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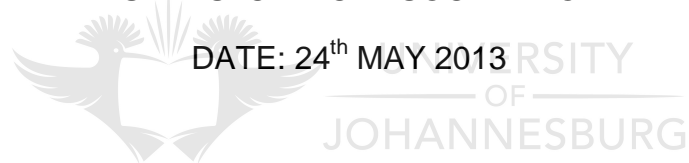
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TOPIC:

***THE ECOLOGICAL PHENOMENON OF DENIAL WITHIN CHEMICAL  
DEPENDENCE***

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## **ABSTRACT**

Chemical dependence has a negative impact on a family's ability to maintain a healthy level of functioning and stability. The ecological system's framework emphasises the significance of a system's ability to manage and cope with the negative impacts of chemical dependence. Family systems in the face of chemical dependency, engage in various coping strategies in order to manage the impact of stress caused. One way in which the system is able to manage this stress is through the phenomenon of denial. Denial from an ecological system's perspective is considered a defense mechanism, which is utilised in order to defend from the painful and disturbing realities. The use of denial on a continuous level however, is considered maladaptive and as a result, the family system is no longer able to maintain an optimal level of functioning.

Denial within chemical dependence treatment is a common obstacle that professionals are faced with. The motivation for this research was based on the inconsistency of the understanding of denial within chemical dependence treatment. Therefore, the research aimed to create a descriptive framework of the phenomenon of denial with chemical dependence to better understand the phenomenon, so as to better manage the obstacles such phenomenon presents within treatment settings. The assumption was that denial is the result of a transactional dynamic across system levels, specifically within the micro system between the individual and family members.

The researcher engaged in an in-depth literature review encompassing the topics of denial, the ecological system's perspective, and chemical dependence, in order to acquire all the relevant knowledge for the study.

The method of research was qualitative in nature in order to explore the phenomenon of denial as understood from the stories of individuals recovering from chemical dependence and a respective family member. The researcher conducted interviews with six pairs of participants, one recovering participant and one respective family member. The analysis of the research findings was guided by a

thorough step-by step analytical process. The interviews were transcribed, common themes were identified, coded and then further categorised.

The researcher then identified the categories of denial behaviours, underlying needs and the break in denial. As a result of the findings, the researcher developed a model called the Progression of denial. This model depicted the four levels of denial in which the various denial behaviours and underlying needs are presented within each system level.

First order denial developed on an individual level. This level of denial and the behaviours presented were applicable to the individual engaging in chemical dependency. The second order denial was assigned within the micro system, the immediate family of the chemically-dependent individual. This order of denial was characterised by transactional dynamics between the individual and family members, both exhibiting denial behaviours in order to satisfy their individual needs as well as the system's attempt to maintain functioning and not confront the realities of the extent of the impact of the chemical dependence.

The third order denial was assigned to the meso-system and was understood as the immediate community of the family system. The family system, in response to the chemical dependency, engaged in denial behaviours in fear of the chemical dependence being exposed and no longer kept a secret.

Fourth order denial was then the break in denial, in which the individuals no longer denied that they had a problem and as a result the need for denial behaviours was no longer needed. The chemical dependence was confronted and participants reported a period of six months in which their lives were chaotic before they went for treatment.

The value of this research is to assist professionals in managing the evident denial that is so commonly associated with chemical dependency; for professionals to gain the criteria required to assess the level of denial at which an individual is struggling with chemical dependence; and whether intervention is needed in more than one system level. In addition the research aims to assist professionals in being able to

identify the various denial behaviours that are most prevalent within each system level. Intervention can then possibly be directed at the most appropriate system level in which the professionals are able to assist with identifying the systems maladaptive methods of coping and subsequently direct the systems development towards more constructive adaptive methods. .

The research was conducted within a small sample population and was therefore a specific representation of the six pairs of participants who took part in the research. Ongoing research needs to be conducted to further establish the findings.



## **CHAPTER ONE**

### **1.1 INTRODUCTION**

An individual is a member of a system. One of the most recognised systems is that of the family (Howard, Heston, Key, McCrory, McDonald, Smith, Hedrick 2010). A system is dynamic and constantly moves towards change in the effort to satisfy its needs in order for the system to function at its optimal level and maintain balance (Potgieter, 2004). The family system is made up of individual members who interact in order to maintain functioning and stability as a whole.

Chemical dependence within the family system creates stress and impacts on the family's ability to satisfy and fulfil their needs (Van Wormer, 1995). As a result, the system aims to adapt to the stress and limit the impact. The distress and tension as a result of the chemical dependence can lead to a lack of cohesiveness within the family system. The family begins to compensate to alleviate the stress in order to restore stability and balance. In an attempt to regain this balance and reduce the negative impact of the chemical dependence, the family utilise their own coping styles and resources (Acidiacono, Velleman & Procentese, 2010). One way in which the family tries to regain a sense of homeostasis in the build up towards chemical dependency is through the phenomenon of denial (Howard, Heston, Key, McCrory, McDonald, Smith & Hendrick, 2010).

Denial has been identified as a healthy way to adapt to distress and negative situations. (Johnson, 2004). This phenomenon can be considered resilient and helpful in the management of difficult situations as it aims to protect individuals from the possible harsh realities that they face. Denial enables the individuals and / or family to continue functioning in an adaptable manner without fragmenting or losing equilibrium (Ortega & Algeria, 2005). However, it has been considered dysfunctional when associated with chemical dependence (Johnson, 2004). Denial within chemical dependency is not considered a "primary dynamic" (Denning, 2010, p. 167), which indicates that the phenomenon of denial is more a result of the transactions and dynamics of the family system. Therefore, in order to better understand the

phenomenon of denial within a family affected by chemical dependence, the ecological system's framework helps create a clearer and more dynamic view of the transactions presented.

The ecological system's framework concerns lie within the relationships in a system and views them as interactionist. It emphasises the system's ability to adapt and change when confronted with stress, such as chemical dependence. The system engages in an active process of self-change in order to regain equilibrium and stability - a process identified as adaptation (Van Wormer, 1995). The adaptation of a system can be considered functional or dysfunctional, in which functional adaptation can be considered in a positive manner and effectively can alleviate the system's stress. Dysfunctional adaptation can be identified as impacting negatively and maintain stress within the system (Van Wormer, 1995).

The ecological framework considers denial within chemical dependence as a complex multifaceted problem in functioning and that adaptation and change can only occur if the denial is understood on various ecological levels (Schafer, 2011; Compton, Galaway & Cournoyer, 2005). Chemical dependence is the recurrent use of drugs or alcohol, irrespective of the overt negative consequences and impairments it may elicit (Dare & Derigne, 2010). It becomes a way of life and defines relationships with the people with whom the chemically-dependent individual interacts. Denial within chemical dependence is supported by behaviours not only of the individual but the family members themselves, in order to protect them from the reality of the stress it presents (Johnson, 2004).

Denial has been considered one of the core elements within the field of chemical dependency and a determinant of treatment success (Ortega & Algeria, 2005, Dare & Derigne, 2010, Galanter & Kleber, 2011). Despite the importance placed on denial within chemical dependence, an ecological concept of this phenomenon is still considered in its infancy and poorly conceptualised. Subsequently this poses as a difficulty to Social workers working within a clinical setting as minimal work is done with the family and instead the focus remains on an individual level. This inconsistency is possibly a result of a lack of adequate knowledge about the

systemic nature of denial within chemical dependence and the unfamiliarity with the manifestation of denial across system levels (Hanson & Gutheil 2004; Wu & Witkiewitz, 2008).

## **1.2. MOTIVATION FOR THE STUDY**

The motivation for this study was to develop a thorough understanding of the dynamic nature of denial as an ecologically relevant maintenance concept which will assist social workers in selecting more effective ways to intervene with individual and family systems characterised by denial due to chemical dependency.

Denial has been considered a phenomenon that manifests within the family and therefore treatment of just the individual in terms of confronting the denial can be problematic and fruitless, as families in denial can possibly sabotage the success of treatment intervention (Levinthal, 2005). Therefore this study aims to describe denial as a transaction within family dynamics and treatment and confrontation of denial needs to be considered for all members, not just the dependent individual.



## **1.3 PROBLEM STATEMENT AND RESEARCH QUESTION**

The phenomenon of denial within chemical dependence, as understood from an ecological perspective, is possibly still limited. Therefore this research aimed to address the following research questions:

How is the phenomenon of denial within chemical dependence depicted from an ecological perspective?

What are the transactional behaviour patterns observed between the individual and the family members that are considered as denial within chemical dependence?

## **1.4 GOALS AND OBJECTIVES**

The goal of this study was to identify and describe the possible transactional elements of denial that are enabled and maintained within the system's transactions and provide an indication of where and how to intervene in order to help systems

orientate towards adaptive change and increase the potential of the system's functioning (Peterson, Nisenholz & Robinson, 2003; Compton, et al, 2005).

The objectives of this research:

- To identify transactional elements associated with the concept of denial within chemical dependency on an individual and at a family level, through an in-depth literature review.
- To develop a descriptive ecological framework of denial within the family dynamic systems context from the analyzed data.

### **1.5 OVERVIEW OF RESEARCH METHODOLOGY**

This study sought to qualitatively describe the ecological phenomenon of denial within chemical dependency from data collected through semi structured interviews (De Vos, Strydom, Fouche & Delpont, 2011; Crabtree & Miller, 1999). The research was qualitative in nature and was guided by a narrative style, which as described by Crabtree & Miller (1999, p. 223) "stresses the lived experiences of individuals" and aims at understanding the individuals perspective and social realities. The research design was informed by the phenomenological design which aims to gain individuals perceptive on a particular experience.

### **1.6 POPULATION AND SAMPLING**

The population selected for this research comprised of individuals in chemical dependency recovery for a minimum of a year and a family member. The criteria of the population for participation were as follows:

- The individual family member was previously chemically dependent.
- The individual has recovered and participated in either an inpatient programme or AA / NA groups.
- The family members themselves also participated in some form of recovery through either CoDA meetings or by attending AA / NA meetings.

The reason the researcher selected these individuals was that they were previously in recovery and assumed to have gained a level of insight about chemical dependency and were thus better able to reflect on their past experiences of denial.



The sampling method was purposive and the participants were purposively selected, based on the previously mentioned criteria (De Vos, et al, 2011).

Twelve participants took part in the study - six were recovering participants and six were respective family members. This was determined through the process of saturation in which the information and themes identified became repetitive.

## **1.7 COLLECTION AND ANALYSIS**

A qualitative semi structured interview was used in order to “investigate the experiences and perspectives” of each participant and their families (Harwick & Worsely, 2011). A semi structured interview is comprised of a number of questions which are defined according to De Vos, et al, (2011, p. 348) as “those organised around the areas of particular interest, while still allowing considerable flexibility in scope and depth.” The interview was guided by a narrative design, in which the questions in the interview aimed to prompt the participants to describe their world view from their own experiences and understandings through the guidance of the questions. Therefore, as stated by Schwarndt, cited in De Vos, et al, (2011, p. 313), “the focus is on individual subjective definition and experience of life.” The researcher had an interview schedule drawn up with a number of predetermined questions, which still provided enough room for the participants to share their stories as the schedule was merely a guide (De Vos, et al, 2011).

The interview was done with both the individual and respective family member together as the dynamics and transactions were significant to the ecological framework that underpinned the study.

Their answers were recorded and then transcribed for analysis. The researcher followed a thorough step-by-step analytical process in which the answers of the participant were “treated as a type of text” (Crabtree & Miller, 1999, p. 228). Firstly, the researcher “entered the text” in order to identify themes and categories that were pertinent to the research question. Secondly, the researcher began the process of “sense making,” which helped develop the connections within the data through critical reflection. This was done by highlighting the relevant recurring themes, coding the themes and combining them to create categories. Thirdly, the data

collected was verified with the literature utilised in the research in order to achieve consistency. Finally, the data was presented as a descriptive framework based on ecological system's theory (Crabtree & Miller, 1999).

## **1.8 ANTICIPATED LIMITATIONS**

Within this research the anticipated limitations were:

- Not being able to interview a sufficient number of families.
- That the concept can be too broad and would not retrieve all the information needed / not be able to sift through all the information in order to formulate a significant finding.

## **1.9 DEFINITION OF CONCEPTS**

The following concepts are relevant to understand this study:

### **1.9.1 Chemical dependence:**

According to Johnson (2004, p.10), chemical dependence is described as the "recurrent use that results in physiological and psychosocial need for drugs". Chemical dependence is associated with severe negative life consequences in which the individual shows signs of psychological, behavioural, psychological and social relationship problems. Chemical dependence encompasses both drugs and alcohol.

### **1.9.2 Denial:**

Denial is defined as the "defence against the threat of reality or the refusal to admit the existence of the reality" (Edwards, Marshall & Cook, 1997). Denial has also been defined as a defence mechanism "which helps protects individuals from the awareness of a difficult problem, stress or anxiety" (Johnson, 2004).

### **1.9.3 Ecological systems framework:**

There is no set definition for an ecological system's framework, however it is described as a concept that "informs us about the nature of the person-environment interrelatedness and the person-situation transactions" (Compton & Galaway, 2010, p.123). An ecological system's framework "attempts to depict phenomena in their connectedness and complexity" (Sloboda & Bukaski, 2006, p. 39). The framework

emphasises the focus on the individual as understood through the complex interrelated transactions and dynamics of the system in which the individual is a part. Other concepts that are important to understand in relation to this framework are:

1.9.3.1. System: A system is defined as a set of individual elements that work together in order to make a whole. A social system is primarily made up of people, i.e. family system (Kirst-Ashman, 2003).

1.9.3.2. Homeostasis: Is the dynamic process in which a system is able to reorganise itself and continue towards change and growth. A system strives for homeostasis and balance (Potgieter, 2004).

1.9.3.3. Boundaries: A boundary is defined by Compton & Galaway (2010, p. 127) as “a closed circle around selected variables, where there is less interchange of energy or communication across the circle than there is in the circle”. Each system is unique with its set of open, semi- permeable or closed boundaries. These boundaries allow for the input or output of energy, and communication in order for the system to meet its needs and enable it to grow.

1.9.3.4. Stressors: Tension or stress is understood as a factor that disturbs a system’s functioning. A stressor is considered neither good nor bad, but rather a vital part of what any system is confronted with. However, a system can only respond to the stressor based on the system’s frame of reference, past experience and can either be seen as destructive or constructive (Potgieter, 2004).

1.9.3.5. Coping: It is “conceived as a dynamic process of constantly changing cognitive, behavioural efforts to manage the specific internal and or external demands that are appraised as taxing or exceeding ones resources” (Carlson, 1997, p. 292).

1.9.3.6. Adaptation: This is defined as “an active process of self-change or environmental change,” (Van Wormer, 1995) in order to maintain a level of functioning and fulfilment of needs. This adaptation process is transactional in that the system’s elements engage in behaviours between one another, to engage in a

method of coping so as to reduce the impact of the stress. These adaptation methods can either alleviate or exacerbate the presenting stressors, (Van Wormer, 1995).

#### **1.9.4. Support Groups and treatment**

The following support groups or organisations are significant in the support and treatment of individuals and families confronted with chemical dependence. Within the study the participants and their respective family member had to have previously sought help from a support group or organisation that provided assistance in managing their chemical dependence.

These organizations are listed and defined below:

1.9.4.1. AA (Alcoholics Anonymous): AA is an acronym for Alcoholics Anonymous, an international fellowship of men and women who have a drinking problem. The AA groups allow for these men and women to hold in common the need to stop drinking alcohol (AA, 2012).

1.9.4.2. NA (Narcotics Anonymous): NA is the acronym for Narcotics Anonymous, a community-based organisation for men and women who have a problem with drug addiction and seek to have a drug free lifestyle (NA, 2012).

#### 1.9.4.3. CoDA (Co-dependents Anonymous)

CoDA is an acronym for Co-dependents Anonymous. This is a group of people who express the need to develop healthier relationships and exhibit behaviours that are considered to be co-dependent and impact on the development of these healthy relationships (CoDA, 2012).

#### 1.9.4.4. Inpatient drug rehabilitation treatment

Inpatient drug rehabilitation treatment is when individuals suffering from chemical dependence reside in a facility for an allocated period of time in order to receive treatment directed at addressing their chemical dependence (Kayne, 2012).

## **1.10. CONTENT OF CHAPTERS**

### ❖ Chapter 1 – Introduction

This chapter introduces the study and its rationale.

### ❖ Chapter 2 - Literature Review

- This chapter covers the ecological system's theory;
- discusses the concept of family systems;
- defines and describes chemical dependency; and
- covers the concept and behaviours of denial in detail.

### ❖ Chapter 3 – Research Methodology

- This chapter explores the qualitative methodology assigned to the research;
- highlights the research process; and
- Describes the step by step analytical procedure used in details, in the order to analysis the findings of the research.

### ❖ Chapter 4 - Data analysis, presentation and interpretation

An analysis of data gathered from the semi structured interviews of client system will be represented in this chapter.

- Within this Chapter, 13 themes are discussed ;
- these themes are divided into the categories, denial behaviours, needs and break in denial;
- these categories were developed into a progression of denial model and further discussed in context of chemical dependency and the ecological systems framework;

### ❖ Chapter 5 - Conclusions and recommendations.

- This chapter concludes the research and provides insights into the strengths and limitations of the study;
- provides further recommendations for research on this study; and

- based on the research findings, provides treatment recommendations.

### **1.11. CONCLUSION**

Chapter 1 outlined the research process and provided a brief introduction to the topic of denial and chemical dependency. The ecological system's perspective was described and highlighted as the core theoretical framework guiding the research. The goals and objectives of the chapter were described. The research procedure was outlined in order to encompass the procedure that the researcher followed in her study. Concepts relevant to the study were defined and described and are further discussed in more detail in Chapter 2. The preceding chapters were then briefly discussed in order to provide an overview of the chapters within the research paper.



**CHAPTER TWO**  
**LITERATURE REVIEW**

*“If we concentrate our studies on practice with individuals, we neglect the broader social context; if we concentrate on the social we may forget the person”*  
*(Compton, Galaway & Cournoyer, 2005, p. 9)*

**2. INTRODUCTION**

The use of literature and theory within the research procedure assisted the researcher in gathering relevant data on the topics of denial, chemical dependence and the ecological systems framework. This body of information served as the grounding of the research and provided various assumptions on the topic being researched.

The purpose was to inform the researcher of as much knowledge on the topic in order for her to be able to identify subsequent gaps in the literature. These gaps allowed the researcher to possibly fulfil a need within the literature and within current research on denial within chemical dependence.

The researcher gathered extensive literature on the various topics at hand and the aim for the researcher was to be able to link the literature in a manner that helped explain the some aspect of denial in chemical dependence.

The literature gathered below offers data on the ecological systems framework which offered the researcher the theoretical framework in which to work from; chemical dependency and its definition; as well as the phenomena of denial in relation to both chemical dependence and the ecological systems framework.

(De Vos, et al, 2011).

## **2.1 ECOLOGICAL SYSTEM'S FRAMEWORK (ESF)**

The ecological system's framework offers a perspective that emphasises the interactions and transactions that take place between the individual and his/her environment as opposed to looking at each in isolation. This perspective helps provide perspective on the transactions that the individual engages in on the various systems' levels, as well as the reciprocal dynamics of the environment (Kondrat & Teater, 2009; Greene, 2004). These systems are comprised of subsystems, all of which are dynamic, living and constantly moving towards change in order to fulfil the needs of all members (Potgieter, 2004). A system is described as a "set of dynamics that are orderly and interrelated to make a function whole" (Kirst-Ashman, 2003, p.17). These subsystems which make up the whole system cannot be understood in isolation but rather in context of their environment. Therefore understanding the behaviours of an individual cannot be done without seeing the dynamic and relationship they have with their environment (Potgieter, 2004).

All systems work towards maintaining stability and a state of equilibrium in which the system has a sense of control over the dynamics and the fulfilment of needs (Potgieter, 2004, p. 8). The individual exists in a dynamic of transactions and exchanges with their environment in order for the whole system to maintain a sense of homeostasis and control (Van Wormer, 1995, p. 8). A dynamic can be understood as the invisible constructs that exist within a group or system. It is also considered as the forces within a system that evoke movement or energy which exist at different levels of awareness and form a recognizable pattern within the construct of a specific group or system (Yalom & Leszcz, 2005, p. 71).

These transactions are expressed through communication in which the system allows for the inflow and outflow of information between the individual and their social environment as well as with other external systems. This inflow and outflow of information is managed through the boundaries that each system creates. For a healthy system to develop it needs semi permeable boundaries in which to selectively exchange input and output of resources and communication. If a system's boundaries are too closed and therefore being too rigid, the system is compromised and its functioning is impacted (Compton & Galaway, 2010). Each of these system's



communications and boundaries is created differently in relation to their unique experiences and belief systems, all of which create and shape a lens in which they interpret the world. The information exchanged is filtered and made sense of through the systems own perspective (Kondrat & Teater, 2009; Potgieter, 2004).

It is through this sense-making process that a system is able to stabilise and adapt to stressors that manifest internally or externally. When the system perceives this stress, it engages in a process of coping. The ESF emphasis is placed on the system's ability to engage in a process of adaptation and the system's utilisation of natural resources to reduce the impact of the perceived stress. An interactional relationship exists between the individual and his/her environment. The ESF is concerned with the behaviour phenomenon that is then depicted between the multiple system levels (Acidiacaono, et al, 2010, p. 24).

The ESF framework emphasises that "human development and behaviour should be analysed within a nested set of environmental contexts; micro system, meso system, exo - system and macro system" (Grandbois & Sanders, 2009, p. 571). This statement stresses, to better understand and grasp human behaviours it should be analysed on multiple system levels. The individual themselves be considered in isolation, as well as within their environmental context, that their development and behaviour should be considered in relation to the various contexts that they interact with.

*The micro system* includes the individual (physically, emotionally, and psychologically) as well as those who are within the individual's immediate environment, such as family.

We live in systems psychologically and not physically", (Swick & Williams, 2006, p. 372) this phrase encompasses the reliance individual's have emotionally and psychologically on one another. Therefore the exo-system includes the emotional relationship that exists between individuals of various subsystems.

*The meso system* includes those with whom the individual has close connections or relations. It is generally the connecting of two systems and can be considered within his/her immediate community.

*The macro system* includes the larger system that encompasses a society's values, beliefs and influences. This is considered the larger society (Grandbois & Sanders, 2009; Swick & Williams, 2006). The above-mentioned environmental contexts in which individuals live help to illustrate the various levels and systems that have an influence on one another.

Adaptation is understood as transactional and the result of the relationship expressed between the individual and his/her environment. The adaptation to stress can either be healthy and limits the impact of the stressor or can be dysfunctional and increase the stress (Greene, 2004). Adaptation is a system's way of regaining stability and equilibrium and an active process that focuses on change.

## **2.2. FAMILY SYSTEM**

One of the most significant and recognised systems is that of a family. A family is defined by Robinson & Rhoden cited in Olwage (2003, p. 32) as "interdependent individuals who share a sense of history, experience and a degree of emotional bonding and devise strategies that aid in meeting the needs of the individual and the family as a whole". Therefore the system is engaged in a parallel process of meeting each individual's needs as well as the system as a whole. The family's goals are then the survival of the family as a whole and the growth and development of each of its members (Acidiacono et al, 2010; Olwage, 2003). The emphasis on the family system is on their interactions and how each member influences another. Family systems theorists identify it as circular causality in which "actions of the one person in the system produces responses from others in the system" (Howard, et al, 2010, p. 466).

## **2.3 ECOLOGICAL SYSTEM'S FRAMEWORK AND FAMILY SYSTEMS**

The Ecological systems framework is highly applicable when working with families, due to the interactions and dynamics that exist between the various members in the family system. The EFS emphasis is on a system's ability to adapt to the internal and external stressors. The behaviour patterns and dynamics that exist within the family are what are of importance from an EFS perspective specifically for Social Workers who wish to introduce change. The family is considered one of the most complex systems to change, since behaviour patterns and dynamics have been developed over a long period of time, are constantly repeated and therefore have become engrained in the fabric of the family. Furthermore since each family system is unique in its functioning and its ability to maintain equilibrium in its functioning, change is often persistently resisted (Olwage, 2003). The use of chemical substances by individual family members introduces a range of behavioural dynamics that become engrained in the family's functioning.

### **2.3. CHEMICAL DEPENDENCE**

There is no set definition for chemical dependence but for the purposes of this research, chemical dependence will be used as the umbrella term for addiction or substance dependence.

The DSM IV TR (Diagnostic & Statistical Manual of Mental Disorders, Text Revised) (American psychiatric Association, (APA), 2000), tends not use the word addiction as it identifies that dependence or substance dependence is preferable and more scientific in nature.

The diagnostic criterion for chemical dependence is as follows:

The presence of a maladaptive pattern of substance use, resulting in distress/clinically significant impairment and involving at least three symptoms (occur within the same 12 month period)

- Tolerance
- Withdrawal problems
- Use of substances longer than intended
- Unsuccessful attempts to control (reduce consumption)
- Excessive time – procuring (using or recovering from the effects)
- Reduced involvement in important social, occupational/recreational activities
- Continued use despite the presence of recurrent physical/psychological problems

(APA, 2000, p. 197).

There are many conflicting ideas around the definition or explanation of substance dependence in which some identify it as a disease aligned with the disease model and others identify it as originating from people's subjective experience which influence and lead to the development of substance dependence. In line with these conflicts, some consider the disease model to be one dimensional and narrow, due to its focus on the individual while other models look at chemical dependence as a family disease and can be seen within context of the family and other environmental interactions. (Johnson, 2004; Van Wormer & Davis, 2003).

Within the above DSM definition, there is only one criterion that refers to the social symptoms of chemical dependency. The more transactional analogies or definition's presented from an Ecological Systems perspectives are not accommodated by the DSM definition. Possibly not considering the role of the social and consequently limiting in its definition.

Chemical dependence is the continuous use of drugs or alcohol, irrespective of the consequences that they may elicit. The dependence on these drug tends to effect all aspects of an individual's life and their worldview begin to shift from his/her environment and family systems to that of the drugs and alcohol (Johnson, 2004). For the purpose of this research, the dependence on alcohol and/or drugs (including Cocaine, CAT, Methamphetamine, OTC – Over the Counter Medications, Weed, and Pseudoephedrine) will be referred to as chemical dependency.

#### **2.4.1. Chemical dependence and the Biopsychosocial model**

Chemical dependence is considered as a problem that results in “significant psychological, behavioural, physiological and social impairment” (Johnson, 2004, p. 5). Chemical dependence does not only adversely affect the individual, but is also associated with the breakdown of the cohesiveness of the family system (Schafer, 2011). Therefore, in consideration of the affects that chemical dependence has on a multi level system, chemical dependency cannot be understood in isolation.

For the purpose of this research, chemical dependence was considered in line with the biopsychosocial sciences. This approach is influenced by the ESF and its holistic and multilevel approach that considers the causation and consequences of chemical dependence, as a result of the interaction of biological, psychological and social components (Peterson, et al, 2003; Van Wormer & Davis, 2010). The biopsychosocial perspective is a framework that is appropriate in understanding complex problems such as chemical dependence. Chemical dependence is considered from this perspective as interactional and the result of a constant and dynamic transaction within a system.

The ecological systems framework considers the knowledge about the individual with chemical dependence, understanding his/her characteristics, behaviours and patterns of adaption, as well as the individual's orientation and relationship within his/her family, community and social resources within their environment. Finally, the approach considers the “interpersonal, interactional and intersystem dynamic processes and transactions” (Compton, et al, 2005, p. 362). The importance is where and in which the system levels does the chemical dependence take place and what are the interactional responses between the individual and his/her environment in

light of the chemical dependency (Van Wormer, 1995). The other significant factor to consider is the individual and environment transactions and dynamics, his/her ability to promote growth and change and the capacity to adapt to difficulties that chemical dependency may present.

#### **2.4.2. Chemical dependence and the ecological systems framework**

Chemical dependence is the use of drugs or alcohol on an individual level however is “embedded within many social structures, such as family, friends, community and society” (Swick & Williams, 2006, 373). From an ecological perspective, chemical dependence is considered a social problem that adversely affects a system, creates instability and inhibits a system's ability for development and change. As a result, the system is unable to meet its needs to reach its functional potential and then attempts to maintain balanced functioning by means of pathological social processes. This threat to loss of control and equilibrium forces a system to engage in a process of restructuring in which the system begins to alter its transactions in order to enhance the functioning, to compensate and adapt to the negative effects (Brown & Lewis, 1999). The system engages in a process of coping which is defined as a “struggle to adjust to overcome a problem” (Kirst- Ashman, 2003, p. 17).

Chemical dependence impacts on the individual as well as the whole system, therefore implying that there is a parallel process of adaptation to the negative impact chemical dependency creates (Brown & Lewis, 1999).

The adaptation of a system towards chemical dependence can be functional in which the family is able to utilise the most adaptable internal and external resources in order to minimise the stress caused by the chemical dependence. However, in other systems their ability to adapt and cope with the impact of chemical dependence within the family is limited and they engage in mechanisms that maintain a “perceived functioning” of the system, at a cost however (Peterson, et al, 2003). In this case, the system has adopted mechanisms that are considered dysfunctional and impact more negatively than positively.

The “chaos” presented by chemical dependence initially begins on the micro (individual) level and filtrates through to the larger surrounding systems, such as the

meso-system (community) and exo-system (relationship dynamics) of the family system (Swick & Williams, 2006, p. 373).

When a system fails to maintain equilibrium it reverts to ways of adaption in order to restore stability. The chaos due to the impact of chemical dependence as mentioned previously, impacts on all systems ability to function to their optimal level. In response to this impact, one defence that a system engages in is denial. Denial is a defence mechanism that is commonly utilised by various systems in order to assist them to cope with the difficulties that arise due to chemical dependence. Denial as a defence mechanism is further discussed in more detail below.

## **2.5. DENIAL**

Denial is grounded in psychoanalytic literature and is identified as a “defence mechanism” which is described as an unconscious process to alleviate emotional conflict and anxiety (Connors, Donovan & Diclemente, 2001; Cooke, Peters, Kuipers & Kumari, 2005; Telford, Kralick & Koch, 2006). This defence mechanism is therefore unwittingly and automatically set up by the ego in order to defend against the existence of a painful reality (Velicer, Prochaska, Fava, Norman & Redding, 1998) and used to prevent the threatening reality and feelings from becoming conscious.

The use of denial can be potentially adaptive, however if persistent and continuous it can be considered pathological. The persistent state of denial can be harmful as it is deceptive and can lead to an entrenched state of delusion (Dare & Derigne, 2010; Velicer, et al, 1998).

In contrast, the ecological system’s framework views denial not as pathological but rather a psychological coping mechanism (Cooke, et al, 2005). For the purpose of this research, denial is considered as a coping strategy which is utilised in order to adapt to and deal with adversity.

As a coping response to a negative event or feelings, denial can also be recognised as a mechanism that is resilient and assists in the managing of adverse situations (Ortega & Algeria, 2005). It can be helpful in allowing an individual to create space

so as to not integrate any negative feedback that is present within his/her reality (Ortega & Algeria, 2005). This can help individuals in performing their roles and maintain their functioning. However if the presence of denial becomes persistent, it is then considered a maladaptive coping mechanism and can inhibit the functioning of the system.

Within chemical dependence, the constant use of denial is seen as maladaptive due to its destructive nature and creates dysfunction that negatively impacts the dependent individual as well as his/her family. Denial is not isolated and indicative of just the individual; the characteristics of denial are expressed and identified within all system levels and considered as a “denial system”, Doweiko & Jung cited in (Johnson, 2004, p. 115).

Denial within chemical dependence is a complex construct and is a central concept within the understanding and treating of individuals and families within chemical dependency (Connors, et al, 2001). It can be recognised as the failure to acknowledge and recognise the impact of behaviour of their own and other’s wellbeing. Denial is also considered one of the most difficult barriers to the treatment of chemical dependency across individual, family and societal levels (Brown & Lewis, 1999; Van Wormer, 1995). Denial is an obstacle that prevents individuals or even families from seeking treatment. The difficulty is that denial is not only a mechanism used by just the individual but a mechanism that is progressive and is identified within the dynamics and transactions within the family this is especially difficult when just an individual presents themselves for treatment, whereas the denial is seen within the family entity.

Chemical dependence is characterised by denial and, according to Sadock & Sadock cited in (Doweiko, 2012, p. 380), intervention is when individuals are “brought face to face with the reality” of their behaviour. The abolition and confrontation of denial is considered an important aspect of intervention and if not successful can stand in the way of their recovery process (Nowinski, 1999).

Within the definition of chemical dependence, denial can be identified as the repeated use of drugs and alcohol, irrespective of the consequences faced. The lack of acknowledgement of the consequences can be seen as the denial of the reality of



their behaviours (Ortega & Algeria, 2005). Chemical dependence is destructive and the use of denial can be considered dysfunctional.

The complexity of denial does not only pertain to the dependent individual but also to that of the family system. Just as the dependent individual engages in denial, so do his/her significant others (Nowinski, 1999). Denial within chemical dependence is therefore seen across system levels. The phenomenon of denial within chemical dependency is seen as interactional and the result of family's and individual's own behavioural styles and patterns. Denial of chemical dependence is a result of the transactions between the interpersonal relationships (Doweiko, 2012). Denial therefore allows for the maintenance and continuation of the chemical dependence behaviour of the individual, as a result of individual and family's interpersonal transactions. The phenomenon of denial is not then isolated to just the individual but a product of the dynamics and interactions between all family members.

Denial within chemical dependence can therefore be seen as a result of the transactions that exist across the various system levels. The complexity of the phenomenon of denial is not just a concept on its own. Therefore, within chemical dependency, denial does not only present across different system levels it is also diverse in its presentation and there are a number of psychological, emotional and behavioural manoeuvres that are considered indicators of denial (Connors, et al, 2001).

### **2.5.1. Denial behaviours**

Chemical dependence is supported by a number of defences that are "subsumed under the category of denial" (Johnson, 2004, p. 115). These psychological defences make up the wide repertoire of behaviours that are encompassed and understood as indications of denial (Connors et al, 2001). Doweiko (2012, p.260), states that "human behaviour rests on the foundation of characteristic psychological defenses that operate on both inter and intrapersonal spheres". The phenomenon of denial is therefore constructed by a number of different defences, all of which, through their transactions, aid the individual and family to be able to cope and adapt to the harsh realities that are faced as a result of the chemical dependency. Denial functions and

operates on emotional, cognitive and perceptive levels. It assists in an individual's ability to deny and distort the reality even when confronted (Brown & Lewis, 1999).

Denial manoeuvres can be depicted as either a "coping response or can reflect as a habitual style of behaviour" (Garssen, 2007, p. 478). Denial is complex in presentation and is not just an overt behaviour pattern but also a psychological, cognitive and emotional defence. It is any phenomenon that assists the family and individual in denying the reality of the chemical dependency, the impact of the behaviours and the discomfoting emotional effects.

The roles of the various defenses are to assist in the denial of "negative thoughts, external feedback and other forms of awareness" with regards to conscious action of chemical dependency (Connors, et al, 2001, p. 35). As a result any behaviour that supports the process of disavowing the reality of chemical dependency can possibly be considered components of denial. With regards to this, Johnson, (2004, p. 115) identifies denial as the result of three characteristics that are set up as a defence against the awareness of chemical dependency, these are:

- minimisation
- rationalisation
- projection



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Minimisation is when an individual or family "consciously or unconsciously reduces the incidence of an unacceptable behaviour" (Doweiko, 2012 p. 349). This defense underplays the reality of the consequences and unacceptable behaviours that are faced with chemical dependency. As a result, the behaviour can be normalised and the addict does not face the full consequences of his/her dependency. Minimisation is not the complete denying of the behaviours and consequences of the chemical dependency - it is recognised however is not seen as significant enough to warrant confrontation or be seen as a problem (Nowinski, 1999).

Rationalisation is the use of logic and cognitive justification with regards to the impact of chemical dependency. It is the seeking out of excuses and alibis in order to hide the reality of the situation and the negativity of the impact chemical dependence has. The excuses used can be justified and are rational and make sense. This

defense can be manipulative in nature in order to distort the reality in the hopes of diminishing the negative effects (Doweiko, 2012; Connors, et al, 2001; Nowinski, 1999; Van Wormer, 1995).

Projection is a defense that denies the individual of facing the reality of his/her behaviour and emotions that he/she finds discomfoting and does not wish to acknowledge him/herself. As a result, these individuals then place it or project it onto others and in turn do not take accountability or responsibility for their actions or addictive behaviours (Johnson, 2004; Doweiko, 2012).

These three denial characteristics or defenses are rather consistent within literature however there are other behaviours and indicators that have been considered as contributors to the denial phenomenon.

- intellectualising
- avoidance
- deflection
- disconnection
- repression



Intellectualising is the ability of the individual or family member to respond in a manner that denies any emotions that may be attached to the impact or stress of the chemical dependence. This is a cognitive response that defends against feeling the emotional impact of the stress caused (Connors, et al, 2001).

Avoidance is a defense that assists the individual or family from coming to terms with the severity and reality of the chemical dependence. It can be depicted in physical avoidance in which the people isolate and do not come into contact with others (Nowinski, 1999).

Disconnection is the separating or detaching from the reality of a situation. Disconnection from the consequences of chemical dependence and creates a space for the individual and family to continue the same behaviours without feeling or acknowledging the impact (Diclemente, 2003).

Repression is associated with the non expression or restraining of negative feelings or realities. It is often used in conjunction with, or in place of, the word suppression. This defense aids in the denying of the underlying negative feelings and cognitions that present as a result of chemical dependence. It actively tries to contain and control the emotional response of a situation therefore denying the individual the ability to be confronted with the reality of their feelings and emotions (Garssen, 2007).

Denial is not isolated and indicative of just the individual; the characteristics of denial are expressed and identified within all system levels and considered as a “denial system”, Doweiko & Jung cited in (Johnson, 2004, p. 115).

These denial defences can be identified within the individuals themselves as well as displayed within the transactions and dynamics of the respective family members. The denial behaviours are mirrored by the family member’s response to the denial as seen from the individual. Denial by a family member, however, is also understood in terms of the concepts co-dependency, the enabler and the co-alcoholic, all of which display the above-mentioned denial behaviours.

### **2.5.2. Co-dependency**

The phenomenon of denial is presented through a number of behaviours that assist in the denying of the negative impact it has on a family’s ability to function and maintain balance. In a family’s attempt regaining its equilibrium, the members engage in behaviours that help them cope and adapt.

These behaviours that are indicative of denial are adopted in an attempt to sustain family functioning. These patterns are referred to as co-dependency responses. Co-dependency occurs within the context of the denial behaviours that help maintain the chemical dependence. The persistence of the drinking or drug-taking occurs when the co-dependent individual/individuals try to reduce the consequences of the chemical dependency and in turn enables behaviour and therefore maintains it (Olwagen, 2003).

The definition of co-dependency is considered elusive but has been defined as a “pattern of painful dependence on compulsive behaviour and on approval from

others in an attempt to increase individual safety, self worth and identity”, according to Krier cited in Haaken, (1993, p. 388).

Therefore in the attempt to gain a sense of self worth and identity, the co-dependent is willing to deny the harsh realities of the dependent’s behaviour. In response to the dependent’s behaviour, co-dependency is

- “the need to control all actions, feelings and behaviours;
- the setting up of rigid boundaries in terms of actions, feelings and behaviours;
- the inclination to assign blame towards self and accept responsibility. They can become consumed by guilt or shame and somehow feel responsible for the dependents behaviour;
- to set up rules that promoted no talking or expressing of feelings, painful emotions and thoughts;
- the tendency to not acknowledge one’s own problems and feelings. To deny one’s own problems and not see them as warranting any attention; and
- the need to hold onto the illusion that possibly the dependency is not that bad.”

(Nowinski, p. 133, 1999; Olwagen, p. 28, 2003 & Haaken, p. 349, 1993).

In essence co-dependency is the family member’s reaction to chemical dependency and their need to assume responsibility for the dependents behaviour, irrespective of the negative impact it has on them as an individual, as well as within the relationship. Enabling has often been understood as a concept in line with co-dependency however the behaviours differ in which the family member’s do not tend to assume responsibility for the dependents behaviour instead they tend to allow the behaviours to continue.

### **2.5.3. Enabling**

The phenomenon of denial manifests among the family members of the dependent individual (Levinthal, 2005). The construct of both co-dependency and enabling are understood in terms of the interpersonal dynamics that take place between the

individual and family members. Even though the family members are impacted negatively, they still engage in behaviours that in turn enable and allow for the continuation of the chemical dependency behaviour.

Enabling is defined as “any and all behaviours by significant others who unintentionally facilitate addicts’ continued substance abuse” (Nowinski, 1999, p. 133). The behaviours that are associated with enabling are:

- making excuses and protecting the dependent’s behaviour;
- shielding the dependent individual from experiencing the consequences of his/her chemical dependency behaviour, such as calling in sick on behalf of the person;
- attempting to function as if everything is normal, and not confronting the behaviours;
- pretending that everything is alright and playing the martyr;
- fighting against, but at the same time rescuing, the dependent individual from the negative impacts; and
- giving into the demands of the dependent individual, such as lending money to them and paying bills for them.

#### **2.5.4. Role of denial**

The underlying motives for denial of the chemical dependence are complex and are considered a paradox, as the family’s transactions become dysfunctional in order for the family to remain “functional”. Chemical dependence adversely affects a system’s functioning and ability to maintain equilibrium, therefore when confronted with chemical dependence behaviour the affected systems alter their interactions accordingly, in order to enhance the functioning and aim towards adaptation (Van Wormer, 1995). The persistent denial within the family system then becomes insidious to the family’s functioning. The social transactions become dysfunctional as dependent clients and their families begin to deny the problem and concurrently enable and maintain such behaviour (Van Wormer, 1995).

All families aim towards optimal functioning, growth, development and the fulfilment of needs. Needs are met when the external resources meet the internal needs. However, when the external resources shift and the needs are no longer being met, the system adapts and shifts in order to have the needs fulfilled (Compton & Galaway, 2005; Greene, 2004).

Denial within the interpersonal transactions helps to fulfil the needs of both the dependent and the family members. The unconscious motive for the use of denial has a role within both the family's and individual's ability to function and cope. The main purpose of a family is its survival, individually and collectively. Therefore when its survival is threatened, the individual and family members engage in transactions and behaviours that each help fulfil their needs, leaving them in a dysfunctional survival process. The denial behaviours are the result of the mutual transactions and needs of the individual and the family members, collectively, and within their dynamics each are seen as responsible and capable of maintaining the denial (Olwagen, 2003). The transactions are dependent on one another in order for the denial to persist and be maintained.

#### **2.5.4.1 Human attachment and acceptance**

The fundamental need for human attachment and emotional security overrides the destruction and unacceptable behaviours that chemical dependence present. The family members' need for this attachment becomes the motivation to engage in the unconscious denial behaviours. The process of normalisation may occur which makes the previously unacceptable behaviours more acceptable and they become accustomed to the destruction (Brown & Lewis, 1999). As a result, the stress of the chemical dependence is denied in order for the family member to fulfil their need for attachment. The chemical dependence becomes normalised and the dependent's denial is further ingrained as they are not confronted by the consequences of their behaviour.

#### **2.4.4.2. Personality-related denial**

Personality-related denial is depicted in the Marlow Crowne social desirability scale in which an individual has the "need to be seen in a desirable and favourable light". The dependent individual will engage in denial behaviours in order to protect

him/herself from being seen in a negative way (Ownsworth, McFarland & McD Young, 2002, p. 540).

If confronted by his/her behaviour, in fear of being judged and seen in a negative way, the dependent may then project his/her own insecurities and feelings of guilt onto a family member in order to negate personal accountability (Johnson, 2004).

#### **2.5.4.3. Co-dependency**

A family member who tends to assume guilt and responsibility for others' behaviours will be more inclined to adopt the dependent's projected feelings (Haaken, 1993). As a result, the dependent rids him/herself of the unpleasant feelings of his/her behaviours and the family member then assumes the responsibility. This behaviour is indicative of co-dependency.

A co-dependent family member tends to self doubt and does not consider his/her opinions or thoughts as important or valid (Nowinski 1999). The family member may then doubt his/her feelings or consider them warranted; as a result this may lead to the minimisation of the dependent's indulgence (Doweiko, 2012). This form of denial recognises the behaviour but minimises the effects.

The addict's need for a caretaker is fulfilled by the co-dependent's need for someone to take control over (Doweiko, 1999, p. 325). This control in fact is a facade as the more the addict "loses control so does the significant other" as the family member is unable to acknowledge his/her limitations and inability to control the addict's using (Nowinski, 1999). As a result, the family member's inability to control the addict's behaviours mirrors the addict's loss of control over his/her using. The family member is in denial of his/her own limitations and battles to face up to the reality that they cannot take responsibility for the addict's behaviour.

#### **2.5.4.4. Enabling**

Enablers provide the safety net and the need for being indulged by the addict. The enablers have a need to nurture, care and be concerned for someone which is being fulfilled through the addict's behaviour (Nowinski, 1999) Through this, the enabler is reluctant to see the reality of the situation as he/she will then not have a role or be able to nurture.



#### **2.5.4.5. Rejection / loss**

Family members may engage in denial behaviours in fear that if they confront the addict on their chemical dependence they may be rejected or the addict may leave. They fear what the possible consequences could be and therefore the denial of the addict's behaviour shelters them from the perceived rejection or possible loss of the relationship (Doweiko, 2012).

#### **2.5.4.6. Emotions and feelings**

Addict's behaviours result in feelings such as shame and guilt, and therefore make them feel remorse and possibly acknowledge a consequence of their actions. However, the use of denial helps them disconnect from the feelings in which they can physically engage in chemical dependence behaviours but not have insight into the emotions or feelings it may elicit. The poorer the insight the less distress, the more the insight the more distress they will experience (Cooke, et al, 2005). The use of disconnection can be used by both the addict and the family member so as to not to confront the distressing and painful feelings that chemical dependence creates. The reality of the emotions and feelings may be too overwhelming to confront and admit.

### **2.6. DENIAL AND INTERVENTION**

Chemical dependency is a field that poses as an obstacle, especially when confronted with the phenomenon of denial. Denial within chemical dependence is a central theme in treatment (Dare & Derigne, 2010) and is currently still identified as a challenge in the success of treatment. This has been considered due to the "haphazard and incomplete theoretical conceptualisation of denial" and therefore thought to be a phenomenon within its infancy (Dare & Derigne, 2010, p. 189).

The phenomenon of denial is possibly addressed inconsistently within practice due to a few of reasons. Firstly, the social worker is unaware of the presentation of the various denial behaviours and secondly she does not have adequate knowledge about the behaviours that are highly relevant within chemical dependence (Hanson & Gutheil, 2004). Social workers working with chemically dependent individuals are faced with the barrier that denial manifests across various system levels and therefore the third barrier is that the individual is not the only client system, and

treatment should possibly be directed towards the individual as well as the family or caregivers (Hanson & Gutheil, 2004).

Denial hinders a system's ability to grow and change. The confrontation of denial with the individual and the family can be difficult as they will need to resist the pressure to remain the same and risk having to change. The ecological system's framework is congruent with social work's strength-based values in that when confronted with the barriers such as denial, the social worker aims towards identifying more appropriate means of coping and increases the system's ability to adapt to the stressors of chemical dependence (Hanson & Gutheil, 2004). Social work has been considered one of the professions that is seen at the forefront of chemical dependency treatment, not only due to its strengths-based approach, but also to its bio-psycho-social approach to treatment whereby social workers are able to consider a number of interrelating and dynamic factors that each influence one another in the presentation of denial.

## **2.7. CONCLUSION**

In conclusion, the ecological system's framework depicts the transactional behaviours of denial within chemical dependence, in which the individual as well as the family's denial is engaged upon in order to satisfy a need and maintain a "superficial" level of functioning. The ecological framework is congruent with social work practice in that it considers and emphasises the dynamics and interdependence of each of the various system levels, i.e. each is dependent and reliant on one another, and in turn, each has influence over and affects one another.

This dynamic, if understood from the perspectives of the individuals and their families themselves, may be helpful in social work practice when working with chemical dependence. Social workers are equipped and skilled in understanding individuals in relation to their environment and the dynamics and transactions that exist.

The literature review offered the researcher an in depth understanding of the various topics at hand. The researcher identified that within the literature chemical dependence is poorly defined in terms of social dynamics and interactions. The concept from the literature is considered to be rather narrow and considered more

from a disease perspective and not that of a social perspective. As a result the researcher identified that this was possibly a gap within the literature and that more social consideration was needed.

The researcher was able to identify that the use of denial as a method of coping and defence in relation to chemical dependency also fulfilled unconscious needs, subsequently highlighting the resistance to adapt new coping methods in fear of being left with unfulfilled needs. The literature highlighted that denial was a behaviour not isolated to just the dependent but also to that of the family members, indicating that the phenomena of denial can not only be considered in isolation but rather from a systemic perspective.

Denial within the literature in relation to chemical dependence was considered to be lacking in depth and that there is no single construct or model that represents the phenomena of denial within chemical dependence. The literature review helped formulate an idea of what questions would need to be asked in order to gather relevant data on the phenomena of denial.

The literature study provided the researcher with a frame of reference in which to work from however it also highlighted the possible gaps and informed the researchers study to be discussed in Chapter 3 on the ecological phenomenon of denial within chemical dependency.

**CHAPTER 3**  
**RESEARCH METHODOLOGY**

*“The goal of investigation is to uncover the invariant laws of relationships among phenomena and how they act on each other in repeatable, predictable ways”*

*(Anastas, 1999, p. 4).*

**3. INTRODUCTION**

Social work is a profession that develops a level of meaning through the investigation of human interactions and dynamics. It considers the person as a whole and its relation with the social environment in which it aspires to gain perspective of the realities and human experience by investigating as close as possible to “normal human experience” (Tutty, Rothery & Grinnell, 1996, p. 7).

This research focused on the realities of recovering individuals, their family members and their combined understandings and perceptions of the ecological phenomenon of denial. In order to gain such understandings and perspectives, the implementation of qualitative research design was selected as it seemed most appropriate in being able to capture the meanings people assign to their lives and experiences of denial within chemical dependence (Anastas, 1999).

Qualitative research is described as “the immersion into situations of everyday life that are reflective of an individual or group” (Shaw & Gould, 2001, p. 6). The role of the qualitative research was to develop an in-depth holistic understanding of six recovering participants and a family member’s perception of their world or the experiences of the denial phenomenon within chemical dependence. This was imperative in order for the development of professional knowledge and insights into the possible transactions and dynamics around denial that social workers possibly seek to understand.

The researcher aimed to create a space in which both participants would allow her into their story of denial during the time of the chemical dependency in order to

explore the ideas and possibilities that the researcher was seeing within her own therapy sessions with recovering participants and their family members.

The research was guided by a narrative style, which sought to describe the subjective experiences of the participants and respective family member's lives as they perceived and understood it. The method that was used in order to elicit such data was a semi structured interview, which is defined according to De Vos, et al (2011, p. 348) as "those organised around the areas of particular interest, while still allowing considerable flexibility in scope and depth". The data was then analysed through a step-by-step analytic process in which codes were extracted from the data, emerging patterns were then clustered to identify themes, and meaning was assigned to the findings.

### **3.1. RESEARCH GOAL AND OBJECTIVES**

The aim of this research was to develop a descriptive framework that represented the ecological phenomenon of denial within chemical dependency.

The objectives of this research were:

- 3.2.1 to identify transactional elements associated with the concept of denial within chemical dependency on an individual and family level.
- 3.2.2 the data collected will then contribute to a descriptive ecological framework of denial.

### **3.2. RESEARCH DESIGN**

The research approach was qualitative in nature and was guided by the theoretical framework of the ecological systems theory. Qualitative research is understood as subjective method in gather information of a complex and in depth nature. Generally is utilised so as to engage with individuals in order to grasp their personal experiences of a particular situation (De Vos, et al, 2011). The ecological system's framework helps to "organise information about people and environments in order to understand their interconnectedness" (Compton et al, 2005 p. 362). In order to understand a problem that impacts on the social functioning, you cannot look at the

entities that make up the system separately, but rather assess the interactions of the individual within his/her social system (Compton et al, 2005). As a result, the theoretical framework directed the researcher towards more a qualitative designs approach. The motivation for this is that the aim of the study was to *describe the phenomenon of denial* within chemical dependency from an *ecological system's perspective*, therefore placing emphasis on the interactions of individuals as well as their personal description of experience of the phenomenon of denial.

The characteristics of the qualitative approach that were significant in its selection, as depicted by Kreuger & Neuman (2006) and as cited in (De Vos, et al, 2011, p.91) included

- the construction of social reality
- a focus on interactive processes, events
- a few subjects/cases were involved
- the involvement of the researcher

### **3.2.1. Construction of social reality and interactive processes**

The qualitative approach was selected as it provided the researcher the opportunity to be able to gain an in-depth and comprehensive understanding into the social problem of denial within chemical dependence through the narratives of individuals and their family members (Thyer, 2010). Guided by the theoretical framework (ecological perspective) the interactive and interrelated processes were of significance as the literature suggests that denial is an interactive and transactional phenomenon, therefore the qualitative method was more appropriate. The development of a descriptive understanding of a phenomenon of denial could only be reached through the use of a qualitative approach (De Vos et al, 2011). The researcher aimed to create an opportunity within the research for the participants to openly discuss and dialogue their past experiences of denial within their relationship as family members. The recovering individuals and their respective family members were able to explore the period of active chemical dependence and share the ways in which each member implemented their coping strategies through the phenomenon of denial.

The research was informed by the narrative approach in order to encompass the unique transactional stories told by both the recovering participant and their respective family member. This approach prompted the participants to share in their own unique stories and narrative account of their experience of the phenomenon of denial within context of chemical dependence (De Vos, et al, 2011; Thyer, 2010). The narrative aimed at helping to extract each participant's subjective experiences through a few open questions, predetermined in the semi structured interview conducted by the researcher. The aim of the narrative was to hopefully elicit a dialogue between the participants in order to construct a generalised reality of the dynamics and interactions that played out during the time of active chemical dependence.

### **3.2.2. Few cases or numbers involved**

The number of participants within qualitative research need not be extensive (De Vos, et al, 2011), therefore the number of pairs of participants was six in total. Each pair consisted of one recovering addict and a nuclear family member.

The researcher decided upon six interviews based on the following reasons:

- Qualitative research does not require an extensive number of participants.
- The themes and information in the interviews started to become saturated and repetitive in nature by the fourth interview, therefore providing enough information to start the development of a generalised framework of denial.
- The motivation and consent of participants was important - both the recovering addict and family member had to agree on being involved in the research. As a result, one participant withdrew his involvement due to the fear of having to share intimate details that have not been shared with his spouse before. Other participants' family members were hesitant and did not feel comfortable with sharing their experiences.
- As a result, this also limited the number of family members involved in the research to one. The reason for one family member in the research was due to a number of factors.
  - o Firstly, some family members had moved to other countries and different areas within South Africa and this prohibited them from being involved.

- Secondly, other family members had cut themselves off from the recovering participant sometime ago and were not willing to be a part of the study based on strained relations.
- Therefore the researcher identified that one significant family member would be more realistic to be involved in the study, as the research required motivated participants in addition to the facts mentioned above.

### **3.2.3. Involvement of the researcher**

The involvement of the researcher was to be responsible for the development and asking of the questions. The researcher had personal experience with chemical dependence within her line of work and therefore had contact with a number of individuals who were in recovery. The researcher was also responsible for transcribing two of the six interviews; the other four interviews were sourced out for transcription. The researcher transcribed two of the interviews so as to involve herself deeper within the content as well as to gain a better understanding of how she executed the questions and to what extent she influenced the interviews.

## **3.3. RESEARCH QUESTIONS**



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The researcher aimed at gaining a more in-depth understanding of the ecological phenomenon of denial by considering the following questions:

**3.3.1.** How is the phenomenon of denial within chemical dependence depicted from an ecological perspective?

**3.3.2.** What are the transactional behaviours observed between the individual and the family members that are considered denial within chemical dependence?

The motivation for these questions stemmed from the researcher's experience within the field of chemical dependency working predominantly with individuals as well as within the family work. In her own practice, the researcher identified that the phenomenon of denial was evident when working with a chemically-dependent individual, and when working with the family members. Denial was evident not in isolation but within the transactions present within the family system.



The researcher aimed to hopefully begin to answer the above-mentioned questions within the research, in order to gain a more in-depth understanding of the phenomenon of denial as it exists within a system, as well as to identify that in the efforts to “cope” with the effects of the chemical dependence, the system does so in a manner that renders it dysfunctional.

The knowledge of the phenomenon of denial that the researcher intends to present in this paper as a result of the research will hopefully be useful within social workers’ interventions with families and recovering participants.

Through the research, interventions will possibly be strengthened firstly by the social worker’s increased insight about the various denial behaviours, identifying these denial behaviours as a means of coping in the face of the adversities of chemical dependency. Secondly, to educate and highlight to the family members and individuals about their dynamics and methods of adaptation so as to better enhance their awareness of the behaviours that lead to impairment on their functioning. Thirdly, to be able to identify more constructive adaptive methods of coping as a family system by identifying the individual as well as family strengths, in order to assist them in adaptation to stressful situations like chemical dependence.

#### **3.4. RESEARCH DESIGN**

The research was guided by a qualitative approach. A qualitative approach was identified as the most appropriate approach to this study, as it was able to delve into complex phenomenon and consider a holistic idea of the phenomenon at hand.

A research design is considered “as the approach that a researcher identifies as the most suitable for their research goal” (De Vos, et al, 2011, p 308). Phenomenology is a research design that is subsumed under the qualitative approach and is one of the many designs utilised.

The research approach was partially informed by a phenomenological design. This approach, according to Neuman (2003) as cited in De Vos (2011, p. 8), “aims to understand human sciences”. In order to understand the human sciences, the

researcher attempted to make sense of the meaning attached to the events experienced in each individual's life, and gain a more in-depth interpretation and perception of their actions within a specific historical setting. This research approach was considered the most appropriate design for this study as it provided a "general description of the phenomenon as seen through the eyes of people who have experienced it firsthand" (De Vos, et al, 2011, p. 305). Within the qualitative approach, a phenomenological, explorative, descriptive and contextual research design / strategy of inquiry were followed.

With regards to the ecological phenomenon of denial, the researcher was interested in exploring the behaviours of denial between the chemically-dependent individual and a respective family member.

Denial, as understood from an ecological perspective, is a coping mechanism which various family members and chemical-dependent individuals utilise in order to defend and protect themselves from the realities of the chemical dependency. Each member exhibits this behaviour in order to maintain some level of "functioning" and to be able to cope. However the continuous use of denial as a defense can become pathological as the negative impact of chemical dependency is not ever confronted and therefore the family functions, but on a dysfunctional level (Dare & Derigne, 2010; Velicer, et al, 1998).

The setting was understood within the context and understanding of the concept of chemical dependency. The other setting identified was the transactional space between the chemically-dependent individual and a nuclear family member. Therefore the setting that the researcher aimed to explore are the transactions that take place within the family relations and the system that tend to become dysfunctional and enable the chemical dependency to continue.

The researcher then explored a number of literature resources in order to gain a more knowledgeable understanding of denial within chemical dependency and within the context of the family. The literature encompassed information about chemical dependency, the ecological framework, family systems and the phenomenon of denial. The researcher integrated all literature to be able to develop a holistic

perspective of denial as a means of coping that is exhibited by all respective members and assists in alleviating the stress that chemical dependency presents within a family system.

After this was explored the researcher aimed to get a unique perspective and develop a deeper meaning into the phenomenon of denial within chemical dependency through the use of semi structured interviews, and participant observation (De Vos, et al, 2011).

### **3.5. PROCESS OF QUALITATIVE RESEARCH**

Qualitative research was selected as the preferred method for this research topic. The process which the researcher followed is depicted in the headings below. The researcher followed a step-by-step process, which was imperative in order for the last step within this process (Data Analysis) to be conducted. The process of the research included the following steps, as discussed in Table 3.6 below, before the data could be analysed.



**Table 3.5. PROCESS OF QUALITATIVE RESEARCH**

3.6.1. Ethical considerations	Confidentiality and anonymity Permission to record Informed consent
3.6.2. Data collection method	Interview schedule Recording and transcription
3.6.3. Research population and sampling technique	Sample number Chemical dependence Recovery time frame Family Relationship
3.6.4. Data analysis	Data collection and preliminary analysis Managing the data Reading and writing the memos Reducing the data Generating codes and categories Testing emergent understandings and searching for alternative explanations Interpreting and developing typologies Presenting the data

**3.5.1. Ethical considerations**

Good social work research, as described by Butler, (2003), and cited in Hardwick & Worsely, (2011, p. 50), “is research that has a comprehensive underpinning of social work values and calls for a sophisticated form of ethical awareness”. Therefore before the commencement of the research itself, ethical considerations were discussed with the participants as this was to ensure the integrity of the research, the researcher and to develop a transparent relationship between both participants and researcher (McLaughlin, 2012). The term ethics was understood as a governing code of conduct/code of principles that guide human and professional behaviour (De Vos, et al, 2011). The researcher had to be as objective as possible during the

research in order to maintain a level of professionalism and to not be evoked emotionally in a manner that could derail the interview process. The researcher was privy to confidential and personal information in which she had to remain neutral and not allow her own prejudices or values cloud her judgement or impact on the research results. She respectfully upheld the dignity and respect of each of the participants and the information that they shared.

In order for the researcher to remain neutral she did not use any of her own current or previous patients that she herself was treating. Instead, she requested participants who had not been her prior patients.

The following considerations were discussed with both participants in order to promote an ethically sound research. Each of the participants had to sign a letter (See Appendix A) confirming that the researcher had explained thoroughly all that was involved in the research process.

#### ***3.5.1.1. Confidentiality and anonymity***

The participants were informed that no direct attribution of the comments or stories shared would be linked to them personally. In order to ensure this, no names or quotes suggesting or leading to any identifying particulars were used (McLaughlin, 2012).

They were informed that the recording data would be heard by the researcher, the transcriber and the supervisor. Again, no names or identifying particulars would be discussed with either the transcriber or supervisor.

#### ***3.5.1.2. Permission to record***

The recording of data has long been considered an ethical concern in which researchers have had to obtain permission from participants to record. However before this permission was obtained by the researcher, the following was discussed:

- The reasons for the use of a dictaphone were explained to the participants.
- The participants were informed that the recorded data would be labelled and stored in such a way that it would not compromise their right to confidentiality.
- They were also informed of their right to listen to the recordings as well as their right to choose whether to be recorded or not.

### **3.5.1.3. Informed consent**

Informed consent is the process of written approval for participation in a research by the participants after being clearly and explicitly informed of the purpose of the study; their involvement in the study; what is required of them through the duration of the study; and their rights to exit the study at anytime (De Vos, 2011; McLaughlin, 2012). Each of the participants signed an informed consent form stating that they fully understood their role and voluntary involvement in the research process (See Appendix A).

### **3.6. Data collection method**

A semi structured interview was utilised as the tool in the data collection process. This data collection technique was selected based on the following:

- It provided a level of structure and organisation in the data collection process.
- An opportunity to cover the broad topic of denial.
- It assisted in guiding both the researcher and participants towards gathering relevant data that is in line with the research goal and objective.
- It created the opportunity of free flow from the participants.
- It was flexible and adaptable in order to accommodate the unique stories of the participants.

(Hardwick & Worsely, 2011).

The semi structured interview consisted of predetermined open-ended questions, which were developed into an interview schedule. Open-ended questions, as described by Rubin & Babbie (2005) and cited in Thyer, (2010, p. 406), are “used to discuss how the participants in a study understand the significant events and meaning in their own lives”.

The use of the semi structured questions in the interview schedule was to help keep the research focused in order to guide the participants to share the relevant information needed for the purpose of the study. The guidance of the semi structured interviews also allowed for some flexibility within the questions in order to probe participants further (Thyer, 2010).

### **3.6.1. Interview schedule**

The researcher designed an interview schedule (Appendix B), guided by Hardwick & Worsely, (2011, p. 77) and which ensured the progression of the questions in a manner that was logical and slowly developed towards the main body of questions to be answered for the research. The questions therefore were “vaguely” predetermined and open-ended (McLaughlin, 2012).

The purpose for the open-ended, vaguely-developed questions was to provide the participants with an open forum to tell their stories without being too leading. It also provided the space for the researcher to evolve or change the questions during the research process (Thyer, 2010).

### **3.6.2. Interview questions**

*(See Appendix B)*

The interview questions were adapted for the purpose of this research. The researcher followed the following process:

- An in-depth literature research was done in order to develop a baseline of knowledge and understanding of the concept of denial within chemical dependence.
- Recurring behaviours and themes were identified in the literature.
- The questions aimed at encouraging the participants to engage in a conversation about each of their perceptions around their behaviours during the chemical dependence period.
- The questions were open-ended and were developed with the guidance of the themes explored in the literature. The questions were structured in a manner that encouraged a conversation between the two participants regarding the behaviours engaged in by each during the time of chemical dependence and to subtly guide participants to talk about the denial behaviours and the underlying needs of the denial.
- There were seven main questions which were each directed at one or both of the participants. The researcher probed with suggestive questions and encouragement based on the content that the participants share.

### **3.6.3. Recording and transcription**

The recording of each participant's account of his/her experience of denial was imperative as it would not have been feasible and constructive for the researcher to remember all the content and to write out notes. Therefore the transcription was complete and congruent with the content being told by both the recovering participant and family member.

The recording was done with a dictaphone which was placed in sight of the researcher and all participants. Once the recording was finished, it was saved on the researcher's laptop and the four copies that were sent to the transcriber were saved separately and hand-delivered to be transcribed.

### **3.7 Research population and sampling strategy**

The criteria of the population for participation were as follows:

- The individual family member was previously chemically dependent.
- The individual has recovered and participated in either an inpatient programme or AA / NA groups.
- The family members themselves also participated in some form of recovery through CoDA meetings or AA / NA meetings and individual or family therapy.

The reason the researcher selected these individuals was that they are in recovery and were assumed to have progressed to a level of insight of chemical dependence and better able to reflect on their past experiences of denial. The researcher approached various members in the NA and AA fraternity requesting their willingness to partake in a research study. The researcher also approached individuals who were previously in rehabilitation for their chemical dependence. The sampling method was then purposive as the participants were purposively selected based on the above-mentioned criteria (De Vos, et al, 2011).

Not only did the recovering participants have to have participated in some form of treatment regime, but the family members too had to have been in therapy themselves or in support groups. This again was significant in that the researcher



presumed that they too would have developed a level of insight themselves about their previous denial behaviours.

### **3.7.1. Sample number**

The sample number was made up of six pairs of participants, who had to have been in recovery for a minimum of a year, together with one of their nuclear family members. This number of people was determined based on the fact that it was a qualitative research, which requires only a small sample of people in order to seek to understand the perceptions and stories of a much larger population system. Therefore no generalisations could be made from the small sample, rather just a more in-depth and detailed understanding of their experience of the denial as either an addict or as a family member (McLaughlin, 2012).

A further motivation for six participating pairs was based on the assumption that due to the possible level of insight into each of the member's behaviours, the research would be done with knowledgeable participants who are aware of their previous behaviours and dynamics. The researcher anticipated that six interviews would be enough to start seeing a saturation of information with regards to the topic being researched.

The researcher identified an even number of female recovering addicts and male recovering addicts. There were three male recovering addicts and their family members, and three recovering female participants and their family members. The reason for this was to get an equal distribution of gender in order to ensure that the sample population was evenly and equally represented.

### **3.7.2. Chemical dependence**

Each of the recovering participants had a history of chemical dependence as defined in the DSM IV TR (Diagnostic & Statistical Manual of Mental Disorders, Text Revised) (American Psychiatric Association, (APA), 2000), in Chapter Two, and therefore the researcher sought to identify a sample number that was representative of all the addictions that are understood in terms of chemical dependence. As discussed in Chapter Two, the term chemical dependence for this research encompassed all illicit drugs (Cocaine, CAT, Methamphetamine, OTC (over the

counter medications), as well as alcohol. This was in order to provide a true representation of denial across a variety of chemical addictions.

### **3.7.3. Recovery timeframe**

The time frame that was considered for recovery period was a minimum of one year. The researcher managed to find six recovering addicts who each had a different time period of recovery. The reason the researcher considered a year as a minimum requirement for participation in research is based on the presumption that they each had an increased level of insight into their previous behaviours during chemical dependency, as well as time for family members to be able to comment on the difference in their behaviours and relationship in comparison to the past. The recovery period time was determined prior to the start of the data collection. All those participants interested in taking part in the study were told that one of the criteria was that they had to have been in recovery for a period of a year. This meant that they had to have not been in active chemical use for a minimum of a year and still in recovery.

### **3.7.4. Family relationship**

The researcher aimed to identify participants who represented a diverse relationship dynamic within a family system. This was done in order to seek to understand the denial transactions from the different family relationships, therefore not limiting it to just one family dynamic.

Overall, the selection of participants was purposive and it is important to note that the participants were not selected based on their prior history of chemical dependency in terms of the stages of their dependency or the severity. Instead they were based on what is presented currently:

- They had been in recovery for a minimum of a year.
- They had previously sought treatment or intervention – both recovering participant and family member.
- They had a prior history of chemical dependence.
- They were motivated to participate in the study.

### **3.8 Data analysis**

Data analysis is the “process of making sense of the data and discovering what it has to say,” Holliday (2007), as cited in Hardwick & Worsely, (2011, p. 114). This process is the coding, categorising and extracting of possible themes identified in the raw data. This process is the step prior to that of the interpretation of the findings and is a non mathematical analytical process in which a unit of meaning is assigned to the stories of the participants.

Qualitative analysis is the process of inductive reasoning, according to Babbie (2007), and as cited in De Vos, et al, (2011, p. 49). Inductive reasoning “moves from the particular to the general, from concrete observations to a general theoretical explanation.” The direct transcripts would go through a process of analysis and conversion from dialogue to themes and categories and then linked with the ecological system’s framework, in order to present an integrated hypothesis grounded in theory. This explanation would be considered the findings and result of the entire research. This will hopefully provide social workers with a more in-depth understanding of denial and be utilised in their dealings with individuals and families of chemical dependency.

In order for the researcher to analyse the data collected in the interviews, she followed a qualitative data analysis procedure. According to Creswell (2007), as cited in De Vos, et al (2011, p. 403), “data analysis can best be represented by a spiral image”. This data analysis spiral offered the researcher a systematic step by step procedure to follow in order to analyse, assign meaning and present the findings of the data. This circular procedure Figure 3.1. has been depicted as a linear process and was the process which the researcher used and implemented within the research study.

#### **3.8.1. Preparing and organising the data**

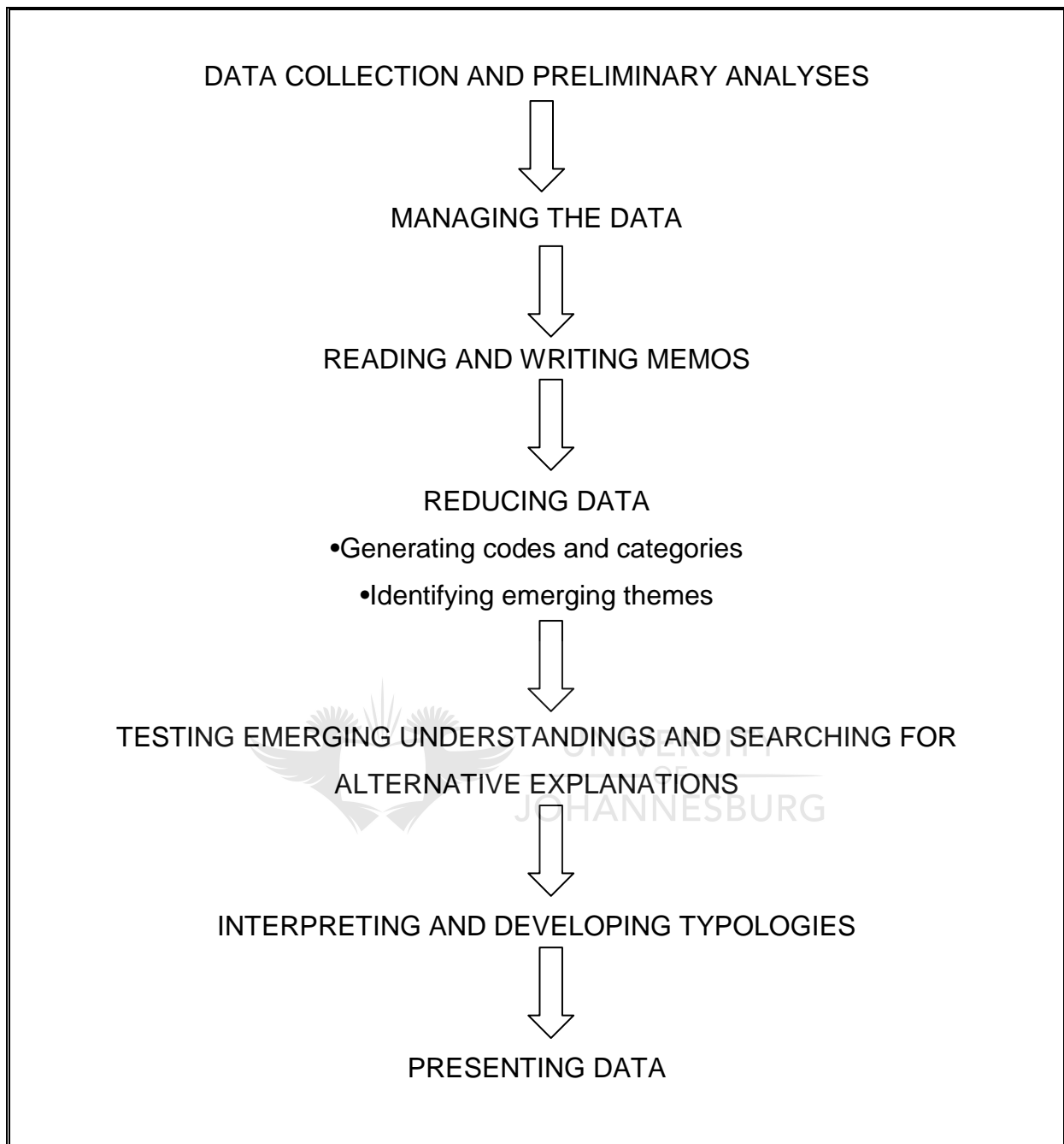
The organisation and preparation of the data was done in a series of four steps. Once the researcher had completed these four steps she continued with the process of reducing data.

### **3.8.2. Step 1: Data collection and preliminary analyses**

Within qualitative studies the process of data gathering and analysis becomes one and the same. When the researcher was conducting the interviews with the six pairs of participants, the researcher got an idea of possible themes and recurrences between each of the interviews. After each of the interviews, the researcher wrote up her experience of the interviews, including the strengths and limitations of the interview, possible ideas of denial behaviours, and adaptive strategies identified within the interview. The researcher used the field notes to write up her own hypothesis and understanding of the content presented even before transcribing the notes. This helped the researcher to grasp the interviews from what was perceived and what cannot be told from simple transcription, such as body language, grammar and the tone of participants (De Vos, et al, 2011, p. 408).



**FIGURE 3.1. DATA ANALYSIS**



(De Vos, et al, 2011, p. 403)

### **3.8.3. Step 2: Managing the data**

The researcher, in addition to field notes, also recorded the semi structured interviews. Four of the recordings were sent to a transcriber who typed out the recorded interviews in verbatim. The other two interviews were transcribed by the researcher herself. Each of these verbatim reports was labelled according to the sequence of the interviews held and three copies of each report were made. The one

copy was filed in a safe place, the second copy was used to make notes on and the third set was used in the process of identifying themes, in which similar quotes and transactions from all the interviews were grouped together.

(De Vos, et al, 2011, p. 409).

#### **3.8.4. Step 3: Reading and writing memos**

According to Braun & Clark (2006) and as cited in Hardwick and Worsely, (2011, p. 126), “the key task is to know your data”. This can be done through thorough reading of the verbatim data, more than once. Firstly, the researcher read through each of the data reports. Secondly, these were reread and significant quotes were highlighted. Finally, each of the highlighted phases was coded.

#### **3.8.5. Reducing the data**

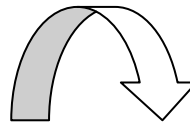
##### **3.8.5.1 Step 4: Generating categories and coding the data**

The skill of data analysis is the ability to recognise the emerging meaning that the participants are trying to convey. This process is one that requires an “awareness of the data” and to be able to determine the subtle meanings that are being said by the participants (De Vos, et al, 2011, p. 410). In order for the researcher to determine the main categories within the interviews, she was guided by the following steps as seen in Figure 3.2. This figure represents the process which the researcher followed throughout this step. This process for the researcher was time consuming and was considered for her the most important part of the research process.

## **FIGURE: 3.2. REDUCING DATA**

### **CODING**

1. Highlighted relevant quotes within the transcript of each interview.

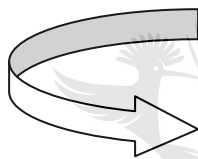
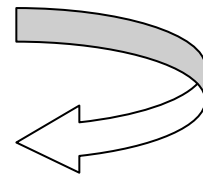


Assigned a code to each quotes. These were single units of meaning.

### **THEMES**

2. The researcher began to group these quotes together according to the similarities in denial behaviours.

Once grouped, the researcher assigned an overall theme/heading that encompassed all of what was communicated about denial and the influence it had on the dynamics within the various relationships.



### **CATEGORIES**

3. The identified themes were grouped and selected to determine main categories of findings that portrayed the ecological phenomenon of denial in chemical dependency. These categories were illustrated through diagrams representing the various denial behaviours and dynamics within the family relationships.

(De Vos, et al, 2011, p. 410; Hardwick & Worsely, 201, p. 126).

### ***3.8.5.2 Step 5: Testing emergent understandings and searching for alternative understandings***

The researcher in this step challenged the themes and emerging categories that the data was formulating. She had to identify what influences do impact on the emerging phenomenon. The influences that she identified that could possibly have an impact on the emerging understandings were the following:

- The literature review, which provided the researcher with an in-depth overview of the concept of denial and chemical dependency.

- The underlying theoretical perspective – the Ecological System’s Theory, which influenced the framework in which the data would be presented and understood.
- The participants themselves communicating their understanding of the denial behaviours and dynamics; this too could have influenced the researcher’s understanding of the data.
- The researcher herself had an influence as she was responsible for the development of the questions for the semi structured interviews; these questions were motivated by the researcher’s conceptualisation of denial from an eco systemic perspective.

### **3.8.6. Step 6: Interpreting and developing typologies**

Typologies were defined in De Vos, et al (2011, p. 416) as a “conceptual framework in which phenomenon are classified in terms of the characteristics that they have in common with other phenomenon”. Within this step the researcher started to develop a more in-depth interpretation of the data. The researcher had to exhaust all possible transactions and influences within the data. Therefore the researcher considered the following:

1. What were the individual denial behaviours / phenomenon identified?
2. Were there transactions and patterns identified within the family system during the time of chemical dependence?
3. What were the ecological patterns and behaviours identified between the individuals and other systems?
4. Were various denial behaviours exhibited between different family members?
5. Was there a difference of denial behaviours within different social contexts?
6. What role did the denial play in the fulfilment of needs of both participants?
5. Were the denial behaviours different or the same across the various family relationships?
6. Did the different chemical dependencies elicit the same or different denial behaviours from the recovering participant and the family member?
7. How did the denial play a part in the sustainability of the families “functioning” and did it minimise or limit the impact of stress caused by the chemical dependency?
8. Did it in fact assist in the family’s ability to cope or did it further impact on their functioning?



The researcher looked at all these considerations in order to ensure that the data was exhausted and the interpretation of the phenomenon of denial was broken down on a number of levels to further understand its functioning and the ecological dynamics that were played out.

### ***3.8.7. Step 7: Presenting the data***

The presenting of the data is the commitment to writing up the information and phenomenon identified through the data analysis process (Hardwick & Worsely, 2011). The researcher presented the data according to the above-mentioned considerations and illustrated the findings with diagrams in order to better communicate and express the findings of the denial within the family from an ecological system's perspective.

## **3.9. TRUSTWORTHINESS**

Data analysis within qualitative research is reliant on personal judgement. There are a number of issues around the trustworthiness/dependability of the research (Tutty, et al, 1996). As a result, the qualitative methods of research can be doubted and identified as being less rigorous. Therefore the researcher aimed towards establishing credibility of the research by considering the variables and techniques of trustworthiness and confirmability. Both of which are considered significant in increasing the rigour and dependability of the research.

The concept of credibility and confirmability, increased the reliability and validity of the research in order for the research to be considered a true representation and an accurate account of the data being collected (Hardwick & Worsely, 2012; Thyer, 2010). However the researcher incorporated a number of other techniques in order to increase the trustworthiness of the research. These are defined and discussed further. The concepts of reliability and validity are often used in quantitative methods and descriptions; however within qualitative the parallel concepts are trustworthiness and credibility (Sherman & Reid, 1994).

### **3.9.1. CREDIBILITY**

Credibility asks the question of whether the data analysis and interpretations are in fact believable. As a result, the researcher used the following techniques in order to ensure credibility of the research process and data findings.

### **3.9.2. Peer Debriefing**

The researcher used her own personal supervision sessions with a social worker as means to check her analysis and findings of the research. This assisted not only with challenging of the researcher's biases and thoughts, but it also assisted in the external trustworthiness of the study. The researcher's supervisor was able to explore and challenge the researcher's biases surrounding the research and provided honest objective feedback on the findings, which assisted the researcher in being able to separate her own emotional feelings and biases from the research (Thyer, 2010).

The researcher benefitted from the peer debriefing as the recognition of bias was identified. The researcher was battling to be open to new information being presented in the stories, in that she had predetermined ideas about the phenomenon of denial and through the peer debriefing her supervisor was able to identify and challenge her on this.

### **3.9.3. Triangulation**

Triangulation is one of the most important aspects of ensuring the credibility/trustworthiness of research. It is defined by Belcher (1988) as cited in (Sherman & Reid, (1994, p. 129,) as an "activity entailed in the development of multiple sources of data collection, which were used to verify information received from the respondents". The researcher ensured the use of triangulation through the guidance of the theory of ecological systems as the underpinning theory for the research, as well as the data gathered for the literature review and the participants' responses. All the information was cross-checked with one another in order to verify the credibility of the findings and that the findings are a result of the actual research and not the result of the researcher (Thyer, 2010).

#### **3.9.4. Member checking**

Once the researcher went through the process of analysis and identified the various themes of denial, a second session was held with each of the participants and findings were presented to them in order to receive feedback. This allowed for the correct representation of what the participants actually said and that it was understood correctly from their perspective of denial within chemical dependence and not that of just the researcher (Anastas, 1999).

#### **3.9.5. CONFIRMABILITY**

The researcher went into the research with preconceived ideas based on the research and data gathered prior to the interviews, therefore in essence true objectivism is not realistic.

##### **3.9.5.1. Audit trail**

The researcher kept all data that was collected, such as all the literature, the raw data (recording of the interviews) and the transition from the codes to the categories to the themes and finally to the findings. The researcher also kept all field notes made after the interviews and wrote in a journal her reflections and thoughts about the data presented in the interviews by the participants (Thyer, 2010).

This process was the most significant within the research as it was extensively utilised by the researcher. She kept all her transcriptions in a file and kept a field notebook about each interview she had. She used the notebook to explore her own ideas and hypothesis on the emerging data collected. All transcriptions were coded and written out and themed according to similarity in which she cut out each phrase and grouped them together under a main heading. These themes were pinned up on A3 paper in order to visually represent all the information gathered in the research. These were then used to write up her findings and results.

#### **3.10. CONCLUSION**

The above-mentioned research methodology and process presented was chosen specifically based on the nature of the research and the aims which the researcher

wished to achieve. The research aimed at grasping a deeper understanding of the interactions and dynamics that can be identified by an individual, the family and the system as a whole when confronted with the stressors of chemical dependence. This required the unique interpretations and narratives of the participants in order to gather data on their experience of denial within chemical dependence.

Therefore qualitative research was most appropriate as it allowed the researcher to develop and utilise a semi structured interview, which created a guided but flexible space for the participants to reflect on their experiences and knowledge of the denial behaviours. The qualitative process was significant as it assisted the researcher with a step-by-step process in the analysis phase of the research. This step-by-step process guided the researcher in such a way that she could begin the conversion of the participants' stories into knowledge underpinned by the ecological system's perspective.



## **CHAPTER FOUR**

### **RESULTS**

*Coping is conceived as a dynamic process of “constantly changing cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding ones resources” (Carlson, 1997, p. 292).*

#### **4. INTRODUCTION**

This chapter aims to depict the results of the six interviews that were conducted with six recovering participants and one of their family members. The results are presented according to first and second order analysis findings to create an understanding of the process that the researcher followed in order to reach her final conclusion.

The first analysis findings presented with a list of 13 predominant themes, which were grouped together and were categorised as Denial Behaviours and Underlying Needs. A further third theme was identified, the Break in Denial.

The underpinning framework for this research was the ecological system's framework and this guided the researcher in the manner in which she understood and presented her data findings.

The categories were deemed to be transactional and not able to be described independently of one another but rather in relation to one another. The ecological system's perspective was the framework utilised in order to depict the relations between the categories across multiple system levels. The researcher noted patterns of denial behaviour across the different system levels and considered the possibility of the progression of denial presenting firstly in the recovering participant, the family members and then the family system as a whole. The final level labelled as Fourth Order Denial, was the break in the denial.

## **4.1. REALITIES OF DATA COLLECTION**

### **4.1.1. Interviews**

The researcher conducted six interviews with recovering participants and one of their respective family members. The interviews were done over a period of four weeks in which the researcher scheduled a time with the family member on different days. The researcher did interviews at five participants' residences, as this was more convenient and more comfortable for the participants than coming to an office setting. One of the family members preferred to go to the researcher's offices at the clinic as this was familiar and comfortable for them as they had previously been in rehabilitation at the clinic almost a year and half prior. The interviews were conducted with both the dependent and their family member.

The sample size of six pairs of participants was also influenced by information saturation in which the data being researched became repetitive and similar themes were being identified. This was identified after interview four; however the researcher wished to confirm this by continuing with a further two interviews. Therefore the total of six interviews was conducted. Table 4.1 below represents the sampling population that the researcher interviewed.

### **4.1.2. Recovering participants, family members and relationships**

As illustrated in Table 4.1, the interviews represented an equal number of female and male recovering participants. This was to ensure that there was a true and equal representation based on the gender of the participants. Under the gender of each participant is their relation to their respective family member. The researcher aimed to interview various family relationships in order to gain a perspective from various family dynamics and not isolate it to just one relationship that would be represented within a family.

There were four spousal relationships, two of which the wives were the recovering participants and two of which the husbands were the recovering participants. The other two recovering participant relationships were that of a brother, therefore a sibling relationship, and that of a daughter, therefore a child-parent relationship.

**Table 4.1. SAMPLING CHARACTERISTICS**

<u>Interview No.</u>	<u>Recovering participant</u>	<u>Recovery time</u>	<u>Family member</u>	<u>Relationship</u>	<u>Chemical of dependency</u>
1.	Male Brother	5 years	Female Sister	Sibling	Alcohol Heroin Weed
2.	Male Husband	7 years	Female Wife	Spousal	Alcohol
3.	Female Wife	5 years	Male Husband	Spousal	Alcohol
4.	Female Wife	5 years	Male Husband	Spousal	Alcohol Benzodiazepines CAT Weed
5	Female Child	1 year 1 month	Female Mother	Child – Parent	CAT Methamphetamine Cocaine
6.	Male Husband	1 year 6 months	Female Wife	Spousal	Crack Cocaine Alcohol

**4.1.3 Recovery time**

The researcher also aimed to vary the recovery time of the participants in order to get perspectives from individuals earlier and later on in their recovery. This was considered as important in order to identify if themes and perspectives on denial differed based on the participants' and family members' recovery time.

Three of the recovering participants had the same recovery time of five years, one recovering participant had a recovery time of seven years and the other two participants were still early in their recovery, one being a year and six months and the other just meeting the minimum recovery period for participation in the study of one year and one month.

#### **4.1.4. Chemical dependence**

The last column of Table 4.1 depicts chemical dependence; this represented the different substances that each recovering participant had been engaged in. The researcher tried to identify participants who would be able to represent a variety of substances in order to get a true representation of chemical dependence, as understood for this research.

Two of the participants' choice of substance was alcohol, the other participants had engaged in poly substance, which is the use of more than one substance. The term chemical dependence in this research then covered all the following substances: alcohol, crack cocaine, cocaine, methamphetamine, weed, heroin and benzodiazepines.

Overall, the aim of the research was to identify whether the denial behaviours and transactions were consistent across the different sexes of the recovering participants, the various relationships held with their family members, the recovery period and the substance of choice.



#### **4.2. INTERVIEWS**

Each interview conducted lasted up to one hour, in which the researcher was guided by the semi structured interview schedule. The following observations were made by the researcher during and after the interviews with the respective participants:

##### **4.2.1. Participants**

After the interviews, all participants reported that they felt that the questions elicited difficult feelings and realities. Specifically for the participants in recovery, they said that it took them back to the time of chemical dependency and in the interviews they were reminded of the impact their addiction had caused them and their families.

Within the data collection, certain realities, feelings and events were mentioned that had never been mentioned or disclosed before. Participants were surprised at family members' knowledge of what they were doing during the time of addiction, as well as the current hurt or sadness that their family members still felt.



It seemed that family members and recovering participants were under the impression they had resolved and explored everything around the time of chemical dependence, but this was apparently not true.

#### **4.2.2 Interview schedule**

The questions changed during the four weeks as the researcher was able to adapt the questions in order to elicit more in depth responses from the participants. The researcher adapted the interview schedule twice, once after the pilot study and secondly after the first interview. The researcher asked both participants their thoughts on the questions and got constructive feedback from the participants, which was used in order to adapt the questions further.

The change in the questions was motivated as they were too broad and the participants expressed a need for more understanding of what the researcher was asking. The researcher added more questions to the end of the interview schedule, which encouraged the participants to expand on specific content that was already shared. The final interview schedule is attached as Appendix A

### **4.3. FIRST ANALYSIS FINDINGS**

There were a total of 13 predominant themes that were identified within the first analysis findings. These themes were identified and provided a heading once the researcher had followed the below steps:

- Transcribed interviews.
- Read through transcriptions.
- Coded the transcriptions.
- Grouped codes and quotes of similarity together.
- Gave each of these groups a heading which became the themes.

#### **4.3.1. Themes**

##### **4.3.1.1. Normalisation**

Normalisation of chemical dependence was not identified as a common theme by the researcher in the literature. It was however understood as condoning unacceptable

behaviour or acts and considering it in line with social standards (Brown & Lewis, 1999).

This theme was identified as a denial behaviour that was presented by both the recovering participant and the family member. Both would engage in this behaviour in which they would deny the realities of the chemical dependence behaviours by normalising them. The normalising of the chemical dependence was often linked with events and behaviours that are considered socially acceptable.

The family participant would normalise the behaviour (specifically alcohol) when they were out drinking together at a social event this was considered acceptable.

***“We used to have people over and we’d all have a few drinks and you know braai’s and social that sort of thing, so I wouldn’t discourage him to have a drink at all.” (Interview 2)***

The recovering participant would normalise his/her chemical dependence behaviour by associating it with his/her lifestyle, or the culture of the business or field of work that they belong to. They would also encourage parties or get-togethers in order for their behaviour to go undetected as it would be considered acceptable or normal given the occasion or circumstance.

***“I would go out drinking every lunch-time; those were the dynamics of the job and the people I mixed with”.***

***“In those types of businesses he would have to take out some customers and entertain them, so I considered that that is what it should be, it was normal, I accepted it”. (Interview 6)***

#### **4.3.1.2. Enabling**

Enabling is a common theme identified within the literature and is described as behaviour that the families engaged in, to exert some level of control by assuming responsibility for the participant’s behaviour or trying to protect him/her from the consequences of his/her chemical dependence, but in the process actually facilitate

the self destructive behaviours associated with chemical dependence (Levinthal, 2005).

This denial behaviour was predominantly seen in the reactions of the family members to the chemical dependence. The family member would provide financial assistance to the dependent, by paying off the dependent's debt, and giving him/her money freely without much consideration. The family member would rescue him/her from any consequences, and use threats but not follow through with implementing them.

***“I told him constantly that he was an alcoholic and that it was ruining our life, he was sent packing a few times, never actually left the door though”. (Interview 2) “I would try to convince my father to lend him money because I knew he was not eating”; “I had so much debt and I would use one credit card to pay off the next, I would make up stories about why I needed the money and he would just give it to me”. (Interview 1)***

#### **4.3.1.3. Fear of losing the relationship**

This theme was consistent within the literature and is considered to be the need for human attachment - that the need for the relationship and attachment to the individual preceded the need to confront the chemical dependence (Brown & Lewis, 1999).

The fear of losing the relationship was identified as an underlying need, the need to maintain the relationship, the need to still be in the relationship. This need was identified by both the family member and the recovering participant. From both sides the benefits and rewards of the relationship were significant - the relationship provided financial and emotional support, and therefore if the chemical dependence was confronted they feared losing the relationship including the support.

The recovering participants were worried that they would be rejected and the respective family members would end their relationship with them if they knew that they were doing drugs or drinking.

***“I would think he is such a strong financial support to me, like he’d always bail me out, who would bail me out the next time?” (Interview 4)***

The family member was fearful of confronting the recovering participant on his/her behaviour in fear of the participant getting cross or upset and leaving the family. The need to maintain the relationship exceeded the member’s need to confront the realities of the impact of the chemical dependence.

***“I just tried to make sure she was okay and didn’t want to get into fights in case she left. She used to do that, just leave.”***

***“Many times I have not wanted to be married but I also had three children I needed to look after and support and I needed the financial support”.***  
***(Interview 3)***

#### **4.3.1.4. Justify the bad times with the good times**

Justification was understood by the researcher as a way in which to validate or defend certain behaviours or acts. This concept is similarly linked to the concept of rationalising.

The use of justification was identified particularly amongst the family participants. They would justify the negative behaviours and consequences associated with chemical dependence with the times that were seen as good and fun.

The family member would think that because the recovering dependent works hard and provides for them, it is not a problem to come home late or behave in an inappropriate manner at times.

***“He would never come home and abuse me or there were never fights in the house”.*** ***(Interview 6)***

***“During the wonderful times I use to think maybe there wasn’t a problem”.***  
***(Interview 4)***

#### **4.3.1.5. Trying to exert control**

The need to exert control is a behaviour that is commonly associated with the concept of co - dependency (Nowinski, 1999; Olwagen, 2003 & Haaken, 1993). However the need to exert control was identified by both participants and was considered different to just the behaviour associated with co-dependency.

The need to exert control was a common theme that arose within interviews with the two participants. Both participants expressed their need for control and power. The way however in which they expressed this need or exerted it was slightly different. The recovering participant would claim his/her control and power by expressing that he/she could use drugs or alcohol in a controlled manner or that he/she had the power to stop on his/her own. The participant would express his/her independence and autonomy that he/she did not need a family member to tell them what to do.

***“Don’t tell me what I can and cannot do”; (Interview 5)***

***“Surely I can do what I want, I’m still an individual person and you can’t tell me what to do”. (Interview 3)***

On the other hand, the family member would try exerting control by issuing ultimatums for the behaviour, and would try pre-empting before the participant would next use drugs or drink alcohol, and tell them that they cannot do so.

***“Putting ultimatums and saying, no you are not allowed to do that, it does put strain on that because as a sister it’s not really your place”. (Interview 1)***

***“I would phone him and make him promise that he wasn’t going out for lunch for that day or was going to come home sober” (Interview 2).***

As a result, the more control each member of the family wanted, the less control either gained. The recovering participant wanted independence and control of his/her using, whilst the family wanted to try being in control and stopping him/her using.

#### **4.3.1.6. The need to protect**

This theme is similar to the behaviours associated with Enabling and in the literature was described as “making excuses for the dependents and protecting their behaviours” (Nowinski, 1999, p. 133).

The need to protect was a theme that recurred within the interviews, predominantly from the family member's side, in which the member would assume the role of nurturer and want to protect and look after the dependent family member.

The family member would assume the responsibility of being the rescuer and rescue the dependent family member from the consequences and try keeping him/her safe.

***“It is a difficult situation because you want them to be okay”. (Interview 5)***

***“Always a part of me that wanted to protect him from my parents, I mean I tried very, very hard to protect him from my dad because I knew my dad would freak”. (Interview 1)***

On the other side, the recovering participant would express a need to protect his/her family members but from a different framework. He/she would not want to tell the family of the drugs or alcohol use because he/she thought it would protect the family from the pain it would cause. In essence, the need to protect was not for the family's sake but rather to protect him/her from the consequences that might arise.

#### **4.3.1.7. Judgement**

The fear of judgement and the need to protect oneself and the family was a theme that was expressed by both the dependent and their respective family member. Their fear of being seen in a bad light far exceeded their need to confront the realities of the chemical dependency. This theme was identified within the literature and associated with Marlow Crowne's social desirability scale in which it depicts that individuals try to act in a manner that is seen in a positive light and not in an undesirably fashion (Ownsworth, et al, 2002).

The recovering participants expressed fear of having to admit failure to their family members. One participant expressed:

***“I made sure that she made sure, I was a saint”. (Interview 6)***

The need to be seen in a positive way and uphold their pride was important and therefore difficult to confront the truth of their behaviour.

The family member did not want other people within their social group or environment to know that one of their family members was chemically dependent. The fear of judgement was based on his/her loyalty to the relationship, and the family name. One of the family members said:

***“I didn’t even tell my family because they would ask me what kind of children I have brought up.” (Interview 5)***

#### **4.3.1.8. Avoidance**

Avoidance is a denial behaviour in which one either physically or emotionally avoids the realities of the chemical dependency. This behaviour was used by both participants, in which each had different exit strategies in order to avoid the confrontation or acknowledgement of the chemical dependency as a problem.

The recovering participant would use avoidance as a means to continue his/her behaviours and not get caught. He/she would physically avoid coming home, stay out late, and retreat somewhere in the house when at home. The need to avoid was also driven by the need to not have to explain or defend him/herself to the family member.

***“I would make sure like when he goes to bed I would stay up. I’d often try avoiding him at home”. (Interview 5)***

***“I think we got distant actually because the more times I spent with her the less I could drink, so I began avoiding so I could drink more”. (Interview 1)***

Family members used similar strategies; they would stay at work late, and hide behind the responsibilities of the house so to avoid having to confront the behaviours of their respective dependent family member. They expressed the feeling of being on auto pilot and just getting through the day without having to confront the using.

***“I was dying to get to work and not to come home”. (Interview 3)***

#### **4.3.1.9. Lack of addiction knowledge**

This was a new theme in which the researcher identified within the study and not from the literature. This theme was described predominantly by the family members of the recovering participants. They described that they felt rather oblivious to what was going on; that they knew something was wrong with their family member but chemical dependency was not within their frame of reference. The participants quoted:

***“I knew nothing about addiction”. (Interview 4)***

***“I was in denial that he was using anything because we were married for so many years, so it was impossible for him for being a drug addict”. (Interview 6)***

***“But I always knew something was wrong”. (Interview 4)***

The lack of understanding was also presented when the family members found out and assumed the dependent person could now stop on his/her own. They believed it when their dependent family member said that he/she would stop.

This was also true for the recovering participants. They at first expressed that they didn't understand addiction and didn't think that they were really addicts.

***“I thought it was something we only see on TV like in Hollywood”. (Interview 5)***

#### **4.3.1.10. Rationalising the behaviours**

Rationalisation is a denial behaviour in which the one logically and rationally can find an alibi or excuse for the behaviour as opposed to considering that the behaviour is actually the result of chemical dependence (Connors, Donovan & DiClemente, 2001). This denial behaviour was described by both family members and the recovering participants and was the largest theme that occurred during the interviews.

The reasons that the participants used to rationalise the behaviours exhibited due to the chemical dependence seemed valid and logical. The reasons were considered



somewhat more tangible, within their frame of reference and were considered more socially acceptable.

***“Well I was suffering from depression”. (Interview 2)***

***“I thought it was a psychological problem all around an eating disorder”. (Interview 4)***

***“I thought it was because I had a messed up childhood”. (Interview 1)***

***“I would tell people I was just under stress”. (Interview 6)***

***“I closed my business because it was bad for my health, my emotional health”. (Interview 3)***

The above-mentioned quotes were expressed by both the family members, as well as by the recovering participants. These explanations made more sense for the family members to understand the behaviours, especially since their frame of reference or understanding of addiction was nonexistent or limited.

These explanations on the other hand for the recovering dependent were used so as to pacify the family members' concerns and so to continue using, as well as a way for themselves to minimise the severity of their chemical dependency. It helped to avoid accepting responsibility and blame it on something else.

#### **4.3.1.11. Failure**

The theme of failure came through in the interviews, in which expectations were held by both the family members and the recovering participants. The fear of failing or being perceived as failing didn't fit in with the expectations held by each member.

The family members felt themselves as being a failure if they had to admit one of their family members was a drug addict - that they didn't do enough to manage it or control it. The fear of failing was difficult to acknowledge.

***“I went to the temple and prayed. I prayed for forgiveness because for me I thought I had failed as a parent”. (Interview 5)***

The family members also had an expectation that their family member struggling with the chemical dependency was strong and that he/she could stop; they could not consider that the respective family dependent could possibly fail.

The recovering participant would express feelings of guilt and shame and if he/she had to admit he/she had a problem, it would mean personal failure, as well as failing the relevant family member.

***“It was like admitting a weakness of myself, a flaw in my character”. (Interview 4)***

***“I felt like yet again I had disappointed them”. (Interview 5)***

#### **4.3.1.12. Minimising**

Minimising is a denial behaviour in which the problem is not denied, however the severity of the problem is not considered and is down-played. Minimising is a common theme identified within the literature and is understood as a concept in which individuals tend, on some level, to acknowledge that there is a problem however does not see it as noteworthy (Connors, et al, 2001). This theme was identified particularly by the recovering participant, in which the consequences and impact were not acknowledged to their fullest extent.

The participants shared the following:

***“I would often drive drunk”. (Interview 3)***

***“I never considered it to be like an addiction problem, it was like a habit I had to break”. (Interview 4)***

***“I had to pull over so he could puke a couple of times and then he wanted me to take him somewhere so he could drink”. (Interview 1)***

One participant spoke about being in some sort of treatment in which he/she was admitted into a psychiatric facility due to his/her drinking and the next day thought he/she could be discharged. Another participant was in hypnotherapy and once done would smoke and take Thinz outside the treatment centre, all indicative of poor insight and denial of the severity of this/her chemical dependence.

#### **4.3.1.13. Break in denial**

The break in denial as the researcher understood it, was the confrontation of the realities of the chemical dependence in that the recovering participants recognised that they did in fact have a problem and could no longer continue denying it. Similarly, the family members were then too exposed to the realities of the chemical dependence and the behaviours as they were no longer being hidden or covered up by the recovering participants.

This theme was considered by the researcher as independent to the denial behaviours and underlying needs as identified above. This theme became apparent in the majority of the interviews in which the recovering participants admitted when they realised that they actually had a problem. However, even though it was not considered separate, the researcher felt that this theme was significant within the findings in her research.

The pattern of behaviour reportedly changed in that the recovering participants no longer engaged in behaviours that assisted in hiding the true reality of their chemical dependency.

***“Towards the end I just didn’t care, I would come home drunk or high, ‘cause now they knew”. (Interview 5)***

***“The more I drank the less I sort of hid it because I used to have a glass of wine all over the place”. (Interview 3)***

It was also interesting to see that the timeframe in which they all reported as being significant was six months prior to entering into any treatment – this was when they realised they had a problem.

***“About six months before I went into rehab that is when I knew that i couldn’t stop on my own”. (Interview 4)***

***“The last 6 months, I knew that I was an addict”. (Interview 6)***

This theme was significant to the researcher in relation to the prior themes and will be discussed further in the second analysis findings.

#### **4.4. SECOND ANALYSIS FINDINGS**

##### **4.4.1. Categories**

After the first analysis findings, the researcher was able to identify that the findings could be categorised into two categories. Within the first analysis findings it became apparent that the themes were either denial **behaviour** or an **underlying need**.

Separate from the two main categories mentioned above was the predominant theme of ***Break in Denial***, which was not in line with the below-mentioned categories. However for the researcher this was significant in the understanding of denial from an ecological system’s perspective.

**Table 4.2 Categories**

<b><u>DENIAL BEHAVIOUR</u></b>	<b><u>UNDERLYING NEED</u></b>
Normalising	Fear of losing the relationship
Enabling	Control
Justifying	Need to protect
Exerting control	Judgement
Avoidance	Failure
Lack of knowledge	
Rationalising	
Minimising	

The two columns represented in Table 4.2 illustrate the main categories of themes that became apparent within the research study.

##### **4.4.2. Denial behaviours**

With regards to the above-identified denial behaviours, the researcher came to the following assumptions:

- Regardless of the substance of dependence, drugs or alcohol, the denial behaviours were seen across each of the chemical dependencies.
- However, with regards to alcohol, the denial behaviour of normalisation was more predominant. The researcher considers this as a possible result of alcohol being seen as more socially acceptable and therefore can easily be normalised.
- The denial behaviours were not only indicative of the recovering participant whilst in active addiction, but also by that of the family members.
- The denial behaviours were seen across all three of these different relationship types – spousal, sibling, parental and child - and no one denial behaviour was isolated to a specific relationship.
- No one denial behaviour was used by any of the participants. This means that each of the participants engaged in different denial behaviours throughout the time of the chemical dependence.
- These denial behaviours varied within different social contexts; however the same social contexts did not always elicit the same denial behaviours.
- The denial behaviours were similar across different system levels; no one denial behaviour was isolated to one system level. The denial behaviours were exhibited by the recovering participant, the family member and the family system in relationship to the meso system (community).

The above descriptions of denial are overt behaviours, behaviours that are tangible and can be identified through the actions and words of the recovering participant and family members during the time of chemical dependency. However the underlying needs for the use of denial became apparent within the interviews from both the recovering participant and his/her family member.

#### **4.4.3. Underlying need**

Within the research, participants quoted the following and similar statements:

***“But it was unconscious”. (Interview 6)***

***“She wasn’t really aware of it”. (Interview 3)***

These statements indicated to the researcher that apart from the overt denial behaviours, there were possible underlying messages or needs that were being communicated and fulfilled within the transactions surrounding the chemical dependency within the family relationships. These needs were of high importance to both the recovering participant and the family member.

- The identified needs were not isolated to just the recovering participant but to that of the family member too.
- The needs were expressed by both participants, regardless of their chemical of choice, and regardless of the various relationships – spousal, sibling, parent and child.
- The denial behaviours assisted in fulfilling and satisfying the needs. No one denial behaviour assisted in satisfying one need. The need met was satisfied through the use of different denial behaviours.
- The participants presented a variety of underlying needs and not just one.
- The underlying needs were consistent, regardless of the system in which it presented, i.e. the underlying need of *Fear of Judgement* was reported by the recovering participant and the family member and the family system as a whole in relation to their community (meso system).

#### **4.4.4. BREAK IN THE DENIAL**

As discussed in previous chapters, denial is considered a complex construct which individuals engage in to defend themselves from the realities that may be presenting in their lives. It is recognised as the distortion of a reality so as to not either face the consequences of the truth or admit to the painful certainties of a situation.

Denial is not a conscious act; instead it is unconsciously set up in order to alleviate individuals from any painful or harsh realities (Dare & Derigne, 2010; Velicer, et al, 1998).

From an ecological system's perspective, denial is a coping mechanism that has been set up by individuals as a method of coping or dealing with difficult situations. It is a mechanism that is adopted by individuals in order to assist in maintaining the

functioning of their lives and system, it is a coping strategy in order to adapt and change to accommodate adversity and threatening impact (Ortega & Algeria, 2005).

The break in denial as reported by the individuals in the research was the confrontation of their realities and that they had a problem. Denial as understood by the researcher is a creative mechanism in which the individuals adapted to the negative impact of chemical dependency in order to continue the fulfilment of the individuals and system's needs.

However the break in the denial (irrespective of its dysfunctional nature) rendered the family systems in chaos. The creative denial manoeuvres were assisting the families' ability to cope and manage but in a dysfunctional manner and when the realities of the severity of the chemical dependence were confronted, the system lost its adaptive strategy and the system became chaotic.

The period of chaos was unmanageable and they could no longer function without external intervention and as a result, accessed a source of treatment.

***“I was using 24/7, I couldn't live without it, it was a way of life for me, I felt I couldn't live any other way, but even that stopped working and in those last six months I wasn't in denial anymore, I admitted I got a problem but all the 30 years before I thought I could stop it”. (Interview 6)***

***“I had had enough hey, I was broken, I was f\*\*\*d. At that stage in my life, that was tickets. I spun my car off the N1, the car was fine but I was f\*\*\*d and I was like turned to, I had like a “God moment” and I was like “no, that's it, no more”. (Interview 1)***

***“He went off into the kid's playroom and locked the door. We were screaming though the door and I started getting panicky and he was saying ‘if you don't like this I am gonna kill myself’. ..... the police they handcuffed him and he got out of the handcuffs and they tussled with him and then the doctor came and he managed to get in and talk to him calmly and said we're gonna take you to Barney Hurwitz Recover Hospital or something Psychiatric Hospital which they did”. (Interview 2)***

#### **4.5. DENIAL BEHAVIOUR AND THE UNDERLYING NEEDS**

The motivation for the study was to be able to identify and describe the transactional elements of denial within chemical dependence, as well as to confirm that denial is the result of the transactions that occurs between, as well as within, the family and other systems. These motivations were identified and are described as follows.

In earlier chapters, denial within chemical dependence was described as a “complex multifaceted problem”. The researcher made the following assumptions based on the research:

- Denial behaviours and the underlying needs cannot be considered as separate categories but rather interrelated.
- Denial is not a simple concept but instead is the umbrella term that encompasses a variety of different phenomenon and transactions.
- Denial can be seen on an individual as well as on an interactional level.
- Denial can be considered progressive and there are possible levels of denial.
- Denial helps fulfil and satisfy the needs of both the recovering participant and the family member but in essence maintains the chemical dependence behaviour.

The denial behaviours as understood by the researcher are overt behaviours with which the participants could identify and describe, based on the behaviours presented.

The underlying needs however it seems were less tangible and were not communicated explicitly; however they were the driving force underlying the denial behaviours. The interactional dynamic that occurred between the two categories is possibly considered the denial phenomenon.

#### **4.6. ECOLOGICAL SYSTEM'S FRAMEWORK**

There are indications that there is a “relationship between drug and alcohol use and family functioning” (Webber, 2003, p. 229). The ecological system's framework considers chemical dependence as a stressor that interrupts and destabilises a



system's functioning and as a result aims towards adaptation and finding a way to cope with the stress that chemical dependency presents.

A family system is comprised of subsystems, all of which work together in order to fulfil the needs of the system as well as those of each individual. The aim is towards growth and development of the system as a whole (Van Wormer, 1995). The participants' experience was that one of the members of their family system was no longer him/herself and no longer holding the system's functioning as a priority - instead the priority became his/her chemical dependency. The reliance on each member in order to maintain the functioning of the system became apparent and the chemical dependence was influencing the functioning and stability of the system as a whole, and limiting the input that the recovering participant was able to contribute to the system's functioning.

***“You look at him and you think this is my husband, this is my husband's body but other than that I don't know who this person is”. (Interview 6)***

***“I thought it was the devil in my child because it was not my child”. (Interview 5)***



It seems as though that within the system, the chemical dependence began on an individual level, and the denial of having a chemical dependency originated on an individual level. This assisted the individual in fulfilling his/her own needs of using a chemical of choice, and continued “functioning” on an independent level. Due to the lack of knowledge of the family members in the beginning, they were not in denial; however chemical dependency and the indicators were not within their frame of reference. In time, the lack of knowledge was no longer applicable as they began to identify the behaviours of the chemical dependence and this lack of knowledge progressed to denial about the chemical dependence within the family system.

What became apparent within the family system is that in order for the underlying needs of each of the participants to be met, both had to be exhibiting denial behaviours. The denial transactions held between the family member and the chemically dependent individual ensured that the chemically dependent person could still maintain his/her chemical using, while trying to defend him/herself against the

difficulties of the chemical dependency, satisfying his/her needs and maintaining a superficial level of functioning.

The break in the denial however sabotaged the “functioning” of the system and as a result the creative mechanism of the denial was interrupted. This led to the system becoming uncontained and not able to function on the level it had previously. A system aims towards continuous change in order to satisfy the needs of its members. The system’s coping mechanism was confronted and as a result the individual’s and the family system’s stability was impacted and therefore unable to satisfy either needs (Van Wormer, 1995).

#### **4.7. PROGRESSION OF DENIAL**

The researcher not only identified the various categories from the research but also recognised a similar pattern in behaviour within each of the six pairs of participants. The recognition of a possible progression of denial was considered. As a result, the researcher further condensed the data researched and developed a possible framework of understanding the progression of the denial. Figure 4.1 below is based on a hypothesis about the progression of denial that the researcher has developed in order to convey her findings. This progression of denial was recognised as a concept within and between various system levels, the micro system, and meso system. This is further illustrated in Figure 4.1.

**FIGURE 4.1:**  
**PROGRESSION OF DENIAL**

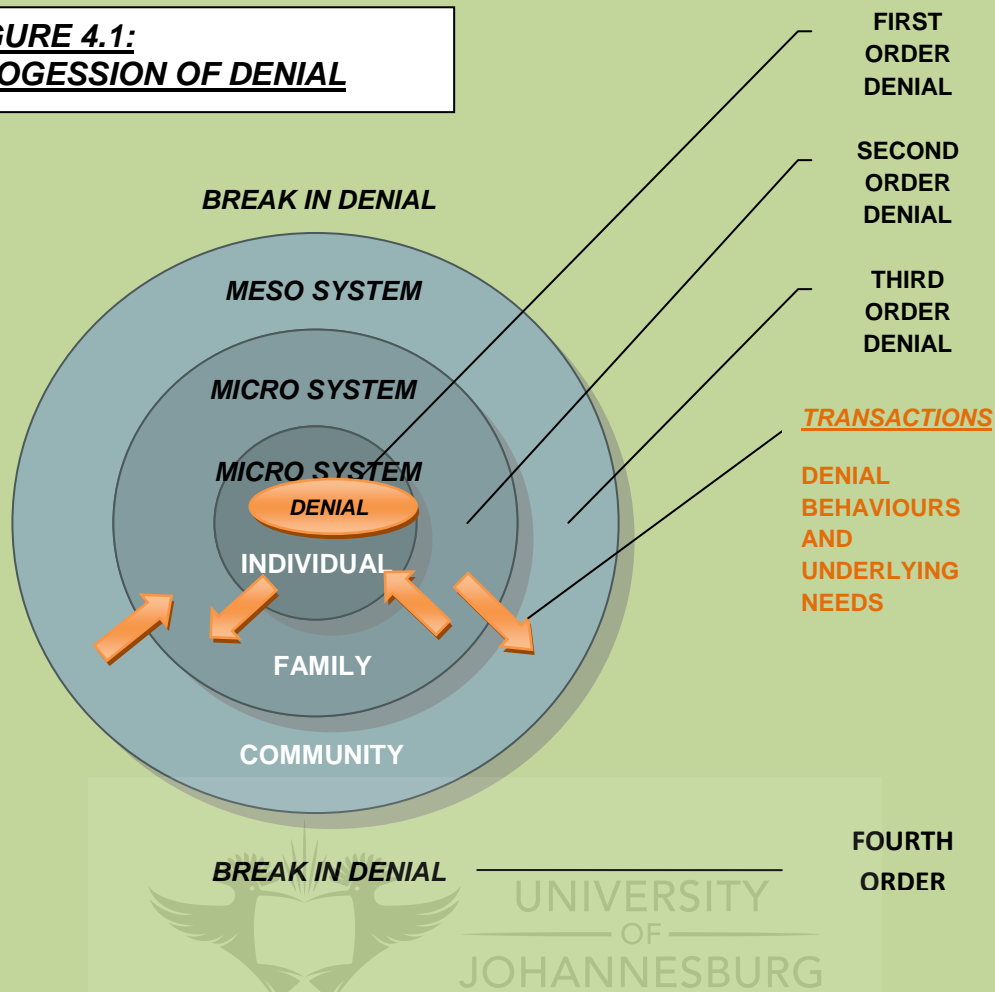


Figure 4.1 illustrated four levels of denial, as assumed within the research. Each order of denial developed within different system levels. These levels are discussed in more detail below.

**4.7.1. First order denial**

This order of denial presented itself within the micro system whereby denial of chemical dependency was in its infancy - the individual denied that he/she initially had a problem, in order to maintain a level of functioning. The dependent individual denied this to him/herself and engaged in denial behaviours, in order not to face the realities of chemical dependence behaviours.

***“I wasn’t aware of my drinking problem, I was focused on depression, really wasn’t aware of how serious my alcohol dependency was”. (Interview 3)***

The family members were not in denial as of yet, but instead had a lack of knowledge about chemical dependence and therefore this was not within their frame of reference.

***“I don’t think I realised for most of the earlier days what was going on, I was quite oblivious to it”. (Interview 4)***

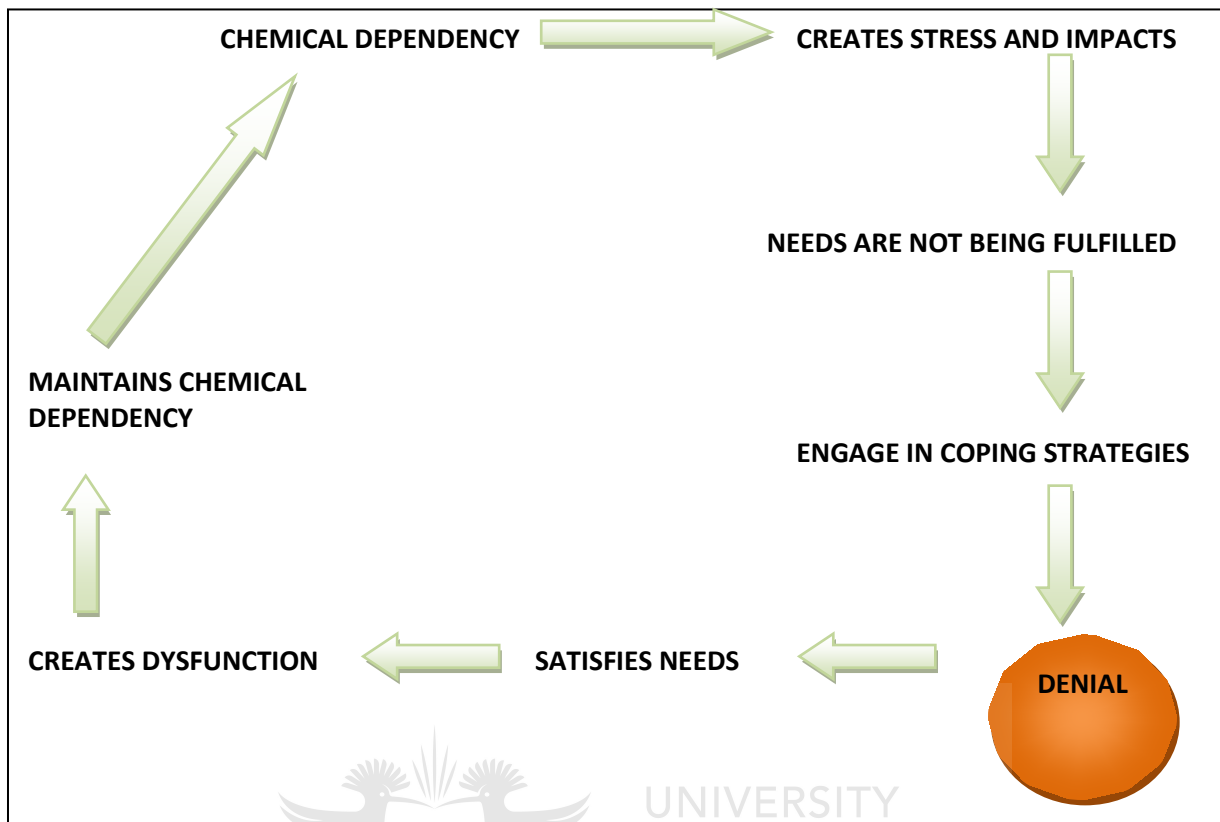
***I also just think it was a lack of knowledge and they don’t understand”. (Interview 5)***

Within the ecological systems framework, each subsystem (individual) is imperative to the functioning and stability of the system (family) as a whole. For the system (family) to function, it relies on the input from all subsystems (individual). Chemical dependency impacts on the ability of the individual to function and as a result impedes on the ability of the individual to provide sufficient input to the functioning and stability of the system as a whole.

#### **4.7.2. Second order denial**

Second order denial is of much significance and this order depicts the transactional dynamics of denial within the family system. The second order denial exists and is created not in isolation but rather between the two micro systems, between the individual and the family members. This second order denial is further illustrated in Figure 4.2 and Figure 4.3., as it takes place within the family system as a whole and includes the individual and immediate family members.

**FIGURE 4.2: FAMILY SYSTEMS**



As illustrated in Figure 4.2, the family system tried to cope and manage the negative impact of the chemical dependency through the use of denial. The denial helped satisfy individual needs, however the systems functioning as a whole become dysfunctional and enabled the chemical dependency to continue. The persistence of the chemical dependency again resulted in stress and the cycle then continued.

Figure 4.3 provides a look at the dynamics that exist within the family system (micro system) as a whole, in which second order denial is presented. Second order denial differs to first order denial as it is constructed based on the interactions of denial behaviour, which is motivated by each subsystems underlying need. This is illustrated in Figure 4.3.

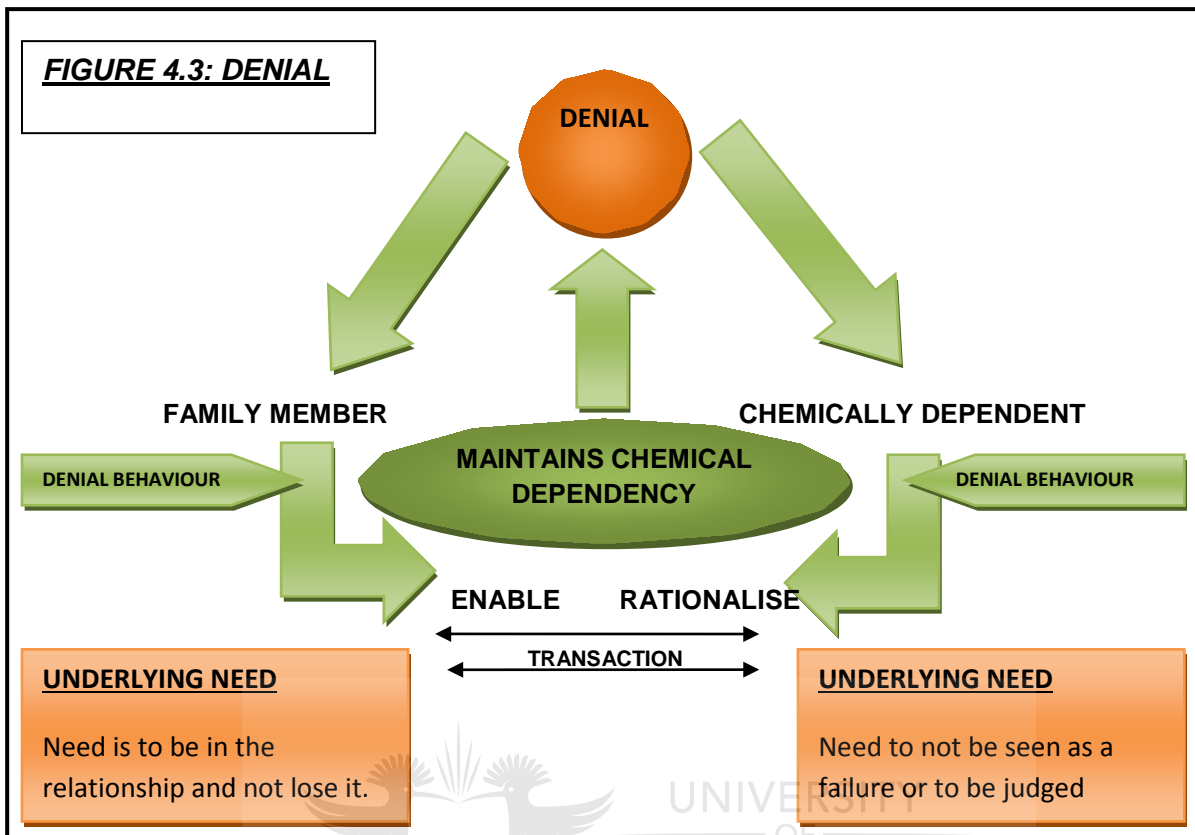


Figure 4.3 above provides a more comprehensive look into the phenomenon of denial as seen in Figure 4.2. This representation is an example of dynamics between the family member and the dependent member during the time of chemical dependency.

Figure 4.3 is a representation of one of the transactions shared in the interviews.

#### **4.7.2.1. Parent - Child Relationship (Denial: Figure 4.3)**

Daughter: Recovering participant – 13 months (Interview 5)

Mother: Family member

##### **Family member**

The mother in the interview was described as enabling. She would often give her daughter money. Her daughter expressed the following: ***“She was always the one***

***to help me out with money and always trying to make it better between me and my dad”.***

In response the mother said, ***“I just tried to make sure that she was okay, I didn’t want to get into fights in case she left”.***

The mother’s denial behaviour was *enabling* in that she provided her daughter with money. The underlying motive for her denial actions/behaviours was because she feared conflict and her daughter leaving; *therefore fear of loss of relationship*.

### **Recovering participant**

The daughter would *rationalise* her use for the money.

She said, ***“I worked the whole week I thought I deserved to go out clubbing and partying”.***

The mother then responded, *normalising* the behaviours of both herself and her daughter, ***“I thought her money was all for going out to the clubbing and dancing not for the drugs, I am her parent and I needed to make sure she had everything”.***

The daughter expressed that she could not tell her mother that the money was for drugs as she felt she would be such a *disappointment and a failure* in the eyes of her mother who did so much for her ***“I couldn’t confront my parents, I think, if I think about it, I didn’t really want to disappoint them again”***, *indicating the fear of judgement or failure*.

The above example is an in-depth look into the concept of second order denial. The researcher hypothesises that the denial behaviours were driven by the underlying need of each of the family members. Both avoiding the confrontation of the chemical dependency and as a result maintaining the behaviour. This example is consistent with all the other dynamics that became apparent in each of the family systems interviewed.

Second order denial involves the individual and family members - the family system as a whole is then engaging in denial behaviours, and as a system develops transactional dynamics with his/her immediate community, namely, the meso

system. Chemical dependency within a family system “can enormously strain interactions” and the family can then begin to isolate and withdraw their interactions with outside systems (Howard, et al, 2010, p. 473).

#### **4.7.3. Third order denial**

Inter-systemic dynamics and transactions assist in the promotion and development of individuals and systems. The fulfilment of needs and adaptive abilities rely on the interconnectedness of systems between one another. The boundaries between each of the systems ideally should be semi permeable, in order to allow for the communication and input of information. This interdependence creates support and the inflow of feedback which can assist in the growth and development of the system (Compton et al, 2005).

Third order denial takes place between the family system as a whole and the meso system (community). This transaction differs from the first and second order denial as the family system as a whole exhibits denial behaviours in order to maintain the “functioning” of the family. The aim of the family is to preserve the integrity and pride of either itself or the family as a whole. The family then creates rigid boundaries and does not confront or recognise the severity of the chemical dependency and, as a result, the family system begins to deteriorate and is considered “systemic denial” (Peterson, et al, 2003, p. 115).

***“I live with a lot of pride and that is maybe my fault or a good thing, I don’t know but I do, I have a lot of pride in myself and in my family, I never liked to tell people or admit to people of any of my family’s failings”. (Interview 2)***

***“My family still do not know our secret; I am still ashamed of what my daughter did”. (Interview 5)***

The underlying need that drove the denial behaviour was the need to not be judged and to protect the family as a whole. However within this need to cope and manage the secret of the chemical dependence, the family system was isolated and withdrew. Due to the denial, the ability to access support from the meso system was then limited.



***“He was already isolated and he would tell all his friends that he knew from over the years that he doesn’t want to see them or speak to anyone so there were no friends for him to stay at no family so where he was going to go? There were no girlfriends or women as they only go to those men who have money”. (Interview 6)***

#### **4.7.4 Denial behaviours and underlying needs identified within each system level**

Within each of the first three levels of denial, the researcher identified specific denial behaviours and needs relevant to each system level.

##### **4.7.4.1. First order denial**

The individual engaged in a variety of denial behaviours in order to firstly satisfy his/her own needs, as well as to maintain his/her chemical dependency. The following denial behaviours were identified within the first order denial:

**Normalising:** *“We were having fun. I was at school it seemed like normal”. (Interview 1)*

**Exerting control:** *“I thought I could stop on my own, cause you know I meant it I really thought I could stop on my own”. (Interview 6)*

**Minimising:** *“I never considered it to be like an addiction problem it was just like a habit I had to break”. (Interview 4)*

**Rationalising:** *“A good friend of ours died from alcoholism. But you see I always compared myself to her and she really had a serious drinking problem compared to me”. (Interview 3)*

**Justifying:** *“There were days in between you know so I’d have a family dinner or something and I would use and then the denial would go to me ‘ aah well’, if I can go one day without it I obviously don’t have that big a problem”. (Interview 4)*

These denial behaviours were identified on an individual level in which the recovering participant engaged in order to sustain their chemical dependence. The underlying needs were not as overt on an individual level.

#### **4.7.4.2. Second order denial**

As discussed previously, the researcher identified this order of denial significant as it depicts the transactional phenomenon of denial between the individual and their immediate environment, his/her family members. The following denial behaviours and underlying needs were identified most relevant within this order of denial:

Enabling: Was a behaviour identified from the family members: ***“She was enabling, no doubt about it, not cause she was conscious of it, because she was always more flexible”.*** (Interview 6)

Minimising: *“This denial behaviour was evident as a behaviour expressed by both the recovering participant and his/her family member: “Oh it’s just that he was sniffing a little bit of cocaine, he was happy and whatever”.* (Interview 6)  
***“It was always just two drinks”.*** (Interview 2)

Rationalising: *This behaviour was recognised as one that was expressed by both the individual and the family member: “Then I closed my company because it was bad for my health, my emotional health”.*

***“She was less stressed and happier when she had a drink”.*** (Interview 3)

Justifying: *This behaviour was recognised as one that was expressed by both the individual and the family member: “When he wasn’t drinking he was great”.*(Interview 2)

***“Because when she was drinking with me, we didn’t fight, because then I got my way”.*** (Interview 1)

Exerting control: *This behaviour was considered an underlying need and one that was expressed by both participants, but manifested differently. The recovering*

participant wanted to exert control in order to maintain his/her independence and say that he/she can control the chemical dependence. The family member wanted to exert control over the recovering participant and his/her chemical dependency: **“Well I can do it and I can control it”**. (Interview 1)

**“My parents to ask me all the time where are you going, are you drinking?”** (Interview 5)

Fear of losing relationship: This behaviour was recognised as one that was expressed by both the individual and the family member: **“We had such a very strong love for each other despite all the turbulence, we were very madly in love”**.

**“I was worried that she would leave me”**.

**“I really couldn’t go through the threat of leaving him”**. (Interview 4)

Fear of failure: Within this order denial, the fear of failure was predominantly expressed from the recovering participant: **“I felt at the time, I felt I wasn’t going to succeed, I was a failure. The alcohol was a crutch at the time”**. (Interview 2)

Need to Protect: This underlying need was expressed by both the individual and the family member: **“He had the Chinese and Israeli mafia phoning him for his money, hundreds and thousands, I obviously had to pay them off”**. (Interview 6)

Fear of Judgement: The fear of judgement was predominantly expressed by the recovering participant in second order denial: **“I didn’t want to admit it, pride”**. (Interview 6)

Avoidance: This behaviour was recognised as one that was expressed by both the individual and the family member: **“Started getting difficult for me to drink the way I wanted to drink because then my secret was out, I would then just avoid her”**. (Interview 1)

**“I would let her bake or carry on so long as she wasn’t irritating me and I could avoid talking to her”**. (Interview 4)

#### **4.7.4.3. Third order denial**

Third order denial is presented as the phenomenon of denial as a transaction that presented between the family as a system and its immediate community (meso system). The following denial behaviours and underlying needs were prevalent within this dynamic:

Fear of judgment:

***“So people would never know we had a problem”. (Interview 2)***

***“I didn’t even tell my extended family”. (Interview 5)***

Need to protect:

***“We went for couple counselling, none of the addiction stuff came out, I was trying to do the right thing, get the right help and that sort of thing but it was never for the actual reason”. (Interview 4)***

Overall the underlying need to protect the family system from judgement from the community was significant, certain denial behaviours assisted in fulfilling these needs, that of the same behaviours expressed in the second order and first denial, however it was expressed to maintain the integrity of the family system.

***“What would people think?” (Interview 6)***

This order of denial and its presenting dynamics was not the main focus of the study; therefore limited insight was developed from this study based on the phenomenon of denial within this system level. This thus needs to be further explored.

A summary of the various denial behaviours and underlying needs expressed in different system levels is depicted in Table 4.3. This summary is based on the above data in order to illustrate the various behaviours and underlying needs most prevalent within each system level.

**TABLE 4.3. Orders of Denial**

	<b><u>FIRST ORDER</u></b>	<b><u>SECOND ORDER</u></b>	<b><u>THIRD ORDER</u></b>
<b><i>NORMALISING</i></b>	*	*	
<b><i>EXERTING CONTROL</i></b>	*	*	
<b><i>JUSTIFYING</i></b>	*	*	
<b><i>FEAR OF FAILURE</i></b>		*	
<b><i>NEED TO PROTECT</i></b>		*	*
<b><i>RATIONALISING</i></b>	*	*	
<b><i>FEAR OF JUDGEMENT</i></b>		*	*
<b><i>AVOIDANCE</i></b>		*	
<b><i>FEAR OF LOSING RELATIONSHIP</i></b>		*	
<b><i>ENABLING</i></b>		*	
<b><i>LACK OF KNOWLEDGE</i></b>	*		

Table 4.3 serves to identify what behaviours and underlying needs are most common under the relevant system level. This helps to categorise the phenomenon and understand it in relation to the different system's dynamics and needs. The researcher considered the possible observations illustrated in Table 4.3.

Firstly, that first order denial is expressed on an individual level in which the individual wishes to convince him/herself that possibly he/she does not have a problem. Secondly, the underlying needs and denial behaviours in second order denial help to satisfy each member's needs and underlying needs can only be satisfied within a dynamic and not in isolation. Second order denial exhibits all of the denial behaviours and underlying needs. Thirdly, third order denial exhibits the need to protect the family system and defend it from judgement. Denial behaviours were not explored in detail within this research in relation to the family system and their community. Fourthly, the denial behaviours were acknowledged across various levels and not only isolated to one system level.

#### **4.7.5. Fourth order denial – break in the denial**

Fourth order denial was labelled by the researcher as the break in the denial, in which the recovering participant reported a confrontation in reality, that he/she does

in fact have a problem. This did not however change his/her behaviour - in some reports, it exacerbated it in a manner that was overt and the family was then confronted with the realities of chemical dependence. The denial was not utilised as a means of hiding or avoiding the truth, instead the recovering participants reported that they just didn't care. The preservation of their chemical dependence and being caught out was no longer a priority.

***“I'm not doing a drug test and he said 'why?' And I said because I've used”.***  
***(Interview 4)***

***“I would come home drunk and high and not even care, I was an addict and that became my excuse to use”.*** ***(Interview 5)***

The denial served a purpose for the individual, the family members and the family system as a whole. The system tried to use its internal resources to deal with the stress of chemical dependency. This for a period was effective and the family maintained a level of function, despite it being dysfunctional. When the reality was faced, the chemical dependency behaviour was uncontained and the denial was no longer being used as a defense mechanism.

The researcher considered that possibly the system was no longer able to fulfil their needs, as the denial was a creative method in fulfilling the underlying needs of the recovering participants and the family system. No more transactions of denial were present and the system was in chaos and no longer functioning. Four of the recovering participants reported a time period of about six months of knowing they actually had a problem and only after that time period accessed treatment, and since have been in recovery.

#### **4.8. CONCLUSION**

To conclude this chapter, the concept of denial within chemical dependency is complex in nature and is multi layered. Denial is a phenomenon that cannot only be considered from an individual perspective but rather from a holistic one. The researcher was able to conclude the following:

- Denial is the result of the dynamics and transactions depicted between the recovering participant and their family member during the time of chemical dependency.
- The denial phenomenon can be seen as the result of a transaction
- Denial possibly has a progressive nature that begins on a micro system and filters through to the various interacting environments in which the individual lives.
- The behaviours of denial can be consistent across different system levels. However the underlying needs identified within the research are more consistent within the second order denial, therefore possibly highlighting that needs could only be satisfied in a transactional dynamic and not in isolation.
- The break in the denial impacts on the system's functioning and the chemical dependency is no longer denied. As a result, the chemical dependency behaviour spirals and the systems loose stability and homeostasis.

However these conclusions are based on only six interviews conducted with six recovering participants and six family members. This is a small representation of the larger population of individuals and families within chemical dependency. Further research on a larger number of participants would be suggested in order to either confirm or add to the above conducted research.

**CHAPTER FIVE**  
**CONCLUSION AND RECOMMENDATIONS**

**5. CONCLUSION**

The aim of the study was to provide a descriptive framework of the ecological phenomenon of denial as well as to identify and describe the transactional and reciprocal dynamics that exist within a family system confronted with chemical dependency. The research was deemed to be a success in that it was able to illustrate the phenomenon of denial from the perspectives of six recovering participants and their family members.

The information gathered in the literature review provided the foundation of knowledge on the concept of an ecological system's perspective, denial and chemical dependency.

This information assisted in the formulation of the semi structured interviews and guided the researcher in the development of hypothesis on the phenomenon of denial. The formulation of the various themes, categories and figures assisted in a deeper understanding of the concept of denial.

Based on the small sample number, the research concluded that the ecological phenomenon of denial within chemical dependency is the result of a family system resorting to denial as a means of coping with the impact of the chemical dependency. The researcher identified a pattern across the multiple system levels which indicated a possible progression of denial. The denial phenomenon progressed from the micro system (individual), family system, meso system and lastly, resulted in the break of denial.

The progression of this denial was labelled, from first order through to fourth order denial, in which first order denial was assigned to that of just the individual struggling with chemical dependency; second order denial was assigned to the family members; individual and family members, the denial phenomenon within the family system was then further illustrated. The third order denial was assigned to the meso



system which related to the denial phenomenon between the family system and the meso system; and lastly, fourth order denial was assigned to the break of the denial phenomenon.

The research focused on the significance of the dynamics and phenomenon of denial as thoroughly illustrated in second order denial. The researcher was able to possibly suggest that the denial phenomenon was maintained and existed due to the denial behaviours expressed within the relationships between the recovering participant and the respective family member. These denial behaviours helped to fulfil a need and play a role for both of the members within the relationship. Therefore the findings suggest that the denial behaviour and underlying need cannot be seen in isolation but rather as a whole, in which the denial behaviour helped communicate and fulfil the need of the individual, family member and the system as a whole.

## **5.1. LIMITATIONS AND STRENGTHS**

During the research study and based on her own experience, the researcher was able to identify the following limitations and strengths that she encountered in her approach to the research.

### **5.1.1 Limitations:**

- The sample of two participants: one recovering participant and one family member was not an accurate reflection of full family dynamics. This was a single family dynamic being researched.

Recommendation: The researcher would recommend that all individuals considered significant to the topic of the research be involved in the study in order to get a better representation of the system as a whole and not only one relationship dynamic, as done so in this study.

- The sample only encompassed one sibling relationship, one parent child relationship and the other four samples encompassed the spousal relationship. Not all possible combinations of family relationships were included.

Recommendation: If the research was to look at only one relationship dynamic within a family, then a diversity of relationship types should be considered for a more comprehensive insight into the different dynamics.

- The questions designed by the researcher were possibly too broad.

Recommendation: In hindsight, the use of a questionnaire as well as the semi structured interview may have been more effective to narrow the research findings and guide it more towards the research question needing to be answered.

Recommendation: The researcher would recommend the development of a quantitative questionnaire that lists all the denial behaviours as well as a list of the underlying needs. This could possibly assist in indicating the most common denial behaviour used as well as the most significant role for the use of denial (underlying needs).

### **5.1.2 During the research:**

The researcher had wrongfully assumed that the recovering participants and their family members had previously processed the time during the chemical dependency. All the participants communicated that they were unaware of certain information disclosed to the researcher by the other participant, and also found the questions and interview to be difficult as it brought up old feelings. This again highlighted the sensitivity and nature of chemical dependency within a family system and the impact felt even years later. The researcher did offer debriefing to the participants after the interview.

- The researcher had assumed that because the recovering participants had been in recovery for a period longer than a year, that they themselves and their family members had gained significant insight into their behaviours. However, in one of the interviews, the recovering participant seemed to still be in denial of the impact and not fully aware of his denial behaviours. However the researcher concluded on her own that the participant may have been in denial in fear of judgement and not wanting to disclose the enormity of pain that he had caused during his time in chemical dependency.

Recommendation: The researcher recommends supervision to identify the assumptions and biases in order to get a more objective perspective; the researcher did this on a weekly basis with her supervisor who specialises in chemical dependency

### **5.1.3 Strengths:**

- The questions in the research elicited a conversation and a narrative in which both participants engaged. They commented that they forgot that they were being recorded, which indicated their level of comfort in the interview setting. This also provided the researcher with an opportunity for participant observation and she could note communication styles, dynamics and body language.
- Each of the participants and family members had been in some means of treatment or received some level of intervention. This was helpful in their responses to the questions as they had deeper insight into their past behaviours.



### **5.2. TREATMENT RECOMMENDATIONS**

Social workers are familiar with and integrate the ecological approach to practice, therefore they have a good understanding of the multi faceted nature of denial and how it presents in chemical dependency (Hanson & Gutheil, 2004; Van Wormer, 1995). Denial within chemical dependency still poses a barrier to treatment due to the inconsistent approach or information provided on the phenomenon (Hanson & Gutheil, 2004).

Denial within the research was considered multi layered and therefore cannot be treated based on just the presenting behaviours, but to also identify the needs that the denial is satisfying for the individual. Persistent denial within chemical dependency is a dysfunctional coping mechanism and therefore treatment with the individuals should aim at identifying more constructive ways of coping with chemical dependency. However this cannot be done without identifying what the underlying need is or the role the denial plays within the individuals life, as well as in response

to the relationships they have within their family. The recommendation would be to identify more adaptive avenues in which to express and satisfy their need as opposed to the use of denial behaviours.

Based on the research, the progression of denial model could be of use in intervention. As illustrated, the denial phenomenon begins on an individual level and later progresses to other system levels. The progression of the denial leads to more dysfunction and unmanageability of the individual members of the family as well as the family system as a whole. As represented within each of these denial orders, various denial behaviours and underlying needs were identified and discussed.

The research identified a number of common denial behaviours and underlying needs. The social worker could assess an individual presenting with chemical dependency by considering the following:

- What denial behaviours do the individuals present?
- Are the denial behaviours only presenting them in the micro system under first order denial? If it is true that the behaviours are considered to have only manifested on an individual level, intervention could possibly be done on an individual level as the denial behaviours have not progressed to an interactional level.
- The social worker could assess whether there are underlying needs being satisfied through the use of the denial. If this is true, the individual possibly presents within second order denial
- Intervention therefore cannot be done individually, as the research suggests. The phenomenon of denial is possibly a result of the transactions and dynamics between the individual struggling with chemical dependency and their family members. Family therapy should be conducted in order to address the transactions within the family system that enables the chemical dependency and maintains the denial.
- Interventions on a family level could assist the family in understanding their denial behaviours and gain insight into the underlying needs that they are attempting to satisfy through the use of denial. As a family, each member (including the chemically dependent individual) could learn more adaptive

means of coping with chemical dependency and more constructive ways in which to meet their underlying needs.

- A social worker could then further assess whether or not the family as a system has engaged in third level denial in that, as a family system, they are isolating from their community and immediate environment in order to protect and maintain the integrity of the family system. The social worker then knows that the system is isolating and the boundaries of the system are becoming rigid and not allowing feedback into their system. The social worker can then link the family system to resources that can assist them in further confronting the chemical dependency.
- Fourth order denial was identified within the research as the break in the denial in which the individual and family system no longer denies the reality of the chemical dependency. The social worker will be able to determine this through the level of unmanageability presenting within the family system. Denial, as discussed within the research, assisted the family in maintaining a level of coping and functioning. The lack of functionality of the system is an indication that the system is no longer in denial and is facing the consequences of the reality of the severity of the chemical dependency.

### **5.3. RESEARCH CONCLUSION**

To conclude this research paper, the ecological phenomenon of denial has been illustrated through the progression of a denial model illustrating denial behaviours and underlying needs in respect of the recovering participant individually, in relation to their family system and as a family system as a whole. The study achieved its goals as it was able to illustrate the ecological phenomena of denial through the use of a denial model. The transactional relationship was depicted in the model across the various system levels and described the underlying needs that helped maintain the denial behaviours. Denial has been described as a phenomenon that is not isolated to just the individual but rather to that of a transactional relationship, and the research was able to illustrate this statement. Therefore indicating that treatment of chemical dependency and behaviours of denial cannot be isolated to just the dependent but rather that intervention should consider the inclusion of the family in order to elicit change in the denial behaviours.

The denial transactions as seen in the model were different across the various system levels. The denial behaviours were categorised from first to fourth order denial, each order of denial depicts various denial behaviours and underlying needs. The categories of denial could assist social workers in identifying the denial behaviours and guide them as to which level of intervention will be needed.

Further investigation is required in order to expand on the small sample number of six pairs of participants. This could further assist in the treatment of chemical dependency with regards to the evident denial that is presented by individuals and families within chemical dependency. The further study and development of a model on denial could provide professionals working within chemical dependency a universal and consistent guideline when confronted with denial.



**Appendix A**

**INFORMED CONSENT**

I fully understand the purpose of this study and the role I, as a participant have agreed to. The researcher Stephanie Watson has informed me of the following details and I voluntarily accept these conditions and wish to take part in this research study.

- All information is confidential, no names or identifying details will be disclosed
- The interviews will be recorded on a dictaphone which will be heard by the researcher, the transcriber and the university lecturer.
- I have the option to pull out of the study at any time
- I will be asked to confirm the findings of the study to verify the themes identified

**DATE:**

\_\_\_\_\_

**PARTICIPANT 1 SIGNATURE:**

\_\_\_\_\_

**PARTICIPANT 2 SIGNATURE:**

\_\_\_\_\_

**RESEARCHER'S SIGNATURE:**

\_\_\_\_\_



**Appendix B**

**INTERVIEW SCHEDULE**

**REMINDER POINTS FOR RESEARCHER**

INTRODUCTION:  
PURPOSE OF THE STUDY:  
CONFIDENTIALITY:  
PERMISSION TO RECORD:  
INFORMED CONSENT:

**WARM UP**

**SOCIO DEMOGRAPHIC DATA:**

AGE: \_\_\_\_\_

LIVE: \_\_\_\_\_

WORK: \_\_\_\_\_

TIME IN RECOVERY: \_\_\_\_\_

CHEMICAL OF CHOICE: \_\_\_\_\_

FAMILY RELATIONSHIP WITH FAMILY PARTICIPANT: \_\_\_\_\_

**INTERVIEW QUESTIONS**

Q1: Both participants

**How long did the using / drinking go on for until you both recognised it was a problem?**

What do you think stopped you from acknowledging it was a problem before then?

Q2: Recovering participant

**Could you as the addict, tell me how you approached your family members about your drinking/using?**



What was it like having to approach them?

What do you think stopped you?

Q3: Family participant

**Could you tell me, as the family member, how did you approach the addict about their behaviours?**

What was it like having to approach them?

What were your reservations?

Q4: Family participant

**How did you cope with your (son / brother / wife's) drinking / using?**

Q5: Both participants

**Can you tell me about how the relationship between the both of you possibly changed?**

What do you think was the impact of it?



Q6: Family participant

**In hindsight, how do you think that as a family member you may have contributed to the person chemical dependency behaviour?**

Q7: Recovering participant

**In hindsight, what do you think your family member did that enabled you to still engage in chemical dependency behaviour?**

- 
- Ask participants if they wish to share anything they feel would be of importance or significant?
  - Offer debriefing
  - Thank them for their participation

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