives was one of deep pain, confusion, and isolation.

While this real or perceived loss of a parent was the dominant narrative to emerge from the data, two of the participants spoke about a different means to which they appeared to arrive at the same emotional outcome. The first participant spoke about growing up in a family of high achievers, where she admitted having a good family life and never wanting for anything but felt surrounded by the pressure to be perfect. The other participant recalled growing up in a home where she continually witnessed domestic violence and often felt unsafe and unsure of what would happen. It was surprising that these narratives were in the minority but also that at some point in their lives, all these various beginnings converged at the same point later on in their lives.

This suggests, as Mickelson and Kessler (1997), Calmes (2012) and Glorisa et al. (2008) highlight, simply experiencing a negative life event in early childhood is not enough to suggest a pathological outcome in adulthood is prevalent. In fact, as Kendler et al. (1992) and Calmes (2012) point out, it is what this situation sets up and the quality of the other relationships that often shapes the development of pathology. Ellis and Lloyd-Williams (2013) found this in their study, and reported the greatest predictor of later pathology was the damage and effects on the individual over time, which emerged from the loss. In particular, they highlighted the lack of the children's various needs for support being met as one of the biggest contributors (Ellis & Lloyd-Williams, 2013). Just as in these cases, for most participants, the childhood experience itself was coupled with an inability of the remaining parent to mediate this experience and/or a general feeling of not belonging within their family systems.

Participant 1 captured the struggle of mediating loss in the quote below which highlights the difficulty of experiencing loss but also the strain it can have on relationships:

My dad and I, we fought like cats and dogs. Things were just hard, and I think, you know what, he was also going through stuff. He was going through his mourning period, which is totally understandable, and I was going through my stuff and my mourning period... (Participant 1)

While in the case of the latter, Participants 6 and 9 spoke about relationships with

siblings and the greater family members as a whole:

My mom, on the other hand, she seemed to be closer to my brother and my sister, and for me, I felt like the black sheep in the family and that I didn't belong, so I didn't even try and make an effort... (Participant 6)

We used to also get into a lot of arguments or we couldn't really talk to each other... (Participants 9)

Therefore, coupled with the confusion about what was happening around them, all the participants reported feeling unable to turn to another parent/sibling for help and support. In many cases, family relationships can provide additional support and positive experiences, which could counteract the experience of the parental relationship. While family relationships could play a mitigating role, they can also exacerbate the existing feelings of disconnection and loneliness. Siblings, in particular, can play a pivotal role in the way one learns to relate to others and with fostering a sense of belonging (Burgoyne, 2003). This difficulty connecting with their family members on a whole appeared to confound their already confused and isolated space.

Hence, despite their different pivotal moments, all of the participants still seemed to converge at a point of feeling alone and insecure in their environments. In fact, this pivotal experience (despite them being different) ultimately shaped their pathway to disordered substance use. This early experience seemed to create vulnerability, setting up, and collecting other experiences that then seemed to contribute to participants seeking substances. From the information gathered from this data, it is then fascinating to see how this experience cascaded into the other areas of the participant's lives and according to them, this seemed evident in two ways: the forming of a relationship with the self and with others, and this will be discussed in the section that follows.

4.2 Spin-off effects

"For what you see and hear depends a good deal on where you are standing: it also depends on what sort of person you are."

The Magician's Nephew

-C.S. Lewis-

In this quote, Lewis highlights one of the greatest understandings of mankind in that experience shapes and creates more experience. In addition to this, there has been much literature, which has examined how parental and adult relationships play a role in shaping individuals. Burgoyne (2003) emphasises that relationships play a role in developing a sense of self and coping strategies about how to navigate life's various developmental challenges. With the participants interviewed, the experience of disconnection from their family and confusion around difficult early life experiences seemed to leave them at odds with themselves and others outside the family. It is often theorised that the early relationships one has assists in forming a healthy and adaptive sense of self and then peer relationships. The impact of the above experiences in relation to forming an identity and peer relationships will be unpacked below as reported by participants.

4.2.1 Experience of the self

While navigating ideas of identity and self-image are normal childhood milestones and challenges, the participants in this study appeared to require more support in their process. They seemed to feel alone in trying to negotiate these challenges and Participant 6 expressed this by saying:

...my image of myself was very poor, so I thought that I was a bad person and people are going to reject me, for instance if they get to know me...

This low self-esteem and feelings of insecurity then contributed to participants feeling as if they lacked sense of purpose or being in the world which contributed to them feeling depressed and thinking poorly of themselves. Participant 8 described a sense of misunderstanding in the experience of the self:

Can I be honest with you, I believe there is a misunderstanding of oneself okay when you don't know yourself and you don't know how to look at yourself, at your life and you know and you are blaming even subconsciously or unconsciously blaming others for things that aren't going right it's a lack of direction so as soon as there is a fear of going of looking at who you are, or what you are, you are going to turn to things to numb that fear. (Participant 8)

Participant 8 highlighted the key emotions of fear and anger in response to feeling confused and possibly abandoned which felt difficult to sit with. The pain of not knowing where they belonged and feeling unable to reach out for help in figuring this out, created a circle of isolation which appeared to be feeding itself. Participant 4 spoke about this saying:

...A feeling that I didn't belong anywhere, a lot of pain and a lot of hurt, and I mean, I just became sort of like a recluse. So I was really on my own a lot of the times. And I think with me, what happened there for me was because I didn't feel I belonged. I felt like I had to put on this persona, this different sort of like, I need to be a different person...

As he highlighted, the natural tendency of participants was to turn their insecurity and isolation inward believing that they were to blame for the things happening in their lives. Therefore, many of them felt that they needed to be someone else or need to change in order to get the love and support they felt they missed. This then set them up to either seek solace in their peer relationships or find them just as challenging. In the midst of navigating varied relationships with parents and family members, and attempting to form an independent identity and sense of worth, participants were then exposed to wider environments requiring the formation of peer relationships. In the case of these participants, because of the challenges explained within forming secure family and self-relationships, peer relationships were then experienced as challenging too (Dekovic & Meeus, 1997). Hence, the prevailing approach to forming peer relationships was to try and adapt to their peer groups, which would allow them to feel part of a group whether or not they really wanted to be in that group and this is described below.

4.2.2 Experience of peer relationships

Once the participants reached a school-going age, peer relationships become increasingly important and having friends is seen as an important social achievement (Dekovic & Meeus, 1997). As mentioned, learning to relate to peers could be beneficial or destructive. Finding positive peers relationships could circumvent or compensate for the difficulties experienced at home and aid in the formation of a healthy sense of self. Andrews et al. (2002) highlight how the

socialisation by peers can provide both a protective and risk factor in the use of substances. It was the addition of destructive peer relationships, which the participants found themselves drawn to that seemed to specifically impact them. A few participants mentioned being bullied at school and thereafter found relating to their peers as more challenging.

I didn't experience any kind of happy times. I got beat at school though as well, and I couldn't come back home and get the kind of support that I needed. I didn't even know that I needed support. (Participant 6)

However several spoke about the general difficult and feeling that they belonged which made it difficult to connect to others and form any peer relationships.

At school I was very quiet and kept to myself. I didn't really – I had three or four close friends. And then in my matric year I started coming out of my shell a bit more and I was able to talk to people a bit more. But whenever we went out and there was a group of people I couldn't really bring myself to start talking to them unless I had two or three drinks in me. I just kind of let go of my inhibitions. (Participant 9)

Because before, alcohol, I was extremely anxious, I was extremely fearful, I didn't know how to deal with life. I mean, was walking around like a zombie, so to speak, and it wasn't any kind of ease and comfort. (Participant 6)

I felt different to everyone else. I guess I was judging, sort of, my insides on other people's outsides. Like, I kind of looked at the way they were acting and behaving and I didn't really feel that. I didn't feel like I could relate to that and that I could be a part of that. So at that stage I didn't really realise it was a problem. When you're looking back at it now, you know, it makes a lot more sense. (Participant 10)

The participants spoke about feeling so desperate and alone and that they would do anything to feel they belonged and therefore happy. Andrews et al. (2002) further assert that problem use (use considered to be dependence) is more affected by interpersonal than social factors. Hence, the effect of feeling misplaced within their family and therefore seeking friendships to fill these gaps seemed to prime participants to seek friendships based on acceptance thereby making them susceptible to peer pressure and therefore they were primed for the often "first time" positive experiences of substances .

4.3 Motivation to Use

“Wandering is the activity of the child, the passion of the genius; it is the discovery of the self, the discovery of the outside world, and the learning of how the self is both "at one with" and "separate from" the outside world.

-Roman Payne-

An integral part of becoming an adolescent and development is experimentation and therefore pushing boundaries and trying new, often forbidden things is quite commonplace. What is more known now, but still underappreciated, is that for some this experimentation can lead to devastating cycles of dependence (Rende, 2011). It is always baffling how one person can consume substances with no consequences yet for others; the use of substances can become something terrifying and difficult to stop. Recently, there has been much research looking at the various pathways of adolescents that either stop or increase their substance use into erratic or problematic use (Rende, 2011). Therefore, this research sought to uncover the reasons participants began using substances beyond mere experimentation.

Initially, the enjoyment and perceived changed to self was highlighted as the pinnacle for first time and continued use. In addition to this, the participants highlighted a marked difference in the level of anxiety they had been experiencing, and this seemed to transform their lives while also giving them a sense of belonging as it provided the means for social cohesion and acceptance. Although, all of the participants mentioned that they never felt the same high after the initial experience, they continued abusing the substance ‘chasing their first experience’. It also simultaneously allowed them the possibility to escape and numb the difficult feelings and experiences they were carrying with them. These ideas are unpacked in further detail below.

