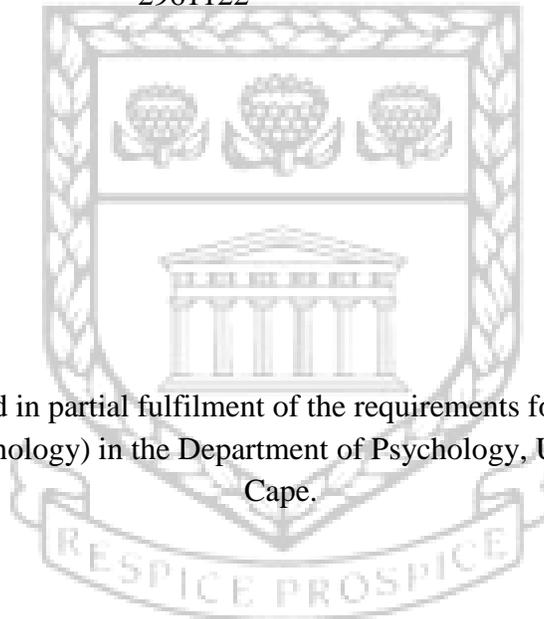


**A QUALITATIVE INVESTIGATION OF THE EXPERIENCES OF SUBSTANCE
ABUSING WOMEN IN CAPE TOWN**



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A mini-thesis submitted in partial fulfilment of the requirements for the degree of Magister Artium (Research Psychology) in the Department of Psychology, University of the Western Cape.

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ABSTRACT

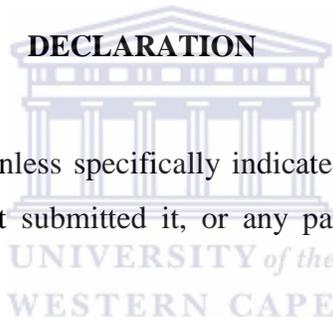
This aim of this study was to investigate the life experiences of substance abusing women participating in a substance abuse treatment programme in the Cape Town area. Much of the research that has been conducted on this topic has been quantitative and therefore removed from the context of lived experience. The current study thus aimed to fill this gap in the literature by using a qualitative methodology to explore women's own accounts of substance use and how they make sense of these experiences, their trajectory towards substance abuse as well as their motivation for treatment. A qualitative research design was employed, drawing on the interpretive framework which seeks to understand how people make sense of their experiences. Six participants were recruited from a substance abuse treatment centre in Cape Town and data was collected using semi-structured interviews and analysed using Interpretive Phenomenological Analysis (IPA). Guba and Lincoln's guidelines for ensuring rigor in qualitative studies were followed and the ethical principles of informed consent, non-maleficence, authenticity of data and anonymity were maintained throughout the study. The study found that partner substance use and psychological pain experienced by the women played a motivating role in their substance use. In addition, the reconstruction of one's own identity, perceptions of motherhood and mending relationships were found to be key elements in women's motivation for recovery.

Keywords:

Substance Abuse; Inpatients; Women; Interpretive framework; Interpretive Phenomenological Analysis; Motherhood; Cape Town; Intimate relationships; Rehabilitation

DECLARATION

I hereby declare that this thesis, unless specifically indicated to the contrary in the text, is my original work and that I have not submitted it, or any part thereof, for a degree at another university.



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Firstly, I want to thank My Awesome God for bringing me to this point, for carrying me through and never leaving my side.

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I would also like to thank the amazing women who participated in my study, without whom this wouldn't have been possible. I am deeply moved by your courage. Thank you so much for sharing your stories with me.

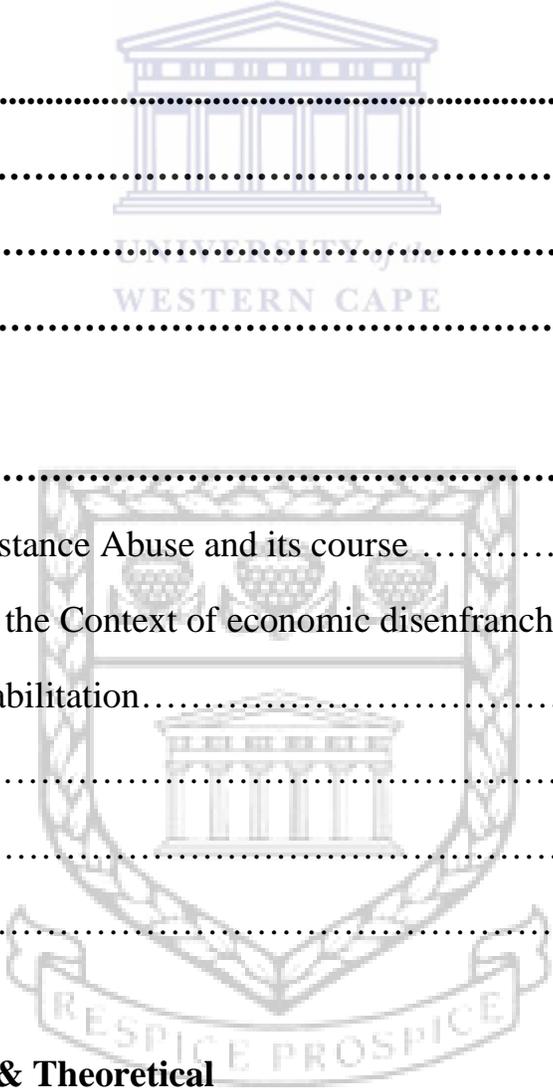
Thank you to my Mommy, Thank you for all of the sacrifices you've made for me, Thank you so much for all your love. I love you mamam.

My Gramps, I know how proud you would have been, I miss you every day and I love you so much. May your soul always rest in Perfect Peace Z'khali.

A very special Thank you to My M.A classmates, you guys have been awesome! I don't know how I would have gotten through this course without you!

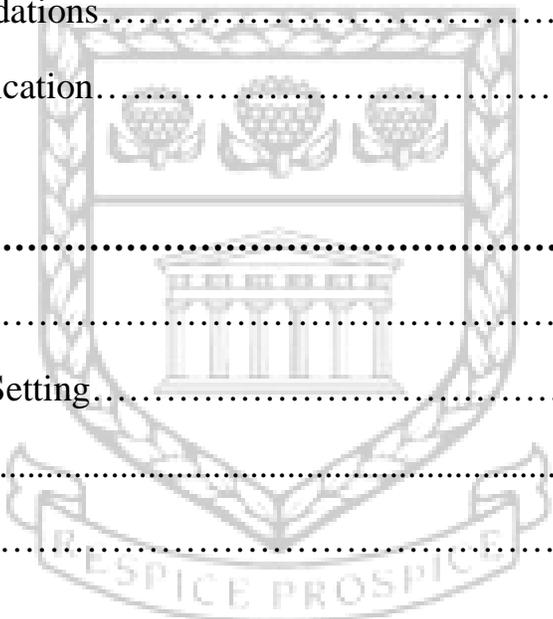
Last but not least: Siphamandla. You have been there from the get go, nobody knows my story better than you. Thank you for always supporting and growing with me. I love you.

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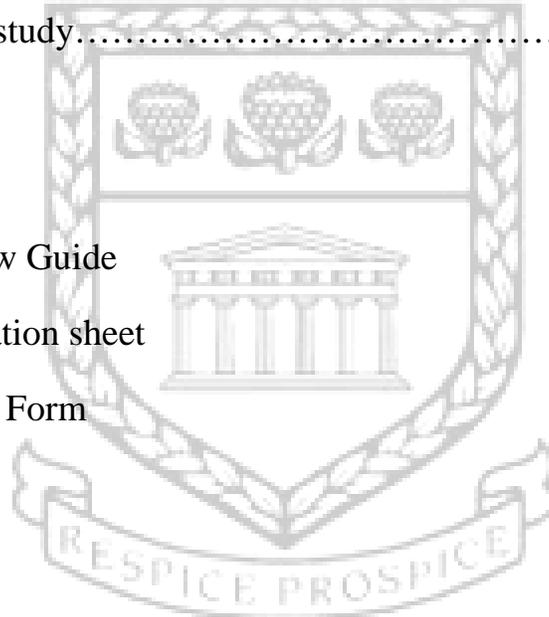
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CHAPTER 1: INTRODUCTION

Substance abuse has become a significant public health concern in South Africa, more specifically, in the Western Cape Province (Strebel, Shefer, Stacey & Shabalala, 2013; Sorsdahl, Stein, Weich, Fourie & Myers (2012). This has become a source of great concern as South African Police Service (SAPS) statistics show that 80 % of the crimes committed in the Western Cape are related to substance abuse. A report by the Western Cape government (2010), for the period 2002 and 2004 showed that the province has the second highest twelve month prevalence rate for substance use disorders in the country. The research reported the highest lifetime and highest 12 month prevalence rates among males at 70.3% and 55 % respectively. Statistics for women showed the highest lifetime prevalence at 39.2% and past 12 month use at 28.8 % (Western Cape Government, 2010).

Part of the reason for the increased prevalence is related to the increased availability of substances, this increased availability is due to the country's geographic location, relaxed boarder controls, weak criminal justice system, modern telecommunications and banking systems and international trade links with drug producing regions such as South and North America (Parry and Pithey, 2006). Moreover, there are marked geographic differences in the types of drugs that are predominantly used in South Africa, This has been highlighted in recent studies (Pluddeman et al., 2010; Nyabadza and Hove-Musekwa, 2010), which have found that the most common primary drug of abuse among patients in substance abuse treatment centres in the Western Cape is Crystal methamphetamine (also known as "tik"). This drug has been specified as a primary or secondary drug of abuse by users, with the mean age of treatment seekers being younger than 20 years old (Nyabadza and Hove-Musekwa, 2010).

Substance abuse has severe psychological and social consequences, it also has a negative impact on family relationships, occupational functioning, schooling and physical health (Hawkins, Catalano, and Miller, 1992). In addition, some drugs, such as methamphetamine increase the users' sexual libido therefore putting abusers at great risk for contracting sexually transmitted infections and women who are using drugs are more vulnerable to sexual predators and this explains part of the increased prevalence of HIV among users (Nyabadza and Hove-Musekwa, 2010), posing a great risk to public health and safety, thus making substance not only a problem

of the individual, but the population at large. This Chapter provides insight into the substance abuse problem as it exists in South Africa, as a public health concern, and the relevant implications for treatment. In addition to outlining the aims and objectives of this thesis, I also provide a conceptual definition of substance abuse.

1.1 Understanding Substance abuse and its course

Tarter et al. (2003) contend that variation in the risk for, and severity of substance use disorder is the product of the interaction of numerous bio-behavioral traits and environmental variables, thus making it a biomedical as well as a social issue. Furthermore, a deficit in one's capacity to control behavior and regulate emotion commensurate with situational demands has been documented in many studies to be associated with early age at the onset of a substance use disorder. Therefore, youth at high risk for substance use disorder commonly exhibit impulsivity, reactive aggression, sensation seeking, and excessive risk taking (Tarter et al, 2003). Moreover, substance use and substance use disorders have been documented to show systematic age-related patterns, with adolescent onset, peaks in use and diagnosed disorders in "emerging adulthood" (18-25 years) and declines in use after the mid-twenties (Goodman, Peterson-Badali & Henderson, 2011). An issue of significant concern is that substance use is under recognized in primary care settings, particularly among women, for whom treatment is considered more complicated and difficult (Roeloffs, Fink, Unützer, Tang & Wells, 2001). For example, (Carr & Szymaski, 2011) reported that women metabolize alcohol and other substances differently compared to men and therefore experience impairment and negative consequences of substance abuse more quickly and are at increased risk of dying from substance abuse-related incidents. The Women have been found to be less likely to seek assistance from addiction-specific treatment settings (Jackson and Shannon, 2012), moreover, women are also likely to solidify substance abuse during their young adult years, which indicates the importance of examining predictors of substance abuse among women aged 18 to 30 years old. Findings such as this are particularly pertinent because the differences that have been found between men and women in the nature and progression of addiction, may affect the identification and treatment of substance abuse related problems among women (Roeloffs et al., 2001).

According to Ross and Dennis (2009) individuals who experience problems with alcohol and drugs are also more likely to have comorbid mental disorders. For example, Pluddeman et al.

(2008) and Cook et al (2005) have suggested a link between post-traumatic stress disorder and substance abuse, indicating such life adversity as one of many possible causal factors for substance abuse among women. According to these and other studies, individuals with a history of trauma (particularly childhood trauma) have been found to be significantly more prone to developing patterns of substance abuse. This poses a significant risk to women's (psychological health and wellbeing (Ross & Dennis, 2009).

1.2 Substance abuse in the context of economic disenfranchisement

Although South Africa has shown relative progression since its first democratic elections in 1994, many of its people continue to be confronted with the challenge of living in a society characterized by economic and social inequality. Apartheid divided South African society on the basis of race and ethnicity, segmenting the nation spatially, politically, and economically (Penedo, 2014). As documented in previous studies (Lehavot & Simoni, 2011; Karriker-Jaffe, 2011) inequalities of such a nature have a negative impact on health and behavior, this impact is experienced through environmental exposures and through psychosocial mechanisms related to residents' relative social position (Karriker-Jaffe, 2011). According to Pampel, Kruege, and Denney (2010) persons who are economically deprived and living in disadvantaged communities face a variety of chronic stressors in their daily lives. In addition to battling to make ends meet, they have few opportunities to achieve positive goals thus they experience more negative life events such as unemployment, marital disruption, and financial loss; and must deal with discrimination, marginalization, isolation, and powerlessness. These stresses can trigger a host of unhealthy behaviors such as overeating, drinking, and smoking. This standpoint can be substantiated by theories of social exclusion and relative deprivation which suggest that areas with low Socio Economic Status suffer from differential development of social structures such as policing and schools that help sanction social behaviour and maintain social order and physical resources, such as housing and employment opportunities (Karriker-Jaffe, 2011). Cape Town and the broader Western Cape region have significantly high crime rates, with criminal acts affecting the significant numbers of the people who constitute these communities (Pluddeman et al, 2008). Gangsterism, community violence, gender-based and intimate partner violence are only but a few examples of the threats that face residents of low income Cape Town communities.

Consequently, the victimization and poverty that many Western Cape residents continue to face

daily has led to increased prevalence of substance abuse in the province. In the presence of such stressors, substances are often used as a coping strategy (Pluddeman et al., 2008).

1.3 Substance Use Rehabilitation

A study conducted on a sample of youth admitted to residential treatment programmes found that incentive to change among this group was significantly predicted by age, ethnicity, legal status, such as whether the individual was legally referred to treatment and type of drug primarily used. However, little is known about incentive to change among youth in other treatment settings (Breda & Heflinger, 2004). Previous research conducted in South Africa (Parry, et al., 2004; Nyabadza & Hove-Musekwa, 2010) shows that there has also been an increase in the treatment demand for substance related problems in large metropolitan areas such as Cape Town. Many of the inpatients in these substance abuse centres come from impoverished community settings characterized by violence, poverty, low education and substance abuse. With each of these factors enhancing individuals' vulnerability to substance abuse and other forms of psychopathology such as depression, and post-traumatic stress disorder where substances may be used as a coping mechanism. According to (Breda & Heflinger, 2004) further study is needed to assess how incentives might vary among meaningful subgroups of clients, while it is an interest of this study to understand individuals' incentives or motivations for rehabilitation, it is also to gain a phenomenological understanding of their individual life experiences. Therefore, the purpose of this study was to explore the experiences of six women participating in a treatment programme at an inpatient substance abuse rehabilitation centre in the Cape Town area. The study looks at substance abusers' own accounts of, and their trajectories towards substance abuse as well as their personal motivations for treatment seeking.

1.4 Aims of the study

This study aimed to explore the experiences of women diagnosed with substance use disorders. The objectives of the study were two-fold, to explore:

- women's understandings of the experiences underlying their use of substances
- The experiences that informed/motivated their treatment seeking behaviours.

The fifth edition of the Diagnostic Statistical Manual of Mental Disorders (DSM – V) (APA, 2013) defines substance abuse as a pattern of behavior occurring with the recurrent use of alcohol and/or drugs which causes clinically and functionally significant impairment. Such impairment may present itself in the form of health problems, disability, and failure to meet major responsibilities at work, school, or at home. A diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. The diagnostic criteria outlined in the DSM are as follows:

- Taking the substance in larger amounts or for longer than the you meant to
- Wanting to cut down or stop using the substance but not managing to
- Spending a lot of time getting, using, or recovering from use of the substance
- Cravings and urges to use the substance
- Not managing to do what you should at work, home or school, because of substance use
- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational or recreational activities because of substance use
- Using substances again and again, even when it puts the you in danger
- Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance
- Needing more of the substance to get the effect you want (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.

1.5 Rationale

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being” (Sartorius, 2006), from this definition one can deduce that mental health/psychological wellbeing is an essential element of an individual’s health, and is thus crucial to the overall well-being of individuals and society. The definition provided for mental health is as follows:

“the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope

with adversity; from early childhood until later life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem” (SA. National department of Health, 2013).

Mental health is therefore an essential component of not only the person’s wellbeing but also of their identity. Due to its impact on mental health, substance abuse has become a priority area of research, prevention efforts and intervention in South Africa. The South African National Drug Master plan (1999) states that in his first opening address to Parliament in 1994, South African President Nelson Mandela specifically singled out alcohol and drug abuse among the social pathologies that needed to be combated due to the fact that substance abuse is a major cause of crime, poverty, reduced productivity, unemployment, dysfunctional family life, political instability, the escalation of chronic diseases such as AIDS and tuberculosis (TB), injury and premature death in South Africa. The National Drug Master Plan was adopted by government outlining and outlines all national concerns in drug control. It acts both as a director and a directory of a country’s policies and programmes in the fight against substance abuse. The South African National Drug Master Plan aims to bring about the reduction of substance abuse and its related harmful consequences (NDMP, 1999).

(NDOH, 2013;) recognizes that mental health problems have serious economic and social costs, which include direct costs related to the provision of health care, and indirect costs, such as reduced productivity at home and work, loss of income and loss of employment. These costs have a direct effect on the mental health care user and their families’ financial situation. Moreover, the indirect cost of mental disorder is reported to far outweigh direct treatment cost by two to six times in developed countries and may be even higher in developing countries such as South Africa. In the first nationally representative survey of mental disorders in South Africa, lost earnings among adults with severe mental illness during the previous 12 months amounted to R28.8 billion.²⁹ This represented 2.2% of GDP in 2002, which outweighs the direct spending on mental health care for adults (of approximately R472 million). Therefore, it costs South Africa more to not treat mental illness than to treat it (NDOH, 2013; Jack et al, 2014). Many individuals have also been neglected, isolated, rejected by family and peers, abused or excluded from social engagement and basic rights. Stigma related to addiction and other mental illnesses emanating from substance use and abuse can thus act as a barrier to accessing education, employment,

adequate housing and other basic needs. This highlights the urgency and critical nature of the need to treat individuals suffering from mental health problems.

Considering the challenges faced by many young women that live within low socio-economic status communities in Cape Town and the detrimental impact living in such contexts often has on their physical and psychological wellbeing, it is critical to understand the nature of their experiences in order to optimize existing rehabilitative and therapeutic programmes. Little research has been conducted within the South African context on this topic and much of the studies that have been conducted in other parts of the world are quantitative in nature, and therefore removed from lived experience. This study will hence fill a gap in the literature. An in-depth understanding of participants' experiences of, and trajectories towards substance abuse is critical as it will provide a guideline or basis for identifying sophisticated and effective ways for addressing psychological and psycho-social problems that result from such experiences. There is a shortage in literature on studies conducted in South Africa that look at how women in substance abuse treatment make sense of their experiences. A study of this nature will also provide a frame of reference for developing interventions that will prepare women leaving substance abuse treatment for reintegration into communities that pose potential risk/harm. Interventions aimed at education, prevention by addressing issues that are potential predisposing and precipitating factors of substance abuse in order to minimize the existing burden on the country's health systems.

1.6 Thesis outline

The subsequent chapters of this paper provide detailed information about how this study was executed and consequently, how the afore-mentioned aim and objectives were met. In chapter two I provide a detailed review of previous research studies that have been conducted in the broad area of substance use and abuse. I also provide a critical appraisal of how these studies are useful in better understanding substance abuse within the context that this specific research is conducted. This chapter also presents a discussion of the theoretical framework within which this study will be situated. In Chapter three I provide a detailed description of the methods used in the operationalization of the study, the recruitment of participants, data collection and analysis and in the closing chapters I provide a description and discussion of the research findings,

Reflexivity and a section on the limitations of the study as well as recommendations for future scholarly enquiry.



CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

2.1.1 Substance abuse as a public health concern

According to Whiteford et al., (2013), up until recent years, substance use disorders were not classified as a global health priority when compared to communicable diseases and non-communicable diseases such as cancer, cardiovascular disease and HIV. However, since the 1993 World Development Report by the World Bank, global attention has been focused on the relative burden associated with disease morbidity, rather than mortality alone. This has led to an international effort to improve the mental health of populations around the world and has therefore seen an emphasis on the impact of substance use disorders on mental health. These have been found to be the leading global cause of all non-fatal burden of disease, a burden which this burden spans all age groups.. The substance abuse problem in South Africa has been highlighted in numerous studies conducted in the country and researchers have drawn consistent conclusions about the enormity of the problem. According to Myers, Louw and Parsche (2010) about 13% of the general South African population has a current untreated substance use disorder and Cape Town is particularly affected by these problems as the city has a higher proportion of arrestees and trauma patients who test positive for alcohol and other drugs than other major cities in the country. While the consumption of illegal and excessive consumption of licit drugs and alcohol has been repeatedly proven to have dangerous effects on the individual, the use of substances has been documented to have especially harmful effects on women of child bearing age and perinatal women. This is because the use and abuse of these substances is associated with neonatal morbidity (Tzilos, Hess, Kao & Zlotnick, 2013). However, substance abuse also poses potential harm for children who have already been born. Data collected conducted in 2007 for the National Survey on Drug Use and Health showed that 8.3 million children live with at least one parent who had abused or was dependent on either alcohol or an illicit drug during the previous year. Among children age 2 or younger, an estimated 13.9 % lived in a substance- dependent household, together with 13.6 % of children between the ages of

three and five years, 12.0 % of children aged 6–11 years, and 9.9 % age 12–17 years. These children were all placed at an increased risk for abuse or neglect and by extension, potential physical, cognitive, social, and emotional problems (Hser et, al, 2013).

Giovazolias and Themeli, (2014) highlight the relation between the use of one substance and the use of others. According to their study, majority of adolescents who smoke, also consume alcohol while positive relationships have also been found between the use of cannabis, tobacco and alcohol. Similar interactions have also been observed a between the use of cannabis and other illegal substances, which are inclusive of, but not limited to LSD, Amphetamines and Ecstasy. Participants in a different study reported starting off with alcohol, smoking or a combination of both but mostly sticking to the same substances (Poonam & Kishore, 2014).

2.1.2 Risk factors for substance abuse

- Adverse life circumstances

According to Goodman, Peterson-Badali and Henderaon (2011), a significant number of emerging adults develop mental health issues such as depression or anxiety, and these issues are often accompanied by drug and alcohol abuse and/or dependence. “Emerging adults” in this study are defined as individuals between the ages of 18 and 25. In addition, a significant number of youth (emerging adults) is said to develop chronic problems caused by or related to substance abuse. These individuals experience severe consequences as a result of their substance use, and therefore have difficulty successfully transitioning into adulthood as problematic substance use in youth is associated with continued substance abuse in adulthood and adverse health effects, academic/vocational difficulties, unemployment, increased risk taking behavior, criminality, suicidal ideation, and later psychiatric disorders. Punamaki, Belt and Posa (2013) explain that the core of addiction lies in the feeling of being unable to control and regulate emotions the result of this is a series of attempts to control them by external and behavioural means, such as substance use. According to Punamaki et al. (2013) these difficulties in affect regulation are expressed in both hyper- and hypo-arousal, for example, they explain that substance abusers tend to fluctuate from behavioural withdrawal and emotional numbing to overwhelming and uncontrollable behaviours and feeling states. This dysfunctional processing of emotions

underlies depression and anxiety, a propensity towards impulsive and aggressive behaviour, and hostile and angry feeling states. In their research, Sundin, Spak, , Sundh & Waern(2011) validate previous claims about substance use and suicidal ideation by stating that persons who met all the criteria for a substance use disorder diagnosis also had a more than three-fold increase in the odds of having seriously considered suicide. Alcohol is often consumed prior to attempting suicide in both teenagers and young adults. An increase in evidence for a link between drug use and suicidal behavior in adolescents has also been observed (Sundin et, al., 2011).

Furthermore, Douglas et al., (2010) argue that individuals who experienced adverse events such as parental divorce, death of a biological parent, living with foster parents, and living in an institution had a likelihood of developing alcohol dependence. This risk is estimated to be about 1.37 times that of individuals who experienced no or one adverse event. However, positive early family processes, such as parental support and bonding, predicted less problem alcohol use in adulthood. According to this study, substance abuse among female populations specifically, is likely intertwined with psychological reactions to violence. The relationship among violence, substance abuse, and HIV may be shaped by the coexistence of extreme poverty, lack of access to basic healthcare, high prevalence of HIV and commercial sex work, or culturally condoned violence against women (Lehavot & Simoni, 2011) this may be the case in many low-socio-economic status communities in South Africa.

- Trauma and Post Traumatic Stress Disorder (PTSD)

Breslau, Davis and Schultz (2003) looked at whether or not exposure to a traumatic event increased an individual's risk for nicotine dependence, alcohol and/or drug use disorders. In this study, risk was compared in people with Post Traumatic Stress Disorder (PTSD) and those without PTSD but who had been exposed to trauma. PTSD refers to a trauma or stress related disorder following exposure to an aversive event (Friedman, 2013). The study showed that there was an increased risk for the onset of nicotine dependence and drug abuse/dependence in persons with PTSD and a significantly lower risk in persons who had been exposed to trauma but did not meet the criteria for a PTSD diagnosis compared to those who had not been exposed to any form of trauma. According to the findings of this study, exposure to trauma did not predict substance abuse or dependence.

Breslau et al., (2003) provided some alternative explanations as to why trauma exposure or PTSD may lead to the development of substance use disorders. The first of these explanations is that PTSD is a risk factor for substance abuse as substances may be used to cope with distressing symptoms of PTSD such as intrusive memories of the trauma and distressing emotions like shame and guilt. Secondly, substance use disorders increase the likelihood of PTSD either by their association with lifestyles that involve an elevated risk of exposure to traumatic events that induce PTSD or by increasing a persons' susceptibility to the PTSD inducing effects of trauma. Finally, the association of substance use disorders with PTSD might be reflective of shared genetic or environmental factors (Breslau et al., 2003).

In their paper, Yellow Horse Brave heart, Chase, Elkins & Altschul (2011) describes the Historical Trauma Response (HTR, described in other studies as intergenerational trauma) as another explanation for substance abuse in some contexts. The HTR often includes other types of self-destructive behaviour, suicidal thoughts and gestures, depression, anxiety, low self-esteem, anger and difficulty recognizing and expressing emotions. Yellow Horse Brave heart et al. (2011) explains that substance abuse and dependence may co-occur with PTSD, the traumatized individual attempts to self-medicate in order to reduce the emotional pain. First degree relatives of trauma survivors with PTSD manifest a higher prevalence of substance use disorders as well as mood and anxiety disorders, this is known as intergenerational trauma transfer. Furthermore, childhood sexual abuse is a significant risk factor substance abuse as well as depression and/or anxiety.

According to Yellow Horse Brave heart et al. (2011), the degree of trauma exposure for individuals is impacted by the quality of parenting, with poor quality of parenting being implicated in the development of a substance use disorder (Whitesell, Beals, Mitchell, Manso, Turner & The ai-superpfp team, 2009). Greater lifetime trauma exposure is increased by substance abuse. The interaction between trauma exposure and substance abuse thus appears to be cyclic in that exposure to trauma (and development of PTSD) increases one's vulnerability to substance abuse. Such use in turn increases vulnerability to re-victimization and further trauma. Furthermore, the risk for substance abuse as well as trauma exposure increases when, in their childhood, individuals are subjected to non-nurturing and ineffective parental disciplinary practices, alcohol related violence, parental psychiatric problems, sibling alcohol use and

stressful life events such as verbal, physical and sexual child abuse perpetuated by a family member. These findings are consistent with those of Bulik, Prescott and Kendler's (2001) study which states that childhood sexual abuse increases the risk for psychopathology including substance abuse disorders. Cook, Spinazzola, Ford, Blaustein, Cloitre, De Rasa, et al. (2005) also support this finding by stating that complex trauma exposure results in the loss of core capacities for self-regulation and interpersonal relatedness. Children exposed to complex trauma often experience lifelong problems that place them at risk for additional trauma exposure and cumulative impairment such as psychiatric and addictive disorders. Such problems may extend from childhood through to adulthood (Cook et al., 2005).

More research suggests that individuals may use substances in an effort to ease psychological pain and obtain feelings of power (Angres & Bettinardi-Angres, 2008; Sadock & Sadock, 2007; Brock, Pearlman & Varra, 2006). Angres & Bettinardi-Angres (2008) explain that although a certain percentage of the population has a biogenetic predisposition to chemicals and/or addictive behaviours, early life traumatic experience such as isolation can also contribute to a predisposition to addiction.

- Age

Studies indicate that substance abuse behaviors generally begin during adolescence and that the decision to start using substances is influenced by both personal and social factors and peer influence plays a major role (Schneider et al., 2012; Whitesell, et al., 2009). Literature (Poonam & Kishore, 2014; Schneider et al, 2012) suggests that the developmental period between ages 18 and 25 constitutes a special phase, pertaining to certain characteristics that often render an individual vulnerable to getting involved with substances. It is often during this transitional period that an individual explores his/her identity and experiments with new behaviours, and for some people, these experimental behaviours may include substance use (Giovazolias & Themeli, 2014). Taking into cognizance that the process of establishing one's identity is often a confusing and difficult process, some individuals may resort to drugs as a way of relieving this confusion. Consequently, individuals who have just entered adulthood, are extremely focused on themselves, feel free to make decisions independently and without needing to ensure that permission or consent are granted from others. In that sense, it has been argued that self-focus combined with an absence of social control, which is well-suited with this age, may lead to

substance use (Giovazolias & Themeli, 2014). Moreover, Darke, Kaye & Torok (2012) suggest that an earlier age of substance use onset can be associated with higher levels of dependence, and with more serious drug-related problems. However, while other researchers like Schneider et al (2012) agree with this observation, they also argue that this association is not specific for the transition between childhood and adulthood, but increased risk taking behaviours, assessed by various measures can also be observed in substance abusing adults.

- Gender

Studies that investigated nature of the relationship between substance use and gender have found that gender differences can be observed in all phases of drug abuse, namely, initiation, escalation of use, addiction, and relapse following abstinence, therefore the significance of gender in the substance use picture cannot be overlooked. For example Becker and Hu, (2007) found that women begin regularly self-administering licit and illicit drugs of abuse at lower doses than do males but their use escalates to addiction much quicker. According to this study women are at greater risk for relapse following the cessation of use. The fact that women have been found to be at a greater risk for experiencing traumas such as intimate partner violence and rape also makes them more vulnerable than men to misusing substances (Hawkins, Catalano & Miller, 1992, Carr & Szymanski, 2011). These studies however do not explore the underlying psychological processes the women go through prior to misusing these substances. They do not provide insight into the cognitive and affective processes that these women might experience as a result of these traumas and how, as a consequence this leads to substance abuse.

Among other issues exclusive to women is that of pregnancy, Punamaki et al. (2013) state that while pregnancy can evoke conflicting and ambivalent feelings in all women; these issues are especially intense among substance-abusers. These women typically exhibit both highly positive and highly negative emotions that are too overwhelming to manage. Simultaneously with the joy of pregnancy, they can feel afraid of and guilty about having caused harm to their unborn child and this further contributes to oscillation between hope and disappointment, and between craving and abstinence (Punamaki et al, 2013). In 2005 only 32% of substance abuse treatment admissions were women (Greenfield, Cummings, Kuper, Wigderson & Koro-Ljungberg, 2013). This can be attributed to the fact that this population group faces numerous barriers, very

different from those that may be faced by men, therefore preventing access to treatment. Some barriers women have faced in the last 20 years include: pregnancy, fear of losing custody after the baby is born, fear of prosecution, and lack of services for pregnant women. One of the greatest barriers is lack of childcare. Financial constraints may prevent some women from obtaining childcare thus; identifying these barriers can help improve treatment access and services (Greenfield, et al., 2013).

2.1.3 Motivation for entering Substance use rehabilitation

According to Jackson and Shannon (2012) women generally underutilize the substance abuse treatment system. They tend to seek help in non-addiction specialty settings, such as in physicians' offices or mental health facilities. This is partly because alcohol abuse and illicit drug use may still carry more stigma for women than for men, which may discourage women from seeking help from a health care provider and may thus hamper detection of substance abuse problems (Jackson & Shannon, 2012) or result in a misdiagnosed and untreated addiction. The overall number of individuals who have substance abuse problems and actively engage in treatment seeking behaviours has been estimated to be about 11 percent and a large proportion of these individuals who actually seek treatment also fail to attend their first scheduled session (Dugosh, Festinger, Lynch et al., 2014). Both internal and external processes have been identified as contributing to a person's motivation to seek treatment. According to Goodman, Saxe & Harvey (2011), a person who is internally motivated chooses to be in treatment for personal benefit such as to make changes and to improve functioning. An individual is therefore considered to be externally motivated when their predominant reasons for seeking treatment reflects external conditions such as attempts to avoid negative consequences or obtain gains from an external source. Furthermore, in both adolescent and adult literature, factors that influence motivational variables include substance use quantity and frequency, family, peer and legal involvement, and mental health status. Although these factors seem to play a role regardless of age, the extent of their influence appears to differ across the developmental trajectory. In general, adolescents tend to be less internally motivated than adults and most enter treatment because of external influences such as family or legal pressure, likely contributing to high dropout rates across treatment programs (Goodman et al., 2011). Although these studies effectively illustrate how individual as well as external factors can affect or inform a person's decision to seek

treatment they do not account for the effect the treatment itself can have on the individual. What they also do not explore or hypothesize about the implications such experiences might have for recovery and potential relapse, factors which are imperative in the future functioning of the individual. By looking at the experiences of individuals already in treatment one may be able to understand what the perceived pros and cons of the experience are from the perspective of the client/participant, thus enabling the researcher to understand how the treatment setting and experience in itself can impact the client's recovery process and future outcomes.

While there is no clarity on why some individuals seek treatment and others don't, some research suggests that incentive to change is significantly predicted by factors such as self-efficacy, self-control, as well as the availability of gender responsive treatment programmes. These factors are discussed below.

- Self-efficacy

The term self-efficacy refers to one's belief in their ability to succeed in a particular situation. Therefore perceived self-efficacy can have a direct impact on one's choice of activities and settings and can thus affect coping efforts once they are initiated. Bandura (1977) explains that one's sense of self-efficacy determines how much effort they put into, as well as how long they persist when faced with obstacles and aversive experiences. Therefore the stronger the perceived self-efficacy of the individual, the more active the efforts (Bandura, 1977). This conceptualization of self-efficacy thus makes it a key variable to consider in pursuit of understanding treatment seeking behaviors among substance users. According to Digangi, Jason, Mendoza, Miller & Contreras (2013), this individual characteristic is theorized to be an important construct in recovery from substance abuse as it has been demonstrated to encompass a type of intelligence generated from experience. Individuals who reported higher levels of self-efficacy felt more confident in their abilities to abstain from substances.

- Self-control

According to Baumeister, Vohs & Tice (2007) self-control refers to one's capacity for altering their own responses, especially to bring them into line with standards such as ideals, values,

morals, and social expectations. Hence this can otherwise be understood as “the deliberate, conscious, effortful subset of self-regulation” (Baumeister et al, 2007, Pg 351).

An individual’s ability to exercise control over his/her behavior on behaviour, therefore, is also known to predict substance abuse recovery, in addition to the individual’s subjective perception of the need for treatment and perceived severity of drug use (Bejarano et, al.,2011). Myers et al (2010) recommend that one means of improving clients’ perceptions of treatment (and thereby treatment completion rates) would be to introduce service quality improvement initiatives into publicly-funded treatment services. This would require some shifts in current substance abuse treatment policy (Myers et al, 2010). Some researchers have proposed that the ideal treatment program will provide comprehensive, family-centered services (Greenfield et al., 2013) and because there are gender differences in the antecedents and consequences of substance abuse, gender-specific treatment may provide additional benefits and enhanced treatment outcomes for women. While a study focused on maternal drug use argue that inclusion of therapeutic elements and systematic enhancement of optimal mother–infant interaction is imperative for the success of interventions provided to substance-abusing mothers, stating that interventions of this kind offer mothers positive and rewarding experiences with the baby and boost maternal competence, thus capturing their mind back from drugs (Punamaki et al., 2013).

- Availability of gender sensitive programmes

Women who partook in a treatment substance abuse treatment programme in the United States emphasized that being in the all-women’s groups enabled them to be “all aspects of oneself”. The perceived opportunity for freedom of expression and unconditional acceptance thus made the idea of treatment initiation less threatening. One of the participants in the treatment programme referred to above explained this experience as follows:

“Freedom to be different things . . . being a mess one week and strong another week.”

Women reported shifting their perceptions of self in relation to the interactions with other group members. For example, one participant described: “there are filters in mixed-gender groups either self-imposed or externally-imposed that are not present in the women’s group” (Greenfield et al., 2013). In this specific study, women endorsed the stigma and shame that is commonly associated with being an addicted woman as an important factor in their recovery. They their

experiences of shame, guilt, and distress and that woman could talk about this with each other (Greenfield et al., 2013).

In Cape Town, the utilization of substance abuse treatment services has decreased over time, from a high of 3058 slots in the second half of 2007 to 2642 slots in the second half of 2009 (Myers, Louw, & Pasche, 2010). As no substance abuse treatment facilities closed during this period, it seems that service availability is not the only factor informing the likelihood of people utilizing substance abuse treatment in Cape Town. Although the reason for this is not entirely clear, studies (Greenfield, et al.,2013, Bejarano, et, al.,2011) have identified several factors which are positively associated with substance abuse treatment utilization, while it is important to identify these factors, it is equally important to take into cognizance the factors which serve as a restriction to treatment seeking and service utilization. These include affordability barriers, limited awareness about where to seek help, geographic access barriers, stigma and the neighbourhood environment.

2.1.4 Barriers to treatment

Literature on barriers to substance abuse treatment indicates that utilization is adversely affected by a prior history of treatment for substance problems as well as competing priorities such as finding food and shelter. According to Taylor (2010), Women are less likely than men to enter any type of treatment because of the barriers that confront their lives. Such barriers include the lack of childcare, fear of stigma, lack of family or financial support, denial, and the co-occurring disorders. These findings contradict those of Tucker, Wenzel, Golinelli, Zhou & Green(2011) who state that women may also be less inclined to seek help in specialized service settings such as mental health care settings because they are less likely to view substance use as their main problem or have greater concern about stigmatization. Substance-using adults who socialize or live with other substance users also tend to have lower motivation to quit substance use and lower treatment utilization (Tucker et al., 2011) This is because although abuse is a significant risk factor for substance use problems, the relationship is apparently mediated by psychiatric illness, including depression and anxiety disorders, therefore, the development of mood and anxiety disorders usually preceded the onset of Substance Disorders (Douglas et al., 2011).

These studies do not explore interpersonal factors such as the women's relationships with their significant others, relationships with family and external factors such as income and education level .

2.1.4 Conclusion

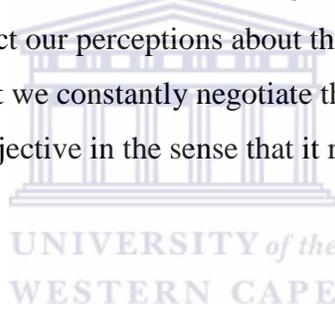
This chapter has provided a review of previous studies conducted in the broad area that is substance abuse. It has focused on the various implications of substance use in various populations, both locally and internationally. While these studies provide us with a concise picture of substance abuse and its grave implications for society, they have also suggested ways in which the substance abuse problem, particularly among women, may be curbed. The first section of the chapter put a spotlight on substance abuse as a public health concern while Substance abuse and adverse life circumstances, Trauma and PTSD as risk factors for substance abuse, Populations at risk for Substance Abuse: The significance of age and sex, Substance use rehabilitation were discussed in subsequent sections. The final section of the chapter looked at other important issues that emerged in the literature. All of these studies have relevant background information on the prevalence and effects of substance abuse, thus making them valuable in helping in the foundation of this study.

2.2: Theoretical framework

2.2.1 Interpretivism

According to Andrade (2009) an interpretive approach provides a deep insight into the complex world of lived experience from the point of view of those who live it. The key tenet of this approach is that it assumes that reality is socially constructed and the researcher becomes the vehicle by which this reality is revealed (Andrade, 2009: Cavana, Delahaye, & Sekaran, 2001). This approach is consistent with the construction of the social world characterised by interaction between the researcher and the participants (Andrade, 2009). Interpretive research assumes that knowledge about reality is gained only through social constructions. Through focusing on the participants' language, consciousness, shared meanings, documents, tools, and other artefacts the researcher is able to gain insight about the respondent and their subjective reality, as the interpretive framework postulates that reality and the individual who observes it cannot be

separated because individuals' perceptions about the world are inextricably bound to a stream of life experiences. Furthermore, the life-world has both subjective and objective characteristics. The subjective characteristics reflect our perceptions about the meaning of some world. The objective characteristics reflect that we constantly negotiate this meaning with others with whom we interact. In other words, it is objective in the sense that it reflects an inter-subjective reality (Weber, 2004).



3.2 History and foundations

Interpretivism was pioneered by the work of Weber, Schultz and Winch from the late nineteenth century throughout the twentieth century and hence evolved out of hermeneutics and phenomenology and their view of the fundamental differences between the natural and social sciences. During this time qualitative and interpretive research methodologies became more widely (Snape & Spencer, 2003; Williams, 2000; Denzin & Lincoln, 1994). Weber was mainly concerned with understanding social actions, relationships and causal relationships. He focused on establishing a valid and objective science of the subjective nature of the social world and defined sociology as a science which attempts the interpretive understanding of social action, in order thereby to arrive at a causal explanation of its course and effects.

During the first qualitative wave, interpretivism was descriptive and aimed at identifying the realities of the phenomena from the person's perspective and gradually took an interpretive turn as the role of the researcher became more important (Henning, Van Rensburg & Smit, 2004). During this time, philosophers did not only come to understand that the social sciences required different methods to that of the natural sciences but social meaning and understanding also became fundamental (Williams, 2000)

Furthermore, (Goldkhal, 2012) explains that in the interpretive tradition, there are no correct and incorrect theories but there are interesting and less interesting ways to view the world, therefore, interpretive research aims at knowledge as understanding and its purpose is that it should be interesting to audiences. People make meaning and construct their own realities whilst the researcher guides this process (Krauss, 2005). The role of knowledge evolving from this framework is constructed not only in terms of observable phenomena, for Henning et al. (2005), but it is also based on descriptions of people's intentions, beliefs, values and reasons, meaning-

making as well as self-understanding. The social world is understood or interpreted by different people in different contexts in different ways. In addition, interpretive research requires a critical reflection on how meanings are constructed through the interaction between the researcher and the research participants.

2.2.2 Theoretical Application

This framework is useful in exploring the historical experiences of the participants, the meanings they construct about such experiences and trajectories towards substance abuse as it makes explicit what is implicit in the subjective experiences of the participants. Working within an interpretive framework allowed the researcher to represent each participant's accounts of experience in a way that embraces their unique subjective experiences but also allowed the researcher to identify common features in the experiences of the participant's human experience is characterized as a process of interpretation rather than sensory, material apprehension of the external physical world, and human behaviour depends on how individuals interpret the conditions in which they find themselves. Therefore, social reality is not some "thing" that may be interpreted in different ways; it is those interpretations.

The fundamental epistemological principle is that the integrity of the phenomenon should be retained. The logic is based on the everyday processes by which individuals make sense of their own social world (Giddens, 1984). The data of interpretive science are intentional and the intersubjective meanings of actions and situations; explanations consist of descriptions in terms which are appropriate to the actors' culture; and theory consists of the cultural rules or norms that constitute the meaningfulness of interaction. Validity is based on convention, negotiated agreements between social actors and the willingness of social actors themselves to find an account of their world acceptable. During the interview process participants were told that there were no wrong and right answers to the questions asked and that the goal of the study was to get their personal understandings and interpretations of their experiences. 'Why' questions were asked in order to elicit information explaining how the participants arrived at certain conclusions. Probes were also used in order to get insight into the belief systems and values that shaped the participants' ideas and how these may have informed their worldviews and how they had experienced the events that had occurred in their lives.

CHAPTER 3: METHODOLOGY

Introduction

3.1 Research Design

This study is qualitative in nature, according to Malterud (2001) qualitative research methods are founded on an understanding of research as a systematic and reflective process for the development of knowledge that can be contested and shared, implying ambitions of transferability beyond the study setting. Drawing on these assumptions, the researcher must be prepared to use strategies for questioning findings and interpretations, instead of taking them for granted; assessing their internal and external validity, instead of judging them obvious or universal; thinking about the effect of context and bias, without believing that knowledge is untouched by the human mind; and displaying and discussing the processes of analysis, instead of believing that manuals grant trustworthiness (Malterud, 2001). In qualitative research, data collection and analysis involves constant data reduction and interpretation (Anderson, 2010).

This study utilised a phenomenological research design, the purpose of the phenomenological approach is to identify phenomena through how they are perceived by the actors in a situation. This approach is particularly useful for framing this study as the researcher sought to get insight into the subjective nature of the participants' experiences, particularly their understandings of these experiences. In the human sphere phenomenological research normally translates into gathering 'deep' information and perceptions through inductive, qualitative methods such as interviews, as it is concerned with the study of experience from the perspective of the individual, 'bracketing' taken-for-granted assumptions and usual ways of perceiving (Babbie & Mouton, 2010). Utilising phenomenology therefore allowed the researcher to focus on the participants' inside world, encompassing all knowledge, understanding and internal experience relating to the subject matter of this study, as presented to the researcher by the participants themselves.

3.2 Research Context/Setting

This study was conducted in Cape Town, Western Cape. The city was first built on the policies of apartheid and now seemingly exacerbated by the dynamics of a marketised economy, the

population of Cape Town is deeply polarised; economically, socially, racially and spatially (Standing, 2003). Alcohol and drug abuse are a pervasive problem in Cape Town and surrounds and a number of substance use rehabilitation centers exist in the province, both private and state owned. The substance abuse treatment facility where this particular study was conducted serves many communities in the Cape Metropole, Helderberg and Overberg regions, most of which are low income communities. Majority of the population served by this facility is 'coloured' (Afrikaans speaking). The term 'coloured' was coined during apartheid by the creation of a separate identity for people of mixed ethnic origin and reinforced by the various apartheid laws that strived to keep racial groups apart and also represents a large proportion of the Western Cape population. This population subset also has the highest rates of drug use. This center provides rehabilitation to large numbers of people during every treatment cycle and is thus known for notable success rates and some of the approaches used include Cognitive behaviour therapy, Dialectic Behaviour therapy, Family Therapy and Motivational Interviewing. The center typically accommodates between 20-40 patients at a time and runs an eight week in-patient program. Patients who have successfully completed treatment and have made satisfactory improvement are discharged after six weeks and start a six month aftercare programme.

3.3 Participants

Criterion sampling was used to select the research participants from a population of female in-patients at a substance abuse treatment center in the Cape Town. The aim and objectives of the study were advertised to the participants, together with the inclusion criteria, a request was thereafter made for people who met these criteria to partake in the study. The final sample consisted of six women ranging from ages 19 to 40. All of the women who participated in the study came from the coloured population and their home language was Afrikaans. Smith, Flowers and Larkin (2009) state that the recommended sample size for an IPA study is between 3 and 6 participants. The research participants were patients at a substance abuse treatment center located in a disadvantaged community settings in the Cape Town area, at the time of participation. The women were either in their third or fourth week of treatment. Below are brief participant profiles:

*Pseudonyms were used to protect participants' identities.

Michelle

Michelle is 26 year old coloured female in her third week of treatment; she has a 23 month old daughter. Michelle was introduced to drugs at the age of 18 years old while completing matric and has used for the eight years since then. It is her first time in substance abuse treatment and she is being treated for Crystal Methamphetamine use.

Alexa

Alexa is a 29 year old coloured female in her third week of treatment. Prior to her admission into the inpatient treatment programme, Her first age of substance use was nineteen years old she smoked cannabis but later moved on to using Crystal methamphetamine.

Tamsyn

Tamsyn is a 27 year old coloured female currently in week four of the treatment programme. She was on substances for eleven years, her first contact being at the age of sixteen years old when she took Crystal methamphetamine. Tamsyn also has two young children; her children were placed in foster care due to her drug abuse. Although Tamsyn was previously employed, she lost her job when she started using drugs.

Natasha

The fourth participant, Natasha, is an unemployed married mother of two, a coloured female aged 25 She lived with her husband and two children who have been subsequently placed in the care of her mother. Before seeking out treatment Natasha had been using Heroin and Crystal methamphetamine for over ten years. Her age of first initiation was when she was fourteen years old.

Stephanie

Stephanie is a coloured female aged 19; her highest level of education is matric and lived with her parents prior to using drugs. Stephanie previously signed up for treatment but withdrew before she could start. Stephanie experienced a miscarriage in the fourth month of her pregnancy due to complications related to drug use. She started using drugs with boyfriend at the end of her

matric year 3 years prior to her admission at treatment center. Her first substance was Crystal methamphetamine and she later went on to us Mandrax and Cannabis.

Francis

Francis is a 40 year old coloured female with five children. She was separated from her children and had been taking Crystal Methamphetamine for 10 years prior to seeking out treatment. Participant was previously enrolled in an outpatient programme but found it to be ineffective.

3.4 Procedure

Permission to conduct the study was obtained from the University of the Western Cape Faculty of community and health sciences higher degrees and ethics committees as well as the management of the substance abuse treatment centers. After I had identified which treatment center I wanted to work with (The criteria was that the center have an inpatient programme), I wrote a formal letter of request to the management of the center, attached to this letter was a document outlining what I intended to do and proof that permission to conduct the study was granted by the University. I then provided the management with the dates on which I intended to conduct the interviews and they approved these dates and introduced me to the six candidates that were to participate in the study.

3.5 Data Collection

Data was collected through semi-structured individual interviews, with each interview lasting approximately 45 minutes. The interviews were conducted in private therapy rooms at the treatment center. Each interview was audio-recorded and transcribed verbatim. . The final interview guide consisted of six questions and additional questions were asked during the interview process, these questions were different for each participant and were based on the researcher's subjective judgment of pertinence. The table below is an outlines each question included in the final interview guide as well as a description of the justification behind asking each of these questions.

The question marked with an asterisk (*) was a general closing question, this question was asked in order to examine the participants attitudes about the future, this was done in order to close the

interview on a light note and would consequently provide me with the opportunity to give a positive word of encouragement and support to the participant.

Question	Objective
How are you finding you experience here at (Name of treatment center)	A general enquiry that served to put the participant at ease while also trying to establish their thoughts and feelings about the treatment center and programme.
Tell me about how u started using “X” (drug) or alcohol	To uncover participants’ understandings of the reasons for and journey towards substance use initiation
How did you end up here (in substance abuse treatment)?	To examine the factors that led participants to seek treatment for their substance abuse
Tell me about what led you to the decision to seek “help” for your problem	To discover participants perceived incentives or motivations for seeking rehabilitation
What kind of difference do u think “X” (drug) or alcohol made in your life	To examine participants’ understandings of the impact of substances on their lives
Did you experience any resistance to the idea of coming into treatment?	To examine participants’ prior perceptions of the impact of substance abuse on their lives and the perceived extent of the need for help
*What are your plans when you leave the treatment center?	Described above

4.6 Data analysis

The data was analysed using Interpretive Phenomenological Analysis (IPA). IPAs theoretical underpinnings stem from the phenomenology which originated with hermeneutics (the theory of interpretation), and symbolic-interactionism, which posits that the meanings an individual ascribes to events are of central concern but are only accessible through an interpretative process (Biggerstaff & Thompson, 2008) . IPA acknowledges that the researcher's engagement with the

participant's text has an interpretative element and it assumes an epistemological stance whereby, through careful and explicit interpretative methodology, it becomes possible to access an individual's cognitive inner world (Biggerstaff & Thompson, 2008; Smith & Osborn, 2007).

Access to the participants' inner world depends on, and is complicated by, the researcher's own conceptions; these are required in order to make sense of that other personal world through a process of interpretative activity. Thus, a two-stage interpretation process, or a double hermeneutic, is involved. The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world.

The use of IPA enabled the researcher to identify the ways in which the participants construct meaning from their experiences and the subsequent effects such meanings have had on the ways in which they coped in the situations in which they have found themselves. This analysis method was particularly useful as the Interpretivism was the chosen theoretical framework due to the complimentary nature of the epistemology of its theoretical underpinnings. IPA allows the researcher to interpret the participants interpretations of their experiences, while keeping the emphasis on the phenomenological experience of the participant. In essence, this method of analysis also helped the researcher understand how and to what extent the participants' beliefs and constructions of meaning have directed their decision making and actions resulting thereof.

- Steps in IPA

Smith et al. (2009) describes six steps in the IPA process. The first step is reading and re-reading the transcriptions, this is done in order to ensure that the participant becomes the focus of analysis. The aim of this is also to bracket out the researchers' most powerful recollections of the interview experience and most striking observations. Once all six interviews were transcribed I proceeded to read each transcript in order to become more familiar and comfortable with the data. Each transcript was read at least three times before moving on to the next one. This was useful as it enabled me to recall information and make connections between participant's responses. Smith et al. (2009) explain that this process facilitates active engagement with the data and highlights richer and more detailed sections and contradictions.

The next step was the initial coding. I examined the semantic content and language use of the participants at an exploratory level, while maintaining an open mind and making notes of

anything of interest within the transcript. This process ensured a growing familiarity with the transcript and helped me identify specific ways in which the participants spoke about, understood and think about certain issue. The next step (step three) in the process was developing emerging themes. Here I attempted to reduce the volume of detail whilst maintaining complexity in terms of mapping and interrelationships, connections and patterns between exploratory notes.

Step four, according to Smith et al. (2009), is searching for connections across emergent themes. The aim of this step was to develop a mapping of how these themes fit together, looking for a means of drawing together the emergent themes and producing a structure which allows the researcher to point to all of the most important aspects of the participants' account. In step five I moved onto the next participant and repeated steps one to four, in the sixth step the researcher I looked for patterns across all cases (Smith et al., 2009).

3.7 Rigor (validity)

Qualitative research, embraces multiple standards of quality, known variously as validity, credibility, rigor, or trustworthiness (Morrow, 2005), thus, ensuring validity is an essential aspect of the research process. Guba (as cited in Shenton, 2004) proposes four criteria that he believes should be considered by qualitative researchers in pursuit of a trustworthy study. These are: credibility, transferability, dependability and confirmability. In order to attain this standard of work the following steps were taken throughout this research process:

- **Credibility**

According to Morrow (2005) credibility deals with the focus of the research and refers to confidence in how well data and processes of analysis address the intended research question. Credibility of research findings also deals with how well categories and themes cover data, that is, no relevant data have been inadvertently or systematically excluded or irrelevant data included. Thus, to ensure credibility I made preliminary visit to the research site in order to build rapport with management, staff. I also had brief meetings with the prospective research participants prior to conducting the interviews. This also helped me gain an understanding of the current context of the participants and to inform them about the study as well its aim and objectives. All of the participants were given an opportunity to withdraw from participating in the project so as to ensure that the data collection sessions involved only those who were both

willing and comfortable to take part and were therefore prepared to offer information freely. Further to this, I had consultations with my academic supervisor which helped me identify flaws in my proposed courses of action. Supervision also provided me with the opportunity to test developing ideas and interpretations, and to recognize my own biases. Additional methods that were used are reflective commentary, member checks and thick description participants' narratives and contexts surrounding them.

- **Transferability**

Transferability refers to the extent to which the research findings can be applicable to other settings or groups, although the author(s) may give suggestions about transferability. Morrow (2005) contends that it is the reader's decision, whether or not the findings are transferable to another context. In order to facilitate transferability, the results of this study are presented in a way that reflects the context of the participants, the experience and the context in which the fieldwork (interviews) was carried out in order to assess the extent to which the findings may be true of people in other settings. Thick descriptions of participants' interpretations are also provided.

- **Dependability**

According to Shenton (2004), this construct is closely tied to that of credibility (described above) whereby a practical demonstration of credibility goes some distance in ensuring dependability. Dependability thus is concerned with the extent to which a study can be replicated by a future researcher where the research design may be viewed as a 'prototype model'. An in-depth coverage of the research process also allows the reader to assess the extent to which proper research practices have been followed. Therefore, in addition to describing the research design utilized in this study, I also provide a detailed description of its implementation, describing what was planned and executed on a strategic level. This description features the operational details of data gathering. A reflection on the effectiveness of the process of inquiry undertaken is also provided.

- **Confirmability**

The concept of confirmability is related to research objectivity, and is thus to ensure that the research findings are the result of the experiences and ideas of the research participants and are not borne out of characteristics and preferences of the researcher (Shenton, 2004). A key criterion for confirmability is the extent to which the researcher admits his or her own predispositions. Therefore, the beliefs underpinning decisions made and methods adopted are acknowledged in the reflexivity section of this research report and by the researchers' engagement in ongoing reflexive commentary.

3.8 Reflexivity

According to (Shaw 2010) when the researcher and the research subjects are both living and experiencing beings it is necessary to reflect on how that might impact the research process, an idea which for me has been threatening, for three reasons. One, I am severely uncomfortable with putting myself 'out there', two because I was unsure of how truly reflexive one can be without sounding like they were writing their very own version of Bridgette Jones' diary and passing it off as an academic work, and three, I was and perhaps even as I write this am still not completely certain that I thoroughly comprehend what it truly means to be reflexive. That said, I suppose a rational place to start would be with the fact that the idea of writing my thesis on substance abuse was not very exciting initially. When I first set out to write my masters research proposal I wanted to do a study in the area of trauma research, although I was sure from the start that I wanted my population of focus to be on women and women's issues. Trauma for me was, and still is a significant area of concern. This is largely due to my previous experience doing counseling in a trauma unit. While I had a somewhat good idea of what constitutes trauma, during this experience I also learnt about the psychological consequences that often emanate from such experiences and for me, addiction or substance abuse was just nothing but a poor choice made trying to avoid dealing with a difficult situation. While this may carry some degree of truth (the use of substances to numb psychological pain is discussed in various sections of this paper) this study has broadened my perspective on this idea in a manner I had not previously imagined.

When I embarked on my data collection I was not aware of the narrow mindedness with which I approached what would later prove to be a very complicated subject, one similar to what I

myself was going through at the time. The first year of my Masters Studies was very challenging for me, it was in this year where my personal life was turned upside down and I was truly tested psychologically. It was very early on in this year that I experienced the loss of an attachment figure, perhaps two, depending on how we conceptualize the word 'lost'. My maternal grandfather, who I grew up calling "Tata" (a Xhosa term for 'dad') as he helped my single-mother raise me died on February 28th, the same day my boyfriend of four years and only support system in Cape Town relocated to another province. Of course these were *very* different losses but both signified important transitions in my life. Needless to say during this time I experienced a whirlwind of emotions ranging from sadness, to anger, confusion and sometimes pure ambivalence. Although I had support from my classmates who became good friends and some of the staff from our department there were many times where I felt that I had to mask my true feelings and keep up with the world around me was a silent agony. I would often feel alone in the company of those who cared; I would disappear and be brought back to reality by shrieks of laughter at what I'm sure were hysterical jokes made by one of my friends. Seeking sensation, flattery and comfort in a friend helped me escape my own heartache, anxiety and loneliness I was, in many ways like the women I interviewed for this project, and also realized that it was no longer serving me nor was it healthy.

When I finally sat with my participants I got the opportunity to finally realize that although we often think we have control of our life trajectory, none of us ever really do. That none of us ever sit as children, or even as adults, and imagine that we will do the 'bad' things that we do and the use of the word 'bad' in this context is to in no way make a moral judgment on the choices my participants or anyone else has made. I got the opportunity to observe and appreciate the significance that every experience in our lives holds, regardless of its impact. Perhaps this realization is what magnified the anxiety I had always felt about the possibility of nullifying the experiences of my participants, realizing that their experience, in its entirety was important, it was what had led them to where they were just as mine had led me to where I was. So I wanted to capture these experiences in a way that would articulate their authenticity. According to Field (2012) the nonverbal signals, mannerisms, tones of voices, gestures, facial expressions, brief touches, and even the timing of events and pauses between words may have physiologic consequences often outside the awareness of the participants so I made it a point to take note of

any of these believing it would tell me something about the experience of the participants, later realizing that nothing could tell me any better of the participants' experience than the participants, it was after all, the aim of this study to understand their own interpretations of their experience.

One of course cannot deny the impact of demographic factors such as language, socio economics, and age on the dynamics of any form of relations between two people. I am Xhosa speaking, from a socio-economic background similar to that of my participants, however they probably would not have guessed this due to the different trajectories our lives have taken, the fluency with which I speak English and of course the fact that I was conducting a research project for an advanced degree. My participants complimented me on my 'success' and one even expressed aspirations of reaching the same education level, for me, this reiterated the importance of the researcher being accessible to the participant and making sure that I was relatable which I can only hope I achieved.

3.9 Ethics

After permission to conduct the study was obtained from the University of the Western Cape's higher degrees committee, permission was sought from the managers/ directors of the treatment centers to approach the inpatients. All selected participants were informed about the aims of the study and asked to take part voluntarily. Informed consent was obtained from the participants prior to conducting the interviews and they were each provided with an information sheet which provided details about the nature of the study, why their participation was requested and contact information to use in the event that they had any concerns after the interviews had been conducted. The participants were informed that their identities will remain anonymous, that they were free to withdraw from the study at any point should they wish to do so. The permission of the participants was also sought and obtained before the audio recording of the interviews. Each participant signed a consent form which was issued to them before the commencement of their respective interviews. The information obtained from the participants was stored securely and the participants shall were not put at risk of any harm. Participants were assured that debriefing and/or counseling would be made available to them should they have experienced any distress from narrating their experiences.

3.10 Significance of the Study

There is a substantial body of research that has been conducted on substance abuse and how it has affected female populations. Estimates from this research suggest for every individual presenting with a substance and/or process addiction an additional six to ten persons is directly negatively affected (Naylor & Lee, 2010). However, research in the South African context has been largely quantitative and has thus not looked at women's own meaning making of their experiences. This study is important in that it focuses not only on the different aspects of women's experiences but also looks at how they use their experiences as motivation for positive outcomes. Many studies have focused on the role of socio-economic disadvantage (poverty and low educational level specifically) in the predisposition of substance abuse and this research has also been predominantly focused on male and adolescent populations. This study will therefore articulate the experiences of women with an authenticity that will encourage further investigation into the unique circumstances that women face daily, and hopefully reduce the stigma that is associated with female substance use (Taylor, 2010) thus fostering a culture where women do not shy away from rehabilitation, where they express themselves freely and confidently and where there is equity in access to care among all population groups.



CHAPTER 4: FINDINGS

This study focused on the experiences of six women participating in a substance abuse rehabilitation programme in the Cape Town area. Looking at the interpretations the women ascribed to their experiences the objectives of the study were to find out what the women understood to be the causal factors underlying their substance use as well as to understand their motivations for seeking out treatment. In this chapter I present the findings of the study. Firstly, I look at the women's descriptions of their experiences in treatment, and how they are finding the programme. I then move on to take a more intentional look at their interpretations of the factors or circumstances that led them to using substances and thereafter, those that drew them towards seeking rehabilitation as previously stated under the objectives of this study. Here I will present the key issues that emerged across participant's narratives while focusing on their individual subjective interpretations thereof.

Four main themes emerged from the participants' accounts of their experience of substance abuse, namely: the presence of a male partner at first exposure and his influence on drug use, the actual or threatened loss of a significant relationship, this was either the relationship with a parent or with a romantic partner for trajectories towards substance abuse and when asked about their motivations for seeking treatment personal identity seemed to have a big impact on the women's decision making and cognitive processes as the pursuit of a better version of the 'self' (self-conceptions) and aspirations of successful motherhood where the emergent themes.

4.1 Women's Experiences of being in rehabilitation

My first query during the interviewing process was into the women's experiences of the rehabilitation center. This provided me with some valuable insights into not only the said experience but also their lives before admission into the programme. When I first posed this question it was with the intention of putting the women at ease in order to allow them to be comfortable enough to be receptive of, and able respond to the sensitive nature of the questions that were to follow. I believe that the question not only served its intended purpose but also

yielded insight into the participants' perceived (although not explicitly recognized and articulated) needs. Embedded in their interpretations of their current experiences was an implied need for support and acceptance, not only of their past actions but also of themselves. Two themes emerged from their accounts namely feelings of being accepted and free as well as an appreciation for the structure and stability provided by the programme.

- **Feelings of being accepted and free**

Several participants reported that they experienced a sense of acceptance at the treatment facility that allowed them to "be themselves". This was evident in the responses where their interpretations of the rehabilitation experience was in regard to the relations between the personnel and themselves, Tamsyn, particularly, expressed an appreciation for the attitudes of the staff members, this seemed to have a direct and significant impact on her overall experience of the programme. Her response to how she could describe her experience was as follows:

Tamsyn "I'm feeling good about being here, the staff here is very helpful and very nice. It's good to be here, it's nice".

When I asked her to be specific about the things she liked about being in the programme she said:

".....uhm, I can be myself, I can be the person I want to be and I'm really looking forward to being a good mother to my children"

Her experience of the center was perceived as a nurturing and accepting environment, this put her at ease, allowing her to be herself, and be more comfortable with expressions of her identity and perhaps take ownership of her journey and previous decisions, she also seems to have gained

a more hopeful perspective about the future and portrays a positive view of herself, in the present as well as in the future.

Similar sentiments were expressed by Stephanie who described her experience as follows:

“...for me it’s a nice experience here because in a long time, like three years I didn’t have feelings, like emotions and to tell someone the truth in their face and I lie always to myself but ya, the first time I did come here I felt like uh-ah, I must be here because I wouldn’t like to go back into and to do the same thing over and over again. But for me the experience here is good, I learn many things here”.

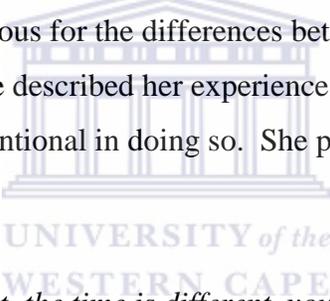
- **Structure and Stability**

Participants also spoke of the structure of the treatment programme. For some, adjusting to this structure was challenging but the predictability of the routine provided them with the sense of stability which they had previously been missing from their lives. Although this sort of environment was new to the participants, there was an implicit sense of appreciation in their expressions. In the participants accounts of their experiences of the rehabilitation programme I was able to gather that a typical day in the lives of the women before going into treatment involved moving from place to place, and their focus was centered around getting their next “hit”

Tamsyn explained:

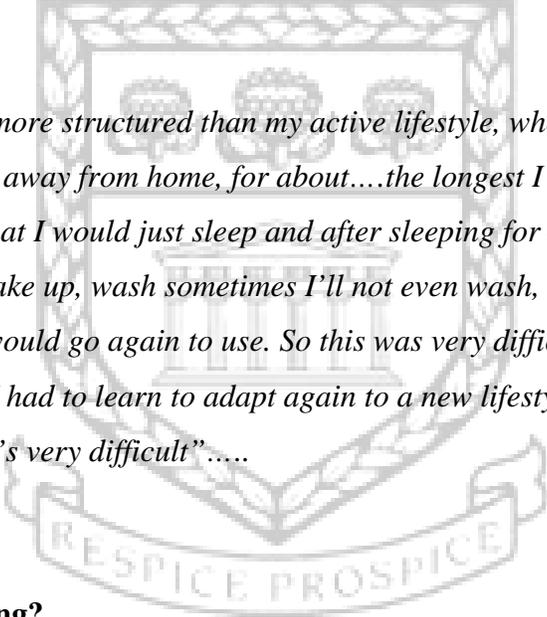
“It was almost like I need it because if I didn’t do it I would feel sick. If you don’t do it you fell sick. It’s almost like you had to get that thing, like before I came here also, it was hectic, every day I just wanted to do tik, even the day, on the same day, the morning, before I came here I did it because I had to, almost like I had to get it”

Michelle also described being led out of her comfort zone; she interpreted her current position as that of being in an environment where she was challenged to become more responsible and proactive. She was also very conscious for the differences between her position in the treatment center and her active lifestyle as she described her experience in direct contrast to her life before coming into treatment; she was intentional in doing so. She provides the following description.



“I’ve learnt to adapt, the time is different, you wake up very early, like at six o clock and I’m not used to that, during my active days that was the time I usually get home from using my substances so I had to adapt a lot.....”

She further explains:



“it’s much more structured than my active lifestyle, when I was active I didn’t ...I used to stay away from home, for about....the longest I was there was a week and then after that I would just sleep and after sleeping for a couple of days I would stand up, wake up, wash sometimes I’ll not even wash, I’ll eat a piece of bread and then I would go again to use. So this was very difficult at first, my first week especially, I had to learn to adapt again to a new lifestyle, a new routine and...yes, it’s very difficult”

4.2 How did you start using?

In an attempt that was more intentional than the first to find out about the women’s experiences as substance users and by extension, the experiences underlying their substance abuse, I asked them to provide narratives of their first encounters with the specific debut drug. The themes that emerged included significant relationship losses, some of these losses were experienced in the form of breaking up with a romantic partner or the neglect by or death of a parent. The participants started using drugs to numb the pain experienced as a result of the occurrence of these events.

4.2.1 Presence of romantic partner at first use

As previously stated, most of the participants reported that their entry drug was Chrystal Methamphetamine, only two participants reported to initiating their drug use with Cannabis. Furthermore, all the participants' first drug experience involved a male friend or a boyfriend although they were not necessarily said to be responsible for the women's drug use. This use of drugs occurred in social settings where taking drugs was not uncommon among the people who were in these social circles. All of the women recall taking the drugs voluntarily, in some instances the male partner had even discouraged this action but the woman insisted she wanted to try it.

For example Michelle explains that her debut drug experience, involved her then boyfriend. She explains:

“I met my boyfriend in my matric year and he was using drugs so he introduced me to it and that's when I started using.”

However, the involvement of a romantic partner was more explicitly stated by Tamsyn who, in reference to her daughter's father, stated:

“Her daddy's friends told me how to use tik,”

4.2.2. Experimenting

Another theme that emerged from the data was the notion of experimentation. For some of the participants the use of substances was initiated during the teenage years and was interpreted as a mere curiosity of what the experience would be like. Alexa explains this as follows:

Alexa:

“I started using it when I was 19 years old but uhm I started on Marijuana not how they would smoke it out of a pipe it was normally a just the joint but that was also like a weekend thing it was experimenting at the time”

She further goes on to say:

“There wasn’t anything any other reason because I was at the prime of my, the prime of my life I could say. So I think between the age of seventeen and twenty-five that’s when you feel that you want to experiment life”.

The idea of the sensation and excitement of being a teenager and consciously deciding to try out different things was also shared by Natasha who explains her initial drug use as something that she associated with her new found sense of freedom at the time, she explains

Natasha:

“Now you feel free you know that I have no parents to control me and I met different friends ok, and I start with the alcohol and I experienced tik like weekends with my friends”

She later communicates a sense of melancholy:

“For me it was like ag you know what my life is over I have no mommy and I have no daddy I can do what I want to”

5.2.3 Coping with painful emotions

Under the theme coping with painful emotions two subthemes prevailed across all of the participants narratives. The participants used drugs to cope with emotional pain resulting from losses of relationships with their romantic partners or those with family members. In instances where the very first drug experience had been attributed to something else (one of the reasons outlined above), the painful emotional and psychological experiences of the participants caused them to move on to more potent substances.

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- **Romantic failures**

Alexa explains that after breaking up with her first boyfriend she moved from using cannabis to the more potent substance crystal methamphetamine. :

“I had separation it was my first break up with my boyfriend, so we had a whole year of separation and that was my depression stage when I started just going off the top of my head and I thought that I am single and that I can do what I want to so partying was my thing then I was introduced to Chrystal meth”

Natasha explains that she relapsed years after remission from drug use once her husband started neglecting her, during this time she used drugs to cope with the pain she was experiencing:

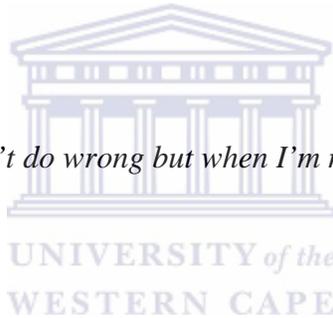
“I was happy and I was fat and fat until he started breaking my heart, sleeping out and going to clubs and that and then I was unhappy and I started using again”.....

It is therefore evident that for these women, substances were used as a coping mechanism, one that provided them with a way of existing with the heartache that was the consequences of being hurt by the men they loved and for them use of drugs was directly attributed to the ending or deterioration of their relationships with her partners. The significant role that drugs played in

numbing the emotional pain of the women was explicitly stated by Natasha and Francis who said:

Natasha:

“When I’m happy I don’t do wrong but when I’m not happy then I relapse always”

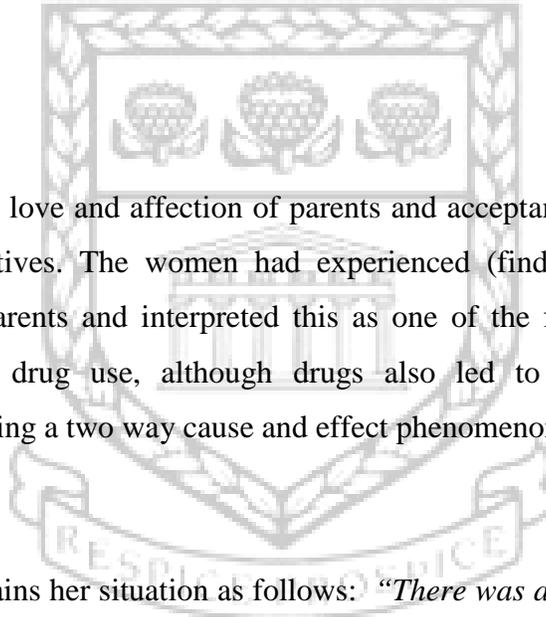


Francis* explained:

“I didn’t want to feel the hurt, or the shame, the sadness and all those unhappy feelings I don’t want to feel it.”

- **Parental losses**

A sense of longing for the love and affection of parents and acceptance by family also came up in the participants’ narratives. The women had experienced (find a suitable word) in their relationships with their parents and interpreted this as one of the factors leading them to, or rather perpetuating their drug use, although drugs also led to the dysfunction in these relationships, thus illustrating a two way cause and effect phenomenon.



Alexa explains her situation as follows: *“There was a lot of hurt and there was a lot of, sort of uhm, not neglect but I felt deprived. Ya I felt very deprived”*

For this participant, this perception of loss remained persistent even while in rehabilitation.

“Yes I still feel that I was deprived in terms of them noticing me and giving me some form of acknowledgement”

The significance of parental relationships emerges once again in Natasha’s case, who although interprets the events that led to her drug use as wanting to experiment as a teenager also contextualizes this explaining that it was at a time when she had just experienced the loss of both

her parents who died when she was a teenager. Natasha's thought of being able to do whatever she wanted to do at the time are accompanied by a hint at the grief and rebellion that was embedded in the sentiment at the time.

“For me it was like ag you know what my life is over I have no mommy and I have no daddy I can do what I want to”

Natasha's use of the words “my life is over” are very important here as they suggest that she felt that she had nothing left to loose, this signifies a deep-seated sense of loss and emotional pain.

4.3 What motivated you to come into treatment?

In this section I present at the findings that emerged from the participant's interpretations of the reasons behind their treatment seeking behaviours. The women's reasons and motivations for seeking out treatment were all related to their experiences of motherhood and their relationships with their children and families. In addition to expressions of a longing for healthy and loving relationships with their family members and significant others as presented in the previous section, the women exhibited great deal of motivations to restore their relationships with their children as they felt that addiction had caused them to neglect and mistreat them. In addition to this maltreatment the women also felt that they were failing as mothers and consequently missing out on their children's development. A conscious pursuit to improve oneself was also identified as a key motivating factor by the women.

4.3.1 Ineffectiveness of outpatient treatment

Several of the participants had previously enrolled into outpatient treatment programmes but however found these to be ineffective. The women explain their thoughts on the programmes in question

Alexa:

“I started off going to an out-patient rehabilitation centre where you not as disciplined

.....and I have joined the out-patient treatment in my area uhhm in February and up until August month it wasn't working for me so I definitely needed something else otherwise I would have still been on substance use”

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Francis interprets her experience of outpatient treatment as follows:

“It was like monotonous. It got to a regular thing. It was like a three month thingy and uhhm. I would be get so bored going to the same thing over and over and getting any outcome. Cause I could go high to one of the meetings and they wouldn't know any better. There was no testing of our urine and stuff, even though they said they were gonna test us you see. But uuhm at the end of the day I just stopped going since I was not getting anywhere”.

4.3.2 Becoming a better mother

When the women were asked to explain the events that led them to the treatment center and what factors had informed their decisions to seek help issues such as the threat to one's own life emerged not in isolation but were accompanied by the consequential loss of her children, the participants bigger concern was missing out on her children's development and lives. This example was true for Michelle who explained having had a near death experience due to a heart defect and hepatitis infection which was a complication associated with the use of Crystal methamphetamine. She explained:

Michelle:

“ In 2008 I was diagnosed with Hepatitis A so my kidneys were affected and my liver, I was born with a heart disease so I had..... but I smoked and I smoked tik and that had a huge effect on me, uhm last year this time I was in

hospital for a month so I almost died and they couldn't give me any medication, no antibiotics because of my heart disease and the hepatitis came back again and affected my liver and my kidneys, so no one had hope for me and after a month I woke up and nothing was wrong with me without medication so that's the reason why I'm here so that was only the first year 2008 I realized that I can't substitute my anti-depressants with tik"

"It's for myself, uhm and for my health, my daughter, I can't smoke, I can't use Tik anymore, I don't want my daughter to grow up without a mom,

"I don't want her to grow up without me and I know I've neglected her a lot so I know I'm doing it for her and for myself"

Alexa explained that her two children had been removed from her care and this motivated her to get well so she could have them placed back in her care.

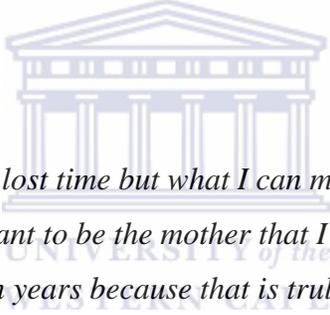
"I do have two children that I'm so much wanting to be in my care again because they have been taken away through social welfare"

"I'm not just doing this for myself, I'm actually doing this because the feeling of loneliness is hitting me every day when I'm at home because they don't stay with me"

Tamsyn explained how she had neglected and mistreated her two children. This was the primary reason for coming into treatment, she expresses wanting to be a better mother to her children

"I have two children see, and I didn't like the way I was treating them, see, whenever I looked at them my heart, it's almost like its breaking more and more, I'm heart -broken I just wanted to cry so I told myself ha.a, they don't deserve this, they deserve much better, you see and uhm, I didn't want to do that to them anymore, I just wanted to be a good mother to them. That's why I told myself I'm going for help now, I went by myself"

Francis shared similar sentiments:

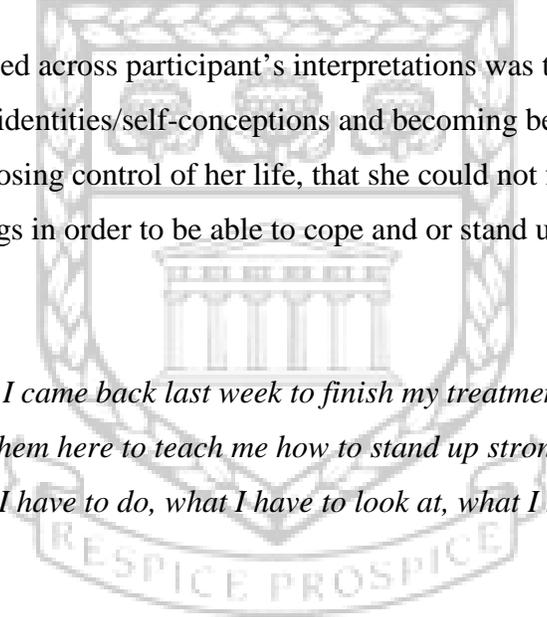


“I can’t make up for lost time but what I can make up for is my love for them and how proud I am. I want to be the mother that I’m supposed to be not the mother that was dead for ten years because that is truly what I was, I was a dead person”

4.3.3 Becoming a better version of oneself

The third theme that emerged across participant’s interpretations was that of regaining control of their lives, reframing their identities/self-conceptions and becoming better women. For example Natasha felt that she was losing control of her life, that she could not face challenges on her own and thus had to rely on drugs in order to be able to cope and or stand up for herself.

Natasha:



“that’s why I came back last week to finish my treatment you understand to learn, like I want them here to teach me how to stand up strong without drugs, you know, what I have to do, what I have to look at, what I have to say and stuff like that”

Alexa also spoke about the importance of recovery for her own benefit despite having initially sought treatment for the sake of being reunited with her children, her focus extended to herself and her personal wellbeing.

Alexa:

“My key for change is myself at this stage. February month yes, my key for change was my children but I’m taking it in this sense, if my key for change was my children in February I wouldn’t have needed to come into a treatment center

now. I would have been clean by august month because then I would have been so focused and so determined to get myself on the clean and sober path I would have been had clean months if my children were my key for change but I just decided I was fighting a losing battle, treatment center was the next best thing”

She proceeded to say:

“I’m sticking to this I’m giving it my all, I’m definitely giving it my all because I need it”.

4.3.4 Mending broken family ties

Another factor that was interpreted as having played a big role in decided to go into rehabilitation for the participants was family. Some of the women talked about the negative impact that drug used had on their relationships with their families, explaining that their behavior had been disappointing to their loved ones and the desire to mend these relationships also encouraged them to seek treatment. For example, during her interview Stephanie expressed feeling that she had let her family down.

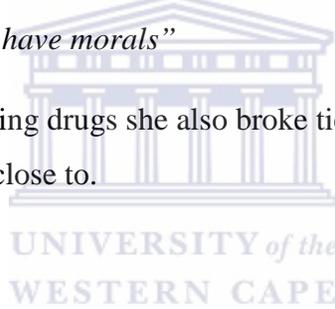
Stephanie:

“just to see my family, in their faces its hurting them because I realized that I can’t lie to myself that you see when you look you in the mirror and you say that you’re fine, you’re not fine and my mother and my father, it wasn’t nice for me to let them like, they pass me with the car and they don’t even look my way”

Francis spoke about being a disappointment to her mother, and her own desire to improve.

“I was getting tired of that having to be a disappointment to her also when she didn’t raise me up like that because she didn’t raise me up to be a drug addict. She raised me up to have morals”

She carries on to explain that by using drugs she also broke ties between herself and other family members she had previously been close to.



“I totally broke up my family man we had this close connection all of us man and the more I drugged the more I distanced myself away from my family man from my cousins



CHAPTER 5: DISCUSSION

Introduction

The women's interpretations of their substance use experiences provide insight into the various factors that have been a crucial determinant in their life trajectory. Each participant's interpretive narratives provided portraiture into their meaning making processes. As such, much of the data that emerged from this study supports existing literature on the experiences of substance using individuals, particularly those studies that focused on motherhood and parenting. This chapter provides a detailed discussion of the findings of this study, by providing an analysis of the participants' interpretations in light of the existing plethora of literature on the different aspects of substance abuse, focusing on the themes that emerged from the data.

To start off, I discuss the participants' interpretations of the rehabilitation experience, and then proceed to look at the participants' interpretations for why they started using substances, and conclude my discussion with an analysis of the participants' interpretations of their motivation and the factors that encouraged them to seek rehabilitation for their substance use.

5.1 Women's experiences of rehabilitation

The enquiry into the experiences of the women in treatment was able to elicit information regarding how they had settled into the treatment center and whether there were any significant differences in their lives at the treatment center and the lifestyles they led prior to enrolling in the programme. All of the participants were asked this question and they gave different responses but what came out from each of their interpretations was the fact that since joining the rehabilitation programme they had seen a change in not only their state of mind but their daily routine as well as their affective states. Two overarching themes emerged in the participants' interpretations of their rehabilitation experience, namely, feelings of being accepted and freedom to be oneself as well as a new found sense of structure and stability.

- **Feeling accepted and Free**

The rehabilitation center staff played a distinctive role in framing the participant's experience of the programme. When asked how they were finding their experience at the treatment center some of the women expressed an appreciation for the fact that being in the programme allowed them to be free and be comfortable in their own skins. The participants made reference to the personnel at the center, using adjectives such as 'nice' and 'helpful' in their descriptions of them. One such example can be observed in, Tamsyn's interpretation, where she makes use of words such as 'helpful' to describe the staff in addition to expressing positive feelings about being in the programme. This finding highlights the pertinence of the role of the helping professional in the recovery process and its integral nature to the quality of the personnel/client relationship which is important for treatment retention and recovery from addiction. According to Ekamparam (2008) the nature of the relationship between client and therapist is a significant factor in promoting therapeutic change. This is consistent with Sun's (2006) finding that women believe that therapist/ counselor characteristics such as non-authoritarian attitudes and approach, confidence and faith in their abilities, and projection of acceptance and care contribute to treatment success. For the participants, the positive experiences of the programme able to fuel their motivation for recovery thus contributing to their positive outlook of the future as well as a strong sense of self-efficacy, an aspect that is imperative for achieving positive treatment outcomes (Kadden & Litt, 2011). A positive treatment experience also appeared to reinforce individuals' inclination towards overall personal improvement for example, when interpreting her experience Stephanie said that it was good and she did not want to go back and do the same thing she had done before once she left the treatment center.

- **Structure and Stability**

Another common thread in the experiences of the women was the challenge of adapting to structure, something that they were not accustomed to owing to the haphazard nature of their active lifestyles. The women mentioned constantly moving from one place to the next, not having a stable home either because they had lost or voluntarily left their own. This is a picture that is typical of the everyday experience of substance users (Palepu, Marshall, Lai, Wood & Kerr, 2010). They would move around with their substance using peers and spent most of their time at "drug houses" as Stephanie explained. This also meant that basic things such as nourishing oneself, sleeping and personal hygiene were not done at preset times and not

prioritized. Alexa explained her existence during this time as centered on getting her next hit. The predictability and the routine at the treatment center therefore provided the participants with a sense of stability. Although this was experienced a challenging aspect of being in the programme, the women also expressed an appreciation for it as this demanded them to be more proactive in their recovery thus encouraging a sense of responsibility and accountability, qualities which are often amiss in the lives of substance abusers (Palepu et al., 2010).

5.2 Perceived causal factors of Substance use

Previous studies have identified a number of different factors that may draw individuals towards substance use and abuse some of these as discussed in chapter two look at issues such as previous trauma, socioeconomics and vulnerability due to gender and age among others. Three perceived causal factors were found in this study, these are substance use by an intimate partner, experimenting and using to cope with emotional pain.

- **The significance of the intimate partner**

Attachment theory emphasizes the propensity for human beings to make and maintain powerful affection bonds to significant others and that virtually every aspect of human experience is strongly influenced by the quality of these bonds (Makinen and Johnson, 2006). Therefore, one aspect of women's experience that merits particular attention is the importance of intimate relationships as a determinant of their substance abuse (McCollum., Nelson, Lewis & Trepper, 2005), this study contends that women are more likely to initiate drug use through pressure, encouragement, or persuasion from intimate partners (Madera, Sarson, Xiomara, Sanchez & Aragon, 2012). However, while none of the women who partook in this study reported any coercion from their male partners, they explained that at the time of their own substance use debut, their partners were either using themselves, or they were in their company, even though the partners did not necessarily encourage them to use they did create enabling environments for the women to use drugs. The women's willingness to engage in drug use with their partners can thus be attributed to the nature of the relationship with that partner and the woman's own desire to achieve a greater sense of closeness with the partner. According to Rivaux (2008) women may seek various ways to alter themselves to establish and/or maintain intimate connections to others, including unhealthy strategies such as drug use. In explaining their substance use the women recalled being curious and wanting to experience what the partner was experiencing implying

that they wanted to share the experience with their significant other as some of the reasons for women's drug use have been found to be linked to expectations that use will function as a relationship maintenance mechanism, ease the anxiety of intimacy, or even fill in what may be missing in their intimate relationships (Rivaux, 2008)

The women's intimate partners and their circle of friends later went on to play an integral role in the maintenance of their partners' using habits as they constituted the women's substance use circles. However, their role and/or influence was not limited to only that of a 'consumer buddy' but was extended to that of perpetuator as well. What this means is that the women who started off using drugs to satisfy their curiosity later began to use them to cope with emotional pain resulting from anticipated failures in their romantic relationships, these emotions were experienced during periods of fighting and unhappiness in the relationship and this is discussed in greater detail in section 5.2.3 of this chapter.

- **Experimentation**

Another factor that played a key role in the participant's initiation of substance use is the desire to experiment. For some of the women the onset of substance use was attributed to the coming of age of their then-adolescent selves, these women interpreted their decisions to use as resulting from a longing for a different experience to what they were accustomed to. Consequential to the death of her parents in her teenage years Natasha started to experience a rebellious sense of freedom where she conceived this transitional period in her life as one wherein she could do whatever she wanted to do. Although the use of drugs in these pivotal moments in the participants' psychosocial development was understood interpreted in isolation to the actual events that occurred, the participants' ability to contextualize their experience in relation suggests that a relationship exists between the participants' perceived desire to experiment and the events that took place. What is important to not in these cases is that both of the participants who interpreted their psychic experience as a sense of freedom and opportunity to do what they wanted had experienced significant losses.

Losing significant figures of attachment is known to trigger a variety of different reactions some of which may include feelings of anger; such feelings may in turn lead individuals into behaving

in ways that are detrimental to their own wellbeing. Moreover, studies on adolescent drug use and personality traits have found this behavior to be consistent with the sensation-seeking personality trait/ superfactor (Dubey & Arora, 2008). These adolescents engage in risk taking behaviours such as drug use in pursuit of a thrill, to fuel their adrenalin thus providing themselves with an escape from their painful intra-psychic states (Brock et al, 2006). The urge to experiment by way of engaging in risky behaviours may also stem from a subconscious belief that one has nothing else to lose when they feel like they have already lost the most important thing, or something that they held to great value.

5.2.1 Coping with emotional pain

The use of substances as a coping strategy has been recorded in many studies (Gopiram & Kishore, 2014; Sacks, McKendrick, & Banks, 2008, Brock, et al., 2006) and in varying contexts. In this study the role of drugs presents itself in a more complex manner as it appears not only to be attributed to the events outlined in the previous section (the experience of loss) , but the use of substances in itself become a destructive tool to the participants' relationships thus opening the understanding of its dynamics up to a two-way interpretation where on one hand drugs can be understood, as many other studies have found, as a coping strategy in addition to having a causation effect on the deterioration of relationships . Although only aware of it in retrospect, the women in the study started using substances to cope with the pain emanating from their lost relationships while at the time of initiating use their retrospective accounts are evidence of an awareness of this fact. In addition to providing valuable insight into the participants past experience this also shows the value of the introspection opportunity that their admission into their treatment programme has afforded them with.

The use of drugs as a tool for coping is further illustrated in the case where, women who had been using less pervasive substances (cannabis) moved onto more stimulating drugs once the loss occurred. These women stopped taking drugs once the dynamics in their relationships were perceive to have improved and relapsed again when they had experienced the same hurt and disappointment as they had before. However, their use of substances was also understood as having caused their significant others to leave them due to their disappointment with the participants behavior

- **Romantic Failures**

Zamora (2012) explains that in couples, a secure attachment bond serves as an active, affectionate, reciprocal relationship in which partners mutually derive and provide closeness, comfort, and security. These bonds are not simply based on “reciprocal altruism” but, rather, on a “profound psychological and physiological interdependence” thus making them an important and very influential aspect of the lives of those who form them. Attachment to intimate partners’ increases with weak family ties, poverty, a low sense of worth, tolerance for men’s substance abuse disorders, high value of intimate relationships, and the need for protection from an insecure environment (Madera et al., 2012). However, it is this attachment which, when an unhealthy relationship dynamic is formed, puts women at risk for abuse perpetrated by their significant other. This violence or abuse is endured when women do not have any other support systems in place. In this study, romantic failures were experienced as emotional pain caused by the male partners. Some of the women recalled being ignored/neglected by their partners, they failed to provide support when the women needed thus creating a psychological and emotional distance between themselves and the women. One participant gave an account of her husband staying out late and often not sleeping at home and explained how this caused her to use drugs to cope with the hurt. This is an example of emotional injuries often experienced in relationships. According to (Makinen & Johnson, 2006) the attachment injury concept arises out of a specific theoretical perspective on close relationships where some incidents involving some form of infidelity might be experienced as attachment injuries and refers to a perceived abandonment, betrayal, or breach of trust in a critical moment of need for support expected of attachment figures (Makinen & Johnson, 2006).

The attachment dynamic is also explained in social control theory, where human relationships are viewed as a powerful means of reinforcing the need for socially responsible behavior. This study stresses the importance that individuals place on complying with expectations and standards valued by friends, family, and colleagues, to engender acceptance and inclusion further explaining that this may translate into situations where unacceptable social behavior is tolerated (Johnson, Makinen & Mallinki, 2001), such behaviors may constitute mistreatment and abuse as in the case of one of the participants in this study. Natasha explains that during her husband’s

bouts of aggression using drugs was the only thing that kept her from becoming aggressive herself, from fighting back. She explained that when she was high she was able to ignore him and dismiss mean things he said. For Natasha, substances were therefore interpreted as providing a way of existing in an otherwise intolerable environment by allowing her a psychological escape from her present. A common thread in this study and others is that while women believe that drug use has helped them manage undesirable relationship circumstances the cost of using far exceeded these temporary benefits. These costs include the loss of important relationships, or feeling grief and shame for the drug use and the relationship choices. Therefore the recovery plans of many women in treatment include becoming independent from their intimate partners gaining control over their lives, and improving living situations (Madera et al., 2012). The women also took ownership of their part in the deterioration of the quality of their relationships, explaining that they hid their substance use from their partners for some period however, once the truth did come out their use became a big issue of contention within their relationships. This was interpreted sometimes resulting in the loss of their significant others although they did end up getting back together. Once the participants attained awareness of their own behavior within their relationships, they utilized several vehicles of change in their struggle to cease focusing on their partners and foster a healthy focus on self. Through the women's engagement in the treatment programme they were learning to differentiate or focus on taking control of their own lives (Naylor & Lee, 2011).

- **Parental Losses**

The loss of, or breaking down of the relationship between some participants and their parents was another factor which came to be understood as a reason for the use of drugs among the women I interviewed. For these women, the loss of a parental figure through death or neglect was experienced as abandonment which, now the participants perceive to have left deep emotional scarring. According to Stroebe, Schut & Sroebe (2007) 3.4% of children younger than 18 years have experienced the death of a parent, during this critical stage of development the death of a parent is often associated with a period of intense suffering for most individuals thus placing them at an increased risk of developing mental and physical health problems. Psychological reactions to bereavement are diverse and vary between individuals as well as between cultures and ethnic groups. For the women who took part in this study, the grief

experienced after losing their parents created an avenue where they were able to experiment with drug use.

This is evident in the experiences of Michelle name and Natasha who explain being neglected by and the dying of parents during childhood had a big impact on their substance use initiation respectively. For Michelle the investment made by her mother into her relationship with her husband (the participant's stepfather) despite her own needs not being met left her feeling unimportant and not cared for. In her account of the experience she explains feeling that her mother chose he stepfather over her.

Participant name interprets her experience of loss as that implying a newly found sense of freedom, a freedom intertwined with a deep sense of grief and hopelessness as she reports having understood her parents' death as meaning that her own life was over when she says:

“ag you know what my life is over I have no mommy and no daddy”

Her perception of this meaning she could do whatever she wanted and consequently proceeding to do drugs suggest feelings of anger and of resentment towards her parents for their untimely departure from her life. According to Seshadri (2014) many of the problems of adjustment are the results of a failure to adequately experience and discharge angry feelings, this may culminate into feelings of vulnerability which can multiply with the introduction of substances, and this may in turn perpetuate the substance use causing it to escalate to levels of dependence. This is a likely explanation of the course of the participants' substance use, where she moved onto using other stimulants after her first introduction to drugs.

5.3 Women's motivation for seeking treatment

Motivation to enter drug treatment is an important predictor of treatment-seeking behavior as well as treatment retention and success (Reihman, Hser & Zeller, 2000). The women in this study reported varying reasons for deciding to finally go into treatment after long battles with drug abuse and they are described in this section. While some of these women had attempted sobriety in the past, this was the first attempt at recovery for others.

5.3.1 Inpatient as a better alternative to outpatient treatment

Some of the women I spoke to mentioned that they had previously been enrolled in a treatment programme. The structure of which was different in that it was outpatient wherein the participants went in for a few hours every day and went back home at the end of the day. McCaul, Svikis and Moore (2001) explain that outpatient treatment settings provide services to individuals with a variety of different substance use problems some of which may often include alcohol, cocaine, or heroin dependence or combinations of these disorders. Its structure may entail different therapeutic components, namely, abstinence maintenance monitoring (breathalyzer and urinalysis testing), individual counseling as well as group education/counseling sessions (McCaul et al., 2001).

While intensive outpatient treatment protocols do appear to provide the primary treatment paradigm for most users, several individuals may require other treatment resources (Rawson, Gonzales & Brethen, 2002). In this study, the women who had opted to go into inpatient treatment had previously tried outpatient treatment and both these participants felt that the outpatient programmes were not effective for them. These women perceived outpatient treatment as lacking in consistency and ongoing support, both aspects which are characteristic of inpatient treatment settings. Outpatient was therefore not sufficient to ensure that the women maintained sobriety, they argue that it did not equip them with the psychological resources they needed to fight the temptation of using once they were in such situations. This finding points to the need for continuous support for women on the path towards abstinence from substance use.

5.3.2 Successful Motherhood

A more prevalent incentive for change among the women was the prospect of becoming a better mother to their children. The women interpreted their experiences of motherhood as failures on their part, they harboured a deep sense of guilt about the way they had treated their children in the past and aspired to be better parents in the hope that they would win back the affection and admiration of their children. This finding supports the conclusions drawn from many other studies (Tzilos, Hess, Kao & Zlotnick, 2013, Martin, 2011, Punamaki, et al., 2013) that concern about the impact of their drug use on their children has been found to be a major motivator for women to reduce or stop their drug use. Thus from this perspective, motherhood may be said to encourage recovery from substance abuse, at least insofar as it presents women drug users with

an opportunity to realign themselves with normative feminine virtues (Martin, 2011). The significance of traditional gender socialization is discussed by Covington (2008) who contends that gender shapes the contexts in which women live and, by extension, their lives, furthermore, social and environmental factors (including gender socialization, gender roles, and gender inequality) account for many of the behavioral differences and values between women and men. Therefore, the keys to developing effective services for women are acknowledging and understanding their life experiences and the impact of living as a female.

Gender shapes the contexts in which women live and, therefore, their lives. Research suggests that social and environmental factors (including gender socialization, gender roles, and gender inequality) account for many of the behavioral differences between women and men (Covington, 2008) and the women in this study identified and measured themselves in relation to these societal values. Although they did not interpret their experience and actions in relation to the perceptions of others and societal norms their interpretations communicated an implicit agreement with these notions of womanhood and femininity as they measured their value in relation to their ability to be a 'good mother'.

5.3.3 Reconstructing a more positive self-concept

The reconstruction of one's own identity is a key element in understanding individual motivations for recovery. From a sociological perspective, recovery involves a complex process of personal and social identity transition (Martin, 2011), therefore, in order to recover, the "addict" must build and defend a renewed sense of self transforming. According to Martin (2011) a 'spoiled identity' is a necessary aspect of the recovery process as what characterizes the successful attempt to recovery is a fundamental questioning and rejection of what one has become to substance abuse, together with their desire and resolution to change. Evidence of this notion was observed in the women's accounts of their motivations to change where they brought up the existential question of identity.

The women's interpretations of motivation were largely linked to their sense and perceptions of the self. Drug abuse was interpreted as having destroyed who they were in the past by steering them on a course of destruction, some of these women expressed having defied fundamental

values, and having a deep-seated desire to become better people. This finding is testament to Nettleton, Neale and Pickering's (2011) thesis that former users come to see their 'selves' as 'damaged' and thus seek to establish 'acceptable' identities thus making the awareness of, and dissatisfaction with, one's identity critical to the successful pursuit of recovery. According to Martin (2011) a drug user's identity is also the product of the various "living and identity practices" such as using, scoring and coming up with money for drugs in which she routinely engages. Thus the claiming of self for participants meant increased differentiation of self from other, self-awareness, autonomy, expanded social and relational capacity, more expressiveness, and a capacity for self-reflection (Naylor & Lee, 2011).

5.3.4 Mending Broken family ties

In other cases the loss of a significant parent-child relationship is experienced not through death but through broken family ties. For these participants the impact of the disappointment associated with these relationships was threefold. It not only drew them towards initiating drug use but perpetuated drug use once already started and also more importantly, motivated treatment seeking for some women. In these instances the women's motivations lay in wanting to mend broken relationships with their parents and families. According to Berends, Ferrisand & Laslett (2014), families are under pressure when there is a member with an alcohol or drug problem, they explain that 'the very life of the family itself as an entity and the home as a place of safety are at risk. Conflict over money and possessions, unwanted visitors in the family home, as well as worry about the drinker's behavior and their safety, are just some of the pressures contributing to the strain experienced. However, there is limited research on how family members perceive the impacts of another's drinking (Berends et al., 2014) and the results obtained from this study signify that the user's drug use serves as a destructive force in family relations.

Most of the participant's motivations resulted from a need to fix problems that they believed to have caused in their own families as a result of their substance use, interpreting their use as having created distance and broken ties between themselves and significant family members. This is testament to the value that is placed on family relationships as family is an institution where cohesion is important for emotional bonds, financial dependence, and social reinforcement of familial arrangements and so on. However, when these social bonds are weak or missing,

then conventional standards have reduced significance and problematic behavior, including alcohol and other drug misuse, may result. Those who experience stress in strive to maintain the family unit and actively manage problems that arise (Berends, et al., 2014).

5.4 Conclusion and Recommendations

A number of factors have been identified as both potential and definitive substance abuse causal factors in many contexts. The South African substance use picture is predominantly defined by poverty, education levels, violence and socio-economics. Trauma has also been identified as a significant causal factor in previous studies (Myers, Louw & Pasche, 2010; Cook, et al., 2005; Breslau et al., 2003.). Some consistency has been found between this study and others similar to the one's described above, however, of particular interest is how the participants interpretations of their experiences provide alternative perspectives to understanding the substance abuse trajectory and its implications for treatment and research.

Of the significant factors that impacted on women's substance abuse were romantic relationships. For these women, intimate partners and relationships are considered fundamental aspects of the substance use trajectory as they had an impact on the women's emotional and psychological states. The women's reasons for initiating drugs and their reasons for seeking treatment were informed by these states. The first objective of this study was to establish what the participants understood to be the causal factors of their substance use by soliciting interpretations of the experiences they perceived to have drawn them towards drugs. The themes that emerged from the interviews were the presence/significance of the women's intimate partners, experimentation, and coping with painful emotions that resulted from the loss of a boyfriend or parent respectively. All of the women were in treatment for a drug related problem and reported having had their first drug experience during their adolescent years, the age of drug use onset recorded in this study supports Gopiram & Kishore (2014) who found that most individuals initiate drug and alcohol use during this developmental period, explaining that adolescence is a critical time for identity formation and is often characterized by engagement in risk taking behaviours which are often described as experimental (Gopiram & Kishore, 2014) as in the case of the participants in this study. However what was also interesting was the time in which this 'experimentation' took place. During these times the participants were undergoing

transition phases where they were trying to make sense of and deal with the losses of significant figures in their lives. This finding highlights the significance of considering underlying factors in attempting to understand behaviours that are otherwise considered typical in the development trajectory or that warrants a greater scrutiny into the factors which inform adolescent decisions regarding experiential behaviours.

Another significant finding was the association between substance use and relationships, although the results from this study did not discount the contention that women's own substance use is largely influenced by their intimate partner's use (Naylor & Lee , 2011) it did bring forth the significance of women's own free will, or rather perceived free will. The participants in the study reported the presence of their partners at the time of their drug use debut but emphasized that using was their own choice, attributing this to curiosity. Studies on intimate relationship dynamics have identified this as a way for women to build or strengthen emotional bonds with their partners, either because they are insecure or feel that something is lacking in the relationship. Therefore although the women interpreted their partners as not necessarily having a part in their drug use this desire to engage in socially legally unacceptable behavior in order to attain a deeper emotional and/or psychological connection to another individual portrays a degree of emotional dependence to that individual thus making the behavior subconsciously coerced. The importance of maintaining intimate relationships was further illustrated by the women's cessation of drug use when their partners disapproved and subsequent relapse when they experienced problems in these relationships. Drugs were also used as a way to cope with painful emotions, a finding which is consistent with previous studies (Pluddeman et al., 2008, Breslau et al., 2003). This necessitates the importance of teaching women more adaptive ways of dealing with difficult circumstances and emotion regulation at the primary preventative level of care.

The themes which emerged from the data for both objectives (the first described above and motivations for treatment seeking) were interlinked in a way that illustrated a shift in the participants' awareness of their own thought processes and consequent experiences. Participants' retrospective accounts showed differences in their current understandings of the reasons behind their substance use initiation, from those that they had at the time of the initiation. At the time of their participation in the study women had gained deeper insights into their behaviours which can

be attributed to their age, the effectiveness of the treatment programme as well as their current mental state, or an interaction of all these factors. Women's motivation was linked to their role as mothers and aspirations of successfully playing such roles, reestablishing family ties as well as reframing one's own identity. This finding showed that family relations are an integral part of the women's lives and that the approval and support of family members can play a big role in the recovery process, and perhaps even more so in abstinence if such relations are maintained. All of the women spoke about the desire to be better people as a motivator for recovery thereby illustrating the importance of the self-concept and the role that having a positive conception of the self can play in abstinence from drug use. A positive self-concept is articulated through a healthy self-esteem and a good sense of self-efficacy both of which are factors that can strengthen individuals' likelihood of making healthier and less risky choices (Conner & Norman, 1995). Therefore future research can look into ways to strengthen self-regard among women at risk, particularly adolescents establishing intimate relationships in low socio-economic and disenfranchised communities. Focus on strengthening family ties in these contexts is also recommended.

Finally, a connection or relationship emerged between the perceived causal factors for substance abuse and the motivation for treatment among the women. This was observed in the participants' interpretations when they spoke about the role of their intimate partners and families in their substance initiation, as well as affirming that some of these relationships were part of the reason they sought treatment. The interconnectedness of these experiences is testament to the convoluted nature of the individual's phenomenological experience as well as the multi-layered effect drugs can have on the user's life.

5.5 Limitations of the Study

The limitations of the study have to do firstly with the characteristics of the sample.. The fact that the participants were all Afrikaans speaking may also affect the validity of the findings of this study as all of the interviews were conducted in English. A lack of fluency in a language can impact the accuracy with which individuals express themselves which consequently clouds their true intent which affects the understanding of their authentic experience. In addition, the sample also consisted of women from varying age groups, however the differences in experience and interpretations across the varying age groups was not explored and such differences may provide

important insights into how women make sense of their experiences at different stages in their lives, this is important as Bauer, McAdams, and Sakaeda (2005) explain that people get wiser and become more self-aware as they age and mature.

Rapport building is a crucial element of qualitative research as it allows the participants to gain familiarity with the researcher and thus gain trust; this also ensures that the participants are more honest and willing to offer information during the data collection process (Duncombe & Jessop, 2013). However I spent minimal time was spent with the participants prior to conducting the interviews as it was important to not disrupt any of the therapeutic programmes the participants were required to take part in during their rehabilitation process. I also did not have an in-depth understanding/ knowledge of the therapeutic techniques used in the programme at the time I collected the data and thus am not able to ascertain the extent to which participation in the programme could have influenced the women's interpretations, the extent to which it could have hindered or encouraged the current perceptions as I also observed, during the data analysis phase that there has been a shift in women's understandings and consequent interpretations of experienced from the time they first started using drugs, the time they were actively using and during their time in the programme, therefore suggesting that their phenomenological interpretations are influenced by time and space.

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APPENDIX A

Interview Guide

How are you finding your experience here at (Name of treatment center)

Tell me about how you started using “X” (drug) or alcohol

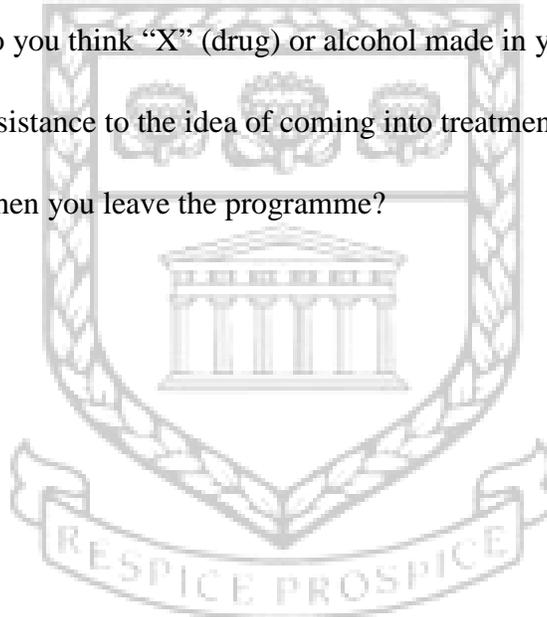
How did you end up here (in substance abuse treatment)?

Tell me about what led you to the decision to seek “help” for your problem

What kind of difference do you think “X” (drug) or alcohol made in your life

Did you experience any resistance to the idea of coming into treatment?

What are your plans for when you leave the programme?



APPENDIX B



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E-mail: 2961122@myuwc.ac.za

INFORMATION SHEET

Project Title: *A qualitative investigation of the life experiences of substance abusing women in Cape Town.*

What is this study about?

This is a research project being conducted by Nwabisa Lilitha Bikitsha at the University of the Western Cape. We are inviting you to participate in this research project because you are currently in treatment for substance abuse. The purpose of this research project is to identify the nature of life experiences that women who have been diagnosed with substance abuse have experienced.

What will I be asked to do if I agree to participate?

You will be asked to share your experiences of substance use with the researcher, you will also be asked a few questions related to how you started using drugs/alcohol, what impact this has had on your life and what motivated you to seek rehabilitation. These issues will be discussed in one interview which will be conducted at the rehabilitation center where you are currently being treated. The interview will last about 90 minutes. Here are some of the questions you might be asked:

How you started using drugs/alcohol

How has using drugs and/or alcohol impacted your life?

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality your name will not be used on all documents used, this includes the notes sheets that the researcher will use during the interview. All of the information obtained during the interview will be kept in a file that only the researcher will have access to. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

What are the risks of this research?

There may be some risk from participating in this research study. You might feel uncomfortable talking about your experiences or it might bring back some painful memories from your past and previous experiences.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about how alcohol and/or drugs affect women's lives. We hope that, in the future, other people might benefit from this study through improved understanding of substance use and its impact on women's lives

Do I have to be in this research and may I stop participating at any time?

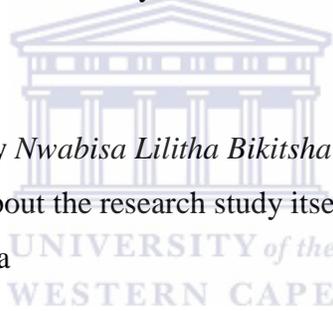
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized

Is any assistance available if I am negatively affected by participating in this study?

Debriefing and/or counselling will be made available to you if you need it as a result of talking about distressing events that have occurred in your life.

What if I have questions?

This research is being conducted by *Nwabisa Lilitha Bikitsha* at the University of the Western Cape. If you have any questions about the research study itself, please contact Nwabisa L. Bikitsha at: 2961122@myuwc.ac.za



Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

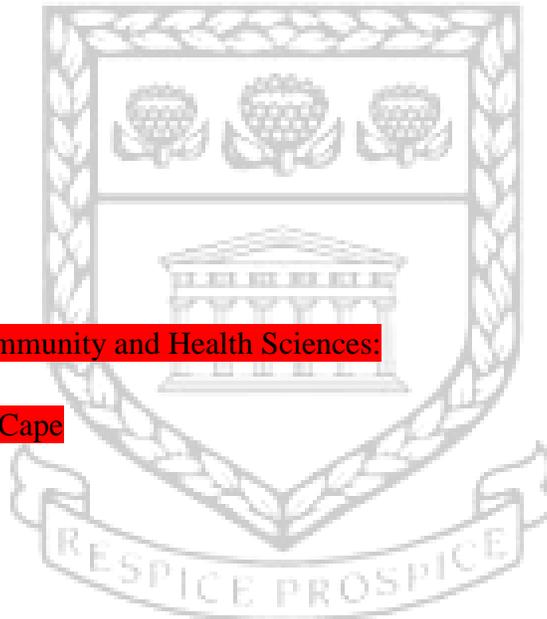
Head of Department:

Dean of the Faculty of Community and Health Sciences:

University of the Western Cape

Private Bag X17

Bellville 7535



This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee

APPENDIX C

Consent Form

I..... understanding the nature and requirements of this study, agree to participate in the study. I agree that I have read and fully understand the ethical guidelines set out below:

All my questions about the study have been answered. I agree to participate in my individual capacity and can withdraw at any stage without any consequence. Confidentiality will be maintained at all times. My identity will not be disclosed and the researcher will monitor access to the information I provide. I can withdraw at any time with no consequences.

My permission needs to be secured to disclose any information

The information will be disseminated to the public via publications

I confirm that I have read and understood the information sheet attached

I agree to participate in the study.

Audio taping

This research project involves making audiotapes of you. This tape will be made in order to ensure that your responses are captured accurately and that the researcher provides an accurate report of the information that you will provide during the interview process. The audio tapes will be stored securely and will be destroyed once the study has been completed.

___ I agree to be audio taped during my participation in this study.

___ I do not agree to be audio taped during my participation in this study.

Signature of participant: Date:

Signature of researcher: Date: