

Exploring addiction experiences through a sociological lens

by

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**A dissertation submitted in fulfilment of the requirements for the
degree**

**Master of Social Science with specialisation in Sociology
(MSocSc)**

in the Department of Sociology at the

UNIVERSITY OF THE FREE STATE

FACULTY OF THE HUMANITIES

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November 2020

STUDENT'S DECLARATION

I, Jano Coetzee, declare that this dissertation submitted for the degree Master of Social Science with specialisation in Sociology (MSocSc) at the University of the Free State is my own independent work and has not previously been submitted by me for a degree at this or any other tertiary institution. Where any secondary material is used, it has been sensibly acknowledged and referenced per university requirements.



Jano Coetzee

30/11/2020

Date

ACKNOWLEDGEMENTS

First and foremost, I would like to express my gratitude to **God** for granting me the necessary strength, endurance, diligence, and overall insight to have seen this research study through up until completion. I am truly humbled by the favour that I experienced throughout this research endeavour. My faith and trust in God ultimately guaranteed the completion of this research study.

To my supervisor, Dr Katinka de Wet, thank you for your guidance, mentorship, and motivation. I share a deep sense of respect not only for your excellent academic contribution and support but also for the person you are. Your character allowed me to always push myself and explore avenues I previously thought were not possible. Thank you for playing such an integral role in my development as a student, researcher, and human being.

To my parents, thank you for your love, support, understanding, and encouragement. I genuinely admire your compassionate approach during this process. Thank you for always listening and believing in me even when I was doubtful and wary of my own confidence and capabilities. You have been a true anchor of inspiration in my life.

To my partner, thank you for being a real cornerstone of support and love during this process. Your kindness, motivation, patience, and encouragement meant the world to me. I am blessed to call you my partner and life companion. I will forever remember and treasure your words of encouragement, which ultimately aided me throughout this process.

To the director and one of the rehabilitation centre's senior social workers, thank you for believing in this research endeavour and for allowing me the opportunity to carry out the fieldwork of this research study. I truly admire the work you are doing at the rehabilitation centre.

To the research participants, thank you for your willingness and eagerness to participate in this research study. Without your participation, this research endeavour would not have been possible. Thank you for your time and ultimately trusting me with your stories. Thank you for teaching and showing me what heartfelt experiences are all about. I will forever be grateful, and I value your participation.

TABLE OF CONTENTS

STUDENT’S DECLARATION	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT.....	x
DEDICATION.....	xii
CHAPTER 1: INTRODUCTION.....	1
1.1 Background and Orientation	1
1.2 Research Question	2
1.3 Aims and Objectives	3
1.4 Chapter Summary	4
CHAPTER 2: THEORETICAL FRAMEWORK	6
2.1 Introduction.....	6
2.2 The Genealogy of the Sociology of Addiction	7
2.2.1 Introduction	7
2.2.2 Early Contributions of Sociology into the field of Addiction.....	8
2.2.4 The Anomie Theory of Deviant Behaviour.....	12
2.2.5 Symbolic Interactionism – “The Appreciative Turn”	13
2.2.6 Stigma and the Labelling Theory	15
2.2.7 Rational Choice Theories and Social Exchange	17
2.2.8 Social Constructionism	17
2.2.9 Phenomenology and the Praxeological Approach	18
2.3 The Sociological Imagination	22
2.4 Conclusion	26
CHAPTER 3: LITERATURE REVIEW	30
3.1 Introduction.....	30
3.2 A Sociocultural Perspective.....	30
3.2.1 Addiction and Etymology	33
3.2.2 Addiction, Agency, and Self-Knowledge	34
3.3 A Socio-environmental Perspective.....	35
3.3.1 Addiction, Craving, and Desire.....	37
3.3.2 Addiction and Disease.....	38
3.4 An Ideological Perspective	39
3.4.1 Pathways of Addiction	41
3.4.2 Onset and Development of Addiction.....	42

3.4.3	Recovery from Addiction.....	43
3.4.4	Addiction and Treatment.....	45
3.5	The Sociological Imagination and Research Debates.....	47
3.6	Conclusion	49
CHAPTER 4: METHODOLOGY		51
4.1	Introduction.....	51
4.2	Research Design.....	51
4.3	Narrative Inquiry Approach.....	53
4.4	Collection of Narratives	55
4.4.1	Participant Recruitment	55
4.4.2	Introducing the Participants.....	56
4.5	Considering Ethics	59
4.6	The Research Setting	62
4.7	Collection of Data	63
4.7.1	Interviews	64
4.8	Analysing the Data.....	65
4.9	Quality and Trustworthiness of Data	69
4.9.1	Credibility.....	69
4.9.2	Transferability	70
4.9.3	Dependability	71
4.9.4	Conformability	72
4.10	Conclusion	73
CHAPTER 5: DATA ANALYSIS		74
5.1	Introduction.....	74
5.2	Map of Themes	75
5.3	The Changing Nature of Culture.....	75
5.3.1	Addictive Interpellation.....	80
5.3.2	The Reality of Addiction Encounters.....	82
5.3.3	Addiction as a Fabrication Mechanism.....	85
5.4	Considering the Environment	88
5.4.1	The Remissive Companion	91
5.4.2	Sociologically Imagining Onset and Recovery	93
5.4.3	Isolated Identities and Relationships.....	95
5.5	The Gap of Addiction Ideology	97
5.5.1	The Double Bind of Community.....	100

5.5.2	Body Problems and Illness Narratives	102
5.5.3	The Narrative of Phronesis.....	104
5.6	Conclusion	106
CHAPTER 6: CONCLUSION.....		109
6.1	Introduction.....	109
6.2	Summary of Findings.....	110
6.3	Recommendations.....	114
6.4	Limitations	116
6.5	Personal Reflectivity.....	117
BIBLIOGRAPHY		118

LIST OF TABLES

Table 1.1: Phases of Thematic Analysis	66
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LIST OF FIGURES

Figure 1.1: The Map of Themes.....	75
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LIST OF APPENDICES

APPENDIX A: LETTER OF APPROVAL FROM REHABILITATION CENTRE	131
APPENDIX B: ETHICAL CLEARANCE LETTER FROM GENERAL HUMAN RESEARCH ETHICS COMMITTEE (GHREC).....	132
APPENDIX C: AMENDMENT REPORT APPROVAL LETTER FROM GENERAL HUMAN RESEARCH ETHICS COMMITTEE (GHREC).....	133
APPENDIX D: INTERVIEW SCHEDULE.....	134
APPENDIX E: RESEARCH STUDY INFORMATION LEAFLET AND CONSENT FORM	137

ABSTRACT

This study aimed to explore the lived addiction experiences of people recovering from addiction challenges through a sociological lens. As a theoretical and heuristic device, the sociological imagination functions primarily as the research study's ontological framework to adequately illuminate the mentioned sociological lens. While mainstream studies of addiction tend to predominantly focus on psychological and/or medical perspectives, this research endeavour aimed to capture the significance of sociology in the context of addiction experiences. Mainstream disciplines in addiction research tend to locate addiction as a phenomenon that mainly occurs at the level of the individual, often creating a platform for stigmatisation and labelling. Contextual and situational aspects of people struggling with or recovering from addiction challenges tend to merely suffice as additional factors that might be considered as optional when conceptualising addiction. The sociology of addiction aims to conceptualise addiction as a complex social event that should be understood within its contextual significance. The current research study was conducted within the qualitative methodological framework. The primary aim was to construct narratives from the subjective experiences of people recovering from addiction challenges, ultimately capturing the sociological significance in their personal account of addiction experiences. Six research participants involving people recovering from addiction challenges were the primary sources of data for this research endeavour. The participants' subjective account of addiction experiences was captured by using in-depth interviews, which mainly comprised of unstructured or open-ended questions to encourage an uninterrupted form of storytelling from the participants. The data was analysed using the narrative-thematic analysis technique, which ultimately allowed for the construction of themes to capture the participants' lived addiction experiences and how they made meaning of these experiences. This analysis technique or method gave rise to three main themes and nine sub-themes. Through exploring addictive interpellation, the reality of addiction encounters, and addiction as a fabrication mechanism, sociocultural influences associated with addiction experiences illuminated the importance of socio-cultural change as a driving force of understanding addiction. To capture the significance of socio-environmental influences associated with addiction experiences, addiction as a remissive companion, sociologically imagining addiction onset and recovery, and the nature of relationships and identities within lived addiction experiences were themes that were explored and developed. To sociologically explore the gap of addiction ideology, the double bind of

community and various body problems and illness narratives were used to make sense of the data. Finally, because of the addiction career's fluctuating nature, the suggestive “narrative of phronesis” was developed to attempt to capture the lived experiences of people who find themselves in the clutches of the addiction career.

KEY TERMS: Narrative, addictions, the sociological imagination, the sociology of addiction, lived experiences

DEDICATION

I wholeheartedly dedicate this dissertation, *Exploring addiction experiences through a sociological lens*, to all the people who willingly shared their lived addiction experiences with me. Without them, this research endeavour would not have been possible. It was a genuine honour and pleasure to capture your personal accounts of addiction experiences.

CHAPTER 1: INTRODUCTION

1.1 Background and Orientation

Lewis's (2015) work, titled *The Biology of Desire: Why Addiction Is Not a Disease*, clarifies why addiction should not be conceptualised as a medical disease but rather as a complex process of unintended societal consequences. It can sometimes be understood as quite an intensive practice to truly comprehend addiction with all its complexities because "addiction is by no means a simple issue and the term itself is heavily contested" (Pienaar & Dilkes-Frayne, 2017:146). According to Steverson (2020), it is important to investigate addiction at micro-, meso-, and macro-levels of analysis by utilising a sociological perspective. While this particular research study aimed to utilise a sociological perspective, competing research fields of addiction studies tend to understand the addiction phenomenon according to vastly different modalities, often resulting in conflicting messages and knowledge generation to the lay community. Fraser, Moore, and Keane (2014) emphasise that leading notions of addiction, including the mainstream disease model of addiction, invoke the binary conception of compulsion/volition to convey addiction as a disorder primarily fixated on individual impulses. The complexities of addiction will remain unaddressed unless society "move beyond the orthodox conception of it as a neurobiological disease of compulsion" (Pickard, 2018:13). In his book *Addiction Reimagined: Challenging Views of an Enduring Social Problem*, Steverson (2020:9) attempts to illuminate an interesting viewpoint on the relationship dynamic shared between addiction and the mainstream field of medicine:

"Terms such as disorder, disease, detoxification, relapse, recovery, and others certainly reveal a connection to medicine and the medical field. The question is if addiction is a natural fit for the medical model or if it was a rationally planned endeavour so that some might benefit from its placement in the model."

To address this statement mentioned above, one should reflect on the subjective lived experiences of those struggling with or recovering from addiction challenges. In most scenarios of addiction-related concerns, if not all, it is important for the respective researcher of addiction studies to firstly understand the contextual story of the person struggling with addiction challenges to facilitate real change and a deeper conceptualisation of the complexities associated with addiction. Steverson (2020) believes that addiction, in most instances, can be understood as symptomatic of larger social problems. The ensuing enquiry is not centred on downplaying existing medical, psychological, or biological expertise, but rather an explorative

endeavour aimed at specifically investigating lived addiction experiences through a sociological lens. This research study aims to discover and explore a sociological trajectory relevant to lived addiction experiences instead of the mainstream approach that focuses primarily on a medical trajectory.

Upon aiming to move away from psychological and/or medical perspectives on addiction experiences, it is necessary to focus on understanding addiction within the context of societal contributions and affiliations. Focusing on the context of socially constructed contributions within which addiction occurs will broaden the general scope of understanding addiction experiences, and thus, the exploration and interpretation of addiction will be more informative and nuanced. Not only will a sociological stance on addiction ensure the broadening in scope, but also provide a more diverse and socially informed analysis of addiction. Understanding addiction experiences through a sociological lens will guide in-depth descriptions, possibly fostering empathy for those struggling with or recovering from addiction challenges and subsequently provide a greater understanding from the perspective of how society contributes towards the onset as well as the experiences of addiction.

1.2 Research Question

According to Mattick, Johnston, and De la Croix (2018:105), an excellent research question “can make people pause and see things in a different way or can motivate them to learn more through discussion.” This research study primarily aims to explore addiction experiences through a sociological lens. The key research question that will navigate the research endeavour aims to highlight addiction experiences within the framework of sociology. The question arises of how lived addiction experiences can be understood and explored through utilising a sociological lens. As seen within the research topic and throughout the research study, the sociological lens aims to illuminate how a sociological perspective can guide, interpret, and analyse lived addiction experiences based on the narratives provided by the study’s participants. By utilising the sociological imagination (the study’s main theoretical underpinning) as a heuristic device of analysis and interpretation, various aspects relevant to addiction experiences can be investigated and explored. Also, the literature found within the sociology of addiction combined with the genealogical approach utilised throughout the theoretical framework chapter provides an adequate basis from which addiction experiences can be explored through a sociological lens.

Adams (2015) argues that current mainstream theories of addiction tend to focus on the “self” of an individual from the perspective of being a complex combination of biological, behavioural, and mental processes. This ideology locates addiction as something that only occurs at the level of the “discrete individual”. Understandings derived from the sociology of addiction allow addiction to be seen as less of an attribute confined to the individual person or “discrete individual” and more as a complex social event, which should firstly be considered within its contextual significance. The “self” is, therefore, understood as an intersection point situated within a complex web of relationships, whereby addiction is found within this nexus of contextual, meaningful connections, and interactions. Ultimately, this is the very reason why the current topic of investigation is both presently relevant and critically important to explore. There is a definite need to sociologically explore addiction experiences because the mainstream “discrete individual” ideologies tend to dominate addiction conceptualisations. Furthermore, addiction should be understood as the relationship formed between the “self” and the object of addiction within a contextual web of interactions and connections. This research study, therefore, aims to illuminate the significance of these sociological interactions, relationships, and connections, relevant within the context of lived addiction experiences.

1.3 Aims and Objectives

Mills (1959) assert that the “web of relationships” should be understood through clearly identifying and acknowledging the difference between what can be defined as a “personal trouble” and a “public issue”. The notion of sociological imagination allows for the separation and decentralisation from personal troubles to understand the public issues of addiction. Thus, explaining how addiction should be understood within the contextualisation of larger public issues and not merely based on personal, individualistic troubles (Mills, 1959). In essence, addiction narratives and experiences should be understood and explored by understanding the difference between public issues and personal troubles while emphasising the construct of addiction as an effectuated-relationship-formation within a field of contextually created social interactions and connections. The narratives provided from people recovering from addiction challenges (the participants) will guide and help with the identification of difficulties associated with addiction, and also allow for broadening the general scope for understanding addiction experiences through a sociological lens.

Doody and Bailey (2016:22) maintain that research aims and objectives “should be: closely related to the research question, cover all aspects of the problem, specific, ordered in a logical sequence, achievable, take into consideration the available resources, including time, and

mutually exclusive of each other.” Upon reflecting on this statement, the primary aim of the study focused on exploring addiction experiences through a sociological lens. Subsequently, various secondary objectives were explored, as stated below.

- To comprehend contextual public issues that might explain addiction in more sociological ways compared to focusing only on individual or psychological factors.
- To understand how the reality of addiction and concomitant bodily encounters of a person struggling with addiction challenges can be interpreted based on narratives provided by people recovering from addiction challenges.
- To establish what types of socially constructed relationships emerge between the “self” of an individual with addiction challenges and the object of addiction and how these relationships are socially formed.
- To grasp how the addiction subculture can or cannot provide a sense of community and solidarity due to a perceived lack of solidarity in the mainstream society.

1.4 Chapter Summary

Chapter One, *Introduction*, presented a short discussion about the current research study’s background and orientation, highlighting why the chosen topic of investigation is both relevant and important to explore, ultimately reflecting on the research question, the aims, and the objectives of the research study. Chapter Two, *Theoretical Framework*, will provide the chosen theoretical map of the various theories, concepts, and ideas that were utilised throughout the research endeavour. Apart from genealogically exploring the sociology of addiction, each of the main sociological orientations and frameworks (i.e., the structural-functionalist orientation, the symbolic interactionist orientation, the social exchange orientation, and the phenomenological orientation) will be discussed to show how the sociology of addiction developed within the theoretical capacity of each orientation. The chapter will conclude by addressing the sociological imagination and interpreting it as the main theoretical underpinning of the research study.

Chapter Three, *Literature Review*, aims to highlight the importance of existing research and debates relevant to lived addiction experiences. It will explore academic literature found within the sociology of addiction based on three prominent perspectives (culture, environment, and ideology). Within these three main perspectives, various other notions and concepts (i.e., desire, disease, etymology, agency) will be addressed to comprehend and substantiate relevant

literature found within the context of exploring lived addiction experiences. Furthermore, the various pathways of addiction and what the treatment of addiction entails will be explored. Finally, to understand how the sociological imagination can be utilised as the main theoretical underpinning of the research study, research debates surrounding the relevance of the sociological imagination will be investigated.

Chapter Four, *Methodology*, encompasses a discussion about what methods and approaches were utilised to understand how the research was conducted. This chapter also introduces the participants of the research study by providing a short summary of their addiction stories. Various other methodological aspects (e.g., the research design, the research setting, the recruitment of participants, the data collection method, the data analysis considerations, the ethical considerations, strategies utilised to ensure the trustworthiness of the data, sampling) are discussed throughout this chapter. The purpose of this chapter is to illuminate the process that was utilised to ultimately conduct the research. This chapter also discusses the methodological journey taken to address the primary and secondary research objectives.

Chapter Five, *Data Analysis*, aims to thematically interpret and analyse the research participants' data against relevant addiction literature and theoretical orientations. The purpose of this chapter is to understand and see how actual lived addiction experiences of the research participants can be understood according to sociological perspectives and interpretations. The chapter is divided into three main themes and nine sub-themes, each of which attempts to incorporate the sociological imagination as the main theoretical underpinning together with the narratives of the research participants. The conclusion section of this chapter seeks to bring together the salient factors that emerged from the thematic analysis process.

In Chapter Six, *Conclusion*, I make some concluding remarks about the data analysis in relation to the sociology of addiction. This chapter furthermore summarises the main findings of the research study while highlighting how the study contributed to the body of addiction knowledge. Based on the research findings, possible recommendations for future research endeavours are discussed. I also include a discussion about the limitations associated with the research study. The final section of this chapter will focus on personal reflectivity from my own subjective viewpoint.

CHAPTER 2: THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents a discussion about the ontological framework relevant to the current study. The aim is to understand the social world, clarifying what can be measured and be seen, by utilising definitions and relationships, and subsequently arranging our concepts and perspectives in an organised and systematic manner (Scott, 2014). A theoretical framework creates a deeper understanding of the relationship dynamics of entities and how these relationships influence the various entities involved. For this particular study, I want to indicate how addiction experiences can be understood and explored through the lens of sociological inputs and contributions. Bernhard (2007) argues that specialists in the field of addiction tend to overemphasise the psychological and medical importance to understand the experiences of people struggling with addiction challenges and often understate the significance of sociological factors.

To grasp how a sociological quality of mind might be understood and enforced within addiction experiences, various theoretical underpinnings incorporated with the genealogy of the sociology of addiction will be focused on to create a theoretical basis from which the study can operate. The main theoretical foundations will thus centre on utilising the idea of the “sociological imagination” as developed by C. Wright Mills. Various other sociological theoretical frameworks, such as social constructionism, phenomenology, stigma, the anomie theory of deviance, and the labelling theory, will only be used to indicate how the sociological imagination can be utilised within the context of addiction experiences and the sociology of addiction. By exploring these theoretical approaches, along with the genealogy of the sociology of addiction, one should be able to understand how the insights provided within these theoretical underpinnings can guide towards a better understanding of addiction and how each of the highlighted theoretical perspectives has had their shortcomings. It is important to realise that throughout the discussion of the genealogy of the sociology of addiction, various theoretical perspectives will be explored to fully comprehend the sociological significance of addiction experiences. These theoretical frameworks explored within the genealogy of the sociology of addiction should, however, be seen as informative instruments that should be understood through the lens of the sociological imagination.

2.2 The Genealogy of the Sociology of Addiction

2.2.1 Introduction

According to Scott (2014), genealogy can be regarded as a vital tool when aiming to trace real relationship links between and across generations. In terms of the genealogy of a theory, it aims to explain the origins of a specific theory or how it developed conceptually. Therefore, a genealogy chronologically traces phenomena according to its origins and then ascertains how the given phenomena have developed since its origin. It serves almost as a timeline to establish a degree of traceability and development. The genealogy of the sociology of addiction is intriguing because addiction is predominantly understood as a phenomenon explained mostly by inputs provided from medicine and psychology. What I anticipate to establish within utilising the genealogy of the sociology of addiction for this particular study is to capture the contextual and situational significance of addiction as understood from its origins as a field of study, and then how this sociological significance of addiction has developed throughout the years. Various theoretical frameworks and perspectives will be highlighted within the genealogy of the sociology of addiction to indicate how addiction experiences can be understood through the lens of sociological contributions. Utilising a genealogical approach of the sociology of addiction allows a clear depiction of how various theories and perspectives offered in sociology have contributed to understanding and exploring addiction. This approach also provides us with a better understanding of how various outlooks offered in sociology have its shortcomings and what was done or can be done to counter these shortcomings in future developments in the sociology of addiction.

According to Inglis and Thorpe (2012), social theory can help reformulate various codes that often seem to get lost in statistical representation. The aim of developing a theory should be to decipher aspects of human interaction taken for granted with the hope of retrieving contextual relevance in everyday experiences of life. A sense of “revealing” should be fostered when utilising theoretical frameworks in every situation, whether academic or applied. As social scientists, this process or sense of revealing requires a degree of traceability to be enforced throughout discovering meaning in phenomena. A genealogical approach within the sociology of addiction, therefore, allows for the “revealing” of interrelated and contextual dynamics of addiction experiences to be organised into a traceable system of understanding. Although the genealogy of the sociology of addiction, along with various other theories and perspectives

discussed within the genealogy, is of vital importance, it will only serve as theoretical guidance mechanisms for the study, and it is not intended for data analysis.

2.2.2 Early Contributions of Sociology into the field of Addiction

Alfred Ray Lindesmith was the first sociologist to develop a distinctly sociological approach regarding the phenomenon of addiction (Weinberg, 1997). During the 19th century, Lindesmith proposed that the intake of psychoactive substances or drugs not only biochemically affects the body but that the biochemical effects and experiences produced through ingestion of the substance should be considered as meaningful for individuals beyond the point of simple interactions between the chemical agency and the human physiological structure. Lindesmith further argued that for addiction to be seen as such, two necessary conditions should be present, namely the physiological symptoms of withdrawal (body), and the conscious understanding (mind) of these withdrawal symptoms; therefore, consciously consuming the choice of drug or substance to alleviate the withdrawal distress (Weinberg, 1997). To properly conceptualise the essence of why Lindesmith focused on the importance of withdrawal distress within these two necessary conditions, one should first understand that the term “habituated” refers to physiological tolerance (body), with the term “addiction” including a psychic component (mind). This psychic dimension seems to occupy the commanding desire for the choice of drug, leading to the development of “stereotypical” behaviours. A “typical” person struggling with drug addiction challenges generally displays these “stereotypical” behaviours (Lindesmith, 1938).

Lindesmith (1938), therefore, asserted that not all people who use psychoactive substances experience addiction challenges. Some people only develop a physiological or pharmacological tolerance towards the choice of drug. Other people adopt some form of psychic realisation while using psychoactive substances, which stresses a forceful craving to continue its use. This forceful craving aims to alleviate any form of discomfort or misery produced by that of the withdrawal effects offered by the choice of drug. Lindesmith (1938) confirmed this, based on a true recorded case. A woman was hospitalised and received morphine injections daily for a period of six months. After her successful operation, she left the hospital with immediate removal of the daily morphine injections. She went on with her regular routine and duties as before without displaying or experiencing any addiction challenges. Nine years later, she lost her son in the war and felt overwhelmed by grief, agony, and suicidal thoughts; she started to use morphine injections once more. Thus, some people

become “habituated” to the choice of drug (and therefore not “addicted”), but due to different life-altering circumstances, they can become addicted at a later stage.

Weinberg (2011) further states that Lindesmith believed that addiction could only be understood by considering the subjective perceptions of people with addiction challenges, psychoactive substance, and subsequently, its effects. Lindesmith (1938) recorded the case of a man (a doctor) who was also given morphine injections for a substantial period because of surgical reasons. As the man recovered from surgery, the morphine injections were reduced and evidently discontinued. Although the man suffered some discomfort during the removal process, as he knew he was receiving these injections, he attributed the feeling of discomfort to the processes of recovery. Having seen the repercussions of addiction within the medical practice himself, he always felt a feeling of horror towards addiction and declared to rather take his own life than to become a person with addiction challenges himself.

A few years later, the man had to go for another operation to remove gallstones but decided to administer the opiates himself with the hope of preventing any surgery. He later used the drug for less and less noteworthy pains, ultimately confessing that he experienced the reappearance of the withdrawal symptoms. He stated that he realised he had experienced the symptoms several years before but that his subjective perception related to the psychoactive substance was previously completely ignored. Weinberg (2011) argues that this mind-body dualism proposed by Lindesmith on addiction did not sufficiently conceptualise the problem of addiction relapse, and he also struggled to translate certain aspects of addiction towards the enrichment of a sociological understanding. Theories that constantly move back and forth between physical and psychological addiction cannot adequately explain the relapse of addiction.

To adequately understand the phenomenon of addiction in the light of sociological advances, it is important to move beyond the mind-body dualism and “withdrawal distress notion” of Lindesmith. However, one needs to realise that numerous literature sources portray Lindesmith as the “father” of the sociology of addiction as he was among the first scholars to write about and investigate the nature of addiction from a more sociological perspective. Thus, the ideas offered by Alfred Ray Lindesmith can be regarded and depicted as the starting point, or place of origin, of the genealogy of the sociology of addiction.

2.2.3 A Functionalist Frame of Reference

Inglis and Thorpe (2012) describe functionalism as a paradigm within sociological theory and knowledge, aiming to demonstrate functional processes and mechanisms which produce social order. Functionalism focuses on how each system in society contributes to sustaining a stable social whole (Scott, 2014). In this regard, systems should be understood as individuals, organisations, groups, communities, relationships, interactions, and situations. Functionalism depicts every system as being responsible for maintaining some form of functionality within society, whether it is a dysfunction or a function. Daily, each system interacts with other systems, and the consequences of this interrelation form part of the idea of being functional. According to Swan (2014), the primary focus of a functionalist frame of reference is on social equilibrium, where the systems of society are analysed in relation to their functional mobility and how their functionality ensures the maintenance of social order.

The onset of the 20th century offered functionalist sociologists with the opportunity to introduce theories on addictive behaviour, which departed from the main ideology of Lindesmith in many ways. Due to sociological functionalism concretely focusing on social structural explanations, the necessary physiological component identified as a requirement for addiction by Lindesmith lost its central relevance (Weinberg, 2011). Departing from the ideas of Lindesmith in various ways resulted in analysing addiction in accordance to the deviance related to drug use. According to students of Robert Merton, people with addiction challenges should be understood as “double failures” within a society. These scholars further add that these individuals fail to achieve social rewards through either legitimate or illegitimate means (Weinberg, 2011). Cohen (1965) argues that the distribution of deviant behaviours and the differences of these behaviours within social systems are vital to understand how people with addiction challenges tend to be seen as “double failures” of agency within society. Cohen (1965) continues by emphasising the importance of culture (goals and norms), and social structure (opportunities or access to means) as integral components to capture the relevance of deviant behaviour distribution within the concept of “double failures”. Any individual possesses a set of internalised goals and norms through which he/she then accesses a given opportunity structure. The actor experiences strain if there is a disjuncture between the goals and the means of acquiring the intended goal. Therefore he/she selects the most appropriate mode of adaptation.

According to Merton (1938), people with addiction challenges embody the “retreatist” mode of adaptation, indicating that people adopt supposedly deviant arrangements of action by retreating from social life. This is performed as an act of deviance due to an inability to achieve various goals, norms, or opportunities. Therefore, people with addiction challenges are seen as being aware of these various cultural goals and the procedures society ascribes to achieving them. Still, they believe that they cannot produce any desired results by socially authorised means. The result culminates into that of retreating from the given social scenario and into defeatism and resignation. According to this perspective, people with addiction challenges struggle to even utilise illegitimate means for achieving legitimate goals because they are incapable of using them for the attainment of any social rewards and, therefore, people with addiction challenges fail on a double basis for achieving social rewards (Weinberg, 2011).

Pharo (2010) argues that little or even no attention is given to the actual functions and mechanisms of what could structurally be responsible for addiction. The workings of various structures of obligation (family) and mechanisms of reward (status enhancement) could ultimately help to understand the structural significance of addiction. Social agencies and systems can be understood as being governed by functional appetites and dependencies imposed by a given society in which the systems and agencies are found in. Societies that constantly bombard agencies and systems with functional dependencies and appetites greatly contribute towards an addictive enhanced culture to be fostered. Functional dependencies (heavy using) resemble those societal, practical obligations (status achievement) to constantly obtain satisfaction (rewards) if one aims to ensure a sense of well-being. According to this perspective, heavy using not only focuses on substance intake but also on functionalist obligations people strive to achieve. Functional appetites (abusive using) reflect strong attractions, such as a sense of hunger, for indoctrinating objects or practices. Once again, the focus is not only on substance usage but also on functionalist obligations people yearn to achieve.

The problem with this dependency-appetite notion is that functional inequality is inevitable. Similar to the mind-body dualism proposed by Lindesmith (1938), the dependency-appetite notion suggests that not all people using substances and indoctrinating practices become addicted, as in the recorded case of a social worker. The social worker confessed that his dad, at the age of 60, was still using heroin. The dad had been a tourist for about 40 years and only used heroin when he had it at his immediate disposal. If he did not have any heroin to use at the time, he simply did not engage in using the psychoactive substance (Pharo, 2010). The

social worker's father experienced no functional dependency but did foster some form of functional appetite for the heroin. Considering the context of the dad's situation, being a tourist often encourages a sense of experimenting. The dad experienced no functional dependency because of his lifestyle choices, embracing the life of constant cultural adaptation. Participating in the act of belonging to no particular culture often creates the basis for organic solidarity, finding a place to belong due to differences. The father, therefore, experienced a sense of functional appetite due to having a strong attraction towards the system and functionality of being a tourist and using drugs recreationally.

According to some functionalists aimed at moving beyond structural explanations and embracing social psychological processes, addiction can also occur within a society of heterogeneous cultures. Agents, whether it is a person or a group, are constantly bombarded by competing structures. These competing structures often impose demanding religious obligations and free-will ambitions, which seem to foster a sense of stigmatisation. By not complying with society's structural obligations, "normals" crucify and convict individuals for not participating in what is considered as the general norm. Functionalist sociologists argue that any addictive behaviour should merely be seen as rational adaptations of social structural conditions (Weinberg, 2011).