4.3.1 Enjoyment

An expected motivation to use substances is the enjoyment felt, as it is widely known that certain substances (initially) have the ability to induce a state of being happy and carefree in the user (Rende, 2011). More than just a concrete feeling of

enjoyment, the feelings elicited by the substance use is one which seemed to spark a sense of feeling alive and happy in a way participants previously had not believed possible. The reasons for enjoyment seem more deeply embedded in previous experiences. Participant 10 described enjoyment as feeling alive:

So by the time I was thirteen, I would say, I went to a house party and I got drunk for the first time and it was amazing. I could really... I felt like there's been something missing my whole life and that that was... that was what was missing. So that night I had a blast. I was able to talk and have fun and relax. And it always felt like I was kind of tense all the time until I discovered alcohol.

While Participant 9 spoke about enjoyment as a careless responsibility-free state:

But I just – I loved the feeling of being drunk. It was just – you know, I had no care in the world. I had no regard for anyone. The only person that was important was me. So it made me very selfish. It made me only think about myself and not consequences for other people. And this carried on for a while and then I started getting into a very big depression. (Participant 9)

And Participant 8 described enjoyment as the feeling of having his pain taken away:

So primarily it was fun and it's different and it's this state of painlessness, they are painless states you know so there is no feeling alright so everything is it's almost like it's like a dream. It's not numb because numb has a negative connotation. (Participant 8)

Something about this experience in the participants seemed to diverge from normal teenage experimentation as it appeared to give them a feeling of enjoyment within themselves they had never felt before but also enjoyment which came easily and with others. They seemed to find within themselves a feeling, which they had been searching for and although this experience was short-lived and difficult to recreate, it seemed to capture them. This seemed to be a turning point in their adolescence and later development of disordered substance use. Part of just feeling the enjoyment, which the substance brought, was the also perceived changes in themselves that participants then felt.

4.3.2 Perceived improvement to self

Along with this feeling of pure enjoyment, participants noted how while under the influence of substances they started to feel better about themselves and the way they interacted with the world also changed. These improvements generally

revolved around feeling confident and being able to feel accepted in a way, which they had not been used to because of that pseudo-confidence. As Participant 2 explained,

It makes you feel confident, like you don't feel your worries and your stress and I suppose because you in that like party environment its okay it's even better. Yes It makes you feel invincible, if I can say, it makes you feel invincible you're like nothing can touch you, nothing can hurt you, nothing can break you down. You are fine no matter what happens, you just having a good time it's like a summer party. (Participant 2)

Therefore, most of the difficulties which participants struggled with growing up such as being very anxious or not feeling like they belonged or even feeling quite empty and depressed was counteracted and temporarily solved when they ingested their substance of choice. This contributed to the feeling of enjoyment but also partial fulfillment of deeper psychological needs, such as the need for belonging, the desire to be loved and self-worth, which were not being met previously. Substances allowed for a pseudo-connection with people, which provided the participants with an illusion of having overcome their earlier difficulties.

It made me feel like I was somebody and that I had the courage to talk to people or I was so cool and "look at me", you know, "I'm so special. I can do all these things. (Participant 3)

Consequently, once found, participants were reluctant to give up these new found feelings, and not only did it then affect the way they perceived themselves but also their peer relationships.

4.3.3 Peer relationships

Once the participants had become drawn to this lifestyle choice of substance abuse the new connections and way of being started to take on not just a physiological process but a social one as well. The new connections and relationships formed were essentially invested and based on the premise of using substances and this then began to maintain the substance abuse. Peer and romantic relationships were then formed around the substance abuse rather than forming real genuine connections even if the former felt genuine at the time. Participant 6 spoke about this effect:

Every time I'd promise myself that I wouldn't drink, every time I would see them I would be drunk. Immediately would go and buy alcohol.

Along with this, as Fleming et al. (2010) noted, the status, quality, and stability of a romantic relationship could impact on substance abuse especially if one partner already abused substances. While being married is often seen as a protective factor, dating relationships appear more susceptible to substance abuse because of the more active exposure the couple encounters within their social networks (Fleming et al., 2010). While some participants maintained these destructive friendships because they felt it was the only one they could have, others seemed to seek out substance influenced relationships. Participant 5 spoke about her experience of this:

Well I guess, you know, interestingly enough when I was in active addiction I always dated alcoholics and diagnosed alcoholics or addicts, and you know, that way I could hide my addiction behind theirs and make it look like they had the problem, not me, and then even in recovery, you know, I chose recovering alcoholics or recovering addicts that landed up not really working in the programme and relapsing. (Participant 5)

The substances being abused by participants began taking on a central role in the way they saw and interacted with themselves and managed their feelings. They began to actively use substances as a means to negotiate their social and interpersonal environment and struggles. While it appears that social and psychological factors contributed to them experiencing their substance of choice as positively as they did, two other important factors also played a significant role even if the participants were not yet aware them. These factors, such as genes (nature) and the environment (nurture), which will be explained below, are well documented in the literature and in hindsight the participants could pinpoint them as significant in the reasons for why they sought substances.

4.3.4 Nature and Nurture

For instance, viewing parents or family members as using substances to cope may provide a social learning effect. As described by participant 5,

I come from a family where addiction is three generations back on both sides. (Participant 5)

Presently, there is a wide acknowledgment of substance dependence having a significant genetic link, which consequently will contribute to why certain people are prone to dependence while others are not (Pretorius et al., 2003). According to Calmes (2012), not only do individuals with a family history of substance dependence have an increased likelihood to develop a substance-use disorder but also tend to develop this at an earlier age and with poorer prognosis overall. More than just a genetic predisposition, a family history of substance dependence appears to have a two-fold effect where the second effect is that which the environment plays. Windle (2010) echoes this statement highlighting the events occurring in someone's developmental trajectory as key to the presentation of substance dependence. Windle (2010) also notes that even with the genetic predisposition, different people can manifest the substance dependence through different triggers and different means. While the genetic component has been more widely acknowledged and researched in contemporary times, the dual presence of environmental factors has also been placed at the forefront of etiology theories.

Therefore, parental substance use is often linked to greater use by their child and despite the first hand effects often witnessed by them, children still chose to imitate the behaviour of their parents (Calmes, 2012; Fleming et al., 2010). A study conducted by Epstein et al. (2007) also found that witnessing parents use substances, permissive parenting attitudes and easy access to substances at home are family dynamics which may contribute to the increased risk of substance use (as cited in Calmes, 2012). Participant 8 captured this experience below:

Okay I was drawn to substances because it was in the family, so I mean I am not pointing a finger I am explaining that I have seen people growing up like turning to, turning to substances okay to numb there whatever state it was. So it was I noticed behaviours in people around me obviously they were very healthy examples as well around me, but something in me picked up on that so I don't know if its genetic or what predisposed me to choose that example compared to healthy example. But there were examples of people you know needing to satisfy a fixation at that very primary level of feeling so using cigarettes, alcohol these kinds of things.

Therefore, both nature and nurture seemed to play a role in the influence of the

participants using substances. Genetically, families who abuse substances seem to pass on particular genes making their future generations vulnerable to substance abuse. In addition, the use of substances to manage difficult emotional states or experiences provided a sense of environmental modeling whether this was on a conscious or unconscious level. As Participant 8 highlighted, other more socially acceptable coping mechanisms were sometimes available suggesting that heredity (whether it be through genes or environmental modeling) is not the only way in which participants can be drawn to and maintaining drug use. Yet in these cases, the participants all interviewed either sought substances based on what they had seen or the perceived effects and benefits that they felt the substance provided.

At this point, the participant's substance of choice took center stage in their lives and as such most of them began forming a relationship with their substance itself. This relationship was one motivated by deeply biological and physiological processes but also psychological ones. These factors seemed to sustain the use and abuse of the substances, which then locked them into a cycle of dependence.

4.4 RELATIONSHIP TO SUBSTANCE

“And Max, the king of all wild things, was lonely and wanted to be where
someone loved him best of all.”

Where the Wild Things Are

-Maurice Sendak-

Just like Max from *Where the Wild Things Are*, many participants began to use their substances in different ways but predominantly to provide them comfort and love in different ways. As Rivaux et al. (2008) highlight, disordered substance use should be understood as a type of bond where people form intense relationships with their substance of choice. As mentioned above, several participants were experiencing difficulties within their relationships-whether it was with him/herself or others-and their substance of choice seemed to mediate this difficulty. At this point, several of the participants were using their substances more regularly (i.e. daily or hourly) and two relationship styles emerged, through the interviews, to

describe their relationship to their substances.

4.4.1 Love affair

Surprisingly and most popular was the idea of their substance as a lover. A few participants described their relationship to their drug as constituting a love affair where they were completely consumed and taken in by it. In their words:

I've got to a point with drugs where I knew it wasn't good for me and I knew "it was fucking me up and I just couldn't walk away from it. I kept going back for more and more and more and yes, the only way to explain it is that I loved it so much that like, it didn't matter what consequences happened to me" (Participant 10)

I think it was a love affair. If you had to look at it that way. I loved the feeling, I loved the taste or I loved the feeling of what alcohol did to me and I loved the alcohol because without it I couldn't get to a place where I felt happy. I can put it that way, you know. And without it I was – I didn't, I couldn't escape. I couldn't – I felt that I couldn't be myself; I had to drink to become sociable or become a prankster or that (Participant 9)

The negative and harmful effects of the substance were still not being felt as largely as the apparent benefit. In light of the participant's experience, the idea that their substance loved them and provided them with a comfort they had been missing does not seem that far-fetched. In fact to them, this substance provided them with feelings and a capacity to connect which they felt they had been missing, even if this was a pseudo form of feeling or connecting. Similarly, one other participant described his relationship to his substance of choice as having motherly and nurturing qualities. He said:

It was mother, it was a mother that nurtured me and that made me feel better and safe and loved and cared for that was the relationship with the drug. (Participant 8)

Consequently, their substance began to take on a life of its own but more importantly they began relating to their substance on a deeply psychological and physiological level. Whilst the physiological aspect kept them chemically dependent on the substance the perceived relationship kept them psychologically dependent on the substance. Therefore, even if they resembled a lover or motherly figure, every participant used this relationship as a means to cope with the world as explained below.

4.4.2 Useful tool

While objectively, it may be hard to imagine substances being useful; many participants described them as exactly that. Participant 4 explained that,

At the time it seemed like it was just a very useful tool. I was under the illusion that it was just this thing that I could control and it's just experimenting.

As he says, the substance abuse became a tool, which the participants used to navigate difficult and unique experiences in their life. It became the coping mechanism that they carried through from adolescence and relied on as one, which they believed, had worked for them before. Participant 5 recounted:

Oh, you know different drugs are different. I think for a long time, I mean it was how I survived. That I couldn't get up without something, I couldn't go out without something. I basically, yes, I just couldn't get through a day without some chemical, and I think in the beginning it started off fun, but it very quickly became, yes, a survival thing and a coping mechanism I guess. A lot of the time I think the only emotions I felt during using was either that euphoria or complete numbness or rage, type of thing.

The participants truly believed that using substances was their way of coping and that it was providing them with more benefits than dangers. Pretorius et al., (2003) also seemed to find this in their study, noting that many adolescents used substances as a means to cope with difficult emotions or as a means to placate psychological pain and confusion. The lack of using substances brought them closer to the internal conflicts and emotions which they were unable to manage (Pretorius et al., 2003). This perpetuated more abuse and it took certain pivotal moments, usually relational in nature, in their cycle to realise the extent of the negative effects their substance was having on them.

4.5 Impetus for Relational Change

What we call the beginning is often the end. And to make an end is to make a beginning.
The end is where we start from.

-T. S. Eliot-

As Eliot has stated in his poem, these participants seemed to find their new beginning from their seeming end, commonly referred to as "hitting rock bottom"

(Nebhinani et al., 2012). At this point, participants could recognise the harm the drug posed but they were locked in a physiological and psychological battle with their substance. Many had tried or thought about giving up the dependence. However, their investment in what they perceived the substance to be giving them felt too great in comparison to the destruction it was causing. With time, all the participants could acknowledge a breaking point in their cycle of dependence that motivated them to seek treatment. Interestingly, their breaking points all involved various losses of some kind such as their employment, relationships or material objects of value (such as houses or their possessions).

There has been a shortage of research examining the link between reasons for seeking treatment and level of social support and locus of control (Nebhinani et al., 2012). In a study conducted by Nebhinani et al. (2012), the relationship of reasons to seek treatment and perceived social support and locus of control was examined. Results indicated that: (1) loss of control over the substance; (2) physical harm due to the substance dependence and; (3) family factors played a significant role in the individual's choice to stop abusing their substance of choice. In this study, participants mostly spoke about family relationships, as the predominant reason to seek treatment and this will be discussed below.

4.5.1 Family

Several participants highlighted how a relationship with a family member provided them with the strength to seek treatment when they felt the most lost. Whether it was a direct family member who provided support, another family member who had been through the experience and provided guidance or the terrifying experience of endangering another family member through their dependence; family played a crucial role in assisting participants with reaching out for help. As Participants 4 and 10 recalled:

It was very much the people who were with me in treatment, my sister definitely, that started that catalyst... (Participant 4)

So I plucked up the courage and phoned my mother and I hadn't spoken to her in the past two years. And I said to her: "I need help. I don't know what to do." And she said to me: "Cool", like I'm welcome to come back, but there's terms and conditions and I have to go to rehab and... Yes, so at that

point I was willing to do it. (Participant 10)

Participant 9 explained the benefit of having an uncle who was a recovering alcoholic, as he could empathise with his plight and provide him with the guidance and resources he needed to get help:

He's been sober for I think just over twelve years now and it – he's the only one that really understands what it is to be an alcoholic... But they are very understanding and I think from my uncle's point of view, he's a hard-arse, he's a real hard-arse, but he's a big part of me getting – you know, he was a big part of me getting sober. And you know, that's the one relationship that I don't want to let go too easy. (Participant 9)

Participant 5 spoke about one of her lowest moments while being dependent on substances and how this moment gave her the wakeup call she needed:

You know, I didn't really care about my life, or if I lived or if I didn't, but I think the biggest thing for me was I put my younger brother's life in danger, and nothing happened, but it could have gone really wrong and I think that was a big thing for me, that I didn't care about my life but the fact that I could put someone I love so much in danger, you know, a massive wake up call for me, kind of like what sister does that? (Participant 5)

Essentially, the participants could all trace a moment in their period of “rock bottom” where they decided to seek treatment and this was usually due to the influence of a relationship (particularly family relationship) which gave them the springboard to enter a treatment facility. Therefore, social support (in the form of family) was a crucial aspect in the treatment process and this seems consistent with literature, which acknowledges that long-term prognosis is better with better social support (Nebhinani et al., 2012). However, for others, this springboard was the realisation that they deserved better and so it was their own relationship with themselves that provided them with the courage to seek treatment and a better life.

4.5.2 Relationship to self

A few participants, in addition to a family relationship motivation, spoke of wanting to better themselves and wanting more for themselves. As Participant 2 noted,

But then I had my own business I had a carwash and when I lost that and I

was using that cash and that money to fuel my drugging and my party lifestyle. So when I lost that and I had nothing that is when I realised I am spiraling out of control and now I need help... So I think that the like turn for me was that I kept me asking myself do I need to do this I am sure I can do better. (Participant 2)

He could understand the damage his dependence was having on him and with the growing acknowledgement of all his loss and family support he sought treatment. Although he still had the support of family to seek treatment, he also spoke about the relationship with himself as something, which he wanted to work on. This realisation of a relationship only came later on in most participants' treatment and in fact formed part of the treatment milestones, i.e. realising they needed to form a relationship with the self.

What was interesting was that one participant sought treatment just because of wanting to improve her relationship with herself.

I know... a lot of people kind of well... pushed into rehab – families, parents, whatever the case may be... You know, their wives say to them: "Look, it's rehab or we leave. Me and the kids are leaving, whatever the case is." I never had that. It was completely my decision. I never got any threats from my parents, saying: "If you don't clean up, we're not going to do this and that and the next thing." There was no threat or there was no: "You have to do it", or anything like that. I knew it was time. (Participant 3)

For this participant, she could acknowledge and name the need to learn to relate to herself more authentically from the beginning. For another participant, she also seemed to share the desire to relate with herself more authentically but could not explain or name this need. She explained it as,

So I couldn't be myself and in order to protect myself from rejection I would then close up, isolate, only speak what it is that I thought that people wanted me to speak about, yes, but there was no authenticity coming from myself there, so I think that made it extremely difficult. (Participant 6)

In the extract above, Participant 6 seemed to understand the secondary loss of not being able to fit in and no longer being able to hide from that sense of not knowing herself anymore. Arun et al. (2004) and Nebhinani et al. (2012) found that one of the most common reasons for seeking treatment was to improve oneself. However, in this study, it was only really two people who used the relationship with themselves as the motivation to seek treatment but rather the value of another relationship was crucial. What was common was that within

treatment patients identified the need to work on a relationship with oneself and this is discussed below.

4.6 Treatment changes

Augustus stepped toward him and looked down, "Feel better?" he asked.
"No", Isaacs mumbled his chest heaving.
"That's the thing about pain", Augustus said, and then glanced back at me, "It
demands to be felt."
The Fault in our Stars
-John Green-

When participants went into their treatment processes they all highlighted two major issues, which were addressed and prioritised in the programme. There was tracking down the original source of pain and working through this and the consequent effects set up by this pain. In addition to this, they were then required to rework the way in which they related to themselves (initially) and then those around them. Participant 1 and 2 highlighted this dual focus, saying:

I do have quite... a lot of my stuff has got to do with relationships, relationships with my family, relationships with my mom, you know, a lot of it got affected once I lost her. And how that relationship with her affected the next relationship, and that relationship affected something else, and it affected a relationship or affected my addiction.

I had to unlearn what I learnt in life to learn it again if that makes sense... I had to unlearn what I learnt in life to appreciate what I learnt at first...
(Participant 2)

It appeared that the dual focus of revisiting old wounds and shifting the way participants related changed the outlook they had towards life. They seemed to have shifted from an external to internal locus of control. Nebhinani et al. (2012) and Rivaux et al. (2008) highlight the idea of locus on control in substance users and mentioned that this will ultimately affect their ability to control their substance use behaviour. Consequently, there always seems to be an endeavour in treatment to facilitate the development of an internal locus of control. One of the core principals of the 12-step programme is to encourage those in recovery to take responsibility for their past actions and their actions going forward (Sellman, 2009). This is to facilitate decision-making and responses to their experiences from an internal locus of control perspective and this also involves forming a relationship with themselves.

4.6.1 Fostering a relationship with the self

All participants noted that once you begin a programme, most centres first highlight the importance of prioritising oneself and one's treatment. This means leaving a lot of friends and other ways of being behind, which can be very challenging. However, the relationship to the self becomes the foundation on which the other steps in the programme are built.

You need to focus on yourself and learning how to live clean and sober, and you have a whole lot of things that you need to work through in terms of yourself and your self-esteem and your issues and all of that. (Participant 5)

As Participant 5 mentioned, this process requires examining oneself and one's life and evaluating the healthy and maladaptive elements and how to move forward. Part of this includes not entering a romantic relationship while in the treatment or for a year after being discharged from the treatment facility. Therefore, with the focus on their relationship with themselves, participants' spoke about starting to feel more real and more themselves.

“And even the times when I may not be happy or when I may be going through hard things I can still be grateful for that even, because I'm still feeling, I'm still living, you know, I'm not trapped anymore, I'm not wanting to die anymore.” (Participant 5)

This realness seemed to bring with it an acceptance of life as it was:

That was my life before, when I was using all the substances and stuff. There's a filter. It's only showing one specific zoomed-in aspect. It's not showing the whole picture. Life now is Instagram without the filters and all that editing and stuff. It's real. It shows reality, you know? So it's life on life's terms. (Participant 4)

Learning to relate oneself in a more open and honest manner provided the building blocks for the next steps to come, which entailed changing the way the participants related with others. In learning how to engage more genuinely with themselves and in their environment, as well as be kinder to themselves, they went back and explored the unresolved difficulties in their relationships and how to move past those.

4.6.2 Changing the manner of relating to others

Changing the way they related to others centered around two challenges: mourning the original loss of a relationship and becoming more authentic and real in their new relationships. Participant 5 spoke about a very crucial discovery around mourning the fact that her father would never be the father she hoped but that she could still continue on in life despite that.

I think the hardest thing was accepting that he'll never be the father I needed or wanted, and it took me a long time to accept that, 'cause I kept hoping that he'd come round, but I've had to realise that he is who he is and he just cannot be what I need or want in a father, and my recovery and my life isn't dependent on him, you know? I think, yes, like I say, we'll never have an ideal father-daughter relationship, but I've accepted that and with that acceptance has come something you know, for me, and less pain. (Participant 5)

Other participants also highlighted this realisation about their relationships:

So I've come to terms with that. I know that parents are who they are. You know, they've also had their stuff and that's fine, but dealing with it and actually getting through it wasn't easy, hey. And it still comes up... (Participant 6)

I still carried some baggage from the past, but then I told myself I'm actually going to make an effort to get this relationship going, and that is what I've been doing over the past year or so, and yes, I actually find my mother to be very pleasant at this point in time... (Participant 7)

What was significant about the participant's narratives was that their mourning process was not necessarily the expected one with the passing of a parent. Instead, they needed to mourn the loss of their expected parent(s) and become more in touch with their real parent(s) and their limitations. It was this acceptance of their parent(s), which started to make all the difference in their treatment process.

Changing the way that manner in which the participants related to others then also brought with it new relationships and new ways of seeing their relationships. As Participants 6 and 5 described:

My relationships now are a lot deeper than they were before. Not only now

with my three friends, but also with these other guys that I have made friends with, and we speak about substantial things. It's not just like on the surface kind of thing (Participant 6)

So yes, my friendships today are very different. Yes, like all my relationships I guess. They're healthier and they're more real and I can actually be a friend, you know, and I can be there and be present and be there to support people and give them advice when they need it, and that's an amazing thing, because in the past no one could trust me, never mind ask me for advice (Participant 5)

Therefore, the participants became better able to allow others into their life but also give back to them and add value to others life. This feeling of reciprocity and connection seemed to provide them with a newfound feeling of hope and sense of belonging in their life. With this newfound hope and optimism, the participants were then required to take what they had discovered about themselves and others and use it to remain sober and healthy in their lives.

4.7 Motivation to stay clean

"It doesn't happen all at once," he said. "You become. It takes a long time. That's why it doesn't often happen to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are Real you can't be ugly, except to people who don't understand."

The Velveteen Rabbit

-Margery Williams-

Many participants' experiences of change can be likened to this quote from Margery William's *The Velveteen Rabbit*. Their process of change and recovery was one fraught with loss and pain so that as one of the participants said earlier, everything you learned could be unlearned and relearned again. Recovery is lifelong and requires a conscious choice to be well every day. Throughout this process, the participants needed to find themselves their own beacons of hope to shine when they felt themselves slipping again. What was interesting was the degree to which relational aspects provided those beacons. This included not wanting to lose the newfound relationships or re-navigated relationships with others as well as the newfound relationship with the self. Participant 1 spoke

about this re-navigation of her relationship with her father,

My dad was writing me off. He literally was writing me off. He was angry with me, he wanted nothing to do with me, and that's not like my dad. I saw a different side and it scared me. And for me to lose that, after gaining that after a while, to have gained what I have gained in recovery, I would never want to lose it again. And I think that's what keeps me clean and keeps me going.

Interestingly, it was the potential loss of another relationship, than an actual loss which has provided participant 1 with motivation. While Participant 10 highlighted the way she felt better able to manage her life now:

It's manageable now. I feel like I can actually do adult stuff and I can face responsibilities and I don't have... I don't panic and run away if things don't go my way and if people don't do what I want them to do... I'm not saying that I'm perfect now, but I can handle otherwise situations a lot better than what I could before and I don't run away from everything.

Lastly, the participants spoke about the new lease on life they were experiencing in the post-treatment phase and how they therefore did not seem to need their substance to make it through the day anymore. Participant 10 and 4 explained this:

When I'd come into recovery, still had this feeling that like fucking something was missing inside of me - that I wasn't whole unless I was high. And that started to get filled up with the things I was doing in NA. I got a service position. I had to be at the meeting on time or before the meeting every week to make tea and coffee for the guys. I was the tea and coffee person. So that kept me at that specific meeting - making sure that I was there every single week, come hell or high water, and it gave me a sense... It gave me a sense of purpose. (Participant 10)

There was an illusion of a feeling. I learnt, in treatment, that there was no feeling. What I was trying to find was something I cannot have, in substances, and I don't always have it now in sobriety, but I definitely know now I don't get it from substances. (Participant 4)

Essentially, the participants moved to a point where they no longer needed substances to help them cope or navigate their internal and external relational worlds. They seemed to find meaning within themselves or become grounded in real everyday activities like becoming involved in AA work regardless of the nature of it. As Sellman (2009) points out, AA encourages its members to “rely on people” and not substances in order to find meaning in their lives and

cope with their recovery and the challenges of life without their usual coping strategy. In relation to a focusing on oneself and using AA as a base for structure, the participants were encouraged to refrain from any romantic relationships. The participants were told that any romantic relationships could compromise their treatment as this was a period when they needed to find a way to ground themselves and romantic relationships were posited to do the opposite. Therefore, this process which participants had to go through in order to arrive at this point was challenging, painful, and arduous for them, to say the least. Most importantly, as Oliver Wendell Holmes points out, “A mind that is stretched by new experience can never go back to its old dimensions”. Therefore, after having seen and experienced real feelings and relationships the thought of having pseudo ones did not seem as appealing even if life felt difficult for them at times.

6. Conclusion

This chapter has explored the data emerging from the participant’s narratives and located it within the existing literature. The data illustrated a chronological progression associated with the way participant’s recalled their experiences beginning from early childhood until their present moment. Many participants highlighted the real or perceived loss of a parent as a significant event in their childhood and this coupled with the lack of a supportive remaining parent and difficulty relating to the broader family as a whole, compounded the feelings of confusion, loss and loneliness they felt following the loss/perceived loss of their family member. This seemed to set them on a path to seek acceptance and a means which to fill the void they were experiencing inside. This period appeared to impact their development in the sense that they lacked the freedom and creativity to explore themselves and the world around them in a benign way.

This became increasingly important when issues of competency and identity came to the fore. These participants entered school and seemed to struggle just as much to connect with their peers as they had with their families. In adolescence, their world collided with the ‘first experimentation’ of youth and this is where their pathways fundamentally diverged from many of their peers.

Biologically and psychologically they had been primed to respond differently to the experimentation experience. Their substances of choice began to provide a great escape and provide feelings of euphoria that were often unmatched by their experiences of 'real life'. This moment of shedding their insecurities and feeling empowered instead of helpless was reinforced by the seeming affirmations they received from peers. They started to feel they belonged somewhere and that they had found an answer (even if it was temporary) that could take away all their confusion, pain, and feelings of rejection.

However, checking out of life became their solution to living and coping with life. They created a pseudo-life and this led them into the throws of psychological and physiological dependence. This brought them to a crisis point (at various points for each participant) and interestingly, where relationships seemed to have contributed to them seeking substances, it also contributed to them seeking treatment. This resulted in them engaging with a programme that put them on a path of recovery by asking them to unlearn all they had about relating and relearn their way of being in the world, as well as mourning their original loss.

Their experiences provided an interesting means to track development along the lifespan and how various moments, relationships and experiences in their lives either contributed to their need to abuse substances or their need to seek treatment. What was more interesting was how the participants themselves seemed to link their various experiences across their lives to their substance dependence and expressed their experiences in this way. They may have not understood any of the scientific or theoretical reasons for them highlighting certain experiences above others, but they felt these moments to be crucial to their trajectories. This could also have been a consequence of the treatment process they all engaged with which may have made these links more apparent to them. The next chapter will attempt to take these experiences they have highlighted and link them within a theoretical framework in order to gain a deeper understanding of their experience.

CHAPTER 5: DISCUSSION

*Time has been transformed, and we have changed; it has advanced and set us in motion; it has unveiled its face,
-Khalil Gibran-*

5.1 Synopsis of Findings

This research examined participants' retrospective experiences of their relationships through substance dependence and treatment. From the onset, the research data began taking form through the typical pathology model, where participants starting tracking their processes from birth through to their current lives, and this illustrated the way in which one experience fed into and often led to another. Beginning with early childhood experiences, all participants spoke about a watershed moment in their relationships with their parents: which primarily included the real or perceived loss of a parent, but also growing up in a perfectionist high achieving family or one fraught with domestic abuse. Along with this, they described struggling to find a place within their family, as a whole, where they felt they belonged and felt unable to reach out for support as a result. This struggle was then played out within their social relationships compounding their already difficult feelings of isolation and insecurity. Hence, once adolescence appeared the participants experienced substance use as their gateway to acceptance and happiness and so began the arduous process of dependence.

From here, their substance of choice began to take on a significant role in the participants' lives and as they described them became "useful tools", was a "love affair" or was even the nurturing mother. As they plummeted further into the throws of dependence, they began to increasingly experience the negative effects, which their substance also brought with. Once they reached the colloquial "rock bottom", with the aid of key relationships in their lives, they sought a better life and began engaging with the treatment process. Through this, they went back to the beginning, as one participant described it, and started building their lives back up again. This included grappling with their initial losses and resultant feelings of insecurity thereby relearning how to relate to themselves and others in a more authentic way.

This remarkable journey the participants have lived through brought them in contact with some of the worst and best feelings, experiences and moments in life. Their trajectories may have emerged from similar or dissimilar points, yet they all seemed to find themselves in the same place later on. Understanding their paths and

experiences within the perspective of developmental pathways, as proposed by Bowlby, allows even the nuances of their experiences to be thought about and conceptualized in relation to their life as a whole. This chapter provides a theoretical exposition of the results presented in the previous chapter. It begins by re-visiting the ideas around developmental pathways as a backdrop to the discussions that will follow as well as to providing a means in which the participant's experiences could be understood. Commencing from the participant's early childhood experiences through to their process of recovery, their development will be tracked according to the major suppositions of attachment theory. This discussion will also include examining the data in relation to the theoretical notions around loss as posited by Sigmund Freud (1917) and psychosocial development as conceived by Erik Erikson (1950) and how these all intertwined and cumulatively contributed to the outcome of substance dependence and recovery for participants in this study.

5.2 Development across the Life Span

John Bowlby used the idea of developmental pathways, originally proposed by biologist C. H. Waddington in 1957, to make sense of what he deemed normal and pathological development (Bowlby, 1976; Marrone & Cortina, 2003). This was revolutionary during his time because he moved away from the dominant ideas of understanding human behaviour as proposed by Sigmund Freud. From a developmental pathways and Bowlbian perspective, human personality is seen as a continuously developing system which matures along various possible but discrete pathways (Marrone & Cortina, 2003). Some pathways could provide optimal developmental and encourage resilience to mitigate future adversity in life while other more maladaptive pathways could increase vulnerability to life stressors and therefore developing psychopathology (Bowlby, 1976). These pathways are shaped by the quality of interaction between an individual's attachment figures as they emerge within their specific social and cultural contexts (Bowlby, 1976; Marrone & Cortina, 2003; Sroufe, 2005).

As Sroufe (2005) then highlights, it is not just the history and present experiences which play a role in forming an individual but the patterns of adaption/maladaptation which can transform new experiences whilst also simultaneously be transformed by said experiences making his view of development very dynamic. In these pathways, the initial attachment with caregivers is seen as the

initiating condition, launching individuals on pathways that are a result of these experiences (Sroufe, 2005). However, most noteworthy of his assumptions, is that early attachment patterns are not the only characteristics setting pathways into motion but a myriad of other factors come into play which will either support or deflect the progress from the initial manifestation (Sroufe, 2005). Bowlby postulates that this change (deflects or continuations of paths) can occur at any point but as a pathway becomes more entrenched, the change becomes more challenging (Sroufe, 2005). Consequently, it is the notion of cumulative history, which becomes important as this along with early attachments and current experience and attachments shapes the choices an individual will make about his/her life (Sroufe, 2005).

Keeping these various factors in mind, it appears as if various internal, external, and cumulative experiences converge to form a major pathway, which an individual is set upon. The internal and external experiences will be as influenced by the cumulative experience as the cumulative experiences will be influenced by the internal and external experiences. Burgoyne (2003) explains how the formation of the internal and external facets occurs and link up to shape an individual's actions and choices. The internal or inner life of an individual comprises of his/her knowledge, skills, and internal models of relating and understanding the world which appear to function in tandem as an internal compass guiding the individual thereby playing a significant role in shaping the individual's developmental pathway (Burgoyne, 2003). He further highlights how an individual's internal protective or resistance factors also contribute to their outer life. For instance, he explains that someone socially and academically adept would be able to adapt to life stressors easier than someone less adept (Burgoyne, 2003). However, the development of these inner factors can also be dependent upon outer life experiences, especially initially.

Burgoyne (2003) explains the outer life comprises of the individuals choices and actions in three major areas: education, employment, and following society's laws. He suggests that conduct, in these realms, is a manifestation of inner states but also shapes the ways people respond to others and the way they will be responded to in turn (Burgoyne, 2003). Similarly, the environment plays as significant a role in shaping an individual. A person would need to navigate and adjust to their environment in which he/she lives. The more immediate the context the more influential it is and this also takes into account the effects of socioeconomic and cultural factors which create parameters around the types of choices available and the

types of communities one belongs to (Burgoyne, 2003). Lastly, the development of an individual's personal constitution and history occurs within the ambit of chronological events and milestones (Burgoyne, 2003). Therefore, to summarise, as Bowlby (1976: 364) himself states:

...this model disputes the notion that disordered states of adult personality are reflections of early states of healthy development and it regards as seriously mistaken any attempts to build a developmental psychology on that basis. What is required instead, it holds, is that the many and often divergent developmental pathways potentially available to humans should each be mapped, together with those organismic and environmental variables that constrain an individual to take one pathway rather than another. Such mapping, it insists, can be done only by studying personalities as they develop in the particular environment in which they happen to be developing. Only in this way is it possible to gain understanding of the interactional sequences of personality and environment that result in that personality growing along that particular pathway.

This quote succinctly summarises the major tenets of Bowlby's developmental pathways and the discussions above. Development is seen as continuously occurring and experience collects experiences and these as a whole combine to set an individual down the path of their life. This pathway can continued to be travelled until such a point that one is deflected from it onto another pathway but this deflection becomes more challenging the longer one remains on a pathway. The origins of the pathway can be traced to the first attachment experiences of an individual and these experiences launch people into their respective pathways. Revisiting attachment theory below and keeping in mind the ideas about developmental pathways, these notions will be used to locate the participants' experiences within this theoretical backdrop.

5.2 The Beginning: Attachment as a Basis for Psychological Life

*"The propensity to make strong emotional bonds to particular individuals
[is] a basic component of human nature"*

-John Bowlby-

The foundation of Attachment theory is based on the idea that human beings need to form close emotional bonds in order to survive (Pietromonaco & Barrett, 2000; Sroufe, 1996; Waters & Cummings 2000). These bonds then form a template or internal working model of relating which is then used as the individual matures to navigate their world. These working models, through recurrent use, begin to function

independently out of conscious awareness and whilst these models show consistency in content over time, their constitution is likely to develop significantly from infancy to childhood through to adulthood (Pietromonaco & Barrett, 2000). Thus, according to attachment theory, the internal working models comprise of the assumptions people have about themselves and others, as mediated through their experience with their caregivers, and these assumptions allow the individual to make interpretations, decisions and fashion understandings from their environment (Caspers et al., 2006; Dekovic & Meeus, 1997; Pietromonaco & Barrett, 2000).

For an infant's best chance, he would need to facilitate a secure attachment or pattern of relating with his caregiver. This is the most important developmental milestone of early childhood and if achieved provides the individual with a sense of security and trust in others (Marrone & Cortina, 2003). This attachment style emerges out of the continuous engagement of the caretaker in the infant's needs not in a way that is never failing but that is consistent but increases autonomy over time (Bowlby, 1976). More than this, healthy and secure attachments occur when open non-defensive emotional communication can occur between the child and the parent consistently (Bretherton, 1997). This creates something known as a "secure base" from which the child can use to explore his/her world and use as a means of reassurance when distressed (Marrone & Cortina, 2003; Sroufe, 2005). Consequently, miscommunication and difficulty establishing a secure base leads to various types of insecurity depending on the type of miscommunication. However, in all these cases, two sets of internal working models are created whereby one is at a conscious level and compatible with what the child has been told while the other is unconscious and consists of the child's unaltered experience (Bretherton, 1997).

The child's attachment also influences other important areas of development occurring in early childhood such as emotional regulation, freedom to explore, and regulation of arousal levels (Marrone & Cortina, 2003). Therefore a secure attachment style is likely to yield a child who has a healthy self-esteem, internal locus of control, extroversion, and openness to experience (Mickelson & Kessler, 1997). These children are also able to seek out social support when they need help and to manage their affective experiences (Mickelson & Kessler, 1997). Hence, according to Bowlby some of the most significant and loaded emotional experiences are rooted in one's attachment and caregivers play a crucial role in modeling healthy affect regulation particularly in the way they manage the regulation of difficult emotions like anger or

sadness (Marrone & Cortina, 2003). Thorberg and Lyvers (2006) highlight that insecure attachment styles generally result from caregivers struggling to engage with this process in a helpful manner and therefore the children are more likely to later seek other means to cope such as alcohol or illicit drug use as in the case with the research participants.

The participants in this study spoke of two distinct ideas of relating with their caregivers: a disruption in the bond with one or both parents (real/perceived loss) and the inability of the remaining parent to mediate that loss or provide the support needed to cope with what that loss evoked in the participants. Marrone and Cortina (2003) note that experiences of abandonment, rejection, neglect and dysfunctional parenting is a risk factor in children struggling to cope within their environments. The participants found themselves isolated and unable to navigate their feelings or familial relationships and this had two cascading effects. Firstly, the loss itself of the parent or caretaker was buried and remained an unresolved wound constantly playing out in their lives and this is discussed using Freud's *Mourning and Melancholia* (1917) below. Secondly, this insecurity within themselves and difficulty relating carried through to adolescence and became their dominant struggle in this stage, and this will be discussed in relation to Erikson's theory of psychosocial development.

5.2.1 Attachment, Dependence and Loss

People are much greater and much stronger than we imagine, and when unexpected tragedy comes . . . we see them so often grow to a stature that is far beyond anything we imagined. We must remember that people are capable of greatness, of courage, but not in isolation... They need the conditions of a solidly linked human unit in which everyone is prepared to bear the burden of others. (Bowlby, 1976, p. 23)

Establishing the participant's attachment styles to their caregivers prior to their self-identified watershed moment is challenging as not enough information was gleaned to do so. However, the information they provided from this point forward allowed for an understanding of their developmental pathway going forward. They all identified the real or perceived loss of a parent and the failure of the remaining parent to help them mediate this loss as the root of their dependence. Because the real loss of a parent raises different theoretical conflicts when compared to the perceived loss of a parent, even if the outcome of both seems similar in this case, it is discussed first.

Ellis and Lloyd-Williams (2013) highlight that a child's experience of loss can be mediated by many factors such as prior experiences of loss, their family and social relationships (including the nature of the relationship with the parent who died), their greater environment and culture and the circumstances of death. Bowlby (1976) agreed as seen in the quote above, noting that this process can be navigated without a pathological outcome should the support around the individual be enough to carry them through the experience. Consequently, it appears the loss itself is not the cause of the pathological outcome in these participants but the resultant lack of support from the environment around them, which failed to meet their needs. This is termed 'double jeopardy' by Riches and Dawson and this encompasses the dual reality of a child losing their parent but also the temporary and symbolic loss of the remaining parent (as cited in Ellis & Lloyd-Williams, 2013).

The longer this double jeopardy is experienced the distress of the original loss is compounded and this has significant impact upon the adult life with regards to loss of self-esteem and self-worth (Ellis & Lloyd-Williams, 2013). This situation is similarly experienced in the scenario of perceived loss except in this case the child has symbolically lost the parent and similarly, the remaining parent was unavailable to support them through this process also resulting in a kind of double jeopardy. Freud (1917) writes more about this kind of loss, which deals with the loss of an ideal object rather than the physical object itself. He terms this melancholia and this involves the loss of love or the object, which has disappointed and is often present when ambivalence is apparent in a relationship (Freud, 1917). While mourning is the normal reaction to losing a loved object, melancholia is the pathological response to the loss. Freud only considers melancholia in situations when the actual loss does not occur but it is more of an object ideal but in this case both the real and perceived loss of a parent seemed to lead to melancholia.

In simple terms, melancholia occurs when the energy invested in the lost loved object is not withdrawn and instead remains an open wound drawing energy to itself impoverishing the ego (Freud, 1917). This could be applied (although not originally postulated by Freud) to both the real and perceived (as postulated by Freud) loss of a parent as experienced by the participants. The reason being that without the guidance of the remaining parent, the double jeopardy established prevented the disinvestment from the real lost object and the ambivalence and concurrent double jeopardy in the perceived loss resulted in the same thing. The impoverished ego manifested as a

complete disregard of the self and a need to see the self as meaningless as opposed to the world, which occurs in normal mourning (Freud, 1917). While the actual loss and perceived rejection and abandonment of their parents may have been conscious, the implications and withdrawal of energy into the ego is unconscious creating a fixation of libidinal energy at this point.

Hence, the participants found themselves at a point where they were consciously grappling with the loss of their attachment figures and very little additional support from their current environment. Unconsciously, these feelings of rejection and abandonment were turned inward resulting in feelings of insecurity, and low self-esteem. This template of relating and being in the world proved to be indicative and fundamental to the interactions which followed as they approached and entered adolescence. Here, they were to face many issues relating to the formation of an identity and in doing so forming peer relationships and due to their prior experiences this process became challenging to navigate and this is discussed below.

5.2.2 The Crisis of Adolescence

Erik Erikson posited a theory of psychosocial development, which encompasses hierarchically, ordered stages of development that are cumulative in nature. From birth and through the identification and socialisation of the individual, they are able to establish an identity and sense of self in the world (Franz & White, 1985). The first element of development entails the impact of the child's social environment on their ego development while the second is the resultant development of an 'inner space' (Franz & White, 1985). Just like for Bowlby, the role parents and family at large play is significant in contributing to what he terms the socialisation of the child (Franz & White, 1985).

The development of one's personality occurs within the context of periods of developmental milestones that occur throughout different periods of the lifespan. Each milestone is related to and dependent upon the achievement of the previous milestone and is rooted in a specific time frame. He terms these milestones 'developmental crises' and the most significant for these discussions occurs in adolescence, which is identity verses role confusion (Cote & Levine, 1987). According to Erikson, in this period the child is free to experiment with various roles and senses of self while not necessarily taking on any responsibilities and commitments (Cote & Levine, 1987). This stage only leads to pathology when the

individual cannot mobilise their inner resources and those of society to engage with this process (Cote & Levine, 1987).

As already established, the participants arrived at adolescence with a poor self-esteem, a restricted ability to explore their environment feeling insecure and struggling to interact with others in their environment. Yet once they arrived at adolescence, they were required to engage with this process of self-definition, which comprises of two significant processes: learning to define the self, whilst separating and defining the other. Simply put, establishing a sense of self and relationship to oneself and in doing so establishing a sense of another and a way of interacting with that other. Therefore, it is not difficult to imagine that these participants found this period particularly trying and this culmination of experience is unpacked below in relation to these two aforementioned aspects.

5.2.3 The Culmination of Experience

So far it appears that the initial attachment styles, which the participants had with their caregivers, cannot be classified because it was not explored in this study. Yet, there came a point early in their childhood where two distinct events occurred. This is the real or perceived loss of a parent and the inability of the remaining parent to mediate that, which in turn led to two distinct cascading effects. One, the original wound (the loss of the real or ideal parent) was not mourned and therefore remained an open wound collecting energy as the participants moved through life. Two, this difficulty mobilizing support from their environment, coupled with the ‘open wound’, left them suffering with melancholia. This means that they turned their feelings of rejection and/or abandonment inwards seeing themselves as unworthy. At this point, they reached adolescence where they were required to (1) form meaningful peer relationships and (2) experiment with a sense of self. These two aspects of development is explored now in relation to this cumulative experience.

Peer relationships

Bowlby emphasised that attachment relationships do not occur in isolation and that the caregiver-child relationship plays out within the broader context of family and group dynamics (Marrone & Cortina, 2003). Furthermore, he proposed that people should be understood as existing in an interactional web involving various familial,

social, cultural, and economic realities (Marrone & Cortina, 2003). He also acknowledged the timing of relationships and that as individuals mature they will use different relationships at different points as their basis. Although the initial caregiver relationship can influence the types of relationships formed afterwards, they begin to take on a less prominent role especially as the person reaches adolescence. It is here where peer relationships become tantamount and the most influential. Consequently, as one matures new developmental tasks emerge and the navigation of which is dependent on the degree to which a secure base was formed (Marrone & Cortina, 2003). For example, in middle school peer relations, athletic and academic proficiency, rivalry, and/or cooperation with siblings become new bases of security (or insecurity) (Marrone & Cortina, 2003). This continues with age and early adulthood, for example, can include the selection of a vocation, the ability to develop intimate relationships (Marrone & Cortina, 2003).

Significantly, children can recover from early childhood adversity or maladaptation with the development of a solid foundation using other support systems such as siblings and peers (Sroufe, 2005). However, in this particular case, the participants also found relying on peers and other family members challenging such that it reinforced their sense of isolation and insecurity. They spoke of feeling unable to connect to others because of not feeling worth having a connection or knowing how to go about fostering one. Hence, instead of possibly deflecting their pathway, adolescence and the trials and attributions brought with it perpetuated the struggles already present in the participants. This did not mean that they had no friends but rather than the quality of the friendships they fostered was superficial and often destructive. Dekovic and Meeus (1997) highlight this and note that a distinction should be drawn between the involvements in peer relations (partaking in activities involving others) compared to the quality of the relationship. They also caution to differentiate over-reliance of peer relationships that seek the emotional care and comfort (as opposed to support) from friends, which they feel they cannot receive at home (Dekovic & Meeus, 1997).

Essentially, forming meaningful relationships with others can contribute to feelings of self-worth and self-esteem. Meaning those who are more able to cultivate deeper connections are more likely to have higher self-worth and self-esteem. So the development of self-esteem and self-worth for the participants' became cyclical where they felt unworthy of love therefore finding it difficult to connect with others

thereby confirming in their mind that they are unworthy of love. Hence, the relationships with others seemed to affect the relationship with the self just as much as the relationship with the self seemed to affect the relationship with others. This relationship with the self will thus be examined below.

The self

Fonagy and Target (1997) point out that self-organisation (formation of the self) commences with the initial integration of body-related experiences thereby allowing for the concrete classification of me and not me. From this point, the social interactions and identification of boundaries (real or internal) become central to the development of the self (Fonagy & Target, 1997). Consequently, because the self exists only in the context to the other, the maturation of identification of the self can only really occur within the gambit of another. Holding this in mind, these participants found that their ability to connect and relate with others challenging and therefore defining themselves proved to be just as cumbersome. Kassel, Wardle and Roberts (2007) note that insecure patterns of relating appear to result in negative self attitudes based on the early attachment experiences (and probably continuous attachment difficulty) and these attitudes then activate the depletion of self-esteem which is what could then fuel the need for substance use and abuse.

The abuse of substances seemed to serve many roles for the participants. On a basic level it ignited a feeling of being alive and free from the pain, anxiety and isolation prevalent in their lives at the time. It provided them with a self-soothing and comforting means to quiet the internal noise, which felt overwhelming at that point. But more than this, it also started giving them a way to navigate all of life's current challenges even if it resulted in the pseudo-resolution of them. With substances they felt different and felt they belong which helped them to connect with others (sometimes in similar positions as them) as well as appear to be moving through life relatively adaptively. However, with the prolonged use this very coping strategy began to take its toll on the participants and its other face reared its head. This brought the participants to a cross roads (sometimes more than once) where they were required to make a change or continue down their current path, each time with more risk than the last. Eventually, they all opted to shift to a different path and although the decision was one of the defining moments in their trajectories, the process, which followed, is what set them on a new path.

5.2.4 Shifting the Original Pathway

History, despite its wrenching pain, cannot be unlived, but if faced with courage,
need not be lived again.
-Maya Angelou-

Once the participants had decided to engage with the treatment process they played an active role in directing themselves onto a different pathway. This decision, as they mentioned, was aided by the presence of another relationship. Despite struggling to find a way to truly connect to others, in their moment of dire need they reached out to someone for support and this time received it in the way they needed it. They then entered rehabilitation facility, where all their layers of pseudo-development were stripped away and in many ways they all spoke of going back to the basics. This included the occurrence of two distinct processes: the mourning of the original loss and the re-exploration and re-definition of the self. Firstly, the participants were asked to contemplate their life and work through the issues which were keeping them bound to their substance and current way of being. In Freud's terms, they were required to decathect their objects and this included mourning the loss of the real parent but also the idea of the parent, which they had. This led to the participants being able to fully acknowledge both the love they were getting and the limitations of that love. More importantly, the realisation of this allowed them to stop turning their feelings inward but rather come to terms with the reality of their relationships and their own and others shortcomings.

Secondly, they were given the opportunity to revisit the identity versus role confusion stage and rework through it in a more authentic manner. The rehabilitation center seemed to have become their secure base and once this secure base was established they felt able to work through the loss of the parent and establish an identity. In this process, they were also able to find peers with whom they could genuinely connect and form relationships with. The rehabilitation centre or those who stand as its proxy (sponsors or family members also part of the AA), continues to be the secure base from which the participants operate from. In times of crisis (possible relapse or relapse) they return to this space (whether it is the physical building or the internalised space in their minds) in order to help them navigate their distress. Once they arrived, they appeared to facilitate a secure pattern of relating to the facility and the people and activities, which encompassed it. This then provided the springboard for the rest of the treatment to occur and these experiences were then internalized to form new models of relating and being in the world. These new models then

contributed to placing the participants on new healthier pathways and every time they use their new models of relating to make decisions they reinforce their new pathway. However, in moments of distress they all acknowledged the possibility of returning to their previous pathway but the possibility of the new pathway allows them to choose for themselves rather than unconsciously play out these patterns.

5.3 Evaluation of the Theory

Bowlby's idea of pathways is already used in a particular way of understanding development. It seems to relate quite significantly to two dominant and well-known ideas in developmental psychology: Equifinality and Multifinality. Presently, there is an acknowledgement that many factors can contribute to an individual developing pathology and these terms seem to encapsulate what Bowlby was suggesting (Cicchetti & Rogosch, 1996). Briefly, equifinality is the idea that the same outcome can be reached from various starting points and through different processes and this accounts for why many pathways can lead to one outcome (Cicchetti & Rogosch, 1996). While multifinality suggests that one particular adverse event would not necessarily lead to the same outcome in people and that whilst individuals may begin with similar major pathways, their subsequent choices and experiences can allow for them ultimately following different paths (Cicchetti & Rogosch, 1996). These ideas seem to capture Bowlby's thoughts more concretely but illustrate an acknowledgement of Bowlby's work.

The use of Bowlby's ideas has illustrated how individual's nuanced and intricate development can be tracked and understood. Just like Bowlby's emphasis on tracking trajectories across a number of pathways encompassing various factors, this paper also integrated various ways of making sense of and thinking about the way these experiences converge and intersect. This is one of the reasons why Bowlby's notion of developmental pathways provides such a comprehensive but also exploratory means to frame people's development and treatment. It takes into account numerous aspects across both the lifespan and then internal and external landscape allowing for a deeper understanding of the manifestation of behaviour. It also allows for the cascading and cumulative effects of experience to be acknowledged and examined as it has the bi-directional effect of effecting and being effected by new experience. Lastly, this theory provides an optimistic view to development as it means that deflection onto new and healthier pathways can occur at any point with the right

combination of factors. This does not mean it is easy but rather that it is possible. The implications for treatment and of this study will more broadly be discussed in the next and concluding chapter.

CHAPTER 6: CONCLUSION

Relationships are integral to human life and therefore they can be used either as a protective or risk factor when considering an individual's development. This study embarked on a hermeneutical investigation to explore the role relationships play in areas of pathology, specifically in substance abuse and dependence. It sought to classify and understand the types of relationships as well as the impact of them on development as it occurs across the lifespan but particularly in individual's suffering from substance dependence. The increasing numbers of substance dependence was shown in Chapter 1 to present a significant challenge in contemporary South Africa and because treatment entails such a lengthy and often costly process, research optimising interventions appears a worthwhile endeavour. Chapter 2 established the clinical and diagnostic ways of understanding, treating and conceptualising substance abuse and dependence. The framework of attachment theory was explored and concept of developmental pathways was put forward as a possible means to understand the initiation, manifestation, and treatment for the disorder.

Chapter 3 then specified the research questions investigated in this paper and the way in which these questions were investigated. Chapter 4 then presented the findings as obtained from the interview data and the themes were mirrored in typical chronological pathology models. Meaning, participants explained their life beginning from early childhood until their present point highlighting the moments in their life, which they felt, led them to and away from substance dependence. These included experiencing a real or perceived early childhood loss, the difficulty to elicit support from their environment in coping with said loss, seeking substances as a means to cope and using a key relationship to then see treatment and work through the original loss and redefine the self. This led to the theoretical exposition, in Chapter 5, which attempted to understand this trajectory of the participants according to a developmental pathways frame. The participant's trajectories were made sense of using attachment theory as the foundation of understanding their behaviour and this was embellished with ideas from Sigmund Freud on *Mourning and Melancholia* (1917) and Erik Erikson (1950) on psychosocial stages of development. These were all integrated within the overarching framework of Bowlby's (1976, 1980) developmental pathways.

Bowlby's conceptualisation of development was seen to be consistent with the multidisciplinary field of developmental psychopathology that views normality and psychopathology together (Mickelson & Kessler, 1997). Attachment theory itself has made significant empirical contributions to the field of psychology but his notion of developmental pathways provides rich conceptual contributions (Marrone & Cortina, 2003; Sroufe, 2005). The rationale behind this study was not to produce literature which can be generalised across large populations (empirical evidence) but rather to generate new ideas and thoughts around conceptualising substance abuse and its etiology.

Consequently, this study has uncovered interesting nuances as they appear in the developmental trajectories of individuals who suffer from substance dependence. Firstly, it illustrated the complex nature around loss, the devastating impact this can have on a child's development but also more importantly that this impact is often dependent on the support the environment can provide. Surprisingly, it illustrated the way that real loss and perceived loss can play out across the lifespan and that these can have more similarities especially when mourning becomes complicated. This report also showed the cascading events that difficulties in childhood could lead to and how one's past and present interactions are shaped by these effects. Lastly, and most significantly for treatment and intervention purposes, the data provided a way to make sense of the changes occurring in recovery on a deeper and more theoretical level. This allows for the cautiously optimistic view of treatment regarding pathology and as posited by Bowlby.

6.1 Future Directions

Using Bowlby's (1976, 1980) framework provided a novel approach to research in the field of substance abuse and if future studies use this thinking or expand upon this area of thinking then it has potential implications for detection, treatment, and prevention of substance abuse disorders. For example, this includes understanding that substance abuse is more than a biological or individual disease but one that exists in an intricate system. Challenging the various pillars, which promote substance behaviour, at schools and within families, could lead to worthwhile results. Using the developmental pathways outlook can also deepen the thought, which goes into the treatment process and areas to focus on.

6.2 Strengths and Limitations

This research has attempted to contribute to the body of knowledge regarding substance dependence. It has provided a novel way of applying John Bowlby's attachment theory by drawing on his assertions regarding developmental pathways. It has demonstrated the importance of examining relationships across the lifespan in terms of intervention and conceptualising pathology. The first major limitation regarding this study was the type of sample and sampling method used. This type of research favours smaller samples in order to gain qualitatively rich research as opposed to empirically rich data. This then impacts the generalisability of the research because a purposive sampling method was used the representativeness of the sample can also be questioned. However, generalizability is not typically a goal of qualitative research. While the demographic features of the sample were relatively heterogeneous, the type of substance abused, treatment centres and similarity in years of abuse and age of onset was very similar. The data collected was also interpreted through subjective analysis, which suggests that the meanings made, and understandings presented in this paper are heavily related to the background and theoretical orientation of the researcher (which is psychodynamic). This means particular areas of the data may have been neglected or interpreted through the lens of the researcher's mind.

Concluding comments

This research paper examined the relationship experiences in adult's recovering from substance dependence. Whilst the methodological rigour of the study prevents it from being empirically significant and the subjective nature of the work affects the authority of the information presented, the aim of the research was to generate new ways of thinking about and conceptualising substance dependence as it occurs across the lifespan. The data showed that of the participants interviewed for this study, many of their developmental trajectories followed typical paths to pathology as posited by many theorists and Bowlby himself. This included beginning with a negative early childhood experience, which then had cascading effects for development to follow. This study also shed light on previously understood ideas such as mourning and loss in a more nuanced way to make sense of the intricate processes, which occur during those periods. While further research is required to explore this postulation further and convert it into practical effect, this study has provided a novel and interesting way

of understanding development through the lens of one of Bowlby's theoretically rich but under researched concepts.

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Appendix A: Demographic Questionnaire



Psychology

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Please fill in the following questions by ticking the appropriate box that applies to you or filling in the answers on the space provided. These questions are merely for descriptive purposes.

Gender: ☐ Male ☐ Female Race: ☐ Black ☐ White ☐ Asian ☐ Indian ☐ Coloured ☐ Other

Age: _____

1. How old were you when you started abusing substances?

2. What was your substance/(s) of choice?

4. How many years were you abusing substances before you chose to get treatment?

5. Where did you complete your treatment and briefly explain what it entailed?

6. How long have you been sober?

Appendix B: Interview Schedule

Topic	Guideline Questions
Experiences during substance dependence	* Why were you initially drawn to drugs and how did you become addicted to [drug of choice]? * What was your experience of being addicted to [drug of choice]? * What was it about that particular drug which you were drawn to? * What was your experience of your relationships at that point in your life? * How did drug abuse affect your relationships? * How do you think your relationships affected your choice to begin using drugs? * Which relationships do you feel played a role in maintaining your dependence? If any, and how so?
Treatment	* What made you seek treatment? * What was your experience of the treatment process? * How did you experience your relationships in the treatment phase? * Which relationships do you feel played a role in seeking treatment? If any, and how so?
Relationships	* How do you think your relationships had any influence on: * The drugs you chose? * Your experience of addiction? * Any relapses you may have experienced?
Recovery	* What has motivated you to stay clean? [Probe about relationships if not mentioned] * What new relationships have you formed since being clean and what is your experience of them? * Which relationships have endured your substance use, treatment and recovery process and how have you/do you experienced them? * Which relationships do you feel have been instrumental in your recovery process?

Appendix C: Participant Information Sheet



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Dear Participant,

My name is Cassandra Govender and I am conducting research for the purpose of obtaining a Master's degree in Clinical Psychology at the University of the Witwatersrand. I am researching the relationship experiences of adults in recovery from substance dependence while they were abusing substances and after they have engaged in a treatment process. I would like to invite you to participate in my study.

Participation in this study will involve an interview that will take approximately one hour to an hour and a half and will take place either at the Emthonjeni centre at Wits or a place of your convenience. With your permission, the interview will be audiotaped to be used in the analysis for the research to ensure accuracy in the reporting of the data. You may choose not to answer questions if you prefer not to. Only my supervisor and I will have access to the audio recording which will be kept securely both during and after the research process. Direct quotations from the interview may be used in the research; however, all identifying information will be removed from the study, ensuring confidentiality. You will be referred to as "interviewee" followed by a numerical figure when direct quotations are used. You may request to withdraw the recording from the study at any time during the data collection process.

All information gathered during the interview will remain confidential; therefore, your identity will not be disclosed or connected to the information you provide during the interview. The interview transcripts, containing no identifying information, will be kept in a secure location both during and after the research process. Both my supervisor and I will have access to this. In addition to us, should transcribing be outsourced, transcribers will be asked to sign a confidentiality agreement and no identifying information will be attached to audio recordings.

This research study may be written up in the form of a research report and may also be published in a journal article. The audio recordings and the interview transcripts will not be destroyed once the research is completed as the possibility for future comparative research may arise. They will be stored securely on a password protected computer. Should you request feedback on the research, this will be provided in the form of a one page summary of the findings of this study.

No benefits are expected from participating in this research. Participation in this research is voluntary and you may withdraw from the study at any time without any consequence. You may choose not to participate and this will not be held against you in any way. Should any psychological distress arise during the study referral services will be available, in the form of, The South African Depression and Anxiety Group (0800 12 13 14), Lifeline (011 728-1331) and the Emthonjeni Centre (011 717 4513) who will be able to assist you.

Should you choose to participate, you are requested to detach and keep this sheet. You are also requested to read and sign the informed consent forms on the next two pages. These forms will be stored in a sealed envelope with my supervisor.

Should you have any further queries, please feel free to contact either me or my supervisor. Our contact details appear in the signature below.

Yours Sincerely,

Cassandra Govender

083 799 3803

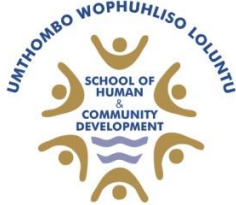
cassy.g@hotmail.co.za

Ms Tanya Graham

011 717 8330

Tanya.Graham@wits.ac.za

Appendix D: Participant Consent Form



Psychology

School of Human & Community Development

Private Bag 3, Wits 2050, South Africa. Telephone: +27 11-717-4500/2/3/4. Fax: +27-11-717-4559

I _____ hereby consent to participating in Cassandra Govender's research on the relationship experiences of adults in recovery from substance dependence while they were abusing substances and after they have engaged in a treatment process. I have read and understood what participation entails as set out in the information sheet. I understand that:

- Participation in the study is voluntary and I will be allowed to withdraw from the study at any time
- I may refuse to answer any questions I would prefer not to
- No information that may identify me will be used in the write up of this research study, and my responses will remain confidential
- I am informed as fully as possible as to the aims of the research and possible implications of the research
- The interview transcripts will not be destroyed after completion of the study
- No risks or benefits are expected from participating in the research
- Direct quotations from the interview may be used in the research. To maintain confidentiality I will be referred to as 'Interviewee' followed by a numerical figure

Signed: _____

Date: _____

Appendix E: Participant Consent to Audiotape the Interview



Psychology

School of Human & Community Development

Private Bag 3, Wits 2050, South Africa. Telephone: +27 11-717-4500/2/3/4. Fax: +27-11-717-4559

I _____ hereby consent to having my interview with Cassandra Govender audiotaped for research purposes. I have read and understood what this entails as set out in the information sheet. I understand that:

- Only the researcher (Cassandra Govender) and her supervisor will have access to the interview recording
- My identity will be protected and no identifying information will appear in the research report or publications
- The audio recording will be kept securely throughout the research process
- The audio recording will not be destroyed after the research has been examined
- I may request to withdraw the recording from the study at any time

Signed: _____

Date: _____

Appendix F: Organisation Permission Letter



Psychology

School of Human & Community Development

Private Bag 3, Wits 2050, South Africa. Telephone: +27 11-717-4500/2/3/4. Fax: +27-11-717-4559

Dear [Organisation name]

I am currently completing my Master's degree in Clinical Psychology at the University of the Witwatersrand and have to submit a piece of research as a part of the course requirements. The research I will be conducting aims to explore the relationship experiences of adults in recovery from substance dependence while they were abusing substances and after they have engaged in a treatment process. I am specifically interested in individuals who have been sober for a minimum of 2 years post their completion of a treatment program. I request permission to approach participants or circulate fliers either electronically or physically on your premises to inform participants about the study.

All interviews will be audio taped for the purpose of maintaining accuracy of the information disclosed by the participants. All participants will be asked to sign forms providing their consent to being interviewed and audio taped. The research will only be conducted once I have obtained ethics clearance from the Human Research Ethics Committee (HREC Non-Medical) at the University of the Witwatersrand. Confidentiality of all information disclosed by participants is guaranteed and pseudonyms will be used in the final report in order to protect anonymity. Participants have the right to withdraw from the study at any time, in which case, all information disclosed by the participant will be destroyed. Supportive measures, in the form of counselling that is either of minimal cost or free will be provided for participants who would benefit from speaking to a professional.

Finally, my supervisor is Ms Tanya Graham- a lecturer in the Department of Psychology at the University of the Witwatersrand. You are welcome to contact her if you have any questions. Her contact details are: 011 717 8330; Tanya.Graham@wits.ac.za.

Yours sincerely,

Cassandra Govender

Email: cassy.g@hotmail.co.za

Cell: 083 799 3803

Appendix G: Ethics Clearance Certificate



Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

R14/49 Govender

CLEARANCE CERTIFICATE

PROTOCOL NUMBER H14/04/09

PROJECT TITLE

Back to basics: An exploration of relationship experiences in adults recovering from substance dependence

INVESTIGATOR(S)

Ms C Govender

SCHOOL/DEPARTMENT

Human & Community Development

DATE CONSIDERED

25 April 2014

DECISION OF THE COMMITTEE

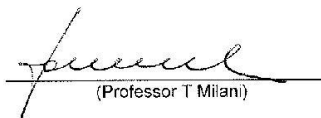
Approved Unconditionally

EXPIRY DATE

27/05/2016

DATE 28/05/2014

CHAIRPERSON


(Professor T Milani)

cc: Supervisor: T Graham

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10000, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature

Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES