Theorizing the therapeutic process in substance use-related dependency treatment

Therese von Braun

Abstract
The aim of the thesis was to increase knowledge on how to understand the therapeutic process highlighting the importance of the therapeutic relationship as described by therapists and clients in substance use-related dependency treatment. The research questions were related to how the therapeutic process can contribute to a positive outcome considering the therapists’, the clients’ and close co-dependent relatives’ perspectives.

The thesis followed a qualitative and narrative research design and consists of six studies (I-VI). Study I contributed a description of a multidimensional interactional model for the analysis of substance use-related dependency. The study revealed how a multidimensional interactional model can provide holistic and detailed knowledge about the complex processes involved in the use or misuse of alcohol and drugs. The interactional model was illustrated by a narrative analysis of qualitative empirical data. This model seemed to support a person-by-situation interactional analysis of substance use-related dependency. Study II revealed the possibilities and limitations of using a self-theoretical perspective in the analysis of the use of misusing of alcohol and drugs. The self-theoretical perspective was related to empirical case illustrations based on qualitative or narrative data. The implications of studies I and II were that a self-theoretical perspective can be integrated within a multidimensional model and can be a fruitful theoretical framework for the analysis of treatment processes of dependency. Study III presented conceptual contributions for understanding treatment of substance use-related dependency, focusing on the importance of the therapeutic process and the therapeutic relationship and the use of narrative methods. Study IV presented a structural perspective on clients’ narrative descriptions of different phases of the use or misuse of alcohol and drugs including phases of treatment. Study V contributed an in-depth analysis of three therapists’ narratives of therapeutic relationships in the treatment of drug-dependent clients. The analysis pointed out the multidimensional aspects of the treatment and focused on three phases of therapy; starting the therapeutic process and building a therapeutic relationship, the ongoing therapeutic process, and the closing phase of therapy. The study also presented an in-depth analysis of two narrative case histories on dependency treatment. Study VI focused on a qualitative in-depth analysis based on narrative data from a group of 10 clients that had undergone treatment for alcohol and drug use or misuse. The study also included qualitative and narrative data from four co-dependent clients and six therapists about their views on the treatment process and the therapeutic relationship. The results of the study described how to understand the experiential world of the clients and their cognitive, emotional and behavioral changes associated with the treatment process.

The thesis’ contributions relate to an outline of a self-theoretical perspective integrated within a multidimensional interactional model for the analysis of the therapeutic process and the therapeutic relationship in substance use-related dependency treatment. The theoretical analysis sheds new light on the complexity of the treatment process and the clients’ struggle with their personal identity and sense of self, especially their drug self.

Keywords: Therapeutic process, therapeutic relationship, therapeutic alliance, substance use-related dependency, treatment, self, self-theoretical perspective, self-theory, alcoholic self, drug self, sober self, mind, multi-mind, multidimensional model.
THEORIZING THE THERAPEUTIC PROCESS IN SUBSTANCE USE-RELATED DEPENDENCY TREATMENT

Therese von Braun
Theorizing the therapeutic process in substance use-related dependency treatment

Therese von Braun
"We know or discover ourselves, and reveal ourselves to others, by the stories we tell."

Amia Lieblich, Rivka Tuval-Mashiach and Tamar Zilber in Narrative research, 1998:7
Abstract

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The thesis followed a qualitative and narrative research design and consists of six studies (I-VI). Study I contributed a description of a multidimensional interactional model for the analysis of substance use-related dependency. The study revealed how a multidimensional interactional model can provide holistic and detailed knowledge about the complex processes involved in the use or misuse of alcohol and drugs. The interactional model was illustrated by a narrative analysis of qualitative empirical data. This model seemed to support a person-by-situation interactional analysis of substance use-related dependency. Study II revealed the possibilities and some limitations of using a self-theoretical perspective in the analysis of the use or misuse of alcohol and drugs. The self-theoretical perspective was related to empirical case illustrations based on qualitative or narrative data. The implications of studies I and II were that a self-theoretical perspective can be integrated within a multidimensional model and can be a fruitful theoretical framework for the analysis of treatment processes of dependency.

Study III presented conceptual contributions for understanding treatment of substance use-related dependency, focusing on the importance of the therapeutic process and the therapeutic relationship and the use of narrative methods. Study IV presented a structural perspective on clients’ narrative descriptions of different phases of the use or misuse of alcohol and drugs including phases of treatment. The study contributed an in-depth analysis of mind processes related to the phase of trying to stop using drugs and a narrative analysis of the process of substance use-related dependency treatment.

Study V contributed an in-depth analysis of three therapists’ narratives of therapeutic relationships in the treatment of drug-dependent clients. The analysis pointed out the multidimensional aspects of the treatment and focused on three phases of therapy; starting the therapeutic process and building a therapeutic relationship, the ongoing therapeutic process, and the closing phase of therapy. The study also presented an in-depth analysis of two narrative case histories on dependency treatment with special emphasis on childhood trauma and sexual abuse and the significance of transference, attachment and alliance for reaching a positive outcome. The study revealed that attachment processes between the therapists and the drug-dependent clients can be seen as a prerequisite for the clients to strengthen their self-structure by internalizing the therapist and the therapeutic relationship in their mind structure. This in
turn contributed to the clients’ ability to narrate a more coherent life history, which seemed to help them to cope better with their dependency on alcohol and drugs.

**Study VI** focused on a qualitative in-depth analysis based on narrative data from a group of 10 clients that had undergone treatment for alcohol and drug use or misuse. The study also included qualitative and narrative data from four co-dependent clients and six therapists about their views on the treatment process and the therapeutic relationship. The results of the study described how to understand the experiential world of the clients and their cognitive, emotional and behavioral changes associated with the treatment process and the therapeutic relationship. The results also described the therapists’ point of view of the treatment process and how they considered the meaning of the therapeutic relationship in comparison to the clients’ descriptions of the same processes. The results revealed how the treatment process was related to changes in the clients’ sense of self or identity structure, cognitive self-schemas, cognitive beliefs, emotions and self-knowledge. The study also highlighted the importance of the clients’ social situation. These personal and social factors were considered as important in order to reach a positive outcome. Study VI presented the concept of sustainable identity and discussed the struggle for a sustainable self-system in substance use-related dependency treatment. The struggle for a sustainable identity represented a possibility for the clients to experience a transformation of identity by crossing over from being “an addict” to a “non-drug user”. This required a radical transformation of the clients’ sense of self and a reinterpretation and reconstructions of their life narratives and their social situation.

In summarizing, the thesis’ contributions relate to an outline of a self-theoretical perspective integrated within a multidimensional interactional model for the analysis of the therapeutic process and the therapeutic relationship in substance use-related dependency treatment. The analysis points out the importance of focusing on both psychological and social dimensions in order to understand the change processes and the transformation of the client’s self-system during the therapeutic process in substance use-related dependency treatment. The self-theoretical perspective was illustrated by qualitative and narrative data. The theoretical analysis sheds new light on the complexity of the treatment process and the clients’ struggle with their personal identity and sense of self, especially their drug self.

**Key words:** Therapeutic process, therapeutic relationship, therapeutic alliance, substance use-related dependency, treatment, self, self-theoretical perspective, self-theory, alcoholic self, drug self, sober self, mind, multimind, multidimensional model.
Sammanfattning

Syftet med avhandlingen var att öka kunskapen om hur man kan förstå den terapeutiska processen, särskilt avseende betydelsen av den terapeutiska relationen, som den uppfattas av terapeuter och klienter i behandling för substansmissbruk. Forskningsfrågorna fokuserade på hur den terapeutiska processen kan bidra till ett positivt utfall med beaktande av terapeuternas, klienternas och medberöende släktingars perspektiv.


**Studie II** visade på möjligheter och några begränsningar med att använda ett jag-teoretiskt perspektiv vid analysen av bruk eller missbruk av alkohol och droger. Det jag-teoretiska perspektivet relaterades till empiriska fallbeskrivningar som byggde på kvalitativa eller narrativa data. Implikationerna av Studie I och II var att ett jag-teoretiskt perspektiv kan integreras i en multidimensionell modell och användas som en fruktbar teoretisk ram för analys av behandlingsprocesser vid missbruksbehandling.

**Studie III** beskrev teoretiska och begreppsmässiga bidrag till förståelsen av behandling av alkohol- och drogberoende, med fokus på den terapeutiska processen, den terapeutiska relationen och användningen av narrativa metoder. **Studie IV** presenterade ett strukturellt perspektiv på klienters narrativa beskrivningar av olika faser i bruket eller missbruket av alkohol och droger, inklusive olika faser i en behandling. Studien bidrog med en analys av psykologiska processer relaterade till fasen då man försöker sluta använda droger och en narrativ analys av behandlingsprocessen vid beroendebehandling.


Studie VI presenterade begreppet ”hållbar identitet” (”sustainable identity”) och diskuterade betydelsen av att klienten gavs möjligheter att utveckla ett mer hållbart jag-system i behandlingen av beroendet. Utvecklingen av en mer ”hållbar identitet” representerade för klienterna möjlighet till identitetstransformation; från att identifiera sig själv som en person som är beroende av alkohol och droger till en person som inte är det. Denna process innebar en radikal transformering av klienternas jag-uppfattning bland annat via en omtolkning och rekonstruktion av deras livsberättelser och en analys av deras sociala situation.
Sammanfattningsvis, avhandlingen bidrar till utvecklingen av ett jag-teoretiskt perspektiv som integreras i en multidimensionell interaktionistisk (psykosocial) modell för analys av den terapeutiska processen och den terapeutiska relationen i behandlingen av alkohol- och drogberoende eller beroende av psyko-aktiva droger. Analysen visar på vikten av att beakta både psykologiska och sociala dimensioner för att förstå de förändringsprocesser (särskilt av jag-systemet) som klienterna i studien genomgick via behandlingsprocessen. Det jag-teoretiska perspektivet illustrerades av kvalitativa och narrativa data. Den teoretiska analysen bidrog till att ge perspektiv på behandlingsprocessen och klienternas arbete med sin identitet eller jag-upplevelse, särskilt upplevelserna av ”drog-jaget” respektive ”det nyktra jaget”. 
List of selected papers

The dissertation is based on the following studies referred to in the text by their Roman numerals:


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*1 The multidimensional model presented in paper I has also been published in a modified version in Socialvetenskaplig Tidskrift according to the following: Larsson, S., von Braun, T. & Lilja, J. (2012). En multidimensionell modell för analys av bruk och beroende av alkohol och droger ("A multidimensional model for the analysis of use and dependency of alcohol and drugs"). Socialvetenskaplig Tidskrift, 19 (3-4), 151-169.

*2 Studies I-V are published by Substance Use & Misuse in a special issue titled: Special issue: Narrative methods in understanding the use and misuse of alcohol and drugs, Guest editors S. Larsson, J. Lilja and Y. Sjöblom. Substance Use and Misuse, Vol. 48 number 13, 2013 (pp. 1283-1461). All the published articles in the special issue have been peer-reviewed by the publishers and not the guest editors.
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Acknowledgments

A doctoral dissertation is not something one can achieve on one’s own. There are many people who in different ways have contributed to making this dissertation possible. First of all I would like to thank the therapists and former clients who were interviewed for the dissertation who shared their personal experiences and views of the therapeutic process in substance use-related dependency treatment. They also described their different perspectives on dependency on alcohol and drugs and on co-dependency. Without their narratives on these issues it would not have been possible to write this dissertation.

The work for this dissertation was carried out at the Department of Social Work at Stockholm University, which provided me with practical support and a professional education on how to do research in social work. The University of Gävle financed my doctoral studies and also kindly gave me the opportunity to teach on different courses in social work. The House of Nobility in Stockholm granted me scholarships on several occasions which have been a valuable financial support.

During the period of writing the dissertation I have been fortunate to have my advisors by my side. I would like to thank my advisor Professor Sam Larsson who has generously shared his vast knowledge and provided invaluable support and guidance throughout the whole research process. I would also like to thank my assistant advisor Professor Yvonne Sjöblom for her valuable comments on my texts, her support and all our informal discussions.

While writing my dissertation I received valuable feedback from a number of dedicated readers. I would like to thank the researchers at the Department of Social Work, Stockholm University, especially Professors Anders Bergmark, Åke Bergmark, Tommy Lundström, Marie Sallnäs and associate professor Mats Ekendahl for giving important comments on my manuscript. I would like to thank Anders in particular for his valuable advice and important feedback. I am grateful to associate professor and psychotherapist, Anne H. Berman at Karolinska Institutet for reading the dissertation and giving important informative feedback at a final seminar, and to Professor...
Ulla Forinder and PhD Eva Samuelsson for their valuable comments at the PM-seminar at the Department of Social Work, Stockholm University.

During the last few years I have had the privilege of having interesting discussions on how to understand psychotherapeutic work, with psychotherapists Lena Cederlund and Suzanne Ferrer at the Department of Social Work, Stockholm University. Psychoanalyst Henrik Lennartsson and psychotherapist Marie Karlsson Degerman have shared important insights with me on clinical psychotherapeutic work.

At the University of Gävle I would especially like to thank the former dean of faculty, Professor Nader Ahmadi, the current dean of faculty, PhD Annika Strömberg, and the head of the Department of Social Work and Psychology, PhD Josefin Westerberg Jacobsson. All three of them have been very understanding and supportive, which was essential in order for me to finish this dissertation. Professor John Lilja was very helpful and encouraging at times when I really needed it and I owe him a big “thank you” for that. Professors Fereshteh Ahmadi and Peter Öberg gave important comments on my dissertation. Being a member of the review board for postgraduate education provided me with important experience and valuable knowledge about research for which I am very grateful. I would also like to thank Professors Maria Engström and Marianne Carlsson for providing a creative milieu for the doctoral students.

I am very grateful for the possibility of being a part of the doctoral student groups at the Department of Social Work, Stockholm University as well as at the University of Gävle. Over the years it has been an invaluable source of inspiration to have the possibility to exchange experiences with the doctoral colleagues belonging to these groups. Rickard Högberg and Ingrid Tinglöf at the Department of Social Work, Stockholm University, should also be mentioned for kindly helping me with essential practical issues. I am especially grateful to Ingrid who helped me with the layout of the dissertation.

My meetings with the fellows in the AFTO research group on gender issues have served as refreshing breaks from the work on my dissertation and I am grateful for all the new viewing angles you have provided in our discussions. I am very grateful for the friendship and trust I share with Camilla, Moa, Sara, Jessica, Kristina and Jenny. I would like to thank my relatives Maud, Ankie, Nocke and Peo and my closest family Joakim, Rose-Marie, Beatrice, Niklas, Emmeline, Henry & Pnuff for being encouraging and putting up with me being so occupied with my work for so long.

Stockholm, August 2018

Therese von Braun
Introduction

The focus of the dissertation

This thesis investigates what kind of therapeutic processes contribute in reaching to positive outcome in substance use-related dependency treatment. The thesis analyzes what happens during the therapeutic work process that has some sort of healing effect and helps the clients to recover from dependency or to cope with their life situation in a better way. The thesis starts from the assumption that in order to develop knowledge about how the therapeutic process works it is important to listen to therapists’ and clients’ stories about therapy, based on qualitative and narrative data. This assumption is in line with the zeitgeist in the study of the therapeutic processes; qualitative research or narrative case studies and narrative interviews have been mentioned as relevant strategies in order to hear stories from therapists and clients about therapy (Hill, 2009:74-81; Kächele et al., 2015; McLeod, 2008:101; Rodgers & Elliott, 2015). The thesis highlights the subjective dimension of use/misuse of alcohol and drugs and its treatment and this has been emphasized as important in the literature (Denzin, 1987; Etherington, 2010; Heyman 2009: 44; Singer 1997). The thesis is built on six studies that in different ways contribute theoretical perspectives and new empirical data concerning substance use-related dependency and its treatment. The thesis is focused on analyzing the therapeutic process and its contribution to the outcome of therapy applied to substance use-related dependency. The theoretical perspectives are built on interactional psychology (Magnusson et al. 1983), multidimensional analysis (Hutchison, 2008) and self-theory (Docter, 1988; Ornstein, 1986; Rowan & Cooper, 1999). The introduction chapter presents the aims and research questions and the different studies’ general contributions, including how they complement each other. Furthermore, there is a description of how the thesis is connected to social work. Important theoretical definitions and concepts are presented, followed by a description of the general logic of the dissertation.
Addiction, social work and psychotherapy: Substance use-related dependency is a central research area in social work, and knowledge about treatment aspects of this kind of problem has relevance for social work practice (Amodeo & Lopez, 2011; Barber, 1995; Parrish, 2010). Insights from psychotherapeutic research can be applied to social work practice (Hennessey, 2011; Miller, 2006; Seden, 2005), especially on how to build effective working relationships between social workers and clients in different kinds of treatment in social work (Hennessey, 2011; Miller, 2006; Parrish, 2010; Seden, 2005). Research reveals that psychotherapy on a general level is an effective and evidence-based treatment method (Emmelkamp & Vedel, 2006; Norcross, 2011). However, although psychotherapy research points out that therapy on a general level has a positive effect (Armelius, 2005; Norcross, 2011; Wampold, 2001; Wampold & Imel, 2015) there is a need to explore in more detail why this is the case. There seems to be a general equivalence of outcomes from different psychotherapeutic methods, i.e. no psychotherapeutic strategy is superior to other psychotherapeutic methods (Armelius, 2005: 336-337; Wampold, 2001; Wampold & Imel, 2015), an insight called the “Dodo bird verdict” (Luborsky et al. 1975; Wampold, 2001). Although psychotherapy research cannot explain all of the variation in psychotherapy success or outcome, some identified therapeutic factors related to outcome are the client’s contribution, the therapeutic relationship, the specific treatment method and the individual therapist (Norcross & Lambert, 2011:13). There is substantial research behind the crucial, but often overlooked, therapist-client relationship in psychotherapy. The importance of the therapeutic relationship has been emphasized in treatment of substance use-related dependency (Amodeo & Lopez, 2011; Emmelkamp & Vedel, 2006; Jung, 2010).

Aim and research questions

The aim of the thesis is to increase knowledge about how to understand treatment processes that have led to a positive outcome, as described by therapists and clients, in substance use-related dependency treatment. In this thesis, self-theory, integrated within a multidimensional interactional model emphasizing both personal and social factors, serves as a theoretical framework in the analysis of substance use-related dependency and its treatment. The research questions are:
• (1) The therapeutic treatment process: How can the therapeutic process and the therapeutic relationship contribute to a positive outcome, as defined by therapists and clients, in substance use-related dependency treatment?
• (1.1) Theoretical understanding: How can a self-psychological and an interactional analysis contribute to an understanding of therapeutic processes in substance use-related dependency treatment?
• (1.2) Therapists’ perspective: How do (a sample of) therapists describe their experiences of the professional therapeutic process and the meaning of the therapeutic relationship with clients in substance use-related dependency treatment?
• (1.3) Clients’ perspective: How do (a sample of) clients describe their experiences of the therapeutic process with their therapists and the meaning of the therapeutic relationship in substance use-related dependency treatment?
• (1.4) Co-dependent relatives’ perspective: How do (a sample of) co-dependent relatives describe their experiences of the therapeutic process and the meaning of the therapeutic relationship in co-depency treatment?

The studies in the thesis and their general contributions

The thesis argues that the understanding of the therapeutic process requires some kind of theoretical perspective on how to understand the specific problems dealt with during the therapeutic process. Study I contributes an exploration of the possibilities and limitations of using an interactional model or multidimensional perspective, focusing on personal and social variables in analyzing substance use-related dependency. It is argued in the thesis that the interactional model is not only important for understanding addiction but also for understanding the treatment process of substance use-related dependency. The model contributes a detailed analysis of the person-by-situation interaction and an analysis of the self in the use of psychoactive drugs. The interactional perspective points out relevant personal and situational dimensions that can be applied in the analysis of the therapeutic process. The personal side in the model includes, for example, the mediating system, the cognitive-emotional world of the drug user and different aspects of the self with and without alcohol and drugs. The situational side of the interaction model includes the micro- and macro-levels of the environment.
The micro level of the environment emphasizes social dimensions, such as life in the family system, social support in a therapeutic situation, social confidence in a specific social setting with and without the use/misuse of drugs, and the relationships at work. The macro-level of the environment refers to social, cultural, economic and political structures of the society (see Magnusson et al. 1983). The thesis focuses mainly on the personal side and the micro level aspects of the environment in the analysis of the treatment process, especially in the empirical studies (see studies V-VI).

**Study II** contributes a self-theoretical perspective on the use/misuse of alcohol and drugs based on qualitative and narrative data. The article (study II) contributes an in-depth understanding of the use and misuse of alcohol and drugs based on an analysis of the self and the conceptualization of identity states of drug users when using alcohol and drugs. The self-theories discussed were based on cognitive, psychodynamic, transpersonal and social constructivist perspectives. The study contributes an integrated view of the self, based on the investigated theories mentioned. The discussed self-models are related to the social and cultural context and the need to focus on the interaction between both the personal and situational dimensions presented in study I. In study II, there is a discussion on some treatment implications of using a self-theoretical perspective and narrative analysis. It is concluded in study II that an analysis based on narrative descriptions of the actors’ point of view and their self-identity experiences of using or misusing a psychoactive drug are of central importance. This kind of knowledge is important for the understanding of use/misuse of alcohol and drugs and for the analysis of the treatment process. Study II contributes an integrated self-theoretical perspective of the clients’ cognitive, emotional and behavioral experiences of use or misuse, which can be relevant in the analysis of dependency problems dealt with in a treatment process.

**Study III** discusses relevant perspectives on treatment, therapeutic alliance and narratives concerning substance use-related dependency and its treatment processes. Besides discussing different psychological and sociological perspectives, it describes different narratives of recovery from dependency in order to understand these kinds of change processes. Study III contributes a discussion of treatment of clinical and non-clinical samples, including the meaning of the therapeutic relationships in substance use-related dependency treatment. Furthermore, study III contributes a discussion on different treatment approaches, such as individual psychotherapy and group treatment.
This discussion is further developed in study V and study VI, which analyze the effects of both individual and different forms of group treatment. Study IV contributes an analysis of clients’ perspectives on their use of alcohol and drugs and on the process of treatment of substance use-related dependency. The analysis is illustrated by narrative accounts from earlier research related to clients’ stories of starting and ending drug use, how they experienced the different phases of the therapy, the therapeutic alliance, dependency and the interconnections between these factors.

Study V contributes an exploration of therapists’ narratives of the therapeutic process as a whole; starting the therapeutic process and building a therapeutic relationship, the ongoing therapeutic relationship, and the closing phase of therapy. A contribution of study V is that it emphasizes the therapeutic setting as a social situation where the therapist as a person and the therapeutic attachment between the therapist and the client is internalized into the mind-set or self-structure of the client and thereby contributes to a more sustainable self-system that is possible to live with without the use of alcohol or drugs. Besides interviews with therapists, study V also contributes an illustrative case analysis of two clients’ therapeutic processes and how they were able to handle their substance use-related dependency problems in the treatment setting. Study VI contributes a self-theoretical account analysis of therapists’, clients’ and co-dependent relatives’ narratives of therapeutic processes in substance use-related dependency treatment. The self-theoretical analysis is integrated within an interactional multidimensional model. Study VI contributes increased knowledge and a detailed understanding of therapists’, clients’ and co-dependent relatives’ experiences of the treatment process, including understanding of the importance of the therapeutic relationship and how it contributes to restoring health, wellbeing and a more positive sense of self or a more sustainable self-system that is possible to live with. Study VI also discusses how therapists or social workers enhance a person’s or client’s self-efficacy by helping them to see themselves as being competent and capable instead of being incapable. Study VI reveals how the treatment process can be described as “helping the clients to restore their self-system” or achieve “a more sustainable self-identity” with the help of self-empowerment or processes of internalizing the therapeutic relationship and the therapist in their mind structure. The therapeutic process can be viewed as a social treatment setting involving a struggle for a sustainable self-system in substance use-related dependency treatment.
How the studies in the thesis complement each other

The first three studies (studies I-III) contribute in different ways with descriptions of a theoretical framework that is seen as important in understanding addiction and the treatment process of substance use-related dependency. The interactional or multidimensional model gives a general framework for the analysis of use or misuse of alcohol and drugs (study I) that is also applied in the analysis of the treatment process (study VI). The self-theoretical perspective presented (study II) is integrated within the multidimensional interactional model (study VI). Study III gives important critical comments related to the treatment process and therapeutic alliance. Study IV emphasizes the clients’ experience, while study V gives an in-depth description of a small sample of therapists’ experiences of the therapeutic process. In study VI there is a combined focus on therapists’, clients’ and co-dependent relatives’ points of view related to the treatment process.

The importance of the voice of the actors: It is important to listen to the actors’ (therapists and clients) point of view about their experiences of the treatment process. One needs to make it possible for them to describe in their own words how they view the therapeutic process and what works according to them. This is in line with the literature emphasizing the necessity to listen to the actors’ point of view in order to understand their actions (McLeod, 2008; Punzi, Tidefors & Fahlke, 2016; Wilkinson, 1981). It is my contention that it is also important to consider close relatives or partners to individuals in treatment for substance use-related dependency since the relatives’ lives are seriously affected by the addiction problems. The thesis therefore investigates not only therapists’ point of view, but also considers clients’ perspectives and co-dependent partners’ or relatives’ experiences of the therapeutic process and the meaning of the therapeutic relationship. The consideration of different actors’ perspectives is relevant because therapists and clients often express divergent perspectives on the therapeutic relationship or alliance throughout treatment (see Emmelkamp & Vedel, 2006: 189-190; Hill, 2009:74-81; Horvath et al. 2011:56). This is also considered to be important when analyzing treatment of substance use-related dependency (see Emmelkamp & Vedel, 2006:189-190; Orford, 2008; Orford et al. 2006). The clients’ perspective has been described as important to consider because the understanding of “what works” according to the client is a relevant factor when evaluating a treatment process (Burns & Auerbach, 1996: 136-140; Gordon, 2000; Orford, 2008). Listening to stories about therapy based on
qualitative or narrative data is relevant in order to capture the actors’ definitions of the therapeutic process (McLeod, 2008:71, 101-104) and in order to capture the in-depth dimensions of the various perspectives of both therapists and clients (Gordon, 2000; Lieblich, McAdams & Josselson, 2004; McLeod, 2008; Orford, 2008; Orford et al. 2006). The research design in the thesis is therefore based on a qualitative method (Patton, 1990, 2002, 2015) and the use of a narrative approach (Elliott, 2005; Josselson & Lieblich, 1995, 1999; Lieblich et al. 1998).

In the therapeutic process, as well as in research about therapy, the therapists’ and clients’ perspectives or perceptions may be both similar and dissimilar, and this needs to be taken into consideration when researching this area (McLeod, 2008: 102). The research literature emphasizes that therapists need to monitor the clients’ perspective on the therapeutic relationship, especially early in treatment since clients’ and therapists’ perspectives may not converge (Horvath et al. 2011: 56). In this thesis it is argued that it is methodologically relevant to use qualitative or narrative data in order to capture the actors’ point of view based on his/her own words. A narrative strategy is a suitable one when considering the actors’ perspective (Lieblich et al. 1998). According to Wilkinson (1981) each individual deals with both other people and the world by placing his/her own interpretative framework over them and there is a necessity for investigating individuals’ own viewpoints “in order to understand them at all” (Wilkinson, 1981: 208). The only acceptable primary source of data is the actor’s own account or story because “She/he acts on each situation as she/he sees it” (Wilkinson, 1981: 216). This thesis focuses on therapists’, clients’ and co-dependent partners’ or relatives’ qualitatively rich narrative descriptions interpreted from a self-theoretical and multidimensional perspective.

The thesis and its contribution to social work

The thesis relates to the area of social work research in ways that are described below.

**Social work perspectives on human behavior:** Social work researchers have emphasized the need for multidimensional approaches to understanding human behavior (Hutchison, 2008; Parrish, 2010; Payne 2005; Wilson et al. 2008). According to Hutchison, social work has historically recognized hu-
man behavior as an interaction of a person with an environment (2008: 9). The multidimensional approach in this thesis is in line with this kind of reasoning and is rooted in both psychological and social perspectives and highlights the need to understand the interaction between personal and environmental dimensions in order to analyze treatment of addiction.

**Social work with addictions:** In understanding addictions and substance use-related dependency treatment, social work models often emphasize the dual focus on person and environment or consider both personal and situational variables. This dual focus is seen as the hallmark of the social work profession (Amodeo & Lopez, 2011; Barber, 1991; Barber, 1995: 26; Parrish, 2010). The thesis is in line with a social work perspective and emphasizes that it is not only the therapeutic process in substance use-related dependency treatment that needs to be analyzed. In addition, the totality of the drug users’ lives and their interactions within their psychosocial context, for example, in their family life and at their workplace, in different ways must be taken into consideration. This requires some kind of holistic or multidimensional interactional model that makes it possible to analyze the interaction between the environmental or social world and the inner psychological world of the alcohol and drug user (Barber, 1995:26; Parrish, 2010). The thesis contributes a developed multidimensional interactional perspective (see study I) influenced by an interactional model originally presented by Magnusson & Allen (1983). The developed interactional model in the thesis is applied to the analysis of the therapeutic process in substance use-related dependency treatment. This thesis contributes a development of a self-theoretical perspective integrated within the presented multidimensional interactional model for the analysis of the psychological world of drug users going through a treatment process (see chapter 3 and study II). The thesis takes self-theory as the overarching theoretical framework to analyze the change process that clients go through when taking part in a therapeutic process for substance use-related dependency. Self-theory or identity research has been a part of sociological and psychological theory and social work for more than a century now, and is well established as a theoretical construct (Börjeson, 2008; 2013; Docter, 1988; Parrish, 2010; Rowan & Cooper, 1999; Schwartz et al. 2012). The development of the self-theoretical argument in the thesis includes a presentation of new theoretical concepts, such as the sustainable self-system and self-empowerment, which can be seen as relevant in the explanation of what takes place in a change process in dependency treatment. The theoretical perspectives developed in this thesis are
illustrated by new empirical data on the treatment process that have been gathered from two treatment units in Sweden (see chapters 3-4, 7-8 and studies V-VI). The multidimensional model and the self-theoretical reasoning, presented in the thesis, are fairly well in line with how researchers in social work try to understand complex human interactions and behavior (Brandell, 2011; Hutchison, 2008; Parrish, 2010) and how multidimensional models and identity- or self-theory can be applied to addiction and the treatment of substance use-related dependency (Amodeo & Lopez, 2011; Barber, 1995; Emmelkamp & Vedel, 2006; Jung, 2010; Parrish, 2010; Sussman & Ames, 2001).

**Relationship skills in social work:** Social work is carried out within a network of human relationships and there is a discussion going on about the centrality of relationships in social work (Hennessey, 2011; Miller, 2006; Seden, 2005). Social work practice is dependent on the social workers’ development of skills in relating to clients in their professional practice. Skills for communication and building relationships have been extensively discussed in the research literature of social work (Hennessey, 2011; Miller, 2006; Parrish, 2010; Seden 2005). This thesis develops the theoretical bases of relationship-based social work, especially focusing on the therapeutic relationship between the social worker/therapist and clients in substance use related dependency treatment. The theoretical perspectives on the treatment process developed in this thesis can also be seen as a contribution to the development of relationship skills in social work practice, especially in the treatment of substance use-related dependency. The psychotherapy research has been guided to a large degree by a variable approach listing the contribution of, for example, the therapist, the client, the therapeutic relationship and the treatment method (Norcross 2011; Norcross et al. 2009a). However, this thesis is guided more by a **person-centered approach**, which in contrast to the variable-centered approach takes a holistic and dynamic view; the person or the client is conceptualized as an integrated totality rather than a summation of variables. By using interactional or multidimensional reasoning and self-theory the thesis strives to avoid the fragmentation and the neglect of process analysis, which is a limitation of a variable-centered approach (see chapter 2 and 8).
Theoretical definitions and concepts

The therapeutic relationship and alliance: The therapeutic relationship can be conceptualized as an ongoing “inter-subjective negotiation” among the different identities and needs of the client and therapist (Muran, 2007: 6). It is important that differences in ethnicity and culture including gender and sexuality should be integrated into this negotiation process in the therapeutic setting (Muran, 2007: 7; Norcross et al. 2009: chapter 8). The therapeutic relationship is not the same as alliance. The therapeutic relationship is made of several interlocking elements, such as empathy and responsiveness, while the alliance is one way of “conceptualizing what has been achieved by the appropriate use of these elements” (Horvath et al. 2011: 56; Norcross, 2011). Alliance is “a way to think about how the patient and therapist are working together” (Hatcher, 2010: 8). The therapeutic relationship has been described as “the feelings and attitudes that therapist and client have toward one another and the manner in which these are expressed” (Norcross & Lambert, 2011: 4). According to Norcross (2011) the therapeutic relationship contains many effective elements. Some of these elements of the therapeutic relationship that are mentioned in the literature are cohesion, empathy, goal consensus and collaboration, positive regard and affirmation, congruence-genuineness, collecting client feedback, repairing alliance ruptures and managing counter transference.

The concept of alliance is of central importance and is often mentioned in the literature as synonymous with therapeutic alliance, working alliance or helping alliance, and can refer to different related constructs, and there exists no consensus definition of the concept (Horvath & Luborsky, 1993). The term ‘ego-alliance’ refers to the client’s ego observing process (Sterba, 1934) and the ‘therapeutic alliance’ refers to the client’s use of the healthy part of his/her self in the therapeutic process (Zetzel, 1956). ‘Working alliance’ refers to the client’s ability to work on the different tasks in the therapeutic process, and ‘therapeutic alliance’ refers to the ability of the client and the therapist to create a bond between them in the therapeutic process (Greenson, 1967; Horvath et al. 2011:26). The development of a “good enough” alliance early in the therapeutic process is important for reaching a positive outcome (Horvath et al. 2011: 56). One needs to consider the actor-spectator paradox (see chapter 3 and 6) when considering “good enough” alliance: it is often the case that therapists and clients have divergent perspectives on the alliance. If the therapist misjudges the client’s experience of
the alliance it could lead to the therapeutic interventions being less effective (Horvath et al. 2011: 56). There is a negotiation process regarding the alliance between the therapist and the client in all phases of therapy, and the elements of this negotiation refer to “agreement on goals, collaboration on tasks, and establishment of the bond” between the therapist and the client (Hatcher, 2010: 11). In the thesis the concepts *therapeutic relationship* and *working alliance* are frequently used in the different studies when analyzing the treatment process related to substance use-related dependency treatment.

**Narrative:** The term ‘narrative’ can be understood as meaning “to organize a sequence of events into a whole so that the significance of each event can be understood through its relation to that whole” (Elliott, 2005: 3). Hinchman and Hinchman (1997) present a useful definition of ‘narrative’ that can conceptualize its meaning and use in this thesis:

“Narrative (stories) in the human sciences should be defined provisionally as discourses with a clear sequential order that connect events in a meaningful way for a definite audience and thus offer insights about the world and/or people’s experiences of it” (Hinchman & Hinchman, 1997: xvi).

This definition is useful in this thesis because it points out three important aspects of narratives (Elliott, 2005:4): (1) That narratives are chronological or representations of sequences of events; (2) that narratives are meaningful, and (3) that narratives are social in that they are constructed for a specific audience. Narrative constructions give information about both personal and social worlds (Larsson et al. 2013, a, b; Lilja et al. 2013) which are relevant to this thesis since it deals with understanding the world of the alcohol and drug user-misuser, including the social context of substance use-related treatment. In this thesis, narrative descriptions are considered as important in order to collect in-depth accounts (Lieblich et al. 1998) relating to use or misuse of alcohol and drugs and experiences of substance use-related treatment processes and their outcome. According to narrative theory, all human beings are engaged in an ongoing process of constructing a life story or developing a personal theory that determines our understanding of ourselves and of our position in the social world (Hutchison, 2008:144). Personal narratives *are* people’s identities (Lieblich et al. 1998: 7). The narrative method is therefore important when analyzing the dialectic between the self-state induced by alcohol and drugs and the sober self-state without use/misuse of alcohol and drugs. One important aspect of using alcohol and drugs is *the*
subjective effects on the self, and biographical or narrative descriptions fill an important gap in the literature since very few scientific works have been published about this aspect of drug use/misuse (Heyman, 2009: 44) and its treatment (Denzin, 1987; Diamond, 2002; Singer 1997).

**The self and self-theory:** The terms ‘self’, ‘self-concept’ or ‘concept of self’ will be used synonymously. The status of the self as a major explanatory variable in psychology has gained great strength, especially with the emergence of cognitive psychology theory (Docter, 1988:76; Rowan & Cooper, 1999). James (1910) was one of the first researchers in psychology who used a self-theoretical perspective. James’s self-theory describes two aspects of the self or the difference between the self as a knower or a kind of executive manager within the mind system, and the self as an object of knowledge. Cooley (1902) described what he called a looking glass self or the view that we build up views of ourselves through interpretations of the reflected appraisals of others. We use social interactions to learn about ourselves and of others and thereby to develop a sense of self. Mead (1934) developed the same way of thematic reasoning focusing on social interaction data, saying that people used social data about themselves in the development of their self. Kelly’s (1955) theory of how we use personal constructs not only to make sense of the world but also to understand others and ourselves has been further developed by Epstein (1973). For Epstein, emotion has central importance within his self-theory. Going beyond the focus on cognitive processes, such as information processing, beliefs, and memories, Epstein also adds the dimension of emotion, of pleasure getting, of pain-avoidance and of self-esteem building in a new conception of the self as “a self-theory” that the individual constructs about himself as an experiencing individual (see Docter, 1988: 78). Some cognitive researchers argue that identity is characterized as a self-theory (Epstein, 1973). The structure of identity is conceptualized as a self-generated theory that the individual holds about the self (Berzonsky, 1988: 244). The identity structure or the self-theory that an individual holds about his/her self develops through assimilation and accommodation processes of new information and self-beliefs and through internalization of self-presentation behaviors (see Berzonsky, 1988: 246-248, 252-256).

**Alternative selves, divided consciousness and the alcoholic self:** The focus in the thesis is on the treatment processes and the meaning of the therapeutic relationship in substance use-related dependency treatment and how the cli-
ent experiences his/her self in this process. Different researchers, such as Epstein (1973), Hilgard (1977) and Docter (1988), present a kind of master self (executive ego, primary self, or observing self - Deikman, 1982) that maintains relationships and communications with different empirical sub-selves that can be described as subordinate self-systems within the self-structure of the individual. The many subordinate cognitive control systems (subsystems) have interactive communications with the master self. The many subsystems or sub-identities are characterized by different habits, interests, attitudes, abilities and roles (Docter, 1988: 80). One can add “the alcoholic self” as an important sub-identity within the mind or the self-system of the alcoholic or the drug user (Denzin, 1987). The alcoholic self or “the addicted self” can be described as a kind of crossover-identity or alternate self, compared to the sober self-sub-system that contains sub-selves such as partner, friend, father/mother and so on (see Denzin, 1987; Docter, 1988; Lundh & Smedler, 2012).

Deikman (1982) describes a self-theoretical model based on transpersonal psychology where the word ‘self’ refers to four dimensions of experience: (1) thought, (2) feeling or emotion, (3) functional capacity or behavioral strategies and (4) the observing center. Memories refer to all four of these domains of the self, and these different domains of the self can be described as follows. The thinking self is the domain that contains the conceptual self or the idea of who and what one is. The emotional self is the part of the self that desires and feels sadness and/or joy. The functional self is the domain of the self that is related to our functional capacity and refers to experiences, such as “I know that I do things” (p. 91-118). The thinking, feeling and functional aspects of the self can be seen as expressions of an object self. But the observing self represents a domain of a different order. The observing self is the transparent center, which is aware or experiences thought, feeling and action (Deikman, 1982). Ornstein (1986) has described a self-theoretical approach called the multi-mind view. The multimind view is a multilevel or hierarchical view of the mind. The multimind view describes the mind as consisting of many small minds (sub-identities). According to Ornstein’s model, consciousness in the multimind view involves the participation of the talents of the governing self or the center of the mind wheels, the controlling and directing force of the mind (Ornstein, 1986: 103). If one combines Deikman’s and Ornstein’s self-theoretical models of the mind one can propose that each small mind or sub-identity consists of a cognitive, emotional and action part which in turn makes it possible to understand the complexity.
of the mind system and how different small mind systems can generate a specific combination that is unique for each individual. The self-theoretical perspective in the thesis refers to the conceptualizing of the self as “a series of selves” or a multimind system where the use or misuse of alcohol and drugs affects the identity state or constructs a specific “drug self” compared to “the sober self” when not using alcohol and drugs (Denzin, 1987; Singer, 1997; South, 1999; Tart, 1986). The multimind analysis also plays a central role in conceptualizing the therapeutic relationship in substance use-related dependency treatment. West (2006: 71-73, 161-164) and West and Brown (2013: 86-87, 155, 213-216) describe the importance of the self and identity in the development and recovery from addiction. Addiction arises from and is at least partly maintained by aspects of the individual’s self-identity (West & Brown, 2013: 155).

**Self-theory, social work and addiction:** Psychology represents an important paradigm in social work (Brandell 2011; Hennessey, 2011; Hutchison, 2008; Parrish, 2010; Payne, 2005). The self-psychological perspective is also established in the area of social work and has been viewed as crucial for social work practice by several authors in the field (Elison, 1990; Goldstein, 1995, 2001; Hennessey, 2011; Hutchison, 2008; Miller, 2006; Parrish, 2010: 93-95; Perlman & Brandell, 2011). Self-psychology focuses on the subjective experience but also highlights that it is impossible to understand self and mind in isolation, outside of a social context of interpersonal relationships (Hennessey, 2011; Perlman & Brandell 2011: 66-73).

The understanding of the complexities of the self or multiple self-structure (the multi-mind - Ornstein, 1986) within the individual has been considered as crucial to consider in therapeutic treatment in general (Safran & Muran 2003) and in substance use-related dependency treatment in particular (Amodeo & Lopez, 2011; Anderson, 1998 a, b; Denzin, 1987; Fiorentine & Hillhouse, 2000, 2003; Flores, 2001; Gordon, 2000; Grof, 1994; Larsson et al. 2001, a, b; Larsson, 1992; Lindblom 2015; Markus & Nurius, 1987; McIntosh & McKeeganey, 2000; Punzi & Tidefors, 2014; Shinebourne & Smith, 2009; Singer, 1997; South 1999; West, 2006; West & Brown, 2013; Worthington et al. 2011). The self-theoretical perspective in the thesis has been further developed and integrated within a broader holistic multidimensional interactional model that is typical for social work research, especially in dependency treatment (Amodeo & Lopez, 2011; Barber, 1995; Hutchison, 2008; Parrish, 2010).
A sustainable self-system: A sustainable self-system refers to qualities that are indicators of mental health such as self-acceptance, self-confidence, self-esteem and self-efficacy (Jahoda, 1958; Lohman, 1973; Parrish, 2010). A sustainable self-system that is possible to live with means that one can accept oneself as the person one is and be able to introspect or mentalize; observing the inner psychic life and telling a more complete life history (Wennerberg, 2012) without escaping a negative sense of self or anti-self-system (Firestone, 1997) through the use of alcohol and drugs which can provide immediate anti-anxiety effects and modify or remove unpleasant internal mood states within the self-system (Liese & Franz, 1996: 477). One needs to observe that a person with a sustainable self-system exists in a social context. Social factors can contribute to mental health problems. Social stigma and discrimination can impact upon people’s recovery processes. It is possible for example that the internalization of stigma within one’s self-system can act as a barrier to recovery from mental health problems (Tew et al. 2012: 449). Being in a positive social treatment situation (which is described in study VI), such as a self-help or mutual support group activity provides an accepting environment (Tew et al. 2012: 448) in which, for example, addicted persons can support each other and regain power over their lives, through sharing strategies for understanding their situation of use and misuse of alcohol and drugs (Denzin, 1987).

Self-empowerment: The concept of empowerment relates to building on strengths and to working with people who are taking control of their lives by understanding and tackling oppression and