2.2.4 The Anomie Theory of Deviant Behaviour

An equally important notion, which can be used to understand the scope of addiction experiences in terms of structural-functionalism, can be referred to as the "anomie theory of deviant behaviour". Cohen (1965) deliberates that both deviance and non-deviance cannot be restricted to solitary, individualistic understandings and should rather be observed through a sense of collaborative social activity. Dyer (2003) states that when societies are bound by similarities, they experience a collective consciousness of groups, but when societies are joined by their differences, no collective consciousness is expected. The absence of a collective consciousness reflects a society of "normlessness" to emerge, and therefore, anomie starts developing. Individuals have no positive relationship with tradition, the centre of the society, and a sense of communitarianism is no longer enforced. Dyer (2003) continues by arguing that addiction can be understood as the result of anomie combined with a desire for collective vitality, as masses of individuals become isolated from their society due to a lack of collective effervescence. Interestingly enough, people struggling with addiction challenges tend to experience some form of collective consciousness within the community of people struggling

with addiction challenges. Cohen (1965) states that people often ascribe the amount of collective consciousness experienced within a group setting depending on the culture (norms and goals) and the social structure (access to means or opportunities) of that particular group setting or situation. A “distorted” or “confused” collective consciousness is thus not uncommon among people who cannot relate to legitimate means for satisfying cultural or structural obligations within a particular mainstream setting or milieu. Thus, a sense of “normlessness” in a group or community juxtaposes a sense of belonging for people struggling with addiction challenges in a much more toxic and unhealthy manner.

Dyer (2003) argues that people with addiction challenges tend to construct their social realities based on instant gratification, utilising primal motivators to ensure the satisfaction of this form of gratification. Therefore, all human life tends to revolve around group life. Primal motivators such as the alleviation of loneliness, relief of pain, and a sense of well-being, are best experienced within the context of belonging to a community or group. Individuals normally undertake actions in a group setting that they would have never been capable of embracing as individuals. People thus merge their identities into the common self of the group or community. When the cultural and social structure of a community differs significantly, individualism is strongly enforced within that particular group or community, indicating that no shared morality or normative framework is fostered within the society, and a state of “normlessness” tends to develop. Masses of isolated and alienated individuals experience no form of collective consciousness or collective effervescence and aim to find it somewhere else. To alleviate loneliness and belonging to something, individuals could find comfort in the euphoria offered in belonging to a community of people struggling with addiction challenges. The subculture of people struggling with addiction challenges, therefore, provides a sense of community and solidarity for those individuals hoping to connect with collective consciousness in a group life.

2.2.5 Symbolic Interactionism – “The Appreciative Turn”

According to Swan (2014), the basic principle of symbolic interaction is based on social interaction between systems and how these social interactions are reciprocal expectations of one another’s behaviour that is symbolically depicted. This paradigm suggests that interaction between systems takes place at a symbolic level and that any sign of an interaction should be analysed in accordance with the symbolic meaning found within a particular interaction. Inglis and Thorpe (2012) maintain that symbolic interactionism incorporates micro-level interactions between systems, focusing on the meaning of symbolism. The prime concern of symbolic

interactionism is to understand the symbolic meanings found within interactions and how systems convey various symbols within any given interaction (Scott, 2014).

During the second half of the 20th century, an “appreciative turn” in the sociology of addiction took form, with qualitative sociologists of symbolic interactionism starting to focus on settings of activity, cultures of the drugs, rituals associated with drug cultures, and the conceptualisation of self-identity within the addiction milieu (Weinberg, 2011). According to Weinberg (2002), neurological and learning theories of behaviourism of the phenomenon of addiction failed to illuminate the significance of cultural and meaningful exchanges found within the experiences and effects of the psychoactive substance. How individuals view and conceptualise themselves in the milieu of addiction must be emphasised as a crucial factor to understand addiction socially.

Norman Kent Denzin (1993), a symbolic interactionist, suggests that people with addiction challenges suffer from an “emotionally divided self” where the self of an individual is divided within itself. The self is emotionally divided into a rational, moralistic section, including an impulsive, euphoric section due to an object or practice of addiction. Subsequently, the craving of an individual with addiction challenges to use drugs would normally involve a spontaneous analysis of the desire to use the choice of drug. This desire to use the choice of drug originates in the particular self of an individual where impulsive and irrational actions and behaviours are nurtured. This spontaneous interpretation of a particular self and a desire to use drugs provides the basis for dividing the self emotionally. The desire to use psychoactive substances should, therefore, be understood as mainly an emotional experience (Weinberg, 2011). The notion of a person with addiction challenges suffering from an “emotionally divided self” can further be understood through the theme of social mimicry.

According to Pharo (2010), addictive-related behaviour is not always the result of cognitive impairment as the relevance of immediate perceptions and emotions on the conative capabilities of immediate surroundings should not be underestimated. Individuals do possess the ability to be affected by self-variations of their core moral standards based on the capacity to mimic the activities in their immediate milieu. Bearing witness to psychoactive practices, which stimulate a sense of euphoria in the perceptions and emotions of an individual is likely to echo the appetite levels of those not using psychoactive substances, and thus an “emotionally divided self” can be seen within individuals who might then decide to perform social mimicry. Dividing the self emotionally in this instance reflects on adopting addictive traits.

Pharo (2010) continues to argue that this theme of social mimicry can be understood as being intertwined with the notion of an “emotionally divided self” and is best conceptualised through the use of a case which was recorded on a worker in New York City. The worker confessed that during his school career, he had friends who often used “dope”. In the beginning, he never opted to use the “dope”, although he wanted to use the psychoactive substance while socialising with his friends when they were using it. The worker stated that some of his friends who used the “dope” were really smart individuals he admired, and he hoped to one day work with them. The worker, therefore, also decided to start using “dope” with his friends (Pharo, 2010).

Symbolic interactionism seems to provide an interesting perspective and outlook on the emotional symbolism interrelated with the concept of addictive objects and practices. Swan (2014) believes that if one would aim to fully comprehend the driving power behind phenomena, an accurate interpretation and understanding of the symbolism of the phenomena should first be conceptualised. In some cases, the act of using, or affiliating oneself with addictive practices, might reflect a status symbol. Some celebrities and rock stars engage in addictive practices because they need some sort of outlet and coping mechanism for their hectic work schedules and lifeworld. Because of a certain image people might have of celebrities, associating oneself with addictive practices and substances can sometimes be confused as the status quo if one wishes to remain relevant and socially accepted, as emulated from the lifeworld of these rock stars and celebrities. Understanding the symbolic dynamics behind addiction can guide an accurate depiction and understanding of the entirety of addiction as a whole.

2.2.6 Stigma and the Labelling Theory

Although the concept of stigma has a long history of development, the basic idea mainly focuses on how societal reactions towards actions have an impact on human interactions (Scott, 2014). Goffman (1963) argues that stigma causes an individual to be classified according to undesirable mental capacities. Stigma can be understood as a reaction or behaviour (a rejected stereotype) towards individuals or groups, causing these groups or individuals to be disqualified from experiencing complete social acceptance. Rejected stereotypes towards individuals damage the quality of interaction between the stigmatised group or individual and others perceived to be “normal”. In most cases, it is difficult to determine exactly why individuals and groups are stigmatised. Kleinman and Hall-Clifford (2009) find that stigma mostly originates from a place of the unknown when not fully understanding something or

being afraid of how irregular patterns of non-normative behaviour might have a trickle-down effect on others (“normals”) present in a situation or interaction with people operating outside the general norm.

Stigma is as another important sociological notion, which should be considered when aiming to understand the scope of addiction experiences. Goffman (1963) defines the concept of stigma as an attribute; a deeply discrediting notion. Stigma emerges from the socially damaged relationship, which is implied between the stigmatised individual and others, known as “normals”. The possession of stigma can be referred to as a kind of deviance where the notion violates the criteria for legitimate interaction. Stigma disrupts an interaction because it threatens any form of legitimacy of the person who is known to be stigmatised. Individuals who find themselves to be stigmatised as a person with addiction challenges constantly has to justify his/her side of the story within any interaction, and this process in itself can be damaging for the quality of interactions and postulates the development of a “spoiled” public identity (Buchman & Reiner, 2009). Kleinman and Hall-Clifford (2009) argue that the social and cultural processes, which create stigma in the world of the stigmatised individual, should be focused on to combat the notion of stigma.

Dyer (2003) emphasises how the labelling theory should be understood as a crucial notion for conceptualising the scope of addiction experiences within the “appreciative turn” of the sociology of addiction. Labelling enforces a negative self-image within individuals up until a point where these “problematic” individuals accept the ruling of being “socially unworthy”. The use of psychoactive substances is an attempt by these individuals to free themselves from any prior internalised condemnation. As the use and abuse of these psychoactive substances continue, these individuals start to accept punishment and a sense of “negative lifestyle” as what they might “deserve” (and accept) for being “unworthy”. “Normals” have condemned them, they have accepted this verdict, and therefore these labelled individuals become the executioners of their own lifestyle. The constant confirmation of a negative self-image enforces condemnation and self-destruction.

Stigma and the labelling theory aim to emphasise how ascribed symbolism can affect the legitimacy of human interactions. Stereotyping and negative impressions lead to the self of an individual to counter the proposed “error” in their social make-up through avenues, which provide instant gratification, no judgement, and a sense of euphoria (Swan, 2014).

2.2.7 Rational Choice Theories and Social Exchange

Although functionalist and symbolic interactionist perspectives provided some clarity and groundbreaking insights into the genealogy of the sociology of addiction, it does fail to conceptualise addictive behaviour reflecting a conscious, voluntary, and deliberate choice to use the psychoactive substance (Weinberg, 2011). According to Pharo (2010), a more economic-deterministic approach to the sociology of addiction would encompass the insights provided from that of rational choice theories. Although this economic-deterministic outlook mainly focuses on individual explanations of addiction and not much on social contributions, it is important to realise that as the genealogy of the sociology of addiction progressed, ideologies from rational choice theories also contributed towards the framing and construction of the sociology of addiction. According to this approach, addictive behaviour should be understood as the product of rational and voluntary cost-benefit calculations (Weinberg, 2011).

Pharo (2010) demonstrates the practicality of how addictive behaviours might reflect cost-benefit choices, such as a social counsellor's recorded case. The counsellor indicated that he willingly chose to consume a choice of drug. When he did not want to continue with it due to increased costs, he simply stopped using this drug. For the social counsellor, consuming and discontinuing the choice of drug, in light of this approach simply indicates rational cost-benefit calculations.

Pharo (2010) added that before one becomes dependent on the choice of drug, one obtains more satisfaction from the actual consuming rather than abstaining from it. Still, when one does become dependent, the consumption reduces the sufferings of the lack thereof. Rational choice theories on addiction, therefore, provide a simplistic understanding of addictive behaviour where the choice needs to be made between the rationality of consuming (cost-benefit calculations) versus the short-term fatality (getting the next "fix") of threats imposed by the addiction itself (Weinberg, 2011). Pharo (2010) believes that this approach does not acknowledge the intricacy of the use and intake of the psychoactive substance as a whole. This economic-deterministic outlook on the sociology of addiction also tends to focus more on a consumer-based faculty where addiction is reduced to simpler understandings of the consumerist market and fails to comprehend the complexity of addiction.

2.2.8 Social Constructionism

According to Scott (2014), social constructionism focuses on how the nature of social life is socially constructed and created. This means that all concepts and ideologies in a society should

be understood as originating as creations of human beings. Society and all relative ideas in a society are the products of human thought and creation. Social constructionism moves away from the notion that everything in life is naturalistic by law and suggests that all aspects of social life should be questioned according to the social and historical roots of a particular phenomenon.

Fatayer (2008) states that addictive objects, whether it is an event or a substance, should be understood as a social-cultural invention, manufactured by society's culture to achieve a particular goal. A person's cognition of an addictive object is thus a socially created process. Socially created ideas regarding addiction, according to social constructionism, refers to the product of human creativity and construction. Hammersley (2017) finds that little attention is given to understanding the collective, social, conceptual, and semantic issues associated with addiction. There is a need to know how addiction is socially constructed within the significance of the orators (human beings) speaking life into undesirable behaviours (deviance). In most instances, people socially construct negative representations towards phenomena, which are estranged from their construction of social reality (Swan, 2014).

While aiming to move away from the economic-deterministic outlook on the sociology of addiction, Weinberg (2011) highlights the importance of how presumably all of our understandings of addiction are social constructionist based. This is because the ideologies expressed within social constructionism seek to identify those social forces influencing the development and valuation of behaviour, which can be deemed as addictive. According to Hammersley (2017), social constructionism proposes that all knowledge of addiction should be regarded as socially constructed and relative to the language, concepts, and apparatuses used to create it. If we were to write, speak, or think differently about addiction, it would ultimately stop to function as a comprehensible idea. The body of knowledge offered within the sociology of addiction, according to social constructionism, should thus be viewed as subjective transformations, which are socially constructed and not merely dependable on the passive deterministic outlook of biochemical shortcomings. Although some social realities affiliated with the concept of addiction centres on determinism, it remains socially created.

2.2.9 Phenomenology and the Praxeological Approach

Scott (2014) believes that a phenomenological underpinning would encompass an investigation of consciousness in a systematic manner. Phenomenology seeks to examine an individual's experiences of the world, perceptions, and knowledge by understanding the consciousness of

an individual. Phenomenology aims to understand phenomena as they are experienced and perceived by the social actor (Swan, 2014). Phenomenological approaches explore the relationships or intersubjectivity between actors, including the objects within the social reality of the actor. Consciousness, in this regard, is thus ascribed within the specific relationship between actors and the objects found within the reality of them (Ritzer, 1983). Phenomenology is also seen as a philosophical approach towards understanding the individual within the context of situational associations and influences (Scott, 2014). When aiming to utilise a phenomenological frame of reference within the field of sociology, the aim should be on how people within a society construct their social realities through subjective interpretations of consciousness and how they handle everyday life situations.

According to Overgaard and Zahavi (2009), phenomenology does not understand society as a reality, which is fixed in its objective external state, but rather as a subjective field where social actors constantly engage in the daily processes of constructing a form of social reality. Phenomenology is interested in how certain shared behaviours or actions can become a habit due to practical routines people most commonly take for granted. Understanding addiction phenomenologically would thus encompass the study of the inter-relationship between social actors and their shared (or individual) relationship to the addictive object or situation found within the lifeworld and practical consciousness of the person struggling with addiction-related challenges. This perspective depicts addiction as a phenomenon, which resides in the relationship between social actors and various objects found in the reality of the actor.

To understand this relationship between actors and objects relevant in the lifeworld of the actor, Zaner (1961) emphasises the importance of the concept of intersubjectivity, used in the work of Alfred Schütz. Schütz' predominant philosophical phenomenological writings propose that the idea of intersubjectivity lies in exploring the entanglements between the shared subjectivities found among certain individuals. Intersubjectivity involves how individuals relate and interact with the lifeworld and experiences of each other through the consensus of shared emotions, feelings, and experiences. Some phenomenologists describe the state of being intersubjective as a form of intentionality, which is juxtaposed to that of empathy. Therefore, an individual is directed towards others' lived experiences. With regards to addiction, intersubjectivity is found within the relationship between social actors and various objects within the reality of the actor. People struggling with addiction challenges tend to belong to a community or subculture that understands and accepts them. This reflects the idea of intersubjectivity, as the community of people struggling with addiction challenges can relate

and interact based on shared emotions, feelings, and experiences about addiction. This perspective, therefore, places significant emphasis on the intersubjective state, found in the relationships between actors and objects, of people struggling with addiction challenges. An equally important notion in the philosophical phenomenology of Schütz is his concept titled “typification”. Kim and Berard (2009) depict typification as a process where individuals socially construct standards based on standard assumptions about something. Schütz believed that individuals tend to construct social standards because of the immediate reality of his/her own lifeworld. For some individuals, the standard created about addiction might be seen as having negative connotations, while for other individuals who struggle with addiction challenges, this socially constructed standard provides a sense of belonging and acceptance.

Against the background of all the aforementioned discussions, Weinberg (2011) states that addiction should be conceptualised as a phenomenon operating as a non-human agent, residing in the consciousness of individuals, greatly affecting the bodies and selves of those considered to experience addiction-related challenges. Addictions, therefore, takes place in embodied agents. The embodiment of addiction ultimately reflects that embodiment requires a body, which all human beings have, and having a body means that effectuation is a possibility. Effectuated means to learn to be affected and moved or put into motion by specific entities, either human or non-human agencies (Latour, 2004). Therefore, to have a body also suggests the possibility of being susceptible to diseases. With regards to addiction, disease does not refer to a phenomenon originating within the field of pathological biology but rather as patterns of some form of destructive bodily enunciation. There is a constant struggle between the patterns of articulation with which we cannot or do not want to identify and those articulations we do self-identify with (Weinberg, 2011).

Weinberg (1997) argues that a praxeological approach towards understanding addiction would encompass the examination of practical relevancies and meaningful experiences people with addiction challenges attach to drugs and the various effects these psychoactive substances produce. These experiences and relevancies should not only be based on symbolically learning the interpretations of these drug-induced experiences but also be understood through learning to use psychoactive substances in practical fields of life. Addictive-related behaviour thus encompasses both symbolic representations and is a phenomenon fostered within the practical consciousness of an individual. Phenomenological approaches of addiction, therefore, aim to understand the use and experiences through a pre-symbolic set of embodied temperaments, a habitus, which acts on the perceived practical demands of the moment (Inglis & Thorpe, 2012).

Hughes (2007) states that the use of psychoactive substances should be understood as a set of embodied social practices, which involve purposeful inter-relations with other users of psychoactive substances and their immediate surroundings. Addiction should be understood within the contextual relevance of being a discursive practice that operates based on both identity formation and reconfiguration, also referred to as a subculture operating within another community.

Being part of the addiction subculture operates as both embodied agency and structure. People who struggle with addiction challenges become dependent on both the social practices of being a person with addiction challenges and the actual psychoactive substance itself. Hughes (2007) continues by arguing that sociological perspectives of addiction should not merely aim to challenge the ideologies presented by that of medicine and pharmacological insights but that the notions found within a sociological viewpoint should aim to clarify how individuals are influenced through various contributing societal contributions. The broader social relationships should be focused on the triangularly interactions between drug use, cultures, and addiction itself.

In order to understand and conceptualise the mentioned praxeological approach towards understanding addiction, praxeology in itself should first be explored. Coghlan and Brydon-Miller (2014) argue that praxeology is the study or science of human action. Understanding praxeology in light of addiction and as depicted in the praxeological approach, Swan (2014) emphasises the importance of conceptualising the essence of human social behaviour and action. Addictive-related behaviours and actions are thus determined by choices. These choices are dictated by interpretations that are influenced by the social situation or setting of the individual. Understanding the human social behaviour/action of people struggling with addiction challenges can be understood through the route of action/behaviour, choice, interpretation, and setting/situation. The praxeological approach seeks to explore the human action or behaviour of people struggling with addiction challenges through considering the choices, interpretations, and settings/situations relevant in the lifeworld of the person struggling with addiction challenges.

According to Weinberg (2011), the genealogy of the sociology of addiction currently finds itself amid a praxeological approach, focusing mainly on process ideologies. Swan (2014) argumentatively states that the process model of social thought encourages a sense of ongoing contextual analysis, which can be supported in accordance with how certain phenomena are

part of a larger process and not merely monistic in nature. Human social behaviour and action can only be made sense of if the choices, interpretations, and settings/situations of the behaviour and action are considered. While aiming to foster a process model of social thought and human condition within the sociology of addiction, it is important to realise that processes of social thought encompass contextual and situational complexities, as well as individual complications. The process model of social thought depicts society as an interconnected network consisting of overlapping junctures. Social reality is a dynamic process, which is ongoing and constantly developing. Society cannot exist without individuals' intricacies, and individuals cannot function without the dynamic complexities offered by society. Thus, it is important to consider individuals' addictive-related actions or behaviours within the context of the situation or the social setting. Also, the setting or situation cannot be comprehended without understanding the action or behaviour of the person struggling with addiction challenges. The embodiment of addiction, and other sociological frames of references found within the genealogy of the sociology of addiction, should, therefore, be contextualised according to a process model of social thought and human condition (Inglis & Thorpe, 2012).

2.3 The Sociological Imagination

When considering the process model of social thought and human condition within the sociology of addiction, there is still a lack of theoretical underpinnings available to explore the contextual complexities associated with addiction. To understand this process model found within the praxeological approach of the sociology of addiction, one should aim to utilise a sociological quality of mind. The crux and most probably the heart of a sociological quality of mind, in terms of this study, can be best illuminated by conceptualising the sociological imagination. Mills (1959) believes that individuals experience a crisis when their values are threatened, and thus struggle to realise that there should be a difference between personal troubles and public issues when analysing any given social scenario. Ideologies surrounding addiction within modern societies tend to emphasise the contribution and significance of personal troubles to understand that addiction might be centred on individualistic understandings and sometimes fails to incorporate the crucial role of understanding addiction in terms of public issues. The sociological imagination allows for an understanding of the intimate realities, which are not only individualistically based but also on how these realities connect with the larger social realities of addiction through emphasising the distinction between public issues and personal troubles. According to Reeves (2011), the sociological imagination not only refers to a "theoretical tool" functioning within the sphere of academic

relevance, but is also a quality of mind, which can help with conceptual, empirical, and application work within the context of the inter-professional field. The inter-professional field only serves as an example of how the sociological imagination can help illuminate various causes of friction within the professional field of people who regularly deal with addiction.

The sociological imagination can help to illuminate the complexities associated with various social scenarios and could foster realistic factors to be considered, which are often ignored because of the popularity of mainstream individualistic outlooks on society. The sociological imagination offers an alternative avenue to understand various influences of societal phenomena on the lives of individuals. When considering the inter-professional field (a collaborative field of two or more professions or professionals working together), a field where addiction is most often being dealt with, the sociological imagination aims to understand the publicly enforced issues in the workplace of inter-professionals, which might affect the outcome of how these professionals conceptualise addiction as a whole. There is a need within these professional fields to understand the link between the individual and the complexities of society, including how the interaction between these two must be explored in order to grasp the severity of conflict within this particular field. Exploring the dynamics of the interaction between the individual and society can help to understand how the social context can affect the actions and interactions of an individual. Professions engage in a process of “closure” to secure knowledge, expertise, ownership, and economic reward. Closure strategies in the inter-professional field are most often enforced because of professional standards regulated by governmental boards. The sociological imagination allows for sources of friction to be identified between various professions within the inter-professional field because of closure strategies and to uncover the important underlying factors linked to the actual creation of the professional conflict in the first place. The origin of conflict was publicly enforced, not privately or individualistically (Reeves, 2011).

According to Bernhard (2007), various sociological perspectives can also be used to understand pathological gambling. Clinicians within the field of clinical sociology often engage in utilising the sociological imagination to understand the dynamics of behavioural change in a group or individual. An active intervention can thus occur, which is rooted in perspectives, theory, and methods. When considering the practices of clinical sociology, a Millsian sensibility should be the basis of any therapy. Lemert (2002:18) argues that too often, people tend to analyse scenarios based solely on individualistic perspectives and neglect the analysis of sociological factors completely:

“How does it happen that, while some people succumb to false consciousness, others are able to trust their own deeper sociological competence—thus to imagine that failures in life are as likely to come down from the organised structures of social things as they are to rise up from the individuals upon whom the failure falls? The answer seems to be that many if not all, people are able to overcome bad situations when they begin to look critically in the right place.”

Bernhard (2007) argues that this “right place” refers to having sociological roots and not merely individualistic origins. Problem gamblers often individualise their experiences of gambling as something which no one will understand, as is the case with many people struggling with addiction challenges, feeling that they lack a sense of belonging to mainstream community. For problem gamblers, emotions and experiences of gambling are interpreted as highly personal and private; they do not understand their membership as being associated with “normal” practices but rather as being deviant within a community, which denotes the deviance of belonging to a structure of deviance acceptance. In group-centred therapy, the problem gambler realises for the first time that he/she is not the only person struggling with addiction problems as someone else is actually telling his/her private story. This is where problem gamblers realise that their private problems originated in sociological factors. Reeves (2011) emphasises how the sociological imagination allows people to understand that their personal experiences are shaped by the actual context in which they are situated. This social context includes the interactions they have with others, as well as their values.

The sociological imagination ensures that people can understand various social patterns and influences related to individuals and how their personal and collective desires are applied by larger forces of contextual significance. The notion of the sociological imagination can thus be comprehended as a transformative analytical tool, which captures the importance of integral components sometimes overlooked in society. Davenport (1999) integrates this very transformative quality of the sociological imagination by reviewing the work of Charles Van Onselen, *The Seed Is Mine: The Life of Kas Maine, a South African Sharecropper*. Understanding and analysing the life of Kas Maine through the sociological imagination, one realises that the various personal problems that Maine experienced in his own lived experiences were never the result of individualistic choices. The origins of Kas Maine’s personal problems lie in the conflict that occurred over land ownership between two racial groups. Land ownership, experienced in the historical context of that time, was predominantly ascribed to White landlords. Black farm workers, like Maine, had to deliver a service on the land of the

landlord to survive. Maine's narrative shows how a system of control can destroy human relations because the regulations of that particular system perpetuated racial barriers in the realm of farming and land ownership in particular.

According to Rosenblatt and Nkosi (2003), *The Life of Kas Maine* is an informative gesture to conceptualise how injustice, which is publically informed, continually demands resourceful adaptations at the level of the individual. It is essential to understand that agricultural changes of that specific historical context perpetuated a one-sided image of benefiting only certain people. The trickle-down effect of this particular ordeal in the historical context of that period resulted in conflict and geographical changes, both socially and physically. However, due to the agricultural changes experienced at that time, various members of the black community found it hard to relate to a specific culture as a physical shift in geography and social dynamic structure became part of the institutionalised norm of the country's historical context. Public land enforcements and regulations paved the way for severe inequality in how people articulated their very own culture. Poverty among Black farm workers became a personal problem because the image portrayed by the ideals of the governmental bodies indicated the general norm and dominance of a racial group as one-sided. The context and situation ascribed by the government ensured that people accepted their conditions, even if the conditions implied that poverty at a personal level is a "normal" fate, which should be accepted and understood.

Lemert (2002) explained this acceptance of fate by stating that most of our habitual practices are most likely enforced by the severity of social rules and regulations. This is what the sociological imagination aims to uncover: the realisation that personal suffering is not the result of individualistic choices but, more than often, the repercussions of larger societal issues. Bernhard (2007) believes that the sociological imagination can help paint a more holistic picture of various afflictions. Sociological understandings can help individuals to understand the culture of their situation and context, how to recognise when that culture indoctrinates their own personal thinking, and how to counter the temptations presented by the societal issues, depicted as personal shortcomings. The sociological imagination can thus provide people in the addiction community, both people struggling with addiction problems and those considered to be "normals", with an analytical tool to understand that addictive traits and behaviours are often the result of societal affiliations and not necessarily the origin of personal shortcomings.

While considering the various theoretical perspectives within the genealogy of the sociology of addiction, the sociological imagination will be the main theoretical framework from which

the data analysis of the study will be conducted. The sociological imagination allows the societal contributing factors of addiction to be placed into a perspective within the lived experiences of people struggling with addiction challenges.

Allowing societal factors of addiction to be understood through context and situation creates the basis of incorporating the significance of public issues and their influences. Various research endeavours have been undertaken with the aim of utilising the sociological imagination. The focus is on various subject matters, including that of deviance, racism, and conflict resolution attempts, as seen in the examples previously discussed in this chapter. Based on these examples, the importance of incorporating a sociological quality of mind within people struggling with addiction challenges lies a unique contribution the study aims to provide to the body of knowledge within the sociology of addiction.

2.4 Conclusion

When aiming to understand the sociology of addiction, it is important to move away from naturalistic and monistic approaches of social thought and behaviour. For this particular study, a praxeological approach will be focused on, aiming to highlight the process model of social thought and human condition found within the sociology of addiction. Exploring addiction experiences through a sociological lens encourages an ontological underpinning, allowing societal factors to be considered and revealed. Revealing contextual complexities associated with addiction is a theme still underdeveloped in the field of sociology, thus the reason for utilising the sociological imagination as the main theoretical framework for the study.

In the first section of this chapter, the genealogy of the sociology of addiction was highlighted as an important way in which addiction can be understood according to its sociological origins and how these origins have progressed. The genealogy of the sociology of addiction is a theoretical area, which offers other theoretical frameworks and perspectives to emerge and take form. The genealogy of the sociology of addiction, for this study, can be used as a framework for the direction and significance of other theories used throughout the chapter.

The work of Alfred Ray Lindesmith, the “father” of the sociology of addiction, is highlighted as an integral point of origin in this chapter. Although his work failed to incorporate the significance of sociological factors in the event of relapse, his ideas remain crucial when aiming to grasp the totality of understanding addiction from a sociological frame of reference. It is also important to remember that Lindesmith was the first scholar of sociology to develop a distinctly sociological approach towards understanding the phenomenon of addiction.

Departing from the ideologies of Lindesmith in many ways, the functionalist frame of reference within the genealogy of the sociology of addiction was incorporated. The functionalist frame of reference focuses on the functionality of systems and how the function of each system ultimately affects the other systems. Swan (2014) describes the functionalist approach as a conservative approach as the factors involved within any interaction in society are limited and narrowed down to the analysis of the structure. Human life is, therefore, depicted as a system contributing to the maintenance of social order in a society.

Within the functionalist frame of reference, in this particular chapter, the anomie theory of deviant behaviour was also highlighted as an important theory aiming to explain how “normlessness” in a society contributes towards addiction. Not only does this state of anomie in a society contribute towards the development of addiction, but a sense of “normlessness” in a community also provides people who are struggling with addiction challenges the opportunity to relate and belong to something in their milieu. Being “different”, in this perspective, provides a sense of comfort, and it drives the development of addiction even further.

The chapter also aimed to illuminate the symbolic interactionist paradigm within the genealogy of the sociology of addiction. This frame of reference depicts human life and interaction as a meaningful experience, which should be analysed according to symbolic significance. The appreciation of symbolism within addiction was explored to emphasise the importance of “meaning” that people attach to the concept of addiction. Stigma and the labelling theory were highlighted as integral theories and notions in the conceptualisation of the totality of how important symbolic interactionism is in the development of addiction.

Rational choice theories and social exchange orientations formed part of this chapter as well, emphasising the importance of rationality in the phenomenon of addiction. According to Swan (2014), people often engage in any social interaction only when they have weighed up the potential benefits of the outcome of that particular interaction. People, therefore, make constant cost-benefit calculations when obtaining or maintaining the choice of drug or substance. Although this section should be seen as important in developing the genealogy of the sociology of addiction, this economic-deterministic outlook on addiction fails to provide sufficient explanations for the intricate factors involved within addiction and reduces all understandings to consumerist-based interpretations.

Hammersley (2017) depicts all aspects of society as having social constructionist roots, where objects, systems, and interactions can be differently understood if the semantics and language

of the aspects are interpreted differently. This section focused on how socialisation towards addiction should be understood as important when aiming to further understand the complexities associated with addiction. When aiming to reconceptualise the concept of addiction, an intense process of resocialisation is needed to counter various stereotypes associated with addiction.

Inglis and Thorpe (2012) assert that any social aspect of human life can only be conceptualised if the practical routines and consciousness of individuals are considered. Phenomenology and a praxeological approach are also important, focusing on a process model of social thought and human action. Alfred Schütz's ideas of intersubjectivity and typification provide some insights into the lifeworld of an individual. To conceptualise the practical consciousness of how individuals construct their everyday life, it is important to study the factors involved in everyday life. These factors of everyday life should be understood in the context of the situation and also from the perspective of a process model. To grasp the social factors involved in the lived experiences of people struggling with addiction challenges, it is of utmost importance to explore the processes involved in their everyday life and to understand how they construct and depict their practical consciousness. Ideologies within the sociology of addiction are currently dominated by this very process, the praxeological approach.

In order to grasp the complexities that are contextually associated with addiction in a praxeological approach, it is necessary to differentiate between personal problems and suffering, including public issues. Therefore, it is important to analyse the various processes and routines of people struggling with addiction challenges from a specific sociological quality of mind. This sociological quality of mind, and the main theoretical underpinning for data analysis in this particular study, can be interpreted as the sociological imagination. The final section of this chapter aimed to incorporate the sociological imagination with the phenomenon of addiction, allowing the current praxeological approach of the sociology of addiction to be further analysed and interpreted according to the influences of public issues and not solely individualistic factors.

The sociological imagination, therefore, provides the current praxeological approach of the sociology of addiction with the necessary theoretical equipment to investigate the contextual, situational, and public complexities associated with the lived experiences of people struggling with addiction challenges. The sociological imagination will serve as the ontological basis for this particular research study. As previously stated, the other theoretical paradigms, frames of

reference, and theories, discussed in this chapter, will only serve as theoretical guidance mechanisms, mainly aiming to explore the origins and development of the sociology of addiction.

CHAPTER 3: LITERATURE REVIEW

3.1 Introduction

The purpose of this chapter, in light of the praxeological approach and the sociological imagination, is to explain existing research and debates relevant to that of lived addiction experiences of individuals (Scott, 2014). This chapter will explore the necessity of sociological lived experience research, especially concerning addiction. Sociological understandings of addiction are relatively scarce while constantly undergoing change as mainstream research and practice on addiction generally dominate psychological and medical insights. The sociological imagination can help to illuminate how social factors contribute to the conceptualisation of addiction, ultimately aiding in considering various complexities associated with addiction. Often, sociological conceptualisations made about addiction have been interchangeably used with other terms, such as deviance and disease, to explain this phenomenon. The sociology of addiction includes interchangeable aspects associated with addiction, aiming to conceptualise how addiction can be depicted as a notion of sociological significance (Weinberg, 2011).

In practice, addictive behaviours are normally treated through a bio-psycho model, placing significant emphasis on how these two aspects can be found and overcome at the individual level (Bernhard, 2007). The sociology of addiction stresses the importance of a sociological component, which needs to be added into the equation of the bio-psycho model, expanding the idea into one that reflects a bio-psychosocial underpinning. Subsequently, the lifeworld of the bio-psycho aspects of addiction could be contextually and situationally understood as sociologically significant.

This chapter will begin by exploring the sociology of addiction literature according to three prominent perspectives. These three perspectives found within the literature of the sociology of addiction incorporate the importance of culture, environment, and ideology (Freed, 2010). Within these three perspectives, various other notions and concepts will also be addressed, emphasising relevant sociological contributions in the field of the sociology of addiction. The aim of understanding these three perspectives and other relevant concepts, is to capture the importance of research literature found within the individual's lived experiences of addiction.

3.2 A Sociocultural Perspective

To understand the significance of cultural components in the field of the sociology of addiction, it is important to conceptualise the essence of culture itself. Scott (2014) defines culture as a

term that describes the symbolic and learned aspects of a society. Cultural studies, therefore, aim to explore the nature of mass culture and culture industries. Freed (2010) believes that the field of addiction in sociology should be subdivided into the three mentioned perspectives to address the totality of addiction as a social phenomenon. A sociocultural perspective considers aspects such as the influence of modern societies, social change, and cultural influence. The findings of a study conducted by Rorabaugh (1979) indicated that economic growth, urbanisation, immigration, and new technologies, caused an intense sense of frustration and anxiety among Americans who then turned to alcohol and drug abuse for relief from their state of frustration. Gusfield (1996) found new avenues of recreation, such as movies and amusement parks, and the development of early 20th-century urbanisation to cultivate substance usage as an affair that seemed to be privatised and internalised. Social change can sometimes be a daunting experience for human beings with the consequence of adopting various mechanisms for coping, some of which foster a sense of well-being, although most of the time, individuals will seek escape in the form of pleasurable, instant gratification (Swan, 2014).

Bacon (1972) found that modern society does offer various advantages, but aspects such as individualism and stratification seem to increase a sense of emotional insecurity among members of the wider society. This state of emotional insecurity forms the base from which individuals tend to adopt destructive forms of coping, which at the onset, displays a euphoric, deceiving image of reducing the impact of emotional insecurity. The role of substance usage is, therefore, more likely to be valued in a modern society as it produces favourable features of reducing fears, tensions, and frustrations among individuals. The affluence of modern societies provides people with some form of comfort and satisfaction, although the paradox of this affluence is that it comes at a high price. In the research findings of a study conducted by a socio-psychological consultant, one of the necessary conditions that were highlighted as being important for addiction to be seen as such indicates a vulnerable emotional makeup. Individuals tend to experience vulnerable emotional makeup due to societal infringement. The object of an addiction normally generates attractive feelings and meanings in the social “self” of a person struggling with addiction challenges (Fatayer, 2008).

Addiction can be depicted as a sociological love between a person and an addictive object, implying that addiction is mainly a phenomenon dependent on how a person embodies the relationship between the object of addiction and the individual. A person’s cognition of the addictive object is socially constructed and hardly ever found at the level of individualistic explanations. Addiction is a social action driven by desires that are socially created, managed

by the cognition of the person with addiction challenges, and administered by the culture in which individuals exist (Fatayer, 2008). Bales (1946) found that alcoholism is a “culturally induced” phenomenon. Modernised cultures seem to heighten the action of heavy drinking not only to cope with frustration and tension but also because the culture itself does not necessarily offer alternative avenues, which could help individuals to manage their emotional state of well-being.

Furthermore, Jellinek (1962) found that definitions of addiction and cultural influences differ significantly based on geographical disparity. The avenues of coping with emotional insecurity and frustrations are not necessarily adequately available in all countries and communities. In order to understand the addiction experience of people struggling with addiction challenges, one should embark on a process of discovering the problem within its context and situation (Swan, 2014). Addictive behaviours in North America differ from addictive behaviours in Asia, for example. Problem gamblers mostly tend to gamble around tables with a group of people in gambling communities found within Asia. Gambling in North America predominantly entails an isolated form of gambling by playing slot machines (Bernhard, 2007). The context of addictive behaviour is different, according to situational aspects.

According to the findings of a study conducted by Room (1985), addiction can be understood within the cultural significance of collective beliefs among a particular society. Addiction can thus be depicted as a “culture-bound” syndrome. Substance usage cannot become abusive or problematic without a collective pattern of culturally-induced norms and beliefs. Dramaturgical theories of emotion emphasise the importance of an emotion-culture in defining which emotional experience is expected in a particular situation. The emotion-culture dictates the actions and emotions of individuals according to the cultural script. An emotional experience is, therefore, dependent on other social variables, such as culture (Turner & Stets, 2006).

In a recent qualitative study conducted by Jack, Oller, Kelly, Magidson, and Wakeman (2018), it was found that social systems play an integral role in the conceptualisation of addiction. In this research study, people recovering from addiction challenges were asked how they depict and understand addiction. Few respondents described addiction as a cognitive state nor of a purely biological nature. Numerous respondents stated that narratives are an efficient way to express and understand their lived experiences of addiction, ultimately allowing recovery to become a possibility. Most respondents attributed their understanding of addiction as a sign of

a structure that failed them. Culture, as a social system or structure, is one of the factors relevant to the conceptualisation of addiction. Ogburn (1992) describes cultural lag as a set of social problems that occur as the perspectives, values, and beliefs of people constantly change due to ongoing adaptations toward technological and economic change. In this regard, culture as a social system has failed or “lagged” behind the people struggling with addiction challenges because their prior values and beliefs were substituted for the well-being of economic gain and technological advances, resulting in the adoption of addictive-related behaviours. People experience social problems (addictive-related behaviours) because they substitute human qualities (values and beliefs) for non-human gratification (economic gain) (Ogburn, 1992).

The findings of research conducted within the sociocultural perspective of addiction provide a thorough understanding of how culture, modern societies, and social change can play a role in conceptualising addiction experiences.

3.2.1 Addiction and Etymology

As stipulated by Jellinek (1962), definitions of addiction differ significantly according to various factors, including demography and geography. Thus, an understanding is needed of the etymological roots of the concept “addiction”. According to Scott (2014), etymology is the study of how the origins of words have changed throughout history. Van Manen (2006) believes that the words we ascribe to certain phenomena have lost their original and central meaning. When considering the word “addiction”, it has become evident that the original meaning of the word has been transformed in everyday speech. People proclaim to be “addicted to their cellular phone” or “addicted to a brand of clothing”. Being addicted to something can thus refer to being strongly attracted or intrigued by something. The question arises how this is different from being addicted to cocaine or ecstasy. The meanings of words are constantly changing according to the culture in which the word originates and develops.

Hegel (1977) found that subordination, or the act of giving oneself over to a master (addictive object or practice), can be experienced as pleasurable. People struggling with addiction challenges can simultaneously feel empowered through their master, due to satisfaction and the pleasure of using the substance of addiction, as well as overpowered by their “weak” will to constantly use this product or to display this behaviour. The person struggling with addiction challenges seems to experience a “self” overpowered and not capable of continually using the substance of addiction and a “self” who seeks the pleasure-induced experience of this use or behaviour. This type of language or etymology takes away the agency of self-control from the

individual. The person struggling with addiction challenges is no longer accountable for the constant desire to display addictive behaviours in the same way as the person struggling with addiction challenges who simply loves the experience offered by psychoactive substances.

The findings presented by Freed (2010) indicate that agency is removed from the person struggling with addiction challenges. This means that the awareness of pleasure is no longer associated with that of addiction research. If a person struggling with addiction challenges is no longer in control of his/her desire to use the substance, the self-knowledge of him/her is no longer accountable to the study of addiction. Over the years, addiction research downplayed the importance of self-understanding and self-knowledge. Lived experience research provides a basis from which the person struggling with addiction challenges could potentially be reconnected to their own self-understanding and self-knowledge of addiction (Frank, 2013).

3.2.2 Addiction, Agency, and Self-Knowledge

Research paradigms and therapeutic endeavours tend to marginalise the narrative and social identity of the person struggling with addiction challenges into a set of categories to facilitate smooth and unchallenged outcomes of research and treatment (Latkin & Friedman, 2012). Although this is a more manageable form of scientific collection and analysis, downplaying the social identity and narrative of the person struggling with addiction challenges can cause insufficient avenues for the actual treatment of addiction, leading to individuals firmly believing that addiction is a terminal disposition which cannot be overcome. According to the findings of Room (1985), the person struggling with addiction challenges is a social actor, an orator, or a storyteller (Frank, 2013) whose account of addiction experience is based on *incentives* and *constraints*. The individual decides to participate in addictive practices because the experience is pleasurable. The incentive offered is being able to consume psychoactive substances and experience pleasure. If the person struggling with addiction challenges faced certain sanctions because of this behaviour, for example, losing his/her job, this would be considered a constraint. Based on the findings of work done by Room (1975:360), it is believed that:

“The concept of norms then is simply a tool for focusing our attention on the details of sociocultural forces – the social incentives and constraints – which bear upon our individual drinking behaviours.”

The experiences and stories of individuals struggling with addiction challenges are thus based on social incentives and constraints, not controlled by it. Swan (2014) believes that if one

should wish to address a particular problem, it is necessary to focus on the relationships and interactions (agency and self-knowledge) found within the context of the problem, and not only the structure and functioning (constraints and incentives) of the problem itself. People who use substances get carried away with this activity. Initially, the person struggling with addiction challenges started with consuming psychoactive substances because of the pleasure and gratification provided by the experience. While being incentive-driven, the individual struggling with addiction challenges “forget” about constraints. Self-knowledge of addiction, therefore, becomes overpowered by the pleasure of consumption. It is not necessarily the case that the person struggling with addiction challenges does not see the constraints; he/she struggles to execute self-restraint in his/her “quest” towards pleasure-seeking. Lived experience research aims to illuminate this aspect of agency and self-knowledge within the phenomenon of addiction.

3.3 A Socio-environmental Perspective

When exploring the socio-environmental influences affiliated with addiction, Freed (2010) believes that questions of “whom”, “how”, and “where” should be asked and subsequently answered. For example, with whom does/did the use of substances occur, when does the use of substances occur, where does the use of substances take place? Therefore, the socio-environmental perspective of the sociology of addiction aims to understand the social setting, social learning, and alienating factors involved in the phenomenon of addiction. Scott (2014) defines the sociology of environment as a physical surrounding that is often used as a major determinant in explaining patterns of social life. The environment can also be associated with the concept of environmental determinism. Contemporary sociologists studying the environment quite intensely have argued that the environment should be understood as a structure that sets fundamental limiting conditions on the actions of human beings. Nonetheless, these “limiting conditions” can be interpreted as playing an extremely important role in the constitution of addiction and how people struggling with addiction challenges portray their addiction experiences.

Becker (1953) found that the regular use of marijuana is a learned experience. Beginner users of marijuana would not continue to use the substance unless it was learned by more skilled users. Learning in this regard means that individuals learn how to identify the effects of using the substance, they learn how to use the substance, and they find a way to enjoy the pleasurable effects produced by the psychoactive substance. This paints the picture of addiction, beginning

as something which is socially learned. In a study conducted on alcohol consumption, Brunn (1959) found that community members of relatively small groups, who consume more or less the same amount of alcohol, will display different ways of behaviour. This difference in behaviour is strongly associated with how these members of small groups are socialised about “drinking norms”. Communities are socialised differently concerning levels of consumption of a particular substance and what is deemed “too much”. If one should consider the institutionalisation process with regards to addiction, a person who drinks slightly excessively is never truly conscious of his/her “problematic drinking behaviour” until these individuals are institutionalised and instructed otherwise. Only when individuals exit programmes of a rehabilitation centre or institution are they willing to disclose their identity as “having a problem with substance abuse”. This is because rehabilitation centres and other related programmes teach the individual about associated problematic behaviour (Freed, 2010).

According to the research findings of marijuana use in the United States, Azofeifa, Mattson, and Grant (2016) found that there is a dire need to integrate a multivariable approach to combat and understand addiction-related problems. This approach should aim to incorporate environmental factors, such as policies and laws, and cultural factors to understand the relationship between perceptions of people and addictive-related behaviours.

In a study conducted about alcohol consumption and class differences, Gottlieb (1957) emphasised the importance of social setting regarding addictive-related behaviours. The findings indicated that taverns are normally found in more residential areas, attracting individuals from middle- and lower-class strata. These lower-middle class individuals tend to impose specific drinking norms inside the tavern. Thus, the social setting of the tavern provides the basis for a “certain way of consuming” in that particular context, a type of “brotherly/sisterly” setting created due to specific norms being fostered within the context. On the other hand, uptown lounges are mostly found within industrialised-commercial areas where drinks are sold to individuals of upper-class strata. These individuals do not have the same drinking norms as those imposed in a tavern setting. These individuals typically do not have such a deep emotional investment with the place itself, but more with the high-class status of consuming a particular drink. In another study conducted by a psychiatrist, Zinberg (1984) found that soldiers of the United States Army who abused heroin during the Vietnam War completely stopped their intake once they left the war setting and returned to their homes. Therefore, how people with addiction challenges can control/not control their amount and/or craving for the substance could be dependent on the social setting. Swan (2014) believes that

a social setting and/or a situation directly contributes to how individuals interpret various choices of human social behaviour.

With regards to how certain social settings can produce alienation, Peele (1989) conducted a study on substance usage and the acquisition of power. The social psychologist found that drug users normally use substances to acquire power. Interestingly though, drug users depict the substance as having the ability to allow them to achieve what they set out to achieve, which they feel they would never have accomplished on their own. Feeling personally powerless and attributing one's power to the effects produced by the psychoactive substance already establishes proneness towards becoming addicted. In this regard, the social setting of using a psychoactive substance and wanting to achieve something indirectly alienate the individual, not only from his/her own potential but also alienated from themselves, as they can no longer achieve or function "normally" without the drug and its effects. When reflecting on the insightful studies and findings of the socio-environmental perspective, it becomes evident that environmental factors of setting, learning, and the production of setting-alienation, play a major role in the conceptualisation of how addiction experiences and addiction as a whole could be understood from a more sociological perspective.

3.3.1 Addiction, Craving, and Desire

When aiming to further understand the complexities associated with that of the social setting and learning notions proposed in the socio-environmental perspective, one should consider how these settings and learning practices enhance cravings for psychoactive substances and disrupt the desire to be part of anything else besides using the substance. Cravings are indirectly enforced through the environment's "limiting conditions" of pleasure production (Scott, 2014). According to the findings of a study conducted on the recovery of alcoholism, Anton (1999:168) found that:

"This craving for alcohol that occurs later in recovery likely is caused by a long-term recollection of "what it was like to drink." Situations in which alcohol previously was experienced as pleasurable or in which alcohol previously served to relieve stress may activate this memory."

Oksanen's (2013) reflective research regarding the theories presented by French philosopher Gilles Deleuze on addiction presents an interesting understanding of desire. Addiction is depicted as being situational and interactional in nature. People struggling with addiction challenges tend to use psychoactive substances because the substance is linked to various

situations and interactions, which ultimately disrupts the production of desire. In this regard, the desire for life, in general, is marginalised to simply using a psychoactive substance. Edwards (2000:72) provides an alternative outlook on desire and addiction in a study conducted on dependence and addiction:

“...an individual’s control over choice can become impaired by dependency. When such a person slips yet another bottle of gin into the supermarket trolley, the purchase will have been made under an inner duress of a kind not experienced with any other item in the shop...”

Addiction in this particular regard should be viewed as a desire, which enforces a sense of urgency and pressure on the person struggling with addiction challenges. People struggling with addiction challenges seem to have this constant hunger to feed their type of addiction for them to function “normally”. This desire to constantly use a specific psychoactive substance is strongly influenced by the social setting the person struggling with addiction challenges finds him/herself in. The urgency to acquire the choice of drug becomes so intense that the general desire for other aspects of life becomes largely redundant (Oksanen, 2013).

3.3.2 Addiction and Disease

When confronted with addictive related behaviours and the concept of disease, Bernhard (2007) believes that psychologists tend to embrace the medical model too eagerly. According to the findings of a study conducted on the relevance of the medical model, Conrad and Schneider (1992:35) found that the medical model tends to overemphasise:

“... the internal and biophysiological environment and de-emphasised the external and social psychological environment. ... The medical model of deviance locates the source of deviant behaviour within the individual, postulating a physiological, constitutional, organic, or, occasionally, psychogenetic agent or condition that is assumed to cause the behavioural deviance.”

In the findings of a study conducted on alcoholism, Jellinek (1960:37) identifies various types of heavy drinking but only offers the possibility that only one should be considered as a disease:

“In gamma alcoholism, there is a definite progression from psychological to physical dependence and marked behaviour changes... This species (form of alcoholism) produces the greatest and most serious kinds of damage. The loss of control, of course,

impairs interpersonal relations to the highest degree. The damage to health in general and to financial and social standing is also prominent...”

For Jellinek (1960), the “out of control drinking” characterises the disease of addiction. When the need to use psychoactive substances becomes an uncontrollable issue, the person using or engaging in a particular addictive-related practice has fallen ill with addiction. Although the disease concept postulates a biological basis, Jellinek (1960) states that the “out of control” factor should be the only legitimate reasoning for considering addiction as something which has disease-like qualities. In Medanik’s (2006) work titled *Biomedicalization of Alcohol Studies*, one begins to understand the complexities of medicalising social problems. The medicalisation of social problems allows deviance to adopt a sick role, where the affected individual is in no way responsible for the particular social illness. The individual struggling with addiction challenges is, therefore, treated in isolation from the situational context of the problem. According to Weinberg (2011), addiction is merely managed by the cognition of the person struggling with addiction challenges. The context of the social illness is what constitutes the severity and complexity of the addiction experience.

Reinarman (2005) states that “addiction-as-disease” ideologies are mostly socially constructed and later become part of a cultural framework for understanding behaviours affiliated with addiction challenges. This theoretical framework, which mostly maintains a social basis, aims to understand how cultural complexities manifest in terms of lived experiences of people struggling with addiction challenges.

3.4 An Ideological Perspective

To grasp the relevance of ideology in the context of addiction experiences, Freed (2010) argues that this perspective reflects the broader social constructionist tradition and how institutional, professional, and cultural ideologies have contributed to the field of addiction as a whole. For Scott (2014), the concept of ideology encompasses a long and complex history. An ideology seeks to understand the relationship between the realm of political ideas and political culture or to understand the relationships between culture and ideas in general. Ideologies progressively alter social reality so that the outcome fits the functional purpose of a society. In the findings of a study conducted on alcoholism, Schneider (1978) found that the reason why people view alcoholism as a disease is that they continue to focus on cultural values and not scientific evidence. The disease concept should, therefore, be seen as a social construct because it originates as a societal idea that sinful behaviour is connected with “drunkenness”. This very

idea ultimately became institutionalised with the general societal notion that only science and medicine can help treat and resolve problematic drinking behaviours. In the findings of another study, which focused on cultural ideologies, Musto (1999) indicated how the 20th century “Southern Whites” wrongly accused Black people of being violent, because of cocaine usage, as a means to preserve their power within racial stratification.

When aiming to understand institutional ideologies within this ideological perspective, Freed (2010) states that morality should also be considered. In a study conducted by Seeley (1962), the concept of addiction seems to reflect a moral judgement imposed by religion and medicine to ultimately control the behaviours of “problem drinkers”. In addition, the findings of a study conducted by a psychiatrist indicate that the concept of addiction is mostly intertwined with political strategy and moral attitudes. Medical professions and governmental boards tend to exaggerate and exploit deviant behaviours, such as problem drug use and drinking to maintain social control in a particular society (Szasz, 1974). Wiener (1981) found that one can see how the “invisible field” around the social problems of alcohol and drug use has now become somewhat of a visible entity. Worldwide marijuana use is beginning to be medicalised and legalised as the invisible field of social problems is now becoming an entity of visible, prominent realities. Indirectly, legalising and medicalising marijuana generalises the social problems associated with substance-usage, turning social problems into acceptable behaviours only so that certain bodies can exploit and benefit from alcohol and drug use.

The last ideological sub-division within this particular perspective focuses on the professional field and ideologies in the arena of addiction. According to Freed (2010), professional ideologies within the field of addiction have contributed substantially to how the phenomenon of addiction is portrayed and understood as a whole. In the findings of a study conducted on the inter-professional field of addiction, Reeves (2011) argues that there remains a tendency among addiction professionals to simply focus on organisational, systems, and psychological perspectives. Although these perspectives could provide a thorough analysis of the individual, there is still a lack of conceptualising the essence of sociological factors, which may affect addiction. In order to understand the professionalism of these addiction specialists and why they utilise certain perspectives in the field, one should have a closer look at who these professionals really are (Freed, 2010). In a study conducted by Edwards (2002) on the impact of researchers in the addiction field, the following became clear:

“We need to know more about who these people are, by what diverse routes they get into the field, how they were trained, what held their commitment in place.”

A historian, Acker (2002), found that pharmacologists and psychiatrists in the early 20th century repeatedly labelled opiate users through a moralistic lens. This was done so that the medical community members could establish an industry where pharmacology could become evident in prescriptions and diagnosis. Addiction was, therefore, moralised and stigmatised for medical professionals to profit from the phenomenon. Doctors in the medical field are often clouded by a personal moral compass when diagnosing addictive-related concerns and behaviours. According to Freed (2010) and Armstrong (2003), this morality distorts the practitioner’s understanding of addiction as a whole. Medical doctors tend to perceive any type of drinking by a pregnant woman as a deviant act. If professionals in the field of addiction struggle to fully comprehend or cure an issue, they simply convict it according to moralistic norms. For addiction and the lived experience of addiction to be granted a fair chance, the professionals' motives in this very field should be held accountable for how lived addiction experiences are shaped. Swan (2014) believes that no problem can be thoroughly understood nor cured if the relationship of the problem’s context is not explained and considered. Cultural, institutional, and professional ideologies in the field of addiction should be understood thato aid in the understanding of the lived experiences of people struggling with addiction challenges.

For Godlee (2017), people with addiction challenges should be treated without any form of judgment or demoralisation. The goal is to protect the vulnerable individuals of society by being compassionate, not by enforcing strict ideological prohibition. Pragmatic policies should be introduced, focusing on bettering human rights, decriminalising addiction-related behaviour, and proper legalisation and regulation of psychoactive substances.

3.4.1 Pathways of Addiction

According to Sulkunen (2015), addictions are not entirely caused by neurological variations, although it could contribute to the construction of addictions. The emergence of addictions mainly encompasses “culturally regulated behaviours” that involve various pathways and types. These pathways and types heavily depend on socially constructed conditions within which they ultimately evolve. With the focus on pathways and types of addictions, addiction is rarely ever depicted as “on-off conditions” but rather seen as social processes regulated by images that define meaning-attachment of addictive-related behaviours.

When aiming to explore various pathways of addiction, Swan (2014) argues that all human life should be conceptualised according to a group identity; all individuals live group lives. An important idea expressed in the social identity approach to addiction is that social membership ultimately informs the notion of self-concept. Identifying with the identity of a group greatly influences how we perceive the world and how we socially behave in given scenarios and situations (Tajfel & Turner, 1979). The social identity approach, therefore, stresses the importance of group membership and how the identity of a group can either create recovery identities or onset identities associated with addiction.

Dingle, Cruwys, and Frings (2015), however, argue that identity pathways into and out of addiction should be understood through the social interactions of people struggling with addiction challenges. The importance of social factors within the realm of addiction should not be mistaken as additional, informative instruments, but rather as integral components in the onset and recovery of addiction. When aiming to grasp the essentiality of social identities and social interactions within the recovery and onset of addiction, it is important to conceptualise those social factors which influence the context and situation of addiction as a whole. According to Swan (2014), social problems and dispositions of human behaviour and thought comprise discovering the significance in the context of the problem and not in the form of ascribing stereotypical aspects to the individual make-up of the person. In order to understand the contextual significance of addiction, those social factors involved in the onset and development of addiction should be addressed, including the social factors involved in the recovery from addiction.

3.4.2 Onset and Development of Addiction

According to Dingle, Cruwys, and Frings (2015), the first social factor to consider as integral in the development and onset of addiction is peer normative influences. Peer influence, both direct and indirect, is the most sociologically influential factor in the field of addiction. Ary, Duncan, Duncan, and Hops (1999) initiated a longitudinal study of 24 months, involving 204 adolescents and parents. They found that problem behaviour, which included substance use, was directly associated with deviant peers and poor parental monitoring indirectly contributed to the influence of deviant behaviour among these adolescents. For Swan (2014), all human beings should be viewed as being social beings operating in the sphere of group life, with all behaviours found within the context of the group being mainly the result of influential behaviours, which are largely understood as the general norm among the particular group or

community. Social acceptance among peers can sometimes refer to a “basic necessity” of being a social organism, especially when the social being is still in the process of early socialisation. Weinberg (2011) states that deviant behaviour within addiction indicates how the person struggling with addiction challenges associates with his/her immediate context and setting of interactions. Both direct and indirect peer normative influences should thus be regarded as an extremely important notion when aiming to understand the onset and development of addiction. It is crucial to realise that peer normative influences function in contextually based settings, not internalised condemnations.

Social isolation and the need to belong are the second important social factor relevant in the onset and development of addiction (Dingle, Cruwys, & Frings, 2015). The lack of peer connections significantly contributes to the risk of misusing substances. In a social network analysis of cigarette smoking among 1092 adolescents, Ennett and Baumann (1993) found that adolescents with few or no connections with other adolescents are more prone to engage in the smoking of cigarettes. Social belonging and connectedness provide a sense of meaning in the lifeworld of human beings. Not belonging to a group or community ultimately stimulates the onset of deviant behaviours to emerge. Cohen (1965) agrees with this notion indicating that deviant behaviours generally originate from a society that is bound by differences and not similarities. Having no positive connection with the collective consciousness of a community or group ultimately encourages people to adopt deviant forms of behaviours. Isolation and a lack of a sense of belonging should thus be depicted as important factors that contribute to the development and onset of addiction.

3.4.3 Recovery from Addiction

Waldorf and Biernacki (1981) found that some people struggling with addiction challenges engage in unassisted recovery. Individuals who formerly struggled with opiate addictive challenges were interviewed, and the findings presented an interesting case of self-recovery. This population sample of opiate users admitted an intense form of conflict they experienced between the “addictive self”, they harboured within themselves and their other social selves. Recovery from the particular form of addiction would mean that these people who struggled with addiction challenges had the opportunity to eradicate the relationship they once had with their addictive selves, thus strengthening the relationships with other social identities of their social make-up. Unassisted recovery is a very rare occurrence found among those struggling

with addiction challenges as not all people experience the realisation that their other social selves might be in jeopardy because of the addictive self (Dingle, Cruwys, & Frings, 2015).

Another social factor, and most probably the most common and known, which contributes to recovering from addiction, can be found within mutual support groups. According to Moos (2007), support groups such as Alcoholics Anonymous and Narcotics Anonymous offered those struggling with addiction challenges the opportunity to bond with other people who find themselves in a similar position. This allows people struggling with addiction challenges to foster an abstinence model that could perpetuate long-term intentions. According to Frank (2013), people tend to conceptualise a narrative of themselves based on their lived experiences of a particular disposition or behaviour. Frank's category of the "chaos narrative" of an illness would interpret people constantly staying fixated on the addictive narrative of their social make-up, whereas the "quest narrative" of an illness would understand the process of recovery as part of the addiction experience. Mutual support groups often assist people in discovering the most suited narrative of their social identities according to their particular type of addiction.

While considering the various social factors involved in the onset and development of addiction and those involved in the recovery from addiction, Dingle, Cruwys, and Frings (2015) presented some interesting findings in their study conducted with people struggling with addiction challenges. Two main identity pathways into addiction were identified. In the first pathway, the participants held positive social identities prior to addiction, and they felt that this positivity was lost as a result of becoming addicted. Therefore, their idea of a once positive social self was replaced by a stigmatised, negative identity. The second pathway was when participants explained a lifeworld prior to becoming addicted, where negative life-altering events occurred. For these participants, the addictive identity offered some form of comfort and belonging, which was previously absent in their lifeworld. The social network of a particular addiction and subsequent feelings of belonging to a community of people struggling with similar addiction challenges allowed these individuals to move away from previous condemnations and life-altering events in a more confusing and distorted fashion. For the first identity pathway into addiction, one can see that there is a theme of moving from serenity towards a more chaotic stance. In the second pathway of addiction, people aim to escape prior chaotic circumstances by moving into addictive-related behaviours, which provide a sense of "distorted" belonging and acceptance.

Apart from realising the importance of unassisted recovery, mutual support groups, and the various “pre-identity pathways” relevant to the recovery of addiction, an alternative form of recovery can also be highlighted. In the research findings of a study conducted on 50 explored recovery routes from individuals who were former methamphetamine users, Boeri, Gibson, and Boshears (2014) found that social recovery plays an integral role. The process of social recovery refers to the acquisition of necessary resources, skills, and networks, which can enhance a person’s ability to function properly in a community or society without needing to hold onto perceived deviant substance misuse. This process helps to identify the social aspects relevant in problematic behaviours through resocialisation other relations with social roles found within the individual’s lifeworld.

3.4.4 Addiction and Treatment

The resocialisation of any form of deviant behaviour or act can sometimes be an exhausting endeavour. The complexities to consider within the lived world of a person struggling with addiction challenges do not simplify this task. One way of treating addiction is through a community approach. In the findings of a study conducted on the treatment of addiction, Kaplan and Broekaert (2003:205) explained the therapeutic community as:

“...the more conventional goal of psychiatric treatment and rehabilitation, the social inclusion and integration into society of the recovered addict. The TC [therapeutic community] recovered ‘graduates’ could act as role models for a drug-free lifestyle and therefore exert the social impact of the TC on the wider society. They also could instil the hope in society that although addiction may be characterised at best as a chronically relapsing disease, recovery was possible, and the fearsome experience of addiction could be transformed into something that eventually strengthens the fabric of a democratic society.”

When aiming to understand treatment within that of therapeutic communities, Irving (2011) conducted a study conducted on three life stories of people recovering from addiction challenges. An important outcome was the observable means of reconstructing the identity of people struggling with addiction challenges. Irving (2011:182) also found that the reconstruction of the “addictive identity” could become a possibility only through:

“selection and editing life story content, a heightened awareness of life story events, and by renegotiating power and control issues in the recovery process.”

Dingle, Cruwys, and Frings (2015), however, found that once successful treatment of addiction-related behaviours occurs in light of group membership and therapeutic communities, two post-treatment identity pathways are formed. The first pathway after treatment is renewed positive identities. These are individuals who hold positive identities prior to establishing an addictive identity. After treatment, these individuals develop renewed and repaired positive identities previously distorted by the dominating addiction identity. The second identity pathway is aspirational identities. This refers to individuals who previously adopted the addictive identity due to negative life-altering events, which occurred before the substance usage. After successful treatment, these individuals aim to adopt social identities, which can replace the dominance of the addictive identity through aspirational social roles, social connections, and social identities.

Dingle, Cruwys, and Frings (2015) also found that many individuals who completed their treatment processes of addiction admitted maintaining their social identity as a member of a recovery social network. There is a common theme of belonging and identifying with a recovery network after treatment of addiction, not only because this provides people struggling with addiction challenges with the opportunity to belong to a group, but also because the community of recovery facilitates the reformulation of positive, renewed, and aspirational social identities. The person struggling with addiction challenges might, therefore, no longer experience being socially isolated, as he/she might belong to a community of a positive nature, with the community members influencing one another to maintain healthy social identities.

Apart from the therapeutic community, the findings presented by Prins (2008) indicate that the recovery and treatment of addiction relate to the maturity levels of a person struggling with addiction challenges:

“I hope to have shown important features of the trajectories of hard-drug addicts and of their maturing out. A distinguishing feature is, for example, the fact that such trajectories are “follow-up” or secondary trajectories. In order to understand their course, one has to take into account the prior experiences of suffering and turmoil. Something which I focused on in my discussion of the process of maturing out is the necessity of doing biographical work – work which can be encouraged by professionals but which might also be performed totally independently from them. Some of it may also be marked by a critical distance from professionals and institutional services.”

The findings presented by Prins (2008) provide an interesting outlook on the recovery of a person struggling with addiction challenges. This particular research suggests that, in some cases, formal treatment is not necessary. All that might be necessary is the life course and personal choices of the person struggling with addiction challenges, rather than medical intervention programmes. Biographical work, in this instance, illustrates the ability of a person to self-reflect. Although this is a very individualistic viewpoint that encourages self-improvement, it does provide an interesting outlook on the various avenues of recovery and treatment for the individual struggling with addiction challenges. Swan (2014) believes that an individual's choices ultimately determine their actions or behaviours. Whether recovery and treatment are community orientated or self-imposed, it remains a difficult task for those in the professional field and those directly affected by addiction and hinges a great deal on intersubjective dynamics too.

3.5 The Sociological Imagination and Research Debates

According to Mills (1959:4), the sociological imagination should be understood as an instrument or a “quality of mind”, which enables human beings to “grasp the interplay between man and society, biography and history, of self and world”, emphasising the need to broaden general understandings and relevancies of social factors in the life stories of individuals. This quality of mind can assist in identifying various complexities associated with individual experiences. In the *Handbook of the Sociology of Death, Grief, and Bereavement: A guide to Theory and Practice*, Thompson and Cox (2017) argue that the sociological imagination can be applied as a tool to help illuminate how certain social conditions can influence the conceptualisation of loss and meaning for people who might be living with or beyond cancer. The concept of the sociological imagination, as proposed by Mills, provides us with the opportunity to consider both cultural and social aspects of identity and illness while emphasising the importance of distinguishing between personal and public polarities.

In the findings of a reflexive study conducted on youth gang affiliation, Fraser and Hagedorn (2016) found that the sociological imagination allows for the combination of culture, history, and biography. The sociological imagination allows explicitly for a deeper understanding of any societal systems that might contribute to or influence the existence of gang prominence in human history. Mills (1959:5) believed that:

“The first fruit of this imagination—and the first lesson of the social science that embodies it—is the idea that the individual can understand his own experience and

gauge his own fate only by locating himself within his period, that he can know his own chances in life only by becoming aware of those of all individuals in his circumstances.”

In the findings of a research study conducted on the conceptualisation of race privilege, Crowley (2016) demonstrated how the sociological imagination could be used as a mechanism for guiding interpretations of race. Three White male pre-service teachers participated in the research study where the sociological imagination was utilised within their personal experiences with race privilege as an ultimate means to capture the essence of structural racism. With the sociological imagination as a tool, these teachers understood how their biographies could differ to the history of White supremacy. By understanding the interplay between history and biography, these teachers could differentiate between personal experience and historical colour blindness.

Norgaard (2018) explored contemporary climate change and the consequences thereof and found that human social and political reactivity toward climate change remains unresponsive and sometimes completely inadequate. There has been little progress made regarding the understanding of our development of life courses and how this might impact climate change. For the specific reason of aiming to capture the inadequacy of life course impacts made on climate change, Norgaard (2018) suggests that a different form of imagination is needed, namely the sociological imagination. This quality of mind, the sociological imagination, could allow us to understand and identify the relationships in society, which contribute toward sustaining social structures that damage the environment.

The sociological imagination could also be used as an important tool within the sphere of the classroom, emphasising how students can utilise empathy within a sociological imaginative mind-set to understand phenomena that might be distant from their personal experience. A classroom activity conducted by Ghidina (2019), focused on humanising the experiences of victims. The exercise helped students to realise that their personal experience of transgender-related issues, for example, might be unclear and influenced by gender normative rules and regulations. Victimising, in this regard, is often not the result of personal experience but rather of public enforced ideologies. This particular study specifically focused on the importance of utilising the sociological imagination to understand the experience of others better to conceptualise what constitutes victim-blaming as a result of indifference within cultural orientations. Only through utilising the sociological imagination might we be able to see how societal circumstances affect our construction of personal experiences. The sociological

imagination allows us to deconstruct victim-blaming and dehumanisation by focusing on structural issues of society. Ultimately, the sociological imagination can be used to understand personal addiction experiences by humanising addictive-related behaviours through the lens of how contextual and situational factors might influence the construction of addiction as a whole.

3.6 Conclusion

Weinberg (2011) believes that phenomena in sociology should be understood based on the various socially interchangeable aspects, which can be interrelated with that particular phenomenon. Considering the praxeological approach and process model ideology of the current state of the sociology of addiction, a definite need exists to understand the processes and interchangeable aspects, such as treatment and etymology, involved within the concept and experiences of addiction. To understand various interchangeable aspects associated with any phenomena, one should aim to consider a situation in the context in which it occurred. Bernhard (2007) asserts that the sociological imagination allows people to realise that personal sufferings and condemnations are not necessarily the result of personalised attributions but rather the outcome of contextualised aspects found within the milieu of the person. Understanding the sociology of addiction and addiction experiences can thus be explored in this manner to allow various interchangeable aspects to be placed into perspective.

This chapter presented various conceptualisations associated with addiction as a whole, for example, the three broad perspectives of culture, environment, and ideology. For this particular research study, these three social perspectives aim to explore various avenues relevant to the conceptualisation of addiction.

The chapter started by exploring the sociocultural factors relevant to addiction experiences. Various research studies conducted within the realm of culture and addiction were discussed throughout this particular section, drawing particular attention to the influence of modern societies, social change, and cultural influence in the conceptualisation of addiction experiences. Apart from discussing the relevance of research findings conducted on sociocultural factors, this section also aimed to discuss the importance of the history and evolution of the word “addiction”. The etymological roots of this word portray an interesting outlook on how it has been used throughout time. The section also explored concepts such as agency and self-knowledge to further understand the complexities associated with addiction and the lived experiences of addiction.

The chapter also explored the socio-environmental factors relevant to the phenomenon of addiction, such as the importance of social setting, social learning, and alienating factors impacting addiction. Discussions on the findings of interchangeable concepts (e.g., disease, craving, and desire) were also included. The insights and research findings presented in this section highlighted the importance of how certain environmental factors contribute to the conceptualisation of addiction and how individuals experience addiction.

A discussion of the ideological perspective concluded this chapter, emphasising the importance of how institutional, professional, and cultural ideologies have contributed to the field of addiction as a whole. Identity pathways into and out of addiction were discussed to understand the avenues from which individuals either move into or out of addiction. These discussed pathways of addiction should be understood as being sociological in nature. The social identity approach aimed to illuminate the sociological nature of these pathways by emphasising the importance of group membership and collective identity formations. Various social factors involved in the onset and development of addiction and recovering from addiction were also discussed. While considering the integral social factors involved in the onset and recovery of addiction, one should realise that various narratives of dispositions can be identified throughout the development and recovery of addiction. Various identity pathways out of addiction were discussed, which had been adopted after successful treatment has been conducted. Treatment can reflect a community approach or one of self-improvement when exploring addiction literature. Finally, relevant research debates surrounding the sociological imagination were presented to understand how this “way/quality of thinking/mind” might help to adequately delve into the lived experiences of people struggling with addiction challenges.

A sociocultural, socio-environmental, and ideological perspective are thus interchangeable and interrelated with one another. When aiming to explore addiction experiences through a sociological lens, all of these perspectives and sub-concepts should be considered. For a comprehensive understanding, addiction experiences should include the culture, environment, ideology, and identity pathways of addiction. Understanding an individual's culture and the environment of the experience allows for the formulation of an adequate narrative and identity pathway of addiction to be comprehended through a sociological imaginative avenue.

CHAPTER 4: METHODOLOGY

4.1 Introduction

This chapter will aim to explain and understand the methodological underpinnings of this particular research study. For Scott (2014), the word “methodology” refers to the methods or the general approach that an empirical study utilises. The term is often associated with research techniques; these techniques guide how social scientists conduct investigations and assess evidence. Therefore, the methodological approach or research techniques aim to guide the researcher or investigator to decide what is appropriate or not for a specific research endeavour. This chapter aims to explore and illuminate the process that was followed to conduct the research. Content within this chapter highlights the primary and secondary research questions, providing an outline of how the research was carried out.

With the primary aim of the research focusing on the exploration of addiction experiences through a sociological lens, thorough explanations of all tools and methods utilised to conduct the particular study are explained and developed in this chapter. The first section of this chapter entails an understanding of the appropriateness of the study’s chosen research design. The discussion of the specific methodological underpinnings continues by reflecting on the method of inquiry, which in this case, focused on the narrative inquiry approach. The next section includes in-depth descriptions and explanations about how participants were recruited to participate in the study, thus constituting the sample. Finally, discussions on how data were collected, how these were analysed, and the validity of the study, occurs in the third section of this chapter.

4.2 Research Design

Kothari (2010) states that a research design is important in any research study because it allows the researcher to conduct and professionally present research while still producing maximum information from the endeavour. When someone aims to build a new house or a building, a blueprint is needed to be prepared by an expert. In the same regard, a researcher needs a research design before any data can be collected or analysed. The research design allows the researcher to plan more accurately what methods can and will be utilised for the collection and analysis of data while keeping the overall objectives of the research study in mind. The research design operates as a “roadmap” or the “glue” of the study, providing a link between research questions, collection methods, and data analysis strategies (Yim, 2001).

The type of research design utilised in this particular study was qualitative. A qualitative research design aims to comprehend specific research problems according to nuanced and in-depth perspectives to clarify concepts interpretively, the aim being to symbolically understand previous and current literature found on a certain topic so that the researcher can further conduct and develop a study that will explore specific problems within the context and field of the specified research problems (Kowalczyk, 2015). According to Ustafa (2010), a good qualitative research design should maintain a balance between the design's expectations and the redundancy of data. Therefore, the particular research design chosen should allow the data to flow from its rigorous and static position into meaningful information, which can be symbolically interpreted in terms of in-depth explanations. The design should not strive to overcompensate for data, which were forced in any way; the process should occur as naturally as possible to ensure that the research design reflects legitimate research findings based on meaningful interpretations.

Conceptualising themes is important in accurately capturing the essence of how a qualitative research design clarifies concepts that comprehend previous and current literature. Neuman (2011) believes that qualitative research focuses primarily on "soft data" which includes words that could convey symbolic meanings and emotional renditions. To further understand the "soft data" captured within qualitative research, one should aim to comprehend the significance of thematic constructions as a tool for illuminating the validity of the data. According to Van Manen (2006), a theme captures the deeper meaning within lived experiences. A theme gives a sense of shape to phenomena, which previously held no shape or substance. It guides the unveiling process of how the substance of "soft data" comes to life realistically and practically. Exploring addiction experiences through a sociological lens requires a degree of moving beyond the obviously presented statistical interpretations. Thematic constructions allow the researcher to comprehend the manifold complexities associated with lived experience phenomena. By allowing "soft data" to appropriately find its thematic relevance, the specific qualitative research design of this study focused primarily on exploration and on description, aiming to capture the essence of the social construction of people's ideas (Nieuwenhuis, 2007).

Selltiz (1962) believes that an exploratory qualitative research design provides new insights into a particular phenomenon. The idea is centred on formulating a problem more accurately for investigation or the development of a hypothesis. Exploratory research designs are generally utilised when there is little knowledge available about a particular situation or subject matter. The study adopted an exploratory enquiry, as there are not many studies that view

addiction from a sociological perspective. Addiction is mostly viewed from a psychological and individual perspective. Concerning the aims and objectives of this study, an exploratory research design assisted in gaining access, sociologically, to the lived experience accounts of people struggling with addiction challenges as the field of addiction is predominantly influenced and dictated by psychological and medical expertise (Bernhard, 2007).

This qualitative research design also focused on description as a means to illustrate phenomena as they exist. Khanzode (1995) contends that descriptive research obtains and identifies information about a particular issue in a specific situation or context of groups, people, or communities. Descriptive qualitative research, therefore, focuses on social events, structures, and situations, paying close attention to the important questions of who, where, how, when, and what. The data obtained from the research participants aimed to illuminate the significance of the identified research aims and objectives. I used a narrative inquiry approach for data collection and analysis, which falls squarely within the interpretive paradigms of scientific enquiry. The study focused on description, as narratives allow for providing an in-depth depiction of experiences and perceptions. Narratives do not provide answers or make immodest claims of causality; its main aim is to evoke empathy through poignant description. In the exploration of the narratives and the interpretation of these explored narratives, the objectives and outcomes of the research study were met within the context and field of the sociology of addiction.

4.3 Narrative Inquiry Approach

As a method of inquiry, this study utilised the narrative approach. Scott (2014) defines a narrative as the manner in which people aim to apprehend the world, giving it a sense of coherence. The focus on the narrative, or the “interpretive turn”, has entered sociology as a vital method for understanding and analysing the complexities associated with social life. Narratology, a new analytic discipline, aims to understand and analyse the stories and narratives of people, groups, and communities. An important element of a narrative is the emphasis of stories or storytelling to conceptualise the essence of what constitutes a narrative and narratology. According to Clandinin and Connelly (2000), the narrative inquiry approach is a method that gives meaning to human and personal dimensions of various experiences. This approach also provides an account of the relationship dynamics between the cultural context and the individual. Riessman (2005) finds that the narrative inquiry approach allows the researcher to study, gather, and analyse, the stories of participants based on their experiences

and events, which in this instance certainly has shown to be the most appropriate method for obtaining sufficient, rich, and relevant data. Not only can narratives be seen to capture the essence of lived experiences, but it can also be understood as a method for inquiring into the world of in-depth relationships between the participant and researcher concerning time, space, and societal interactions (Clandinin & Connelly, 2000).

According to McAdams (2008), storytelling has always been part of what constitutes the human condition and its complexities. Human lives are a reflection of stories previously told or stories still to be told. Swan (2014) believes that storytelling is most probably the most basic form or modality of communication; without a story, communication cannot exist. Narratives aim to connect various facets of a story to clarify the essence of a lived experience. Keats (2009) adds that the narrative approach allows people to socially construct the reality of their world. It functions as a kind of “springboard” for people to relate to the actuality of reality and their conceptualisation of reality. Bloom (2002) agrees by arguing that stories help people to understand meaningful junctures behind experiences and events of reality. Narrative inquiry ensures that people’s stories are analysed and gathered systematically. Seale (2000:37) describes a narrative as being:

“...constructed through many things, including acts of consumption, for example, which can be made symbolically to tell stories about tastes, relationships (whether real or desired) or social standing.”

To understand and explore addiction experiences through a sociological lens, it is important to realise that people with addiction challenges often express their lived experiences of addiction more thoroughly through storytelling. Symbolically allowing an experience to have a “voice” or a “story” creates a basis for deeper understanding. In Frank’s (2010) work titled *Letting Stories Breathe: A Socio-narratology*, the central idea focuses on the importance of storytelling as a means to create an artful depiction of a lived experience. For centuries, people have articulated the image of their self-concept and identity through some sort of story because these stories help people find or ground themselves in chaotic situations. Stories also help people to affiliate and connect with other people. By allowing the potential of storytelling to develop or “breathe”, both the individual and other affected and/or affiliated individuals can develop and create meaning in their lived experiences. This is why a narrative inquiry approach was selected for this particular study. Allowing the stories of people with addiction challenges to “breathe” through the creation of narratives not only provides an avenue for the researcher to

sociologically explore addiction experiences, but it also allows those afflicted by addiction challenges, directly or indirectly, to create a sense of meaning in their own lived experiences.

4.4 Collection of Narratives

The following section of this methodology chapter presents the manner in which the narratives of participants were gathered and organised. It begins with an explanation of the sampling methods used and the various methods utilised to recruit the participants. Details surrounding the involved participants are also explained. The section continues by focusing on the research setting of the study, including the important ethical considerations, which needed to be considered. Finally, the section explains how data were collected from the various participants involved and how the data was analysed.

4.4.1 Participant Recruitment

The selection of participants for this study comprised people recovering from addiction challenges. Initially, the idea was to recruit an equal amount of people recovering from addiction challenges between the age groups of 18-35 and 35-65. Six people recovering from addiction challenges were subsequently selected to participate in this research study. Two of the participants being in the age group 18-35, and three being in the age group 35-65. Although it was never the intention to select a research participant outside these age brackets, one research participant (75 years of age) fell outside both these age brackets. The initial idea and intention of selecting two age brackets were to see if different biographical factors in groups, such as age, offered different results in the analysis and results of the data obtained from the people recovering from addiction challenges. Conclusively, this was, however, not the case as findings from the data analysis proved that lived addiction experiences could not be measured against or constrained to biographical factors.

At first, I intended to collect data from Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings in Walvis Bay, Namibia, where I grew up. After reflecting on the impracticality of collecting data from AA/NA meetings in Walvis Bay, Namibia, because of the immense distance (I currently reside in Bloemfontein, South Africa), it was decided to collect the data from individuals found within support groups closer to where I study and live most of the year. The data were collected from a community of individuals who were actively involved in support groups. For practical and feasibility reasons, these support groups were located in the city of Bloemfontein. These support groups operate as an addiction recovery maintenance initiative of the SANCA Aurora Alcohol and Drug Centre. The initial and primary location of

collecting data was found at the SANCA Aurora Alcohol and Drug Centre. The support groups operate on the physical premises of the SANCA Aurora Alcohol and Drug Centre. Unfortunately, due to unforeseen circumstances, which will be explored later in this chapter, the location of collecting data changed throughout the fieldwork.

For this research study, non-probability sampling was utilised as non-random samples are the most appropriate and applicable type of sampling to use when embarking on a narrative enquiry. The group of six people recovering from addiction challenges was selected by using purposive sampling. This type of sampling was the best to use if aiming to use specialised or difficult-to-reach populations. Purposive sampling was also the most appropriate to use for this study as particular participants, based on specific criteria, could be identified from the vulnerable, specialised population of people recovering from addiction challenges to investigate in-depth themes and ideas (Neuman, 2011). According to Creswell (2007:119), purposive sampling ensures that participants are selected based on their characteristics, which can “inform the understanding of the research problem and central phenomenon of the study”. I did not necessarily have a concrete idea as to what type of participant I would be working with as the only criterion was that these participants had to be in an advanced process of recovery from any type of addiction. They, too, had to be actively involved within the support groups offered at the SANCA Aurora Alcohol and Drug Centre. Purposive sampling was the most applicable strategy because certain characteristics or lived experiences of people recovering from addiction challenges could provide sufficient narratives to ultimately confront and address the research problem and objectives of the study.

4.4.2 Introducing the Participants

The following section provides a short summary of the participants who participated in the research study. Not only will this section introduce the six participants recovering from addiction challenges, but also provide a short story about their addiction experiences.

Aaliya

Participant One was an 18-year-old female when we conducted the interviews. To ensure some degree of anonymity, we decided on the pseudonym Aaliya. Aaliya grew up in the Eastern Cape and currently resides in Bloemfontein. She is currently studying fashion design at the Bloemfontein Fashion Academy. She is extremely passionate about what she is studying and wishes to make the best of her studies. Aaliya grew up within a large family and realises the importance of family now more than ever before. She started using addictive-related substances

while she was still in school, mainly because of peer pressure. She was a dance crew member where the “medicine” was provided as an alternative to perform more effectively. She finds that certain environmental and financial situations can either enhance or downplay the severity of addictive triggers. After reflecting on the reasons why she started using, she found that she was doing it to feel a sense of belonging with friends and, in this process, constantly hurt her family. She is now in recovery for almost a year and does not want to fall back into her previous lifestyle.

André

Participant Two, pseudonym André, is male. He grew up in Edenville and still resides there, a small farming community about 250km from Bloemfontein. André is 39 years old and a farmer. André finds tremendous pleasure in the work that he is doing, not only for his family but for his community as well. He grew up within a small family and is still living with a relatively small family (his wife and two children). André started using addictive-related substances just after he finished high school career, mainly due to experimenting with friends. André believes that a community plays an integral role in becoming addicted and migrating into an identity of recovery. Almost all the farmers in the immediate surroundings where André grew up actively participated in substance misuse at some point in time. A constant and gnawing feeling of guilt where he knew that the substances he was using were wrong finally made him realise that he had to get help. Conflict between him and his wife also played an important role in his process of admitting to his addiction-related problems. André is now in recovery for a long period of time and finds that active involvement in support groups can help to keep you on the right path.

Jackie

Participant Three, chosen pseudonym Jackie, is a female who grew up and still resides in Bloemfontein. Jackie is 36 years old and currently a tennis coach for schoolchildren. She comes from a large family and is still living with her mother and her three children. She is divorced and has three children of her own. She started to use addictive-related substances when she was in Grade 8 (the age in this grade usually is 14). Her addiction started mainly due to her friends' influence and the boyfriend she was dating at that time. Jackie realised that she had a problem with addiction when her addictive-related behaviour resulted in conflict with her children. Prior to this incident, Jackie was incarcerated because of fraudulent Facebook activities to finance her addiction habits. After therapeutic interventions and some intense self-reflection, Jackie realised that most people tend to misuse substances to downplay the significance of traumatic

experiences; her father committed suicide when she was still very young, and she never truly processed that experience. Jackie is now in recovery and finds that recovery is a daily reminder of a life you do not wish to go back to.

Roelf

Roelf is the pseudonym used for Participant Four. Roelf grew up in Touws River, Cape Town, and is currently residing in Bloemfontein. Roelf is a 75-year-old widower. He is a pensioner but currently acts as caretaker of the complex in which he lives. Roelf grew up in a large family and had a good relationship with all his family members. He started with the use of addictive-related substances when he was in Grade 11, mainly influenced by his friends; it first happened at the festivities of a wedding. Roelf believes that his “career” with addiction started when he was serving in the Air Force because the substances were freely available. He furthermore believes that his relationship with addiction was strengthened because of his negative self-image. After his daughter and wife experienced some difficulties in their relationship, Roelf realised that for him to sufficiently address and readdress the conflict experienced between his wife and daughter, he would have to be sober of mind. Conflicts in his immediate familial contexts were the reason that made Roelf realise and confront his addiction-related problems. He is now in the process of recovery for a long period of time and has no intention of going back to the lifestyle he had before.

John

John, a male, is the chosen pseudonym of Participant Five. John grew up in Bloemfontein and still resides in Bloemfontein. He is 52 years old and works as a messenger at a chartered accountancy firm. He thoroughly enjoys his work and experiences his work colleagues as his family. John started to use addictive-related substances when he was in school because of peer pressure; they were on a school trip, and one of his friends offered him the chance of using the substance. The realisation of his problematic usage occurred because of moral conflicts. Being in a constant struggle with himself over whether his excessive usage was morally right or wrong is what drove him to admit and confront his addiction-related experiences. John found that his substance usage drove him mad because his faith and religion portrayed this type of behaviour as morally wrong. He is now in the process of recovery and is thankful for his employers, who played an integral role in aiding him with the process of finally seeking help.

Tsacks

Participant Six, referred to as Tsacks, grew up in Vereeniging, Gauteng, and is currently residing in Bloemfontein. He is 34 years old and a police officer. He is a sergeant at the police office near his residence. He is also a musician. His ultimate dream was to open a music school to help people better understand the beauty of classical music. Tsacks is married with two daughters and believes that his wife plays a pivotal role in his support structure. Tsacks was roundabout Grade 9/10 (normally between the ages of 15 and 16) when he first experimented with addictive-related substances. He was at a camp, and some of his friends offered him the chance to use the substance. He realises that unresolved problems ultimately creep up on you in the form of addiction. Tsacks also finds that addiction starts when you leave problems unattended and then try to do things in an exaggerated fashion. He is now in recovery and is extremely thankful for his wife for giving him a second chance. The conflict between him and his wife was part of the main reason why he realised that he had to work on his addictive-related problems.

4.5 Considering Ethics

With any research endeavour, it is important to ensure that the enquiry is carried out in an ethical manner and style. With my research study focusing on a rather sensitive topic, namely exploring addiction experiences through a sociological lens, the ethical considerations had to be considered rather intensively to ensure that the participants and SANCA Aurora Alcohol and Drug Centre were protected, including the reputation of the University of the Free State. According to Neuman (2011), ethics highlights what should be considered as moral or immoral, right or wrong, and proper or improper. With my main concern being to protect and guard the safety and welfare of the participants, including the University's reputation, I had to ensure that every aspect of my research study was ethically sound.

A face-to-face meeting was scheduled via e-mail between the director of the SANCA Aurora Alcohol and Drug Centre and me to discuss the various ethical aspects which had to be considered. During this meeting, we went through my entire research proposal to conjointly understand what would be expected from the SANCA Aurora Alcohol and Drug Centre support group participants, as well as the expectations of the professionals involved within the support group sessions. A clear explanation was also provided to the director of the SANCA Aurora Alcohol and Drug Centre regarding my responsibilities as researcher and how the processes of ethical clearance, conduct of data collection, and protection of the participants involved would

take place. After the meeting with the director of the SANCA Aurora Alcohol and Drug Centre, and approval from the board of directors, the director agreed to allow me to conduct research with some of those individuals recovering from addiction challenges in the support groups offered at the SANCA Aurora Alcohol and Drug Centre. The director sent a formal letter of approval (Appendix A) to me on 27 June 2019, requiring that I submit a copy of my completed dissertation to the SANCA Aurora Alcohol and Drug Centre and that I uphold all of the ethical aspects addressed in my research proposal. For the director and myself, it was important to protect the participants of the SANCA Aurora Alcohol and Drug Centre, and uphold the professionalism and credibility of the SANCA Aurora Alcohol and Drug Centre. Continuous email communication took place between me and the director of the SANCA Aurora Alcohol and Drug Centre about the progress of my research study.

To ensure that the reputation of the University of the Free State was protected and that my research protocol was of academically sufficient standards, my initial research proposal, topic, objectives, and outcomes went through a rigorous process of approvals, adjustments, and revisions. My research protocol went through the approval and considerations of both the Scientific Committee of the Humanities Faculty and the GHREC (General and Human Research Ethics) Committee of the University of the Free State. After continuous feedback, comments, and recommendations from both these committees, which I adjusted and rectified accordingly, I received a formal letter (Appendix B) on 6 November 2019 from the GHREC committee granting me ethical clearance for my research study to be conducted at the SANCA Aurora Alcohol and Drug Centre. With this approval letter, I received an ethical clearance number, which was immediately sent to the director of the SANCA Alcohol and Drug Centre to ensure that the fieldwork of my research study could commence without any further delay.

Participants from the support groups were selected as they were recovering from addiction challenges and already acknowledged and disclosed their specific type of addiction. Furthermore, they were already in the process of acknowledging the challenges related to addiction, and therefore, more prone to maintain the recovery of their addictive-related behaviours by attending support group sessions. They were, therefore, chosen as they acknowledged that they might have an addicted-related problem, have gone through the rehabilitation process, and were in the process of recovery by attending the support group sessions. Provided that these individuals have gone through the necessary steps to maintain recovery (rehabilitation programmes), the stories and data collected from these individuals assisted in understanding their addiction trajectory, especially when aiming to conceptualise

the full capacity and complexity of sociologically interpreting addiction as seen from the person struggling with addiction challenges himself/herself. The stories of the people recovering from addiction challenges were highlighted as important, and the identities of the participants were not disclosed. I did not pretend to be a therapist and used the professionals from the support groups to assist if any form of trauma was experienced during the interview sessions; the interviews did not provoke or trigger any form of obvious trauma, though. The participants were also encouraged to withdraw from the study at any point if they felt uncomfortable with the session. Participants could withdraw without any negative consequences, and any information obtained from the participants prior to the withdrawal was not used unless they gave me permission to use the data. None of the research participants withdrew from the study.

Professionals of the SANCA Aurora Alcohol and Drug Centre, who were directly involved with the support group sessions, remained in close proximity of the interview sessions and had the right to therapeutically intervene if some questions in the interview session led to a situation that I did not feel comfortable to handle. No intervention from the professionals was, however, needed. Vulnerability of people struggling with addiction challenges could resemble a need to constantly ensure one's sobriety, thus maintaining recovery is essential. The participants disclosed their addiction experiences without hesitation because they felt comfortable talking about it. However, professionals involved in the support group sessions of the SANCA Aurora Alcohol and Drug Centre played a crucial role in therapeutically aiding these participants if any undesirable recalling effects came up during the interviews. The participants who were initially identified by professionals of the SANCA Aurora Alcohol and Drug Centre were identified based on the recovery maintenance progress of the participant. Dealing with the vulnerability of participants was, therefore, closely related to the experience of the SANCA Aurora Alcohol and Drug Centre professionals.

The study recruited willing adults (no minors were involved) who were informed of the study and indicated their interest in participating. I was in close communication with the professionals directly involved with the support groups to consider the suitability of candidates to participate in the study as they had a deeper knowledge of the potential candidates. As previously mentioned, two participants were selected from the age category 18-35, and three from the age category 35-65. One participant (75 years of age) fell outside both these age brackets. Inclusion criteria reflected the adult person struggling with addiction challenges and who actively participated in the SANCA Aurora Alcohol and Drug Centre support group sessions. These individuals already went through the respective rehabilitation programme/s of

the SANCA Aurora Alcohol and Drug Centre and were now in the "maintenance phase" of recovering from their specific addiction challenge. Race and gender did not play a role in the inclusion criteria. The research study focused on the story behind the individual and not the individual's demographics. Exclusion criteria included individuals who were identified as unsuited for participation (with severe mental problems, for example). This identification was made with the help of professionals who knew the participants well at the time.

All information received from the people recovering from addiction challenges was treated with the utmost confidentiality. The narratives were only used for research purposes, and feedback was provided to the SANCA Aurora Alcohol and Drug Centre on the findings, although all information was anonymised. Informed consent (Appendix E) was obtained from the participants after explaining the various procedures, and voluntary participation was encouraged. Adequate information was also provided on the goal, procedures, possible advantages, and dangers of participation in written and verbal format. The participants' privacy was respected as they had the right to decide when and how certain information was revealed throughout the study (Leedy & Ormrod, 2012).

4.6 The Research Setting

It is important to consider the setting, safety, and comfortability of the participants when obtaining qualitative data for a research study. To ensure that participants provided a fluent account of their lived experiences, the environment in which the story is told should be safe and comfortable. With this particular study, the initial choice of setting for obtaining data from the people recovering from addiction challenges was primarily carried out on the premises of the SANCA Aurora Alcohol and Drug Centre. The reason is based on the two principles of safety and comfortability. According to Yim (2001), research must be carried out within real-life environments, as it is the environment, which is most known to the participant, and this contributes to adequately addressing the narrative process. According to Kaplan and Broekaert (2003:205), the therapeutic community "could instil the hope in society that although addiction may be characterised at best as a chronically relapsing disease, recovery was possible and the fearsome experience of addiction could be transformed into something that eventually strengthens the fabric of a democratic society."

Therefore, the therapeutic community, the support groups of the SANCA Aurora Alcohol and Drug Centre, enables society to understand that recovery is possible and that stigmatised experiences of addiction can be conceptualised as something that could be strengthening in

nature. Thus, the research setting (collection of data) for this study mainly encompassed the actual premises of the SANCA Aurora Alcohol and Drug Centre. Not only does the support groups of the SANCA Aurora Alcohol and Drug Centre allow for a re-evaluated understanding within society, but also creates a sense of belonging and safety for those individuals who are recovering from addiction challenges. While focusing on the safety and comfortability of the selected participants, it became evident that I had to address the selected people recovering from addiction challenges in an area that is known to them, in a setting that instils a sense of safety and comfortability. This research setting created a sound basis to collect plausible data, ultimately setting the scene for the narratives to unfold.

Although the initial intention and idea were to conduct the fieldwork of the research study on the premises of the SANCA Aurora Alcohol and Drug Centre, unforeseen circumstances only allowed some of the interviews to be conducted on their premises. Four of the first interview sessions were held on the premises of the SANCA Aurora Alcohol and Drug Centre. Due to the social distancing restrictions imposed by the Government of South Africa because of the COVID-19 pandemic, the method and style of interviewing had to be reconsidered. After consulting the involved SANCA Aurora Alcohol and Drug Centre professionals, my research supervisor, and the research participants, we collectively agreed that the face-to-face interview method of collecting data had to change to a telephonic interview. I submitted an amendment report to the GHREC committee to change the interview method from a face-to-face interview to a telephonic interview. On 19 May 2020, I received a formal letter of approval (Appendix C) from the GHREC committee, granting me the right to change the interviewing method. This ultimately meant that two of the first interview sessions and six of the second interview sessions were conducted via telephone. Inevitably, the research setting could no longer be the premises of the SANCA Aurora Alcohol and Drug Centre. I scheduled all the telephonic interview sessions a week in advance to ensure that the participants were comfortable within their own choice of research setting. Thus, the two principles of safety and comfortability were still upheld as the participants chose the most appropriate setting for the commencement of the telephonic interview.

4.7 Collection of Data

According to Barrett and Twycross (2018), research methods available for qualitative research studies provide a better understanding of the lived experiences of individuals. These research methods allow the researcher to understand how certain decisions and interpretations are made,

which might provide accurate obtainment of information to ultimately relate the information with other narratives of people who experience similarities to that which was found in the research. Qualitative research methods also provide insights into the essence of what constitutes the persons' life. These insights develop because of the holistic and rich nature of qualitative research methods, allowing themes to emerge and subsequently contributing toward strengthening the analysis of the research study. Gill, Stewart, Treasure, and Chadwick (2008) found that interview sessions, individual or group, and focus groups are the most common forms of data collection methods utilised within the spectrum of healthcare research. For this research study, individual interview sessions were used to collect data from the participants.

4.7.1 Interviews

Marvasti (2003:22) believes that in-depth interviews are designed to “go beyond the presumed surface level of respondents' feelings and into the deeper layers of their consciousness”. Gill et al. (2008) assert that the researcher thoroughly discusses the intent of the research study with the selected participants prior to the commencement of the interview session. It is also crucial that the interviewer familiarise himself/herself with the interview schedule before the interview session to ensure that the session can be conducted in the most effective and efficient manner possible. I familiarised myself with the interview schedule (Appendix D), and made an effort to discuss the outcome and intent of the research study with the participants before the interview session. I made use of an open-ended interview outline. Barrett and Twycross (2018) maintain that an unstructured interview is based on a fluent nature where the interviewer shapes the conversation in real-time, rather than following standardised questions, which might cause the process of storytelling to stagnate. Open-ended interviews are normally well equipped for scenarios where the participants are encouraged to relive and retell their lived experiences.

According to Mathers, Fox, and Hunn (1998), an unstructured interview allows the researcher or interviewer to approach the interview with the aim of exploring a main general idea or topic, and then to frame various questions that successively address the interviewee's prior responses. I continuously listened with an in-depth awareness of the participants' responses so that I could ask questions, which could lead to follow-up questions. This was the reason why two interview sessions were conducted with each of the participants. With the focus being on their lived experiences of addiction experiences, I made sure to only guide their initial story with certain questions that explored the research topic's general idea. This also allowed the participants to feel more comfortable telling their stories as the process of storytelling was not constantly

bombarded by rigorous and potentially stifling questions. Ryan, Coughlan, and Cronin (2009:310) argue that “this type of interview is non-directive” and usually focuses on themes as opposed to standardised questions. This type of interview normally functions optimally within a research topic where little knowledge is known or available about the specific research problem. Exploring addiction experiences through a sociological lens is not a common choice of research topic in the world of addiction research as most studies conducted in this field are primarily focused on medical and psychological endeavours. Utilising an open or unstructured interview, therefore, provided me the opportunity to capture the lived experiences of these selected people struggling with addiction challenges by using sociological understandings.

Kabir (2016:213) argues that there are multiple benefits applicable when utilising the unstructured interview as a qualitative method for data collection:

“Unstructured interviews are an extremely useful method for developing an understanding of an as-of-yet not fully understood or appreciated culture, experience, or setting. Unstructured interviews allow researchers to focus the respondents’ talk on a particular topic of interest and may allow researchers the opportunity to test out his/her preliminary understanding, while still allowing for ample opportunity for new ways of seeing and understanding to develop. Unstructured interviews can be an important preliminary step toward the development of more structured interview guides or surveys.”

While reflecting on the unstructured or open-ended interview, it was clear that this form of qualitative data collection was the most appropriate for the research study. It allowed the narrative construction process to be developed with minimal hindrances. Furthermore, it allowed me to think of different ways to understand addiction experiences as portrayed by the person struggling with addiction challenges. It also granted me the opportunity to think “with” addiction experiences instead of thinking “about” the stories told (Frank, 2010). Despite the change in the interview method due to the Covid-19 pandemic not being an ideal scenario, as a lot of the narrative is also conveyed through body language and facial expressions, the essence of the open-ended or unstructured interview remained unchanged.

4.8 Analysing the Data

For the data analysis of this research study, a narrative-thematic analysis was utilised. This data analysis process occurs in six phases as identified by Braun and Clarke (2006:87) (see Table 1.1).

Table 1.1: Phases of Thematic Analysis (Braun & Clarke, 2006:87)

Phases	Description of Process
Phase 1: Familiarising yourself with the data	<ul style="list-style-type: none"> - Transcription of data. - (Re)reading of data and noting down initial ideas.
Phase 2: Generating initial codes	<ul style="list-style-type: none"> - Systemically coding interesting data across the entire data set. - Collating data relevant to each code.
Phase 3: Searching for themes	<ul style="list-style-type: none"> - Collating codes into potential themes. - Gathering all data relevant to each potential theme.
Phase 4: Reviewing themes	<ul style="list-style-type: none"> - Checking if themes work in relation to the coded extracts. - Checking if themes work in relation to the entire data set. - Reviewing data to search for additional themes. - Generating a thematic map of the analysis.
Phase 5: Defining and naming themes	<ul style="list-style-type: none"> - Ongoing analysis to refine the analysis of each theme and the overall story the analysis tells. - Generating clear definitions and names for each theme.
Phase 6: Producing the product	<ul style="list-style-type: none"> - Selection of vivid, compelling extract examples. - Final analysis of selected extracts. - Relating the analysis back to the research question, objectives, and literature review.

The analysis of qualitative data can sometimes be experienced as excessive and time-consuming as little to almost no statistical evidence is used in the final capturing procedures. Given the fact that the intended study primarily focused on the collection and analysis of qualitative data, certain steps and stages had to be considered. The various phases depicted in Table 1.1 ensured that the raw data obtained could be formulated into the best possible conclusions for the final report writing. Creswell (1998) argues that the first phase of data analysis would entail organising the raw data into broad and overlapping categories to establish the first layer of the credibility of the data. Prior to organising the raw data into overlapping categories, I transcribed all the interview sessions. The second stage of qualitative data analysis incorporates a more analytical overview of the data where interesting data obtained are systematically coded across the entire data set, and relevant data collated to each code (Braun & Clarke, 2006). To establish the first layer of credibility, I engaged in an active process of coding relevant extracts from the transcripts to ensure that initial categories and themes could ultimately emerge.

I considered the work of Arthur W. Frank's (2013) illness narratives categorisation in the third, fourth, and fifth phase of data analysis to establish a degree of transferability of the data obtained. More specifically, the work of Frank's illness narratives categorisation occupied a sub-theme of its own in the data analysis chapter, focusing primarily on body problems and illness narratives. Frank (2013: 75, 97, 115) recognises three basic categories of illness narratives, namely the narrative of "restitution," "chaos," and "quest." The raw data obtained from the selected people recovering from addiction challenges were categorised according to these illness narratives with the hope of conceptualising addictive behaviour using these "ideal types", which might potentially lead to formulating new categories within this selected categorisation. The final sub-theme of the data analysis chapter primarily focused on developing and formulating a potential new illness narrative tailored for addiction experiences. Throughout all the thematic classification stages, data were grouped into categories and themes to find meaning, such as contrasts, contradictions, nuances, and depth of explanation.

In his book, *The Wounded Storyteller*, Arthur Frank (2013) highlighted the importance of storytelling to reflect on how the voices of individuals should be depicted as an art. The categorisation of Arthur Frank's illness narratives fulfils the purpose of understanding "ideal types" that exist in illness narratives. It allows the narratives that flow from these individuals with addiction challenges to be juxtaposed to the "ideal types" identified by Frank. Different types of bodies, illness narratives, or 'characters' are identified by Frank, through whom an

illness narrative exists. It might have been that the narratives do not all correspond to Frank's classification. However, this classification, in light of a chronic condition (in this case, a lifelong struggle with addiction), was simply a heuristic device against which to measure the narratives. Notably, the work of Arthur W. Frank played an integral role in the analysis of data (Frank, 2010; Frank, 2013). For this research study's data analysis, I utilised many of Frank's ideas and work. Not only his ideas about illness narratives but also his general framework and outlook when considering narrative analysis. His work was pivotal throughout the entire data analysis chapter.

By utilising Frank's work and ideas as a heuristic-narrative tool for analysis, various themes and sub-themes emerged from the coded extracts. More specifically, three main themes and nine sub-themes emerged. It is important to remember that not all of Frank's work was incorporated within each of the emerging themes. His work mainly served as a basis from which I could engage in the process of narrative analysis. Various other themes and sub-themes emerged because of existing theory and literature relevant to the sociology of addiction. Ultimately, the themes and sub-themes of narrative-thematic analysis should reflect on the research questions, aims, objectives, theory, and literature of the research study. For this reason, various other theories, perspectives, and modalities had to be considered to capture the true nature of lived addiction experiences within the scope of the sociology of addiction.

In the concluding phase of the narrative-thematic analysis of the research study, final investigations of the selected extracts were made where the analysis had to relate back to the research problem, objectives, and the literature review to establish a degree of consistency throughout all the research steps relevant within the entire process of conducting and executing the research study (Braun & Clarke, 2006). According to Maple and Edwards (2010), thematic analysis substantiates identifiable themes within the context of a lived story while still giving credit to the emotional and motivational complexity of meaning attached to the phenomena relevant in the story. This is particularly essential as I aimed to stay as close as possible to the raw and true emotional openness of each participant's story told. Not only does thematic analysis allow the researcher to capture rich and relevant analysed data, but it also allows the stories of the selected participants to be heard as if it was the participant himself/herself experiencing the story again in real-time life. Narrative-thematic analysis grants an unheard story the opportunity to be heard from the voice of the affected individual/s. This contributed to the importance and trustworthiness of the research study. Frank (2013) believes that most of the time, the essence of a story is lost because of rigorous and standardised regulations of what

others think the story should be, resulting in stories never truly being told from the real affected person or group, but altered to fit some form of agenda that is, most of the time, far apart from the essence of the true story.

4.9 Quality and Trustworthiness of Data

Polit and Beck (2014) state that the trustworthiness of data explains the extent to how much confidence, interpretation, and methods were used for the study to be considered a good quality research endeavour. This research study aimed to ensure that all of the research steps taken in the research process were done in a trustworthy manner so that readers could accept, relate, critique, and follow what the intention and findings of the research were. Gunawan (2015) highlights that a study can only be considered trustworthy if the reader of the research report finds it to be reliable. To ensure a degree of trustworthiness throughout the research endeavour, I followed Shenton's (2004) strategies to uphold a trustworthy research study: 1) credibility, 2) transferability, 3) dependability, and 4) conformability. All of these strategies were utilised within and throughout this research study to establish a degree of trustworthiness. The following written text will primarily focus on how these strategies were incorporated.

4.9.1 Credibility

According to Polit and Beck (2014), credibility is the most important aspect of a research study, resembling the confidence in the truth of the research and the findings thereof. Nut, Williams, and Morrow (2009) explain credibility as the balance between reflexivity and subjectivity; the balance between the meaning of participants and the researcher's interpretation. With the strategy of credibility, various elements were identified and utilised, which allowed others (readers) to see the experiences of the explored study through the participant's interpretations (Thomas & Magilvy, 2011). How compatible are the findings of the study with that of actual reality? According to Shenton (2004), this is a crucial question that the researcher must ask when aiming to establish a degree of credibility within the research study. It was extremely important for me to establish a sound balance between my own interpretations of the findings and the actual experiences of participants as told in their stories. Ultimately, I was able to sufficiently link and understand the study's findings to incorporate and integrate it with reality.

Connelly (2016:435) identifies various techniques, which are available to ensure that credibility is prone to be more relevant within a research study:

“Techniques used to establish credibility include prolonged engagement with participants, persistent observation if appropriate to the study, peer-debriefing, member-checking, and reflective journaling. Evidence also should be presented of iterative questioning of the data, returning to examine it several times. Negative case analysis or alternate explanations should be explored as well.”

I scheduled two interview sessions with each participant over a period of six months, which allowed me to have prolonged engagement with the selected participants. Observation was not necessary for the study as the unstructured interview sessions and the construction of narratives provided me with adequate insights into the participants’ lived experiences. Peer-debriefing continuously took place between my research supervisor and me to enhance the credibility of the research. Member-checking was also utilised as a credibility technique (a series of continuation questions) to ensure that an accurate account of the participants’ narratives could be captured. I kept a reflective journal to keep track of my own work progress throughout the analysis process. This provided me with the opportunity to reflect on learning experiences (personal and professional) and the means to consider and understand the lived experiences of the six participants I interviewed. Negative case analysis was not applicable as a credibility technique because the presenting data supported the themes that emerged from the data analysis process. Inevitably, alternate explanations were relevant within the research study as the nature of the study allowed me to constantly find alternate explanations, which illuminated aspects relevant to the objectives and research problem of the study.

4.9.2 Transferability

Terrel (2016) describes the strategy of transferability as the ability to reveal the research study's findings in such a manner that it can be applied to other contexts. Polit and Beck (2014) find that transferability is different from other strategies identified to ensure the trustworthiness of data because readers ultimately determine how applicable the findings of the study are according to their own lived experiences and situations. Transferability refers to how useful the findings of the study might be in the contexts of others. Although it is difficult to establish a set of techniques which might be applicable for ensuring transferability, Connelly (2016:436) does provide some guidelines to researchers:

“Qualitative researchers focus on the informants and their story without saying this is everyone’s story. Researchers support the study’s transferability with a rich, detailed description of the context, location, and people studied, and by being transparent about

analysis and trustworthiness. Researchers need to provide a vivid picture that will inform and resonate with readers.”

I aimed to capture and reiterate the lived experiences of the selected people recovering from addiction challenges and thus focused on ensuring that each and every aspect of the research process was documented in a rich and detailed manner. Paying attention to detailed and rich accounts of the entire research process provides readers with the opportunity to relate to the bigger picture of the research study. To ensure that I captured rich and relevant data, I constantly took notes about the participants when engaging with them in the interview sessions. I recorded all the interview sessions on an audio-recorder to ensure that I captured all the selected participants' details. I made notes at the location, initially the SANCA Aurora Alcohol and Drug Centre and later the participants' choice of setting (mostly at work or at home). I was transparent about the data analysis process and strategies used to ensure the trustworthiness of the study throughout the entire research process.

4.9.3 Dependability

With any research endeavour, consistency is key. Consistency allows other researchers to use particular methods of data collection, interpretation, and analysis similar to those used in this specific research study. According to Connelly (2016), dependability is a strategy to ensure the trustworthiness of data that can help the researcher to illuminate deeper meanings of phenomena to ensure the reader can understand the explored topic more thoroughly. Bitsch (2005:86) finds that dependability is “the stability of findings over time” where the findings of the study should be consistent, and the results must be able to be replicated (Terrel, 2016). Anney (2014:278) states that “dependability is established using an audit trail, a code-recode strategy, stepwise replication, triangulation, and peer examination or iterator comparisons.” Although these are all valid techniques that could have been used to establish dependability within the research study, Krefling (1991) believes that it is difficult to have a concise recipe to follow when aiming to ensure dependability within qualitative studies because qualitative research is designed to fit a specific research topic.

Shenton (2004:71-72) argues that all the research study processes should be reported in detail for future studies to be able to repeat the work. Thus, detail should be invested in “the research design and its implementation, the operational detail of data gathering, and a reflective appraisal of the project.” To ensure that dependability was used as a strategy to enhance the trustworthiness and quality of data in this particular study, I addressed these three mentioned

components as identified by Shenton (2004). I tried to describe and explain what was executed and planned regarding the research design and the implementation thereof. I also aimed to address all intricacies affiliated with what was precisely done in the actual fieldwork and evaluated the effectiveness of the inquiry process to ensure that, if deemed necessary, a reflective appraisal of the research project could be made available.

4.9.4 Conformability

According to Connelly (2016), the strategy of conformability will naturally occur when the findings of the study are consistent and could be repeated. Shenton (2004:72) believes that:

“The concept of confirmability is the qualitative investigator’s comparable concern to objectivity. Here steps must be taken to help ensure as far as possible that the work’s findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher.”

The importance of conformability operates on the basis that all the results in the research study should correlate with the participant’s experiences and not the researcher’s experiences; the researcher should strive to remain objective throughout the entire process. Anney (2014) states that conformability refers to how the results can be corroborated by that of other researchers. Thus, the interpretations and data found within the research study should be based on the data and not the subjective understandings of the researcher himself/herself. According to Connelly (2016:435), when addressing the strategy of conformability, qualitative researchers should:

“...keep detailed notes of all their decisions and their analysis as it progresses. In some studies, these notes are reviewed by a colleague; in other studies, they may be discussed in peer-debriefing sessions with a respected qualitative researcher. These discussions prevent biases from only one person’s perspective on the research.”

With this specific research study, I made sure to keep track of all the notes I recorded, which was relevant in the analysis process as I could continuously compare the narratives of the participants with how I reiterated their given stories. Continuous discussions with my supervisor ensured some sort of “outside” opinion on what was found and interpreted in the analysis of the study. Ultimately, I ensured that conformability was utilised as a strategy to enable the trustworthiness and quality of the research study’s data. Once the study had achieved dependability, credibility, conformability, and transferability, the study was deemed valid.

4.10 Conclusion

The conclusion section of this methodological chapter provided a summary of what was discussed throughout the chapter. It aimed to illuminate and reiterate the importance of an interpretivist stance to the enquiry into this research topic. This chapter aimed to describe all the methodological underpinnings necessary and relevant in the research study of exploring addiction experiences through a sociological lens. The first section of the chapter explored the chosen research design that was utilised. For the practicality of the research topic and to generate the most efficient means of data analysis and results, a qualitative research design was used. Furthermore, the narrative inquiry approach was discussed, placing significant emphasis on the importance of storytelling in understanding the lived experiences of people recovering from addiction challenges.

How participants were recruited was also discussed. Furthermore, various aspects of sampling, ethical considerations, the research setting, collection of data through unstructured interviews, and data analysis of the research study were presented. The final section of the methodological chapter reflected on the various strategies that were used to ensure that the data could be considered trustworthy and the entire study reflecting valid principles.

According to Günbayi and Sorm (2018:63), an interpretive stance of qualitative research “holds the premise that to understand the world, we should be aware of the fundamental nature of the social world at the level of subjective experience.” An interpretive paradigm aims to explore and investigate the realm of subjectivity and individual consciousness. To explore addiction experiences through a sociological lens, nuanced renditions of various contextual factors relevant to the trajectory of addiction experiences need to be considered. Within the interpretive paradigm, narrative studies can be utilised to guide qualitative research endeavours to explore life stories of human-centred topics that reflect lived experiences. To explore addiction experiences through a sociological lens, subjective life stories, and lived experiences ultimately illuminate meaningful interpretations that people ascribe and assign to phenomena. Therefore, any other methodological ontology would not be sufficient to meet the requirements of sociologically exploring addiction experiences. To explore subjective lived experiences, the researcher should almost automatically adopt an interpretive stance of narrative inquiry.

CHAPTER 5: DATA ANALYSIS

5.1 Introduction

When C. Wright Mills (1959:2) aimed to capture the significance of the sociological imagination, he reminded us that “neither the life of an individual nor the history of a society can be understood without understanding both”. In *The Sociological Imagination*, Mills (1959) ultimately elaborates on the important and complex relationship between public issues and personal troubles to understand the interplay between the individual and society. When capturing and trying to conceptualise the lived addiction experiences of the research participants, a sociological imaginative trajectory acted as the golden thread guiding the analysis and interpretation of the research study. This chapter aims to interpret and analyse the captured data of the participants through the lens of a sociological imaginative trajectory to understand the relationship between society and the individuals’ addiction experiences. According to Flick (2014), analysing qualitative data comprises a system of ongoing interpretation and classification. Raw data obtained, mostly in visual or linguistic format, are organised alongside dimensions or themes of meaning-making. This meaning-making process aims to discover and explore questions or issues within practices, structures, or routines. The aim of this chapter, considering the phases outlined in the narrative-thematic analysis section in the previous methodological chapter, is to analyse the narratives of the participants within the context of relevant literature and theoretical underpinnings. Various themes were identified throughout the coding process to further develop an understanding of the lived experiences of people recovering from and who struggle with addiction challenges.

While actively engaging in the process of coding relevant extracts from the transcripts and constructing themes that could be used to analyse the data against existing theory and literature, an ethical consideration constantly troubled me. I grappled with accurately capturing the narratives of the participants without limiting their humanity to that of a “single identity”. Frank (2010) believes that too often, social sciences engage in a process of finalisation to categorise data and interpretations. Finalising a participant's identity according to themes and extracts can be avoided by actively engaging in a constant process of dialogical interpretive practice; creating a platform from which dialogue is encouraged within the raw data itself and from the participant. Reflecting on the suggested interpretive practice offered by Frank (2010), I made an effort to dialogically generate and construct themes that would be appropriate within the bounds of literature and theory, as well as within the capacity of how the participants articulated their stories.

5.2 Map of Themes

This chapter thus starts with an illustrated depiction of the thematic map, which came forth from the analytical process (Braun & Clarke, 2006). With reference to this thematic map, relevant themes, which inductively emerged from the interviews with the research participants, will be explored and discussed in further detail. Three main themes and nine sub-themes emerged from the analysis process, subsequently incorporating the research questions, objectives, literature review, and main theoretical underpinnings of the research study. All the emerging themes explored the primary research objective of the research study, namely sociologically exploring addiction experiences. Participants' words have been used verbatim and was represented in their interviews and narratives to make sure that authenticity was established, refraining from finalisation, as no narrative is ever complete.

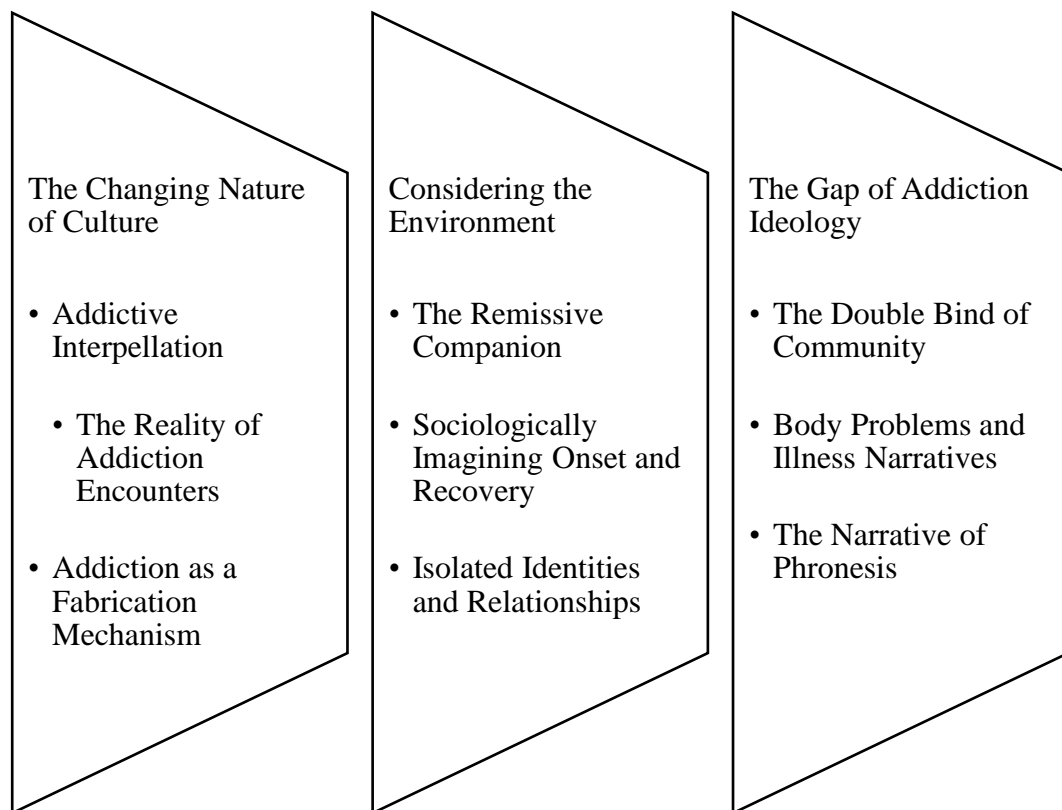


Figure 1.1: The Map of Themes

5.3 The Changing Nature of Culture

An interesting main theme that emerged from the data analysis was the surprising influence of culture and its ever-changing nature on addiction experiences. Culture is a very broad concept, therefore, aspects of social change, and the influence of modern societies will primarily be

focused on within this theme. May (2011:372) states that “our relational and cultural surroundings are likely to undergo changes, which further contribute to shifts in our sense of belonging”. Social change and modern societies' influence as cornerstone aspects of culture often reconfigure our sense of belonging. Culture, in its simplest understanding, most often refers to that of learned and symbolic aspects in society (Scott, 2014). The narratives of the interviewed participants offered a thought-provoking outlook into how they associated addictive-related behaviours with that of cultural influences. Swan (2014) believes that societal change can often bombard and overwhelm people on a significant scale. Sometimes people tend to adopt and seek out pleasurable modes of coping with and adapting to these social changes.

I met André, one of the research participants, on 4 March 2020, for one of our scheduled interview sessions. André, dressed in denim jeans and a buttoned-up shirt, had a polite and kind smile. He shook my hand quite firmly when he introduced himself. I could tell that he was serious about the interview session, as he made eye contact throughout. Before we started with the actual interview session, I realised that André was extremely family-oriented as he explained the importance of caring and providing for his family. When considering the influence of a constantly evolving culture in the sphere of job expectancy and productivity, André, a 39-year-old farmer with a calm yet compelling presence, explained how he often thought that his choice of substance could help him endure long hours of work:

“I did think to myself, at one stage, that I could have worked for longer hours while using, but if I think back, I work the same number of hours now without using.”

Sztompka (2000:456) believes that certain “traumatising situations or events occur as side-effects of major social change.” These events or situations often lead to disengagement from routine ways of thinking or acting. Sztompka (2000:453) continues by stating that people tend to adopt “post-traumatic adaptations” because the changing nature of culture and social change becomes traumatising. While André was still actively using addictive-related substances, he believed that he could work for longer hours and cope more effectively with work-related stress due to the enduring effects his choice of substance offered. Social change can sometimes be traumatising to such an extent that people adopt certain modes of adaptation or coping mechanisms to accommodate the changing nature of culture. This belief did, however, change as soon as André entered the process of recovery. Interestingly, this perspective changed when he migrated from an identity of actively using addictive-related substances to an identity of

recovering from addiction challenges. André once told me that “at this stage in my life, it doesn’t bother me if someone judges me or not. I would like to think that I’m living proof of what I’ve become. A lot of people don’t really judge; they are proud of you. They just don’t know how to show or say it.”

To a certain degree, André’s identity of recovery became the new mode of adaptation and/or coping mechanism to accommodate cultural and social change. According to Jones-Bitton, Best, MacTavish, Fleming, and Hoy (2020:229), there is “a significant public health concern among farmers,” which exemplifies “a critical need for research and interventions related to farmer mental health.” The authors of this statement primarily focused on stress, anxiety, and depression amongst farmers. These aspects might also be understood and depicted as unintended consequences of social change. Furthermore, to engage with the sociological imagination is to engage with what it means to be a farmer. Public issues (i.e., a lack of resources, climate change, financial strain, hostile work environments) in the realm of South African farming is a definite reality. Although it would be extremely interesting to explore the socio-political context of farming in South Africa, we never specifically discussed the political complexities associated with farming.

Fatayer (2008) argues that societal infringement often causes a person to experience a vulnerable emotional makeup. An object or practice of addiction can counter this state of vulnerability by generating attractive feelings of meaning in the social “self” of a person struggling with addiction challenges. I met Jackie on 17 March 2020. Jackie was quite outspoken and brutally honest when talking about and sharing her lived addiction experiences. With a wonderful sense of humour, she always tried to accommodate her story with witticisms and jokes. Jackie, an effervescent 36-year-old tennis coach with long brown hair, concurs with the finding mentioned above when reflecting on the time she used addictive-related substances while she was still in school:

“For me, it felt like the substance helped me to study, focus, and it helped me to be calmer. I am a very hyperactive person! It made me calmer and more peaceful so that I can sit down and actually study.”

Sztompka (2000) found that a traumatic state (not being able to sufficiently focus or restlessness) can often lead to replacing a present cultural set-up to accommodate the nature of the traumatic state. When considering the influence of modern societies as an aspect of cultural change, Giddens (1990) asserts that people can pragmatically accept risks and uncertainties by

explicitly focusing on accomplishing day-to-day activities to suppress any form of anxiety experienced. For Jackie, the usage of addictive-related substances could offer a degree of pragmatic acceptance to accommodate her day-to-day activities. While her state of being hyperactive should not be compared to or confused with a vulnerable emotional makeup, there are, however, similar qualities shared in the accounts of both André and Jackie. Social change as an aspect of culture (working longer hours or attentively focusing due to certain obligations or expectations) can sometimes lead to people adopting certain modes of adaptation, which provide pleasurable effects of gratification or different ways of coping. Attentively focusing or working longer hours should not be understood as cultural changes. These are predicaments experienced because of how social change seems to drive cultural change because of the emphasis our contemporary culture places on working long hours, productivity, and attentiveness. If you do not pay attention, you get “labelled” to have Attention Deficit Hyperactivity Disorder (ADHD), and children are often given medicine to counter this phenomenon. Not working hard or not paying attention are the “vices” of our contemporary times. In this regard, understanding the complex relationship between the individual’s subjective experience and societal expectations shows how the sociological imagination can guide certain thoughts and behavioural patterns (Mills, 1959). The history of societal expectations often directs individual behaviours, resulting in various modes of coping and adaptation. Individuals adopt certain modes of adaptation and/or coping because of the history of societal change and infringement.

In addition, Room (1985) states that addiction should be understood as a “culture-bound” syndrome where certain problematic behaviours associated with addiction cannot take hold or become prominent unless those behaviours form part of a collective pattern of culturally-induced norms and beliefs. Justification and reinforcement of certain behaviours to function more optimally, in a collective manner, can thus often lead to a general sense of usage-acceptance with regards to certain substances and behaviours. Furthermore, Jackie believes that culture:

“...plays a major role in addiction due to the fact that a certain kind of expectation is resting on the shoulders of our generation to uphold a culture that is fading away slowly. That alone is more than enough pressure for us to fall into the deep dark black hole of addiction and seldom see the light of hope again.”

Jackie refers to a culture that should be upheld as problematic behaviours associated with social change are becoming part of the ordinariness of society. Pragmatically accepting uncertainties and risks through participating in using psychoactive substances is slowly but surely becoming the new norm and culture when people are faced with difficulties (not being able to focus or concentrate attentively). As seen in the literature review chapter of this study, Freed (2010) believes that understanding culture within the context of lived addiction experiences ought to be understood according to the increasing pace of modern societies and how social change happens within the realm of cultural influences. The changing nature of culture inevitably implies that the values, beliefs, and norms of an individual will also change with it.

When I met Aaliya on 25 February 2020 for our first interview session, I was amazed at how maturely she reiterated her story of lived addiction experiences. She wore a floral dress with brown sandals and eagerly expressed her willingness to participate in the research study. In one of the conversations I had with Aaliya, a compassionate and contented 19-year-old fashion design student, she spoke about how lost, with regards to beliefs and values, the choice of substance made her feel:

“Personally, I would say privilege shapes our day to day basis and what we do. Whatever privilege you have, you need to be thankful for it and really investigate it. How is it that I am privileged to this point to be receiving this? How is it that a person is just born, and he does not know what to do with life and not appreciate what God has planned for him in life?”

The changing nature of culture often creates a basis of failure for people struggling with addiction challenges. This can be better understood by conceptualising the anomie theory of deviant behaviour. Dyer (2003) believes that when societies are joined by their differences, no collective consciousness is expected. The absence of a collective consciousness reflects a society of “normlessness” to emerge, and therefore, anomie starts developing. The consequence of an evolving culture can thus be seen to alienate individuals from their own norms, beliefs, and values. Within the conceptualisation of addiction, Ogburn (1992) argues that culture, as a failed social system, can sometimes be affiliated with addictive-related behaviours. Following the insightful, broad discussions and interpretations of how the changing nature of culture can influence lived addiction experiences of individuals, three emerging sub-themes of culture will subsequently be discussed.

5.3.1 Addictive Interpellation

In the work of *Letting Stories Breathe: A Socio-Narratology* by Arthur W. Frank (2010), a fascinating element surrounding the capacities of narratives and stories became known. Frank (2010) explains narrative identity as allowing individuals or groups to identify themselves through the avenue of a narrative. This process of narrative identifying strengthens the relationship between lived experience and the narrative itself. One of the main capacities of a narrative or a story is to make human life more habitable. The concept of habitability is fine-tuned even further when looking specifically at the forces present in the social construction of making life habitable.

One of these prominent forces or processes present in habitability is known as “interpellation”. According to Montag (2017), interpellation was first developed by the philosopher Louis Althusser. In its simplest understanding, interpellation refers to the action of calling an entity into acknowledgement and acceptance of a particular identity. Frank (2010:49) uses a simplified example of “a crying baby calls on the person who may have slipped out of the parental identity to start assuming that identity” To illustrate interpellation. The subject (baby) calls on or “hails” the object (person) into reassuming their identity as a parent. The narrative of this provided example “hailed” the person into a specific identity. Incorporating this notion of interpellation with that of lived experience in the context of addiction resulted in fascinating encounters. When I asked John, a vibrantly talkative 52-year-old messenger, in one of our conversations about factors involved in addiction, he stated:

“It’s one of those things that make people uhm... Get addicted... You say you can see something is wrong, but you say I will only do it once, and then I’ll stop... That’s when addiction comes... You start doing it once today and think, okay, I’ll stop it tomorrow... Then tomorrow... Then tomorrow... Then tomorrow... Then you go on and on until you can’t stop... The addiction named you...”

The subject (the addictive substance of choice) calls on the object (John) to continuously reassume the identity of struggling with addiction challenges. Narrative identifying in this regard becomes a matter of identifying with the narration of addiction. In addition to this process of an addiction narrative, “hailing” the person into assuming a particular identity, Hegel (1977) finds that subordination, the act of offering oneself over to a master, results in the removal of self-control. The object or practice of addiction ultimately assumes a structural role

strongly affecting an agent or agency. This implies that the object or practice of addiction, as a structural entity, removes self-control from the agency, fabricating a new script of conduct.

Why is it that certain interpellations, such as addictive-related incidents, carry so much weight? Why is it that an object or practice of addiction can “hail” someone into assuming the identity of struggling with addiction challenges so easily? Frank (2010) believes that interpellation mainly gains momentum when “unchosen choices” are given life. This strange idea of “unchosen choices” should be understood within the context of how certain interpellations can cause a narrative ambush in the lived experiences of people. Certain acts or behaviours, such as injecting a needle into your forearm for the uptake of heroin, falls short of what constitutes a “typical” narrative habitus. Narrative ambush (suddenly using psychoactive substances when it was not usually part of your cultural structure) operates within the capacity to broaden or destroy what you assumed to be “normal” or part of your ethnomethodological framework (Swan, 2014). To further understand how certain narratives can lead to interpellation, the relationship between the individual’s narrative and societal influences should be considered. Through utilising the sociological imagination, it is possible to differentiate between narratives that “hail” people into certain identities because of personal troubles or public issues, or entanglements between the two. Given the known widespread occurrence of addiction, sociological interpretations point to a relationship construction between a society and a narrative greatly influenced by societal/public scripts. Societies tacitly provide scripts of approval for recreationally participating in substance usage. When specifically looking at the way societies tend to associate the use of substances with recreational activities, Jackie found that:

“Everyone would gather around and socialise with the substance. It’s quite weird if one person isn’t high in a group setting.”

In one of our conversations, I asked Tsacks, an exuberant 34-year-old police official, about the importance of his choice of substance while he was still using addictive-related substances. He stated:

“By accessing whatever what I wanted to get... it made me... structurally destroy my life, I would say... Cause now, I would do whatever I wanted to do when I was about to buy the substances...”

According to Pienaar and Rothmann (2005:59), “8.3% of a sample of 1,781 members of the South African Police Service (SAPS) showed high levels of suicide ideation” in the findings

of a study conducted on suicide ideation in the South African Police Service. Many factors might contribute to suicide ideation of police officers, including stressors in the work situation and factors outside the work situation. From a clinical sociologist's perspective, Swan (2014) believes that "real problems" often disguise themselves as "presenting problems" in treatment and therapeutic practices. "Presenting problems" are mostly symptomatic of "real problems". One of the "presenting problems" for a police officer might be substance abuse, but the "real problem" was probably occupational stress. Substance abuse was symptomatic of occupational stress. Due to occupational stress, the narrative identity of a police officer might be able to simultaneously generate experiences that "hail" and "ambush", resulting in a difficulty to differentiate between "presenting" and "real" problems.

As I reflected on this idea of addictive interpellation within the sphere of sociocultural influences, I realised that sometimes the weight and narrative ambush of certain stories could be extremely forceful. For example, Tsacks stated that "culture plays a role in addiction as many poor communities have a tendency of believing that it helps you forget about your problems, and many elders have done it before. I fell in one of the poor communities where there is nothing to do after work but to go around with so-called friends just for a drink, and it seemed normal." Certain acts or behaviours, directed by societal/public scripts, compel or "hail" people to such an extent where they assume certain identities merely because it served as some form of latent dysfunction of an innocent initial act or behaviour. Despite this "hailing" process often generating negative consequences, it is still practiced rather widely and accepted as such.

5.3.2 The Reality of Addiction Encounters

The following sociocultural sub-theme of this data analysis chapter aims to explore the complexities associated with the immediate reality of people living with, or recovering from, addiction challenges. Inevitably, as culture changes, the reality of addiction encounters changes as well. The immediate reality of addiction encounters changes inadvertently because of social change and modern societal influences. Zizek (2013:8) believes that the "only true consumerists that we have are... drug addicts, those who say, 'fuck it, I want to go to the end'". Because of social change and the increased pace of modern societies, people struggling with addiction challenges tend to cradle their choice of substance – they remain disciplined within the context of substance consumerism. With reference to the previous sociocultural sub-theme, a more in-depth understanding surrounding compelling influences, or "hailing" influences, affiliated with addiction experiences, will also be explored. Furthermore, this sub-theme

primarily aims to elaborate on the significance of one of the secondary research objectives: to understand how the reality of addiction and concomitant bodily encounters of a person struggling with addiction challenges can be interpreted based on narratives provided by people recovering from addiction challenges.

Weinberg (2011) states that the object of addiction can be equated with the qualities of a non-human agent, occupying the consciousness of an individual and affecting the individual on a grand scale. Addiction is, therefore, an agent greatly capable of assuming an embodied process. To understand the addiction process of embodiment, it is needed to reflect on the notion of effectuation. According to Latour (2004), effectuation entails human beings' capacity to learn to be affected by something. Individuals or groups are moved or put into motion because of either human or non-human entities. To understand the immediate reality of people struggling with, or recovering from, addiction challenges, it is inevitably important to conceptualise the addiction process of embodiment and effectuation. In one of our conversations, I asked Aaliya about her very first encounter with substance usage as a means to comprehend her immediate reality. She responded:

“I had to perform somewhere at a party, and me and my dance crew practiced all night, and we were so tired. I saw this other guy who I was with in the group. He was not tired, he was very hyped-up, and he was the one who was pushing us to dance all night, but when it was the actual time to perform, everyone was exhausted. He then told us that he has medicine that can help us to not feel this tired and to remember all the steps that we were practicing. At first, I wasn't sure about it as I asked him again what it was. He was like: “it's a medicine”. The rest of the crew just went to the back, and they were gathering themselves. I thought to myself that I am going to be tired and I won't be able to do as much as my crew will be doing, so let me rather join, but I promised myself I'll only do it this once.”

The process of addiction embodiment, and any other form of embodiment for that matter, mainly depends on the relevance of the immediate reality of a first encounter and the effectuation factors involved within that immediate reality (Weinberg, 2011). When considering Aaliya's narrative, the immediate reality of her first encounter with substance usage was driven by or put into motion through the expected obligation to effectively perform with her dance crew. An important finding thus emerged, namely the entity that taught Aaliya to be affected or that was present in the motion of affluent affection (learning to be affected),

was group-expected context. In simpler terms, Aaliya decided to use psychoactive substances because the group expectations, and participation, encouraged the behaviour. Roelf, one of the research participants I met on 17 March 2020, similarly expressed this form of affluent affection when we spoke about group association and behaviour. Roelf, a short, grey-haired male, wore prescription glasses when we met for our first interview session. For most of Roelf's professional life, he was a diesel mechanic, focusing primarily on aircrafts. Roelf is a collected and well-spoken 75-year-old pensioner. He told me in one of our conversations that he was:

“...at a friend's wedding, and me and my one friend used alcohol at the wedding for the first time.”

Effectuated by the atmosphere of festivities at the wedding resulted in assuming an identity of affection toward the particular substance used in this instance. As previously stated, some people tend to experience vulnerable emotional makeup due to societal infringement. An object or practice of addiction can counter this state of vulnerability by generating attractive feelings of meaning in the social “self” of an individual (Fatayer, 2008). Roelf admitted (this will be explored in an upcoming theme) that he experienced a negative self-image (vulnerable emotional makeup) during his youth. Being susceptible to attractive feelings generated by an object or practice of addiction, in this case, the atmosphere of the wedding festivities, cannot be generalised because not all people experience a vulnerable emotional makeup. For Roelf, the first encounter within his immediate reality of using a psychoactive substance was enforced because of the wedding festivities and the expected collective behaviour of celebrating within the group setting. To explore this notion of collective behaviour even further, Swan (2014) argues that the idea of joint action should be understood within the realm of symbolic interaction and exchange. Joint action refers to how people act by what they perceive or anticipate as appropriate within the expectations of another person or a group. Jackie adds to this notion of effectuation and joint action by stating:

“My older brother already smoked marijuana, and I was dating his friend, who was nine years older than me at the time, and he also smoked. Everyone in that circle of friends used marijuana.”

The reality of Jackie's first encounter with her choice of substance entailed the anticipation of what the group might expect from her because the immediate group she associated herself with already used psychoactive substances. Ultimately, for embodiment to take place, the process of effectuation (to be moved or put into motion) within the reality of the first encounter should

be considered. For the most part, the analysis within this sub-theme offered insightful comprehensions regarding the reality of addiction encounters. The “hailing” influences present in the conceptualisation of addiction experiences can notably be attributed toward the entities, human (i.e., a vulnerable emotional makeup experienced because of societal infringement) or non-human (i.e., conforming because of group-related expectations) present in the process of addiction embodiment. Sulkunen (2015:5) believes that “addictive behaviours, similar to any social practice, depend on social circumstances and the opportunities into which people are pushed and pulled”. The capacity and ability to be able to be moved or put into motion is sociologically significant because sociocultural influences indirectly determine the degree of being able to be moved or put into motion. Furthermore, through employing the sociological imagination as a quality of thought, people might understand that these addictive behaviours found within the reality of addiction encounters are publicly enforced and not personally endorsed.

5.3.3 Addiction as a Fabrication Mechanism

Apart from considering addictive interpellation and the processes associated with the reality of addictive encounters, a final sub-theme of sociocultural influences will now be explored to understand the complexities linked with culture as a grounding construct within the realm of addiction. In most social scenarios, “groups tell people what their stories ought to be” (Frank, 2010:135). Therefore, it is necessary to delve into a deeper understanding of the complexities associated with group behaviour. The idea of groups directing and sometimes dictating people to either enter or move out of certain behaviours and thought patterns could be explored within the identity of struggling with addiction challenges and recovering from addiction challenges. Latour (2005) strengthens the idea of group associated directedness by exploring the concept of “fabrication mechanism”. A fabrication mechanism can be defined as whatever or whichever entity responsible for bringing people together into a group assembly or assemblage. For Latour (2005), group assemblage is the essence and foundation of any group-related dynamic. I believe that addiction can be understood as a fabrication mechanism on the grounds of onset and recovery. In one of the conversations I had with André about the availability of support structures, he said:

“When I was at Aurora for the second time, a member of the CAD (Christians Against Drugs) had a talk with the patients. The second time when I came out of Aurora, my wife took me straight to one of the CAD (Christians Against Drugs) meetings. There

you do find people that support and help you. They understand you! I don't think a lot of people understand what you are going through." (04/03/2020)

"Within these groups, I found people that understood what I was going through and all the emotions and frustrations that I was experiencing, and they understood my cravings." (27/05/2020)

The centrality of religion and spirituality within addiction recovery should be explored. According to Beraldo, Gil, Ventriglio, de Andrade, da Silva, Torales, Gonçalves, Bhugra, and Castaldelli-Maia (2019), spirituality and religion are important cornerstones when aiming to manage and effectively treat substance usage disorders. Furthermore, understandability also falls within addiction as fabrication mechanism. This can be applied to both addiction onset and recovery. The entity responsible for André actively engaging in the process of recovery was addiction. Addiction is the very entity that brought him into group assemblage (using psychoactive substances with friends in a group setting: "Two of my friends came to visit me, and they brought crack with them.") and the same entity that encouraged recovery (becoming a member of a support group for people recovering from addiction challenges). Both these groups displayed some degree of understandability in different contexts. Latour (2005) elaborates on the notion of fabrication mechanism by stating that a *spokesperson* is needed to facilitate and fabricate the group, knitting together the strands of relatability. With regards to addiction onset, the psychoactive substance or practice can be understood as the symbolic *spokesperson* fabricating the relatability of the group setting. On the end of recovery, the symbolic *spokesperson* refers to an ideology or moral code directing the understandability within the group setting. Additionally, religion or spirituality can also be depicted as a symbolic *spokesperson* greatly responsible for scripting an ideology of recovery in the context of the group setting. Tsacks gave an interesting answer when he recalled the onset of his addiction career:

"And I had friends who were already drinking then... They told me that we must get something for the camp so that we can get some party going on there... That's where it all started..." (04/06/2020)

Symbolically, the onset *spokesperson* in this instance was the psychoactive substance driving a sense of relatability and understandability within Tsacks to conform and experiment with the group of friends. Ultimately, the addictive substance assumed the role of directing the dynamics

of group assemblage. Tsacks reiterates this conceptualisation of how addiction is a fabrication mechanism, stating:

“The only thing that we would talk about was just having fun... Then to go around, drinking more or how we would get the next round to drink or something... So, it was not a good relationship with them... The only thing that we were doing was just drinking...” (15/06/2020)

The *spokesperson* (alcohol) brought the group of friends together into an assemblage based on the mere practice of drinking together. Addiction as fabrication mechanism creates a strand of relatability between people (consuming the substance or becoming intoxicated), ultimately strengthening the fabric of what constitutes the group’s dynamic; the group assemblage is mainly a result of the fabrication mechanism, directed by the *spokesperson*. Tsacks, after occupying an identity of recovery, also acknowledges that this form of group assemblage was not healthy. I would like to believe that the identity of recovery allowed Tsacks to employ the sociological imagination. Realising that certain group assemblages are not healthy indicates a social responsibility to differentiate between societal expectations and personal quarrels. In an attempt to conceptualise how people struggling with addiction challenges and recovering from them, essentially become interpellated within the lived experience of their reality of using a substance, addiction as fabrication mechanism can explain the topic. Jackie stated:

“I did feel very guilty the first time using because you know it’s not the right thing to do. Later on, it became more fun, and friends would smoke with you... The acceptance I experienced from friends smoking with me made me feel less guilty about smoking. The first time I got high, I laughed a lot, and I craved a lot of things to eat! So, it was something funny to do, and it was fun, and when we would come together as friends, we would smoke together and have a good laugh...”

Notably, the acceptance experienced within this group assemblage made Jackie feel less guilty about using the substances. Not only does addiction compel people into narrative identifying, but it also creates a sound basis for effectuation (to be moved or put into motion by the *spokesperson*) within the process of embodiment (to ultimately occupy an identity of using substances). May (2011:374) found that “people’s reaction to much of social change tends to therefore come in the form of gradual alterations in (some aspect of) their habits, routines and ways of thinking. And by so adopting new ways of behaving and thinking, or resisting them, people contribute to further social transformations.” People tend to accommodate social change

by altering their behavioural patterns and/or thought processes. This theme's main idea does not primarily focus on culture itself; social change and modern societies' influence ultimately drive cultural change. Therefore, the driving aspects of social change and the influence of modern societies (addictive interpellation, the reality of addiction encounters, and addiction as a fabrication mechanism) contribute toward cultural change in the world of addiction. By considering the interesting discussions, extracts, and analysis, provided within the mentioned theme and sub-themes, sociocultural influences and aspects should be viewed as a crucial cornerstone when conceptualising addiction experiences.

5.4 Considering the Environment

The second main theme that emerged from the narrative-thematic analysis process entails the significance of socio-environmental influences. More specifically, this theme searches for interesting discoveries in the relationship between the person struggling with addiction challenges and his/her environment. The socio-environmental perspective of the sociology of addiction focuses primarily on social learning, social setting, and relevant alienating factors involved within the realm of lived addiction experiences (Freed, 2010). When concentrating on the significance of social setting and social learning within the relevance of addiction experiences, the sociological imagination can be used as a heuristic device to comprehend the necessary differentiation that should be considered between personal troubles and public issues (Mills, 1959). While the main theoretical underpinning of this study, the sociological imagination, aims to support sociological significance within addiction as a whole, and throughout the entire research endeavour, secondary research objectives will also be explored in this theme (to comprehend contextual public issues that might explain addiction in more sociological ways compared to focusing only on individual or psychological factors) and its sub-themes.

In one of the conversations with Aaliya about the importance of physical environmental factors within her lived addiction experiences, she stated:

“Personally, my environment was very influential toward smoking. I live in a location, and next to my house, there is a passage. Guys from our area normally stand by the passage, by our gate, and just start smoking.”

Regarding social setting and social learning, Aaliya found that her social setting made it difficult to avoid certain addictive-related practices and substances. The social learning processes relevant to addiction becomes difficult to avoid because of the social setting.

Furthermore, when considering Aaliya's biography concerning social settings and social learning processes, she mentioned:

“Okay so... With my family of origin, I... We didn't really get along as such... I failed to understand why they always had to take part in my life...? Why are they there? And I felt uncomfortable with my family of origin rather than the family I have now... Because now I think about things very differently! And I feel like they are of great help in my life now... And I'd rather just have family help than outside help...

Notably, Aaliya admits to thinking “very differently” in the context of her current family as opposed to her family of origin. This might be because her identity of recovery made her think differently about the concept of family. It might also be because the setting and context of her family of origin could not sufficiently instil a nurturing atmosphere when it came to conceptualising relevant (necessary) social learning processes. Although we never really spoke about what happened in the context of her family of origin, family relations (as a public issue) appear to be a major macro-issue in addiction onset and recovery. When considering the sociological imagination, I realised that an identity of recovery allowed Aaliya the opportunity to utilise a quality of thought to understand her own biography in relation to societal contributions (Mills, 1959). Within Aaliya's identity of recovery, she was able to differentiate between her own personal shortcomings (i.e., narrow-mindedly questioning the relevance of her family of origin because she was participating in substance usage) and external societal influences (i.e., the actual function of family relations, the role of peer pressure, the importance of belonging). Participating in the practice of substance usage might have been a latent behavioural dysfunction because of what her social setting encouraged at that stage of her life. An identity of recovery allowed her to understand the relationship between her own biography and societal expectations. After occupying an identity of recovery, Aaliya admits to thinking differently regarding her current family. To add to this issue of family and belonging, Roelf believes that certain social settings can enhance the attractiveness of using addictive-related substances:

“I think your environment is a big factor in addiction... I think it depends... I was in the Air Force... The friends I had there used alcohol... From 1976, I was almost out in the field for three to six months every year. During those time periods of being out in the field, you would easily consume alcohol at night! There was no problem with alcohol! I think this is also where a big part of my problem originated because I always

wanted to go out into the field as there was no one that would argue with you if you used alcohol...”

Swan (2014) believes that human behaviour or action can be understood through a simple process of retracing and recollection. Human behaviour or action is determined by choices. These choices are influenced because of interpretations. Interpretations are dictated by the social setting or situation. Roelf continues to explain the important role that social settings and social learning processes play with regards to addictive-related behaviours:

“I was in my second year of working for the Air Force... I was relocated to a base, Ysterplaat, in Cape Town... And there, as you know, wine and other alcohol substances were freely available... There were no restrictions there... You could get anything you want there from anywhere... So, I think it does have an effect as to where you are and where you grew up and so on... It makes it easier to access these types of substances... And the friends and the people associated with these environments...”

For Roelf, the social setting of being out in the field, where alcohol was freely available and collectively accepted, ultimately allowed him the opportunity to consume alcohol without any strain or confrontation. Socially learning to consume alcohol was acceptable because of the social setting. The setting provided the approval of choosing to consume the substance. André believes that certain social settings can be avoided through abstaining from addictive-enhanced situations:

“I’m thankful that I don’t live in a place like Bloemfontein or a bigger city because in the bigger places, they can be found around every corner. The environment where I’m now is actually very safe for me. It feels that way for me... If I drive in Bloemfontein, I know exactly where drugs are available.”

During one of our informal discussions, André told me that most of the psychoactive substances obtained and used within his farming community came from Bloemfontein. For André, geographical simplicity (not being physically in the proximity of supply) facilitates abstinence from social settings that enhance triggering situations. Thus, André believes that bigger cities/towns are more conducive when it comes to using substances. In this regard, a social setting can be an alienating factor because the social setting provokes triggering situations. To further comprehend the social learning processes involved within addiction experiences, Becker (1953) states that people learn how to identify the effects of using certain substances, how to use the substance, and find a way to enjoy the pleasurable effects produced by the

psychoactive substance. When I asked Jackie about how important she thought her environment was within her lived addiction experiences, she said:

“I think it is extremely important! The environment plays a huge role in addiction! I think you should consider things like where you are and the friends you have. I started because my brothers used. It’s difficult to say... If you never started to use substances, you’d never be exposed to those types of environments. If you were in that environment, and you decided to say no to substance usage, then it doesn’t count. But if you did use at the beginning and tomorrow you hang out with those people again, you’ll use again... People and places...”

Learning to use the substance and learning to enjoy the effects that the substance produces can thus often be associated with the significance of social settings; social learning of addictive-related actions or behaviours are strongly intertwined with that of the social setting. Inevitably, the social learning processes present within the social setting of addiction experiences often reassert the significance of alienating factors, both personally and in general.

5.4.1 The Remissive Companion

To further conceptualise the previously mentioned idea that certain social learning processes within specific social settings can nurture a conducive environment for substance abuse, the capacity of addiction’s functionality should be explored. This sub-theme of socio-environmental influences relevant to the sociology of addiction will explore addiction as a “remissive companion”. In his book, *The Wounded Storyteller*, Frank (2013) discusses how certain chronic illnesses, such as cancer, constantly remind a person of how easy it is to fluctuate between the two extremes of being ill and recovering. Although the aim is not to stigmatise addiction as a chronic medical condition, the similarities shared between the cancer (sickness) career and the addiction career are unambiguous. Frank (2013) continues by stating that individuals who find themselves in the grasp of chronicity inhabit an identity operating within that of a “remission society”. The middle-point between being a person struggling with addiction challenges and being a person recovering from addiction challenges situates the individual in the sphere of remission, continuously balancing two extremes of health. When I asked John about his understanding surrounding willpower and how it plays a role in addiction, he stated:

“I think out of a 100 people, maybe only 50 might be able to survive out of willpower from addiction... Mostly, people are stranded in addiction because it’s very, very difficult...”

John’s use of “stranded” stood out for me. John inevitably admits that addiction is something that completely isolates an individual in its chronicity. Once again, we are reminded of the nature of the addiction career, offering two extremes of health, namely recovering or using. Apart from considering the remissive qualities associated with addiction, Frank (2010) asserts that certain entities can resemble the image of a companion. In this regard, the word ‘companion’ refers to accompanying an individual as a “life-long” partner. In two separate answers provided by Jackie, I could clearly see how addiction, as a remissive companion, constantly reasserts the nature of this health duality (recovering or using):

“It becomes a form of survival for you. To get your next fix is literally the only thing that you live for... I basically, with my three beautiful children, substituted them for drugs! I could not help it anymore because later on, I needed the drug to function. It’s something that crawls up on you, and it catches you totally off-guard.” (17/03/2020)

“Now it’s harder for me... It’s a struggle to stay sober every day!” (25/05/2020)

The addiction career becomes an alienating force because of certain social learning processes and particular social settings. Addiction, as a remissive companion, reminds an individual previously struggling with addiction challenges that relapse is an easy fate if adequate recovery is not assured. For a person struggling with addiction challenges (actively participating in the usage of psychoactive substances or practices), there is the possibility of assuming the recovering identity. The remissive companion (addiction), therefore, accompanies the person struggling with, or recovering from, addiction challenges throughout his/her lived experiences. Describing the addiction career as an alienating force should not only be viewed negatively as it does allow the individual an introspective capacity to constantly evaluate and interact with social responsibility; an idea that “healthy people” often take for granted. The idea of utilising an introspective capacity shares a similar quality with the sociological imagination. The sociological imagination allows people to foster and nurture a sense of social responsibility to act according to what society expects from them in relation to their own role within the broader history/context of societal expectations (Mills, 1959).

5.4.2 Sociologically Imagining Onset and Recovery

An interesting sub-theme that emerged from the data analysis process was how sociological imagination described addiction onset and recovery. Although the entire analysis chapter aims to depict the sociological imagination as the study's main theoretical underpinning, this sub-theme primarily focuses on explaining how addiction onset and recovery through a sociologically imaginative lens. When asked about the nature of addiction, Jackie stated:

“Many people, of any age, are influenced by addiction of some kind. Some to illegal substances, some to legal ones, some to food or drink, some to medicine or other various habits that are socially acceptable, so to speak. Public or private... It is an illness that is gaining power over more and more people, especially our youth, and if not treated publicly and raising awareness to empower them, we will lose the battle and our future generation.”

Mills (1959) argues that the sociological imagination is a quality of mind, strongly enforced by an active form of social responsibility, allowing the individual to differentiate between personal troubles and public issues by considering the history and biography of a phenomenon to ultimately grasp the present situation or condition of that very phenomenon. Dingle, Cruwys, and Frings (2015) found that peer normative influences is an integral factor in the onset and development of addiction. André mentioned the following about the relational dynamics associated with his addiction experiences:

“I think it started as a social relationship. It definitely started as a social relationship!”

When exploring the experimental trajectories associated with addiction onset in each of the participants' narratives, I found that all the narratives shared similar qualities in first encounter experiences with a choice of psychoactive substance, namely group collectiveness and peer normative influences. Aaliya, Roelf, and Tsacks stated:

“...I won't be able to do as much as my crew will be doing, so let me rather join...”

“I went to a wedding where a friend of mine gave me champagne to drink...”

“...it started there with my friends, and after that, I never looked back...”

Why did these first encounter experiences turn into addiction? What made these individuals more socially prone to becoming addicted? Tsacks shed some light on the topic by explaining that:

“Addiction is a public issue... I’d say yes because many of our people worship alcohol and drugs whereby one will get hurt or robbed in a public place and will just stand and watch or take videos instead of helping them... We end up not having role models but drunkards for parents... It breaks my heart!”

According to Peltzer and Phaswana-Mafuya (2018:5), there was a significant increase in “illicit drug use prevalence rates observed from 2008 to 2012 in South Africa. South Africa needs to strengthen prevention and intervention activities targeting illicit drug use, particularly in identified risk groups. Annually, these substance use prevalence rates keep increasing. According to Herman, Stein, Seedat, Heeringa, Moomal, and Williams (2009), the second highest individual lifetime disorder in South Africa is substance use disorders, more specifically, anxiety disorders. In addition to considering peer normative influences and group collectiveness as sociological factors relevant in addiction experiences, Dingle, Cruwys, and Frings (2015) include social isolation as a contributing factor in addiction onset and development. Roelf told me the following when we spoke about factors involved in addiction:

“When I was still in school, I had a bit of an acne problem. I never went out... I always stayed behind... My friend always had girlfriends, and I could never get any girlfriends... I was mostly alone until I went to the Air Force. Due to the fact of me being mostly alone, I substituted my “happiness” with drinking on my own. I think that is where I started to use alcohol more intensely... I think the reason why I started to drink excessively is, because at that stage, I was not ready to go out and engage in recreational activities with the physical appearance I had...”

I found that both these themes (social isolation and normative influences) have a collective and social quality. All the participants started using addictive-related substances because of peer normative influences and, in some cases, as a need to belong and avoid social isolation. Regarding people recovering from addiction challenges, I found similar results, although within different settings and contexts. Moos (2007) found that mutual support groups offer people struggling with addiction challenges the ultimate opportunity to bond with other people who might be experiencing similar troubles. The setting of mutual support groups most often operates as a source of social networking. When I asked Tsacks about factors involved with maintaining an identity of recovering from addiction challenges, he stated:

“When you are supposed to go and seek help... And you (rather) want to do everything by yourself... It’s a problem... We tend to be afraid to go out and get help... To places such as Aurora and/or other rehab centres around the country...”

Tsacks also highlighted the importance of actively seeking help from therapeutic communities and institutions. The most common and known therapeutic modality often connected with recovering from and struggling with addiction challenges is group-associated therapy. The therapeutic community builds on the possibility that addiction can be transformed into a phenomenon that can strengthen the fabric of interactions and relationships within a society (Kaplan & Broekaert, 2003). Therefore, to sociologically envision recovery from addiction challenges, one needs to incorporate a necessity for social-group-enforced modes of therapy. The context of recovery operates within the setting of group connectedness and collectiveness. Recovery from addiction challenges and those factors involved within the onset and development of addiction resemble some form of collective consciousness. As interpreted from the participants’ narratives, the processes of onset and recovery are closely affiliated with group settings and contexts. The sociological imagination allows people to differentiate between public issues and personal troubles by considering history and biography (Mills, 1959). The biography and history of addiction have social origins, both in recovery and onset. Thus, addiction onset and recovery refer to notions operating in terms of public issues and not personal troubles. By associating personal troubles with public issues, an individual can see that “others also share these troubles, and that the solution is not to struggle individually but to join forces with those who also share his experiences” (Mills, 1959:8).

5.4.3 Isolated Identities and Relationships

The following sub-theme provides some insights into the types of relationships that emerge between the “self” of an individual and an object of addiction. Interesting thoughts will also be shared regarding how these relationships and interactions contribute to identity construction and maintenance within the realm of lived addiction experiences. This sub-theme, illuminating one of the secondary research objectives of the research study, namely to establish what types of socially constructed relationships emerge between the “self” of an individual with addiction challenges and the object of addiction and how these relationships are socially formed and maintained, aims to provide a more in-depth understanding surrounding relational dynamics associated with addiction. According to Merton (1938), people struggling with addiction challenges tend to adopt a “retreatist” mode of adaptation; retreating from social life because of their relationship with an object or a practice of addiction. When I spoke with André about

whether or not anyone understands the relationship he had with his choice of substance, he stated:

“I don’t think anyone will ever truly understand... My wife... She accepts it... At the beginning, she moved out of the house, but she’s now back again. She always asks me: “How did it feel?”. The thing is, I don’t think anyone really understands it... I don’t think anyone will understand the relationship you have with that choice of substance.”

I asked Jackie substance similar question, and she stated:

“I think every person’s relationship with their choice of substance is personal. At the beginning, people understand it because it’s only recreational and more of a socially acceptable thing. With crystal meth, it’s only you and the substance... It’s only you and your choice of drug. I don’t think anyone will ever really understand your relationship you have with your choice of substance.”

Based on Merton’s (1938) “retreatist” mode of adaptation, I found that the research participants who struggle/d with addiction challenges inhabit/ed an adaptive mode of retreating from social life at some point in their addiction career. People struggling with addiction challenges retreat from social life to such an extent that the “retreatist” mode of adaptation becomes isolated between the person and the object of addiction. People struggling with addiction challenges internalise their relationship with an object of addiction within extreme boundaries of intimacy and intensity. This form of excessive retreating paves the way to an identity construction based on isolation. Also, they construct an identity solely because of the intimacy levels associated with their addiction relationship. As a result of this excessively intimate relationship, people construct an isolated identity. The relationship becomes so intense that various other important relationships and interactions are downplayed as less important and eventually substituted for maintaining the addiction relationship. Roelf explained:

“For me, it felt like... If I did not consume alcohol, then I’d start to “shiver” and I didn’t think “normally” anymore... You only think that you want to get something to drink, and that is the only thing that you think of; you only want something to drink... You don’t care where you’ll stop or where you are driving... You just know that you need to buy something to drink.”

Consequently, the relationship between the person struggling with addiction challenges and the object of addiction completely obviates any rational form of thinking where other

relationships and interactions are seen as less important for the person struggling with addiction challenges. Why are the relationship dynamics associated with an object of addiction so powerful, and how are these maintained? When I asked Aaliya about whether she thought people understood the relationship she had with her choice of substance, she stated:

“Yes, I felt like a lot of people understood. People that I used to smoke with. They made me feel good! I used to smoke as if I’m only smoking a little bit, but I used to smoke more than them. Seeing as how I was the only girl most of the time, with a lot of guys, I would be the centrepiece and would be praised for using these substances.”

Furthermore, Aaliya believed the only people who understood her relationship with her choice of substance were the people who also participated in the active use of a psychoactive substance. Based on the participants’ responses, I found that the only time an addiction relationship could be comprehended understandably was within the context and setting of other people who shared similar addiction experiences. Subsequently, the maintenance of an addiction relationship is only endorsed and understood when considering the viewpoint of similar lived addiction experiences. The notion of shared experiences and relatability within the capacity of addiction experiences ultimately reassures the social manner in which addiction relationships are maintained. Furthermore, by utilising the sociological imagination, individuals who struggle/d with addiction challenges realise that other people might be experiencing similar troubles and that they do not have to struggle on their own, but rather share their experiences in a collective manner (Mills, 1959). After considering the socio-environmental influences associated with lived addiction experiences, a few thought-provoking ideas emerged in this sub-theme. Addiction has the capacity of being a remissive companion because the addiction career seems to constantly fluctuate between two extremes of health (either using or recovering). Onset *and* recovery of addiction can be conceptualised as being sociological in its origins because both onset *and* recovery mainly occur in a group-related situation, setting, or context. Finally, the relationship and identity construction of addiction experiences was sometimes deeply intense and isolating in nature.

5.5 The Gap of Addiction Ideology

The third main theme that emerged indicates the significance of ideological perspectives in the construction of lived addiction experiences. This theme aims to understand the ideals emulating from within the realm of professional and institutional addiction capacities. Freed (2010) believes that this perspective particularly aims to highlight how institutional and professional

ideologies have contributed toward the subjectivities of lived addiction experiences. To capture the relevance of how ideologies within institutional and professional capacities contribute toward addiction experiences, the language associated with ideology should be considered. Carr (2011) states that dominant language ideologies of addiction tend to denote existing truths about addiction. By ignoring the already known truths about addiction experiences (people's own interpretations), mainstream ideologies tend to construct new avenues for scripted identities from which material and symbolic significance within subjectivities are lost. Institutional and professional addiction ideologies indirectly dictate how addiction can and should be understood. With specific reference to the language of addiction ideologies within the realm of professional and institutional capacities, this theme aims to capture the relevance of lived addiction experiences within certain ideological frameworks. When I specifically asked André about what he understood under the concept of addiction, he said:

“I think addiction is a thing that completely takes over your life, and you want to let it go, but you can't. If you were an addict, it's not that you wanted to use every day, you wanted to stop every day, but you couldn't. I think it's a complex thing! I think you want to stop using, but you simply can't.

With André actively recovering from addiction challenges, he stated that he already reflected on many things, especially since he has been part of addiction treatment in an institution assisting people with addiction challenges. Based on the 'participants' responses, addiction is portrayed as an entity postulating severe chronic consequences. Notably, this realisation of the chronicity associated with addiction only became relevant after André assumed a recovery identity due to therapy and treatment. In another conversation I had with Jackie about conceptualising addiction, she stated:

“I think you make the choice of using substances... You don't know in what state your mental health is... I had a lot of struggles; my dad committed suicide when I was ten years old. I only faced this struggle the moment when I came to Aurora. I constantly tell people, who have similar problems, the moment when you realise something is bothering you, don't just put it to one side: deal with the problem or concern.”

Jackie admits that she only confronted the suicide ordeal of her father when she was admitted to an institution assisting people with addiction challenges. Only after resuming an identity of recovering from addiction challenges because of a particular addiction treatment modality, she realised certain problems and concerns should not be left unresolved. This is not necessarily a

negative notion, as the institutional gravity associated with treatment ideologies can often provide and construct new identities. These identities often inhabit a scripted nature as re-entry expectations back into a society requiring a certain way of behaving (Swan, 2014). Professional and institutional ideals often construct scripted identities because of societal expectations and obligations. By utilising the sociological imagination, a person recovering from addiction challenges can realise what these societal obligations and expectations are to ultimately differentiate between personal troubles or public issues associated with new scripted identities. When I asked Jackie about her relationship with her family, she said:

“Basically, with my family of origin, we’ve always been very close. We are a very big family! We’ve always been very close. With my addiction, and in the time period that I was heavily addicted, we kind of drifted apart... I started to push people away... Most probably because I felt guilty... Afterwards, I realised it was guilt! In the rehab you realise a lot of things about your addiction. So, I pushed people away because I felt guilty and also because I didn’t really want them to know what I was busy with at the time.”

Jackie currently lives with her three children and her mother. With her father’s passing (suicide) when she was only ten years old, she predominantly grew up with her mother and three siblings (two brothers and one sister). By utilising the sociological imagination as an analytical device and tool, various public issues could be identified in the societal context of Jackie’s lived experiences. Jackie is a single mother (divorce being a public issue), raising two children, without any stable father figure. The suicide of her own father (in this context, suicide is a public issue) played a crucial role in Jackie’s primary socialisation process. The origin and onset of Jackie’s addiction career developed based on a trajectory of public issues and not due to personal troubles. I believe Jackie realised it was the feeling of guilt because she was able to differentiate between societal infringement (divorce, suicide, unstable family relations) and her own personal shortcomings (learning to trust people again, learning to let go of certain memories of past experiences) to either accept or reject a newly scripted identity of recovery. The sub-themes that follow within this main theme of addiction ideology will elaborate on the ideological significance associated with addiction experiences in terms of community affiliations and narrative constructions.

5.5.1 The Double Bind of Community

The following sub-theme of exploring addiction experiences through a sociological lens aims to provide some clarity on one of the secondary research objectives of the research study (to grasp how the addiction subculture can or cannot provide a sense of community and solidarity due to a perceived lack of solidarity in mainstream society). Emphasis will be placed on how an addiction subculture, and those communities associated with addiction onset and recovery, can or cannot provide a sense of solidarity due to a lack of mainstream understanding in societal ideology. To understand how an addiction subculture and various other communities associated with addiction onset and recovery operate within their solidarity capacities, the double bind nature of these communities should be comprehended. Gibney (2006:50) argues that:

“The essential hypothesis of the double bind theory is that the ‘victim’—the person who becomes psychotically unwell—finds him or herself in a communicational matrix, in which messages contradict each other, the contradiction is not able to be communicated on, and the unwell person is not able to leave the field of interaction.”

With regards to understanding how certain communities and subcultures can or cannot provide a sense of solidarity, the double bind hypothesis suggests an overwhelming, ongoing, cycle where the victim (the person struggling with or recovering from addiction challenges) becomes trapped in a contradicting field of messages and cannot escape that very field of interactions. This idea of the double bind of community, a more sociological take on the double bind theory, strongly relates to a previous explored sub-theme on the remissive qualities associated with addiction as a companion. On the one side of the spectrum of an addiction community, people struggling with addiction challenges find a sense of community within the realm of therapy and treatment. On the other side of an addiction community spectrum, a sense of solidarity is enforced because of the active participation of groups using the substance together. Messages tend to contradict one another as different ideologies within different communities, and the person struggling with addiction challenges fluctuates on the continuous scale of being ill (using) and being well (recovering), reassuring remission as a definite fate.

When I asked John how he associated himself with other people who he knew was using substances, he stated:

“Uhm... When I was with people, who I used to drink with, I used to drink with them... I associated very well with people (who were using) ... My drinking buddies... They were not friends... They were drinking buddies...”

Notably, the subculture of addiction provided some form of comfortability for John as he enjoyed being in the company of other people who also used substances. Concurrently, he admitted that the people who formed part of the addiction subculture was never his friends. I also asked Roelf if he experienced a stronger sense of belonging; he responded:

“It’s automatically the people who you knew were using. You are more comfortable around them. You socialise more with them as opposed to being social with people where there is no alcohol available. Then you just want to get out of the situation and go and have a drink somewhere. It was easier to associate myself with people who were using alcohol. I enjoyed it much more!”

Roelf admits that it was easier for him to associate himself with people who were also actively part of the addiction subculture, as he felt more comfortable around them. The community associated with addiction onset (the addiction subculture) seems to provide a strong sense of comfortability and belonging within its ideological significance. This ideology portrayed within the addiction subculture furthermore seems to adopt a “retreatist” mode of adaptation, primarily fixated on instant gratification (Merton, 1938). Interestingly, when considering the recovery community associated with addiction, Tsacks stated:

“The non-users... even if, while I would go out drinking, I know when I go home to my wife... even if we are going to fight... But (that is) the most comfortable place to go to... because I would always go home, even after drinking... Unlike when with those people who would just drink, and nobody would just feel comfortable... I know that when I have a problem, I can go to such and such a person... I always go to those non-using people who would assist me...”

Tsacks finds the people associated with the recovery community of addiction more likable as they provide useful advice and a stronger sense of comfortability for him. Jackie reaffirmed the strength of addiction recovery ideals:

“If I look at my time in Aurora, the people in Aurora are the best friends that I’ve ever made in my life. It’s also people that are recovering from addiction, whether it be alcohol or whatever. It’s about the people understanding what you are going through. Every person who does have an addiction has some form of sadness or something that they want to numb. Even if we don’t talk, we can smoke with one another. We kind of have like an unspoken understanding without us having to talk about it.”

The idea of belonging, comfortability, relatability, and comprehension seems to be the cornerstone characteristics of both the communities associated with recovery and the communities associated with the onset of a specific form of addiction. Regarding the conflicting messages hypothesis proposed by the double bind of community, I found that contradictory interactions and relationships within the ideals of a community tend to reassert a person's identity to be able to host addiction as a remissive companion. The nexus of contradicting and overlapping messages articulated from both onset and recovery communities facilitate the chronicity of addiction. The double bind of community ideologies finalises the identity of a person struggling with addiction challenges to such an extent that the fate expectancy resembles remission, offering only two alternatives of either actively using or recovering.

5.5.2 Body Problems and Illness Narratives

The second sub-theme that emerged from the data analysis process mainly focuses on constructing illness narratives (addiction narratives) and how these narratives operate within the sphere of addiction ideologies. In Arthur W. Frank's (2013) book *The Wounded Storyteller*, a heuristic framework and categorisation system are provided on various body problems associated with illness narratives. Frank (2013) identified four main body problems within an illness narrative: *control*, *body-relatedness*, *other-relatedness*, and *desire*. With each of these body problems, people who find themselves within an illness narrative often respond in terms of two avenues for each body problem. The body problem of control offers the two responses of *predictably* - controlling outcomes associated with the illness or conforming to the *contingency* of controlling outcomes. The body problem of body-relatedness provides the responses of being *associated* or *disassociated* with the affected ill body. The body problem of other-relatedness offers the two responses of behaving *monadically* or *dyadically* in terms of other ill bodies, and the body problem of desire provides the responses of either *productively* acquiring desire or *lacking* desire.

Upon identifying various body problems and responses associated with illness narratives, Frank (2013) furthermore identified various "ideal body types" that emerge as a result of certain responses to body problems: *the communicative* (the prophet), *the disciplined* (the regimented), *the dominating* (the directing), and *the mirroring* (the mime) body type. These "ideal body types" ultimately embrace and inhabit three types of illness narratives, namely the *restitution*, the *chaos*, or the *quest* illness narrative. This sub-theme aims to explore the participants' narratives to see how lived addiction experiences can be measured according to

the mentioned categorisation system. This classification, in light of a chronic condition (in this case, a lifelong career of struggling with addiction), is simply a heuristic device against which to measure the narratives.

When I asked Jackie how her choice of substance made her feel, she responded:

“Before you can make sense of anything, the substance actually controls you! You think that you have everything under control because you only use it for parties and to stay awake and so on, but later on, it uses you. It’s really like that; you can’t stop! Before you know it, it’s already too late.”

When considering the body problem of control, Jackie admits to experiencing no control over the substance. As with many people struggling with addiction challenges, it is almost impossible to predictably control their narrative. This ultimately reassures the conforming contingency of control with regards to an addiction narrative. It becomes almost impossible to predict any form of controllability. André told me about the type of relationship he had with his choice of substance:

“Even if you were using, for me, it always felt like I don’t want to use anymore. I want to stop using! I also want a happy life... Even if you are under the influence, you realise that what you are currently busy with is not the way it should be. You can see, financially, that other people are thriving, and you are falling.

André’s response made me realise, when considering the body problem of body-relatedness, people struggling with addiction challenges are strongly associated with their own afflictions and discourses. On the surface, many would assume that people who struggle with addiction challenges are disassociated with their own illness narrative. However, I found that people struggling with addiction challenges are sometimes the only ones who truly understand their own relationship with their choice of substance. When I asked Aaliya about how she understood the concept of addiction, she stated:

“Addiction is just a distraction in life. It’s the cause of you not being able to decide for yourself what you actually want. When you are addicted to something, you get annoyed by other things in life, and you feel like nobody or nothing will ever stop you from being together with your addiction.”

Thus, Aaliya realised that addiction distracts you from other important relationships and interactions. This realisation, when considering the body problem of other-relatedness, made

me believe that people who struggle with addiction challenges are dyadically aware of the consequences associated with addiction. Therefore, those struggling with addiction challenges ultimately behave in a dyadic manner toward other people who are also struggling with addiction challenges because of relatability, shared experiences, and a deep sense of sympathy for those who might be experiencing similar affections. When I asked Roelf about how he understood addiction, he stated:

“It makes you crave and need alcohol or drugs, or whatever you used. It’s a thing that makes you constantly want more of your choice of substance! You just want to use alcohol the whole time...”

Within the body problem of desire, I found that people who struggle with addiction challenges engage in generating productive levels of desire regarding their choice of substance. Those struggling with addiction challenges display an intense form of desire for productivity when it comes to the substance or addictive practice. However, when considering recovery from addiction challenges, there is still a productive generation of desire to maintain a sober identity. The desire for necessity is simply shifted according to the identity requirements; desire remains productive.

When considering the mentioned body problems and responses associated with an illness narrative, I found that people who struggle with addiction challenges most often embody an “ideal body type” of communicatively (recovering from addiction challenges) dominating (actively participating in the usage of substances) qualities. I combined two “ideal body types” because of the difficulty to conceptualise addiction without its chronic and remissive nature. To categorise the “ideal body type” according to an illness narrative, I found that addiction narratives inhabit a chaotic (using) quest (recovering) narrative. Once again, two illness narrative categorisations are used because of the fluctuating nature of an addiction career. Because of the categorisation difficulty associated with an addiction narrative, the final sub-theme aims to develop a new categorisation of an illness narrative specifically focused on conceptualising lived addiction experiences.

5.5.3 The Narrative of Phronesis

The final sub-theme of the data analysis chapter is a suggestive and explorative theme that emerged because of a need to abstain from finalising narrative categorisations. Addiction narratives are difficult to finalise because of the fluctuating nature of addiction itself. In an attempt to categorise an illness narrative of addiction, both pillars of being ill (using) and being

well (recovery) should be considered. Frank (2010) believes that any form of narrative analysis should not require a set of procedures, but rather that of *phronesis*. The term *phronesis*, coined by the well-renowned philosopher Aristotle, can be defined as “wisdom acquired through practice” (Frank, 2010:166). *Phronesis* became the departure point for possibly suggesting and developing a new illness narrative specifically tailored for lived addiction experiences. When aiming to conceptualise the narrative of *phronesis*, two elements are considered, namely expertise and graduation. Within acquiring wisdom through practice, expertise, and graduation become inevitable.

The idea of introducing the new illness narrative of addiction ultimately came forth not simply because of the recorded formal interviews I had with the participants but mainly due to the informal conversations I had with them. Jackie provided me with an interesting answer when we spoke about the importance of sharing lived experiences with other people:

“I am a believer in bigger things... I believe that I can make a difference through my painful, weird, interesting, harsh, intense, worldly, extraordinary, and very emotional experiences while I was dealing with my addiction. I believe that if I can change for the better and grow spiritually and emotionally, and learn from everything I encounter, then everyone and anyone in need or in pain can recover and teach to make our world an awesome one.”

Within these informal conversations, I learned a lot about the humanness behind their narrative, which was recorded. I also learned a lot about their intimate need to want others to hear their stories about addiction. Tsacks told me about his need to share his story with other people who might be experiencing similar troubles:

“After I went to a rehab and a wellness hospital for stress and depression, I wished to share my story with people to assist them and show them how addiction is not helping but destroying your health/life... This opportunity to participate... I think some day someone will learn about this and it will change their lives...”

With all the participants, I discovered a sense of expertise rooted in acquired practice; all the participants are recovering from addiction challenges, and thus transitioning and migrating from one identity into another. Furthermore, they have gathered practical experience about addiction, which ultimately transformed into an intense articulation of wisdom. This wisdom made me realise that addiction narratives often embrace a form of graduating from previously learned experiences into a new, wiser, and more mature narrative, desperately looking for an

audience to share their experiences with. In addition to sharing their lived experiences with other people, Roelf explained why it is important for him to actively share his account of lived addiction experiences as he ultimately “hopes that it will help addicts” to overcome similar experiences he went through. The narrative of *phronesis* highlights what addiction experiences entail. There had to be some form of practical learning to graduate into an expert on addiction wisdom. John said he needs to share his addiction story with other people:

“It’s always my pleasure to share my experiences with everyone... It’s helping me see addiction in a different way... It’s helping me in a way that I can think of addiction and not forget that I was once an addict... Sometimes we tend to be caught off-guard whereby we relapse because we don’t actively participate in such things... Such things like this research study...I think it’s a wise move! I’m always ready to share... To see where I started... Some of the questions made me think about how I started... So, it’s helping me also to teach and motivate other people... I want to help other people through the experiences that I’ve gone through...”

Lived addiction experiences entail a beautiful depiction of raw transformation rarely seen in society today. The narrative of *phronesis* resembles the beauty of sociological metamorphosis; a metamorphosis rooted in the magnificence of the sociological imagination.

5.6 Conclusion

This data analysis chapter aimed to explore lived addiction experiences through a sociological lens. To some extent, this chapter was one of the most important chapters of the research study as practical experiences are intertwined with existing theory and literature. Therefore, this chapter created a basis for validating the research endeavour. Frank (2010) believes that when the process of narrative analysis is done accurately and appropriately, the actor (the story) can breathe in all its complexities and nuances. While remaining true to the research objectives, questions, literature review, and the main theoretical underpinning of the research study, allowing the stories of people struggling with addiction challenges to “breathe” was exactly what I set out to achieve. The conclusion section of the data analysis chapter not only provided a summary of what was discussed throughout but also aimed to illuminate and bring together some important salient points discovered. All the significant ideas highlighted in this section were discovered based on data obtained from the narratives of the six research participants and can, therefore, not be generalised.

The main theme of sociocultural significance was explored within the realm of addiction experiences. Three other sub-themes of addictive interpellation, the reality of addiction encounters, and addiction as fabrication mechanism were also explored to comprehend the sociocultural influences associated with addiction experiences. Although culture is an extremely complex and broad concept, this particular theme's overarching purpose was to see how addiction experiences can be influenced by cultural and social change. Given the ever-changing nature of culture and society, I found that certain narratives often provided a basis for interpellation. Certain narratives, such as addiction narratives, can easily “hail” someone into assuming a particular identity (*struggling with* or *recovering from* addiction challenges) because of societal change, obligations, and/or expectations. When considering the impact of social change on the immediate reality of addiction encounters of the participants involved, I realised that addiction embodiment mainly gains momentum due to contextual and situational influences. Addiction, explored in its contextual significance, can furthermore be understood as a fabrication mechanism, greatly responsible for bringing people together into group assemblage on both extremes of either being ill (using with a group) or being healthy (recovering with a group).

The second main theme aimed to elaborate on the socio-environmental influences relevant to lived addiction experiences. Within this main theme of environment, various other sub-themes emerged. These sub-themes focused on how addiction can be portrayed as a remissive companion, how addiction onset and recovery can be sociologically imagined, and the nature of relationships and identities within lived addiction experiences. I found that the addiction career, often compared to the career of other chronic illnesses such as cancer, which confirms remission as a definite fate. Addiction, because of certain social learning processes relevant within specific social settings, becomes a lifelong companion for someone struggling with or recovering from addiction challenges. An interesting discovery came forth while exploring addiction onset and recovery through a sociologically imaginative lens; both onset and recovery can be explained through sociological frameworks and orientations. However, I realised that the sociology of addiction might fall short when it comes to truly conceptualising the nature of someone maintaining an identity of actively struggling with addiction challenges. This might be considered for future research endeavours because, at some point in time, the person struggling with addiction challenges completely removes him/herself from any group-related connotations or connections. Thus, the person struggling with addiction challenges moves away from sociological explanations (group-related behaviours found within onset and

recovery) to more psychological explanations (strongly vested in individualistically using a substance in isolation; also interpreted as alienation, a social process). Ultimately, I found that the nature of relationships and identities within addiction experiences most often echo isolation and retreating from social life as a mode of coping and adjusting.

The final main theme of this chapter encompassed the gap of addiction ideology, specifically emphasising the impact and contribution of professional and institutional ideologies on addiction experiences. Although no concrete “gap of addiction ideology” could be recognised, newly scripted identities (because of professional and institutional ideals) for those recovering from addiction challenges seem to provide an alternative trajectory. People recovering from addiction challenges tend to wholeheartedly embrace these identities to possibly “overcome” their addiction. The word ideology was used to understand it within its capacity to reproduce certain scripts and ideals. Certain institutional ideals or professional scripts often direct people struggling with or recovering from addiction challenges into assuming a particular identity that will either condemn (being a “lowlife junkie” - using) or inspire (being the best version of yourself - sobriety). Within this main theme, the double bind of community was explored to understand how certain community associations often create a double bind for people struggling with addiction challenges. Dangerously, ideals and scripts of community (both in the community of actively using and the community of recovery) become part of cementing remission as a definite fate. Contradicting messages of either staying sober or actively using define the nature of an addiction career, forever condemned or forever inspired. The next sub-theme explored a heuristic categorisation system of body problems and illness narratives applied to addiction experiences. Based on this categorisation system, I found that people struggling with or recovering from addiction challenges embody a communicatively (recovering) dominating (using) “ideal body type”. Furthermore, this creates a duality between either embodying a chaos illness narrative (actively using) or a quest illness narrative (actively recovering). Finally, because of the addiction career's fluctuating nature, the last suggestive sub-theme aimed to specifically develop and construct a new illness narrative categorisation (the narrative of phronesis) tailored for the fluctuating nature of addiction experiences.

CHAPTER 6: CONCLUSION

6.1 Introduction

According to Andersen (2015), there is an undebatable lack of sociological investigation into how recovery narratives develop in treating addiction. While this research study did not mainly aim to investigate the context of addiction treatment, there is a definite lack of sociologically conceptualising addiction. Doukas (2011:409) states that “addicts belonged to various social worlds that were made up of people linked to one another by a network of communication and common interests. In this shared social world, individuals also share common experiences and perspectives on reality. The result is that identities are internalised, and self-definitions are based on the norms of the social group that the individual belongs to.” While considering the above, I realised that addiction narratives often seem to lose their subjectivity because the “shared social world” and “common experiences” of individuals recovering from, or struggling with addiction challenges are not always accounted for. An article written by Buchman, Illes, and Reiner (2011:72), particularly prompted the significance of the research topic and inspired me to pursue this research study. In this article, the authors presented an inconsistency in the mainstream neuro-scientific style and modality of conceptualising addiction:

“The paradox of addiction neuroscience is that concluding that addiction is a brain disease may mitigate perceptions of responsibility while simultaneously arousing deep-seated intuitions of moral disgust. An unfortunate and perhaps unintended consequence of a social act with beneficent objectives, this paradox has the potential to diminish the efficacy of mental health literacy efforts in reducing the stigma that is associated with addiction.”

This notion of suggesting a paradox of addiction neuroscience encouraged deeper investigation into the subjective lived experiences of the human being living with or recovering from addiction challenges. Thus, mainstream ideologies and modalities of addiction studies and treatment often create an unhealthy barrier (a stigmatising context and atmosphere) between the lay community and the affected person either struggling with or recovering from addiction challenges. According to Pienaar, Moore, Fraser, Kokanovic, Treloar, and Dilkes-Frayne (2017:519-520), a subjective addiction account of people struggling with or recovering from addiction challenges might be able to “exceed the absolute opposition of volition/compulsion” to highlight the “polarising assumptions of existing addicting discourses” that ultimately “produce many of the negative effects typically attributed to the ‘disease of addiction’.”

Somewhere the person recovering from or struggling with addiction challenges should be understood and considered within their own subjective state and not simply as a biological product of brain-related explanations. This research study aimed not to denote or downplay the significance or importance of mainstream addiction studies (psychological, medical, pharmacological, or biological) relevant in the current arena of addiction. The aim was to include sociological interpretations and considerations into the spectrum of how addiction could be understood, illuminating situation, setting, and context as integral proponents of addiction.

The theoretical chapter aimed to provide a genealogical and ontological framework for conceptualising various theoretical underpinnings relevant to the sociology of addiction. Therefore utilising a sociological imaginative trajectory (the sociological imagination – the main theoretical underpinning) throughout the research study to capture the lived addiction experiences of people recovering from addiction challenges, focusing particularly on relevant sociological factors involved. The methodological chapter highlighted the appropriate methods utilised to understand how these experiences of the participants were captured, processed, and analysed. Mills (1959) believes that the biography of an individual cannot be understood without understanding the dynamics and complexities associated with society. Simultaneously, the history and the present state of society cannot be comprehended without considering the biography of an individual. This sociological imaginative trajectory mainly served as a heuristic mechanism that encouraged a particular quality of thought, which illuminated the interplay between an individual (the research participants) and society (the participants' contextual complexities).

While considering the primary and secondary research objectives, this chapter concludes with a summary of the main findings. By discussing the main findings, this concluding section aims to show how this particular research study contributed to the existing body of addiction knowledge. Secondly, this chapter will consider possible recommendations, based on the findings, for the possibility of future research studies in the realm of addiction studies. As with any research endeavour, this chapter will highlight any applicable and relevant limitations. Finally, the concluding discussion will primarily focus on personal reflectivity.

6.2 Summary of Findings

Summarising the main findings of the research study entails considering both the primary and secondary research objectives. As previously mentioned, the primary research objective

focused on exploring addiction experiences through a sociological lens. Understanding this main objective as the study's overarching aim led to the exploration of secondary research objectives. By utilising the narrative-inquiry approach, the lived addiction experiences of the participants could be captured to address the objectives of the research study. The research study's findings should be understood as contributing to existing literature within the sociology of addiction.

One of the secondary research objectives aimed to understand how the reality of addiction and concomitant bodily encounters of a person struggling with addiction challenges can be interpreted based on narratives provided by people recovering from addiction challenges. Therefore, cultural and social change was considered as a basis for allowing “hailing” or compelling influences to play an integral role in the reality of addiction encounters. Based on the participants' narratives, it was found that social change often allows compelling forces the capacity or leverage to significantly influence people's behaviour and/or thought processes. The process of addiction embodiment provided the basis for this discovery. Graham, Young, Valach, and Alan Wood (2008:123) assert that addiction can be understood “as embodied within ongoing individual and joint intentional actions”. With the process of embodiment, people tend to firstly become effectuated. Effectuation refers to people learning to become affected (moved or put into motion) either because of human or non-human entities (Latour, 2004). The participants' narratives illuminated the significance of a symbolic force (peer pressure, belonging, acceptance, isolation, understandability, or relatability) compelling them into assuming a particular identity of actively using their specific substance. These “hailing” influences or entities subsequently affect someone, significantly altering their thought and/or behavioural patterns.

Furthermore, social learning processes within certain social settings often guide the process of embodiment because certain acts or practices are so compelling in nature. For the participants, these sociologically compelling forces or influences caused addiction embodiment. The participants' bodily encounters within the reality of addiction displayed an interesting sociological relationship: relationships heavily dependent on social or cultural change and ultimately dictated by social circumstance and situation. As previously stated in the data analysis chapter, the discussion mentioned above does not primarily focus on culture itself; the influence of modern societies and social change evidently drives cultural change. Therefore, driving aspects of social change and the influence of modern societies (addictive interpellation,

the reality of addiction encounters, and addiction as a fabrication mechanism) contribute to cultural change in the world of addiction.

Boshears, Boeri, and Harbry (2011) state that mainstream addiction discourses tend to neglect the influence of the social environment and the role of sociality because these discourses predominantly focus on the individual. Another secondary research objective aimed to comprehend contextual public issues that might explain addiction in more sociological ways compared to focusing only on individual or psychological factors. Furthermore, I found that this objective could be adequately addressed when considering the relationship between the person struggling with addiction challenges and his/her environment. Based on the narratives, I found that certain social settings, perceptions, ideals, and social learning processes often create a basis for addiction to become a lifelong partner or companion. Addiction resembles the assurance that remission could be a definite fate. To comprehend the contextual public issues relevant in explaining addiction, I found that settings and certain learning processes could significantly alienate an individual. Apart from considering the relationship between the participant and his/her environment, it was found that the idea of “public misunderstanding” truly resonates with how certain social settings and social learning processes contribute to explaining addiction in more sociological ways. According to Racine, Bell, Zizzo, and Green (2015:179-180), certain public views of addiction can lead to dangerous consequences, such as “the “othering” or estrangement of affected individuals that occurs when a condition is labelled as a disease”. In this regard, misunderstanding various learning processes and settings create a stigmatising or alienating atmosphere in the arena of addiction conceptualisation. The gap between people struggling with addiction challenges and those who do not will remain relevant because of public misunderstandings. Also, I found that addiction onset and recovery can potentially be explored and explained in terms of sociological interpretations and orientations. According to Adrian (2003:1412), an integrative-sociological-model (a micro-macro orientation) might “make it possible to take into effect both aspects including individual-level factors and societal level factors” when conceptualising addiction. This integrative model is what the sociological imagination illuminated within the participants’ experiences of addiction onset and recovery. While utilising the sociological imagination, it was found that the participants could almost similarly explain their onset and recovery experiences of addiction in terms of group-related contexts.

To establish what types of socially constructed relationships emerge between the “self” of an individual with addiction challenges and the object of addiction and how these relationships

are socially formed and maintained could furthermore be understood as one of the secondary research objectives. I found that certain acts or behaviours often force people to retreat from social life. For this particular research study, retreating refers to a mode of adaptation or coping. The participants eloquently displayed this mode of retreating when I explored the type of relationship they had with their object of addiction. Furthermore, I found that retreating as a mode of adaptation is not always voluntary, as certain settings and learning processes dictate the nature of interactions and relationships. Certain settings and situations either allow relatability and understandability or disavow them completely. Retreating from social life thus leads to isolation. The participants' narratives indicated that isolation becomes a comfortable haven where they are secluded from indifference and disapproval. Subsequently, because the participants felt no one understood the relationship they had with their choice of substance, the relationship dynamic resembled isolation. However, the narratives indicated that retreating and isolation were not necessarily experienced negatively as it provided some form of “safe haven” for the participants during a time when they were still actively using their choice of substance and when no one else could comprehend or approve their afflictions. In addition, these once isolated identities and relationships of the participants were maintained because no one ever understood the relationship they had with their object of addiction. Once again, public misunderstanding as a contextual public issue comes into play.

The final secondary research objective aimed to grasp how, if at all, the addiction subculture provide a sense of community and solidarity due to a perceived lack of solidarity in mainstream society. Thus, the notion of “the double bind of community” allowed me to investigate solidarity within and between various addiction communities. In this regard, addiction communities are divided between the “using community” and the “recovery community”. Interestingly, apart from considering these communities, the addiction career always seems to provide only two options or extremes, namely actively using or recovering, being part of the “using community” or the “recovering community”, and either being healthy (recovering) or being ill (using). As previously discussed, remission seems to be the only light at the end of the tunnel (alternative) within the addiction career. To understand how certain communities provide a sense of solidarity, the “double bind” notion of community explained how certain messages of communities tend to contradict one another, bombarding the person struggling with addiction challenges to assume either a recovery identity or an identity of actively using. Therefore, on the one side of the spectrum of the addiction community, people struggling with addiction challenges find a sense of community within the realm of therapy and treatment. On

the other side of the addiction community spectrum, a sense of solidarity could be present because of the active participation of groups using the substance together. Based on the narratives, I found that the addiction subculture or community creates a sense of solidarity because of a lack of solidarity in mainstream society. The lay community (mainstream society) seem to not always understand or comprehend the intricacies and complexities of the addiction career and the associated addiction communities. Here we are once again reminded of public misunderstanding as a contextual public issue, significantly driving the force of community indifference.

These secondary research objectives addressed the primary research objective to explore addiction experiences through a sociological lens. Additionally, from the participants' perspective, it was found that the sociological imagination, as a heuristic tool/mechanism, could be utilised within the recovering identity. All the participants appeared to comprehend the essence of the sociological imagination within their identity of recovery. While it would be interesting to explore the narratives of people who actively participate in substance usage, the findings of this research study indicated that an identity of recovery (all the participants of the research study identified as recovering from addiction challenges) allowed the sociological imagination to flourish. This might be due to the intense and isolated relationship the participants previously experienced with their choice of substance, which never allowed them to differentiate between personal troubles and public issues associated with addiction. It could also have been the result of personal troubles experienced in their lives, which did not create a sociologically imaginative atmosphere. I want to believe that it was because the participants realised that certain public issues, such as misunderstandings and stigmatisations, would never change unless they actively differentiated between their own personal troubles and the context of societal influences. Furthermore, after they adequately made this differentiation, to be socially responsible for what can be understood as a personal trouble and as a public issue in the world of addiction.

6.3 Recommendations

According to Baron (2008), recommendations can be explored in terms of two categories: recommendations suitable for practice or action and recommendations applicable in the realm of future research endeavours. Although the findings of this research study might be applicable for action or practice, it provides recommendations for future studies. Upon considering the genealogical approach utilised throughout the theoretical framework chapter, I realised that the explorative research design of this research study could allow fascinating recommendations.

All the recommendations provided in this section resulted because of what was explored in the data analysis chapter and the previously discussed summary of findings section. Furthermore, the methodological chapter, which was mainly guided by the work of Arthur W. Frank, supported the explorative nature to provide recommendations. Throughout the entire research process, various questions appeared that needed answering; I present these questions as a platform for recommendations.

Why is remission the only “healthy” alternative for people struggling with addiction challenges? In other words, the sociology of remission as a state of health in the addiction career should be investigated. Provided the fluctuating nature of the addiction career (either using or recovering), remission seems to be a temporary drifting pitstop. When you talk to addiction counsellors and therapists, they inevitably admit that relapse is part of the recovery process. Furthermore, the participants of this research study echoed this same narrative. I would encourage further investigation into the social context/s of the remission identity of a person struggling with addiction challenges. On the opposite extreme, I was troubled by another question: Would I be able to identify the sociological imagination in the lived experiences of people who are actively using a particular substance? Thus, would a person struggling with (not recovering from) addiction challenges be able to identify with a narrative of phronesis? This narrative of phronesis was explored in the data analysis chapter to incorporate the sociological imagination as a quality of thought within the lived experiences of people recovering from addiction challenges. Wisdom acquired through practice (phronesis) seems to resonate with the qualities of utilising the sociological imagination. Although it might be a risk to encourage further investigation, I believe that people struggling with addiction challenges should be investigated within the “addiction maintenance phase” and not only in the “recovery phase”. Sociologically exploring the “addiction maintenance phase” promises to be interesting, albeit ethically problematic to study.

A section in the data analysis chapter that discussed and focused on professional and institutional ideals in the realm of addiction evoked a rather demoralising fact; sometimes identities are completely broken down to build a scripted identity to ensure that society will deem the person struggling with addiction challenges as “normal”. Resocialisation, because of institutional and professional ideals, transpires to such an extent that the individual, who is now recovering from addiction challenges, completely disavows his/her previous lifestyle. I believe the problem with this “rescripting of identities process” is that the provided scripts tend to replace the object of addiction as the pivotal and central ideal for ensuring happiness. The

person recovering from addiction challenges embodies the script and assumes it to be their only goal in life, ensuring sobriety becomes the new form of addiction. This is done to conform to rather narrow expectations within society. I would perhaps encourage further investigation into the lived experiences of people living with individuals recovering from addiction challenges. To explore the social contexts of people intimately bearing witness to this newly scripted identity could cast an interesting light on the sustainability of adopting a new identity. Finally, I would encourage further investigation into the lifeworld of addiction counsellors and therapists to understand how they perceive lived addiction experiences, not only in the capacity of being an addiction specialist but also in the capacity of how they depict addiction experiences from the viewpoint of the person struggling with addiction challenges. To conclude, I would encourage therapeutic trajectories to adopt the sociological imagination as a treatment and therapy modality.

6.4 Limitations

The lack of empirical research studies in the realm of sociologically exploring lived addiction experiences was a challenge. When specifically aiming to explore the lived experiences of people recovering from addiction challenges, I found that sources of sociological literature were scarce. This might be because the field of addiction is dominated by mainstream literature of medical and psychological orientations. Provided the sensitive nature of addiction studies, I realised that sociologically inclined literature on addiction seems to direct a lot of its attention toward academic (theoretical) inputs and not practice-orientated outcomes. Once again, this might be because mainstream therapeutic and treatment modalities are dominated by psychological and medical expertise. Furthermore, the sensitivity of the research topic was challenging. I thoroughly understand why the ethics of addiction studies should be strict and rigorous. However, I also think that institutional protection, to such an extent, might contribute to the stigmatising atmosphere associated with addiction.

Another limitation, or challenge, that could be identified was within the methodological underpinning of the research study. The narrative-inquiry approach was sufficient because I could somehow capture the lived experiences of the research participants in a controlled environment. It also allowed me the opportunity to understand and consider the person behind the narrative. Although it might be time-consuming, I would perhaps consider an ethnographical approach incorporated with a narrative-inquiry approach. Finally, the national social distancing rules and regulations adopted because of the COVID-19 pandemic created some delays in the fieldwork of the research study as the method of capturing raw data from

the participants (face-to-face interviews) had to be reconsidered. However, I was still able to obtain data from the participants to construct narratives based on their lived addiction experiences (the face-to-face interview changed to a telephonic interview).

6.5 Personal Reflectivity

Mortari (2015) believes that reflection is a crucial cognitive activity that should be anticipated both in professional and private spheres of life. Reflection should always remain within the bounds of mindfulness. Arendt (1978:207) adds the phrase “nunc stans”, a Latin expression loosely interpreted as “standing in the now”. To accurately reflect on past and present experiences, the researcher must assume a stance of introspection while “standing in the now”. My decision to pursue this specific research topic was motivated and driven because of several contributing factors. Firstly, I experienced a severe lack of sociological interpretations present in the world of addiction today. Prior to the commencement of this research study, I was constantly troubled by how people struggling with addiction challenges are treated within society. Condemnation appeared to be a normal response when the topic of addiction is raised in conversations. I was fascinated by how people tend to label and condemn a phenomenon they do not necessarily understand in all its complexities. On the one side of the spectrum, I understand why people generally tend to stigmatise addiction; if people do not completely understand something, they tend to become hostile or fearful. On the other side of the spectrum, this fearful and hostile way of treating addiction is toxic not only for addiction studies and treatment but mostly for the person struggling with or recovering from addiction challenges. This journey has been a magnificent experience. On a personal front, I was constantly self-reflecting and allowed the research to become part of my lifeworld. I am extremely grateful for the participants who took part in this research study. Their stories and life experiences, rooted in extreme self-reflection and self-discovery, made me understand that hardships and challenges are often necessary and functional. I have a lot of respect for the transformative people they are. Furthermore, I realised that any person’s pain, journey, and victory, can be understood or comprehended if adequate empathy is applied when constructing a narrative. Gair (2012:141) believes that it might be “advantageous to facilitate research students’ capacity to imagine and empathise through deep listening, no matter what the students’ own experiences are, to enrich their research experiences and their representation of participants’ stories.” Remaining professional within the bounds of research while empathically allowing a story to breathe makes all the difference in the world.

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APPENDIX A: LETTER OF APPROVAL FROM REHABILITATION CENTRE

SANCA AURORA

**ALKOHOL EN DWELMSENTRUM
ALCOHOL AND DRUG CENTRE
BLOEMFONTEIN**



✉ Posbus 2097
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Bloemfontein
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☎ (051) 4474111 / 4477271/5
Faks (051) 4474225
Email: aurorasentrum@xsinet.co.za
Website: www.auroracentre.co.za

27 June 2019

TO WHOM IT MAY CONCERN

**APPLICATION TO CONDUCT RESEARCH AT THE AURORA ALCOHOL AND
DRUG CENTRE: MR. JANO COETZEE**

Your application dated 2 May 2019 has reference.

The Management Board of the Aurora Centre has granted permission for you to conduct research under the proposed title "Exploring addiction experiences through a sociological lens" at the Aurora Centre. The approval is subject to you obtaining ethical clearance before you can commence.

You are requested to adhere to the conditions set out in your proposal. Kindly note that the research can be terminated if any of the conditions are violated. You are requested to acknowledge the Aurora Centre in the final report and to provide the Centre with the research findings on completion of the project.

We wish you the best with your studies

Yours faithfully


G.H.J. Kruger
DIRECTOR

**APPENDIX B: ETHICAL CLEARANCE LETTER FROM GENERAL HUMAN
RESEARCH ETHICS COMMITTEE (GHREC)**



GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

06-Nov-2019

Dear Mr Coetzee, Jano J

Application Approved

Research Project Title:

Exploring addiction experiences through a sociological lens

Ethical Clearance number:

UFS-HSD2019/0414

We are pleased to inform you that your application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. We request that any changes that may take place during the course of your study/research project be submitted to the ethics office to ensure ethical transparency. Furthermore, you are requested to submit the final report of your study/research project to the ethics office. Should you require more time to complete this research, please apply for an extension. Thank you for submitting your proposal for ethical clearance; we wish you the best of luck and success with your research.

Yours sincerely

Prof Derek Litthauer

Chairperson: General/Human Research Ethics Committee

Digitally signed

by Derek

Litthauer

Date: 2019.11.06

21:57:31 +02'00'

A handwritten signature in black ink, appearing to read 'D Litthauer', is positioned to the left of the typed name.

205 Nelson Mandela
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**APPENDIX C: AMENDMENT REPORT APPROVAL LETTER FROM GENERAL
HUMAN RESEARCH ETHICS COMMITTEE (GHREC)**



GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

19-May-2020

Dear Mr Coetzee, Jano J

Amendment Approved

Research Project Title:

Exploring addiction experiences through a sociological lens

Ethical Clearance number:

UFS-HSD2019/0414

We are pleased to inform you that your amendment application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. you are requested to submit the final report of your study/research project to the ethics office. Should you require more time to complete this research, please apply for an extension. Thank you for notifying the ethics committee of the changes/amendments that have been made to your study; we wish you the best of luck and success with your research.

Yours sincerely

Prof Derek Litthauer

Chairperson: General/Human Research Ethics Committee

Digitally signed
by Derek
Litthauer
Date: 2020.05.19
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APPENDIX D: INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

DATE

/ / 2020

TITLE OF THE RESEARCH PROJECT

Exploring addiction experiences through a sociological lens

PRINCIPLE INVESTIGATOR / RESEARCHER(S) NAME(S) AND CONTACT NUMBER(S):

Jano Coetzee

2012021719

+27 (81) 039-0777

FACULTY AND DEPARTMENT:

Name of Faculty: Humanities

Name of Department: Sociology

STUDYLEADER(S) NAME AND CONTACT NUMBER:

Dr. Katinka de Wet

+27 (51) 401-2918

Because the choice of methodology for this particular study focusses on narratives, the questions asked throughout the interview sessions will aim to encourage a form of storytelling from that of the participant. I, the researcher, will thus only provide facilitation in the process of storytelling, allowing the participant to properly bring his/her story across. The questions asked will therefore only guide the process of storytelling as told by the person struggling with addiction challenges himself/herself. The interview schedule will contain an introduction, body, and closing. Prior to the introduction, the expectations and responsibilities of both the participant and researcher will be discussed, as well as the general procedures of how the interview sessions will commence. Within the introduction the purpose, motivation, and timeline of the interview will be discussed. The introduction will also highlight the demographic aspects of the participant. The body will be approached with a thematic underpinning, incorporating the research objectives into the questions being asked in a subtle manner. Each research objective will thus form part of a separate theme within the body. Within the closing section of the interview, a general summary will be made on the main points discussed and any action required to be taken by the participant will be highlighted.

1. Introduction

1.1 Good day sir/mam, my name is Jano Coetzee and I am currently doing my Master of Social Science with specialisation in Sociology degree at the University of the Free State. Before we get started, I would just like to thank you for your time and willingness to participate in this research project.

1.2 I would like to ask you a series of questions surrounding your lived experiences, story and truth of addiction. **(Purpose)**

1.3 I hope to use this information to analyse the sociological significance within your story so that the general scope of how addiction can be understood can ultimately expand. **(Motivation)**

1.4 This interview session will take about an hour/ hour and a half whereby another interview session will have to be scheduled afterwards. The second interview session will also take about an hour/ hour and a half. **(Time Line)**

1.5 Let me begin by asking you some questions about where you live and your family.

1.5.1 In what town do you currently live and where did you grow up?

1.5.2.1 Did you have a small or a large family growing up?

1.5.2.2 Do you have a small or a large family now?

1.5.3 Please describe your relationship with your family of origin and your family now.

1.6 How old are you and what do you currently do for a living?

1.6.1 Please tell me more about your current work environment.

1.6.1.1 What was your previous work environments like?

1.6.2 Please describe your relationship with your co-workers/ supervisor/ line manager/ boss.

1.6.3 How do you think your job gives you a sense of fulfilment?

1.6.4 What is your ideal idea of work and how does it compare to your current work situation?

2. Body

Embodiment of addiction

2.1 Can you tell me about your very first encounter with substance usage?

2.1.1 Can you tell me about how it made you feel?

2.1.2 Can you tell me about the moment you realised the using might be problematic and how did that make you feel?

2.1.2.1 Did you seek help from someone? Elaborate.

2.1.2.2 Did you feel judged in any way? Elaborate.

2.1.2.3 Did you have any support structures? Elaborate.

2.1.3 Can you tell me what you understand under the concept “addiction”?

Public Issues and Addiction

2.2 What factors do you think play a role in becoming a person struggling with addiction challenges?

2.2.1 How do you think the government has a responsibility towards addiction?

2.2.2 How do you think willpower has anything to do with addiction?

2.2.3 Can you tell me how you understand the importance of your environment/ context and addiction?

Relationship between “self” and object of addiction

2.3 Can you explain to me how your choice of substance made you feel?

2.3.1 Do you think anyone understood the relationship you had with your choice of substance? Elaborate.

2.3.2 How important was it for you to use your choice of substance?

2.3.3 Would you say your relationship with your choice of substance was social or personal? Elaborate.

Addiction subculture and community

2.4 Was using a substance something that you did with other people – to feel a sense of belonging and togetherness/ a shared experience, or was it something that you did on your own, a private affair? Was this always the case?

2.4.1 How did you associate yourself with people you knew were using at that time?

2.4.2 Can you tell me in what circles did you feel more comfortable? The people who you knew were using or the people not using?

2.4.3 In what circles did you experience a stronger sense of belonging? Users or non-users? Elaborate.

3. Closing

3.1 Thank you once again for your time and willingness to share your personal account of addiction experiences with me, I truly do appreciate it. As previously discussed prior to the interview session, and as pointed out in the informed consent form, we will have to schedule another interview session to review some of your answers, to provide time for me to ask more questions or to clarify issues that I might not have grasped completely. (This will be omitted from the second interview session as only two sessions per participant will be sufficient.)

3.2 Please feel free to contact me on +27 (81) 039-077 or janocoetzee7@gmail.com if there are any further questions surrounding the interview sessions as well as any other general questions surrounding the research study.

APPENDIX E: RESEARCH STUDY INFORMATION LEAFLET AND CONSENT FORM

RESEARCH STUDY INFORMATION LEAFLET AND CONSENT FORM

DATE

/ / 2020

TITLE OF THE RESEARCH PROJECT

Exploring addiction experiences through a sociological lens

PRINCIPLE INVESTIGATOR / RESEARCHER(S) NAME(S) AND CONTACT NUMBER(S):

Jano Coetzee

2012021719

+27 (81) 039-0777

FACULTY AND DEPARTMENT:

Name of Faculty: Humanities

Name of Department: Sociology

STUDYLEADER(S) NAME AND CONTACT NUMBER:

Dr Katinka de Wet

+27 (51) 401-2918

WHAT IS THE AIM / PURPOSE OF THE STUDY?

Understanding the stories of people recovering from addiction challenges through a sociological lens will not only broaden the general scope of how addiction can be understood, but it will also allow people to realise the importance of social factors involved in addiction. This can assist people to understand addiction better, allowing the lay community to foster a sense of empathy towards the complexities associated with addiction.

WHO IS DOING THE RESEARCH?

The research will be conducted by the principal investigator, Jano Coetzee, a full time post graduate student currently doing a Master of Social Science with specialisation in Sociology degree at the University of the Free State. The reason why this study is being conducted is because mainstream perspectives on addiction tend to focus on individualised factors and often neglect the importance of how sociology can contribute in the field of addiction.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received approval from the Research Ethics Committee of UFS. A copy of the approval letter can be obtained from the researcher.

Approval number: UFS – HSD2019/0414

WHY ARE YOU INVITED TO TAKE PART IN THIS RESEARCH PROJECT?

You were selected because of your willingness to share your lived experience of addiction. I am interested in your story of addiction and would like to hear, in particular, of how external factors contributed to why addiction became a challenge in your life. This is a sociological approach which puts emphasis not only on individual causes of addiction, but the situation in which addiction takes place. Understanding the stories of individuals with first-hand experience will allow for a more realistic explanation of the many and complex reasons behind addiction challenges. My contact details were therefore shared at support group meetings whereby you indicated your interest to potentially participate in this study. The main reason for selecting participants from support group meetings is because this is an area where people recovering from addiction challenges have already acknowledged and disclosed their willingness to deal with, and maintain the recovery of addiction related problems. I will try to interview approximately six to ten people recovering from addiction challenges from support group meetings. These interview sessions will be conducted in English.

WHAT IS THE NATURE OF PARTICIPATION IN THIS STUDY?

The research entails analysing the narratives (stories) of people recovering from addiction challenges, like yourself, to understand your addiction experiences by framing these experiences within a wider sociological understanding, in other words to focus on wider contextual, social issues that are at stake in the process of addiction. Open-ended and loosely structured interviews will be used to capture these experiences of people recovering from addiction challenges in the format of narratives (stories). The type of questions which will be asked will be focused on exploring the lived experiences as told by you, the person recovering from addiction challenges himself/herself. All the participants will be asked to be available for at least two interview sessions which will consist of approximately one to one-and-a-half hour each. Within these interview sessions I will ask a series of questions upon which you will have to reflect on although you are welcome to refrain from any specific questions that might make you feel uncomfortable without any form of sanction or penalty. These interview sessions will be audio-recorded with your consent.

CAN THE PARTICIPANT WITHDRAW FROM THE STUDY?

It is up to you, the participant, to decide whether or not to take part in the study. You do not have to take part if you do not want to. If you do decide to take part I, the researcher, will ask you to sign a consent form which you can sign and return in advance of the interview meeting or sign at the meeting. You can still withdraw at any point of the study, without having to give a reason. If any questions during the interview make you feel uncomfortable, you do not have to answer them and you can withdraw from the interview at any time for any reason. Withdrawing from the study will have no effect on you. If you withdraw from the study I, the researcher, will not retain the information you have given thus far, unless you are happy for me to do so.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

Your participation will involve a confidential, in-depth, one-on-one interview with me, whereby the interview/discussion will focus on your experiences of addiction. Your account of addiction experiences

will then be used for the purposes of compiling a narrative (story) which will then be interpreted and contextualised through a sociological lens (by focusing on contextual issues related to addiction more than individual, psychological ones). The idea is to gain insights into the sociological outlook of addiction so that a general sense of empathy can be fostered seeing that addiction is often judged in terms of personal deficiencies and blame. A sociological approach therefore has the potential to diminish the stigma and blame too often associated with addiction. The participant's involvement will be kept confidential throughout the entire study and the recordings and transcriptions thereof will only be seen by me and my supervisor of the study project. Both the participants and the professionals of the SANCA Aurora Alcohol and Drug Centre will be provided the opportunity to access and discuss the findings of my completed dissertation. The findings of the completed dissertation might assist in helpful discoveries for both the professionals and the involved participants.

WHAT IS THE ANTICIPATED INCONVENIENCE OF TAKING PART IN THIS STUDY?

There is the possibility that recalling narratives of a sensitive nature can be problematic and traumatic, for this very reason, you, the participant, are encouraged and allowed to skip any questions asked which can provoke feelings that you feel uncomfortable with throughout the interview sessions. If you feel in any way that you need help, I will refer you to the people involved at the support groups as they are qualified to assist you to deal with trauma as I am not qualified to deal with trauma. The director of the SANCA Aurora Alcohol and Drug Centre, Mr. Kruger, can be contacted at director@auroracentre.co.za or at (051) 447-7271.

WILL WHAT I SAY BE KEPT CONFIDENTIAL?

The records from this study will be kept confidential at all times. Only I, the researcher, and my supervisor will have access to the files and any recordings. Your data will be anonymised – your name will not be used in any reports or publications resulting from the study. All digital files, transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants. Any hard copies of research information will be kept in locked files at all times. The idea of the study is not so much focused on the identity of the individual but rather the story behind the individual. For this very reason, the identities of any willing participant will be kept anonymised throughout the study. The study's findings will be interpreted in such a manner that the stories are highlighted as the main subject matter and not the individual. The findings will also just be dealt with amongst the researcher and supervisor, Dr. Katinka de Wet. Your name will not be recorded anywhere and no one will be able to connect you to the answers you give. Your answers will be given a fictitious code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report. I will consult with the support group professionals as to the manner in which to deal with sensitive details, such as crime-related activities, that the research might encounter. Any divulging of criminal offenses that might have to be reported to the support group professionals will be done, as it might compel me to act on such testimony. (For example; the law compels me to report any form of sexual abuse of minors, if I hear of it, to the police.)

HOW WILL THE INFORMATION BE STORED AND ULTIMATELY DESTROYED?

Hard copies of your answers will be stored by the researcher for a period of five years in a locked cupboard/filing cabinet, in the office of the supervisor at the University of the Free State; electronic

information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. After five years of storage, the hard copies of your answers will be incinerated.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

No, you as the participant will not receive any payment or incentive for this particular study. Your involvement in the study will however contribute significantly towards understanding addiction experiences from a broader, sociological lens, allowing the general scope of addiction understandings to expand.

HOW WILL THE PARTICIPANT BE INFORMED OF THE FINDINGS / RESULTS OF THE STUDY?

If you would like to be informed of the final research findings, please contact Jano Coetzee on +27 (81) 039-0777 or janocoetzee7@gmail.com and I will gladly send you a copy of my final Master's dissertation. Should you require any further information or want to contact the researcher about any aspect of this study, please contact Jano Coetzee on +27 (81) 039-0777 or janocoetzee7@gmail.com. Should you have concerns about the way in which the research has been conducted, you may contact Dr. Katinka de Wet on +27 (51) 401-2918 or dewetk@ufs.ac.za. You are also welcome to contact our University's ethics officer, Ms. Charné Vercueil at vercueilc@ufs.ac.za/ +27 (51) 401-7083

Thank you for taking time to read this information sheet and for participating in this study.

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study. I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable). I am aware that the findings of this study will be anonymously processed into a research report, journal publications and/or conference proceedings.

I agree to the audio-recording of the *interview sessions between me and the researcher*.

I have received a signed copy of the informed consent agreement.

Full Name of Participant: _____

Signature of Participant: _____ Date: _____

Full Name(s) of Researcher(s): _____

Signature of Researcher: _____ Date: _____

Please encircle yes or no in the table below; depending on the provided statement.

<p>PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY. I agree to taking part in the study</p>	<p>YES / NO</p>
<p>I understand that I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty. My decision whether or not to participate in this research study will have no negative impacts on me either personally or professionally.</p>	<p>YES / NO</p>
<p>I confirm that I have read and understood the information sheet provided for the above study. I have had the opportunity to consider the information and ask any questions I have.</p>	<p>YES / NO</p>
<p>I understand that my data will be anonymised whereby the narratives will be used for research purposes only.</p>	<p>YES / NO</p>
<p>I agree to the interview being audio recorded.</p>	<p>YES / NO</p>
<p>I have received a signed copy of the informed consent agreement.</p>	<p>YES / NO</p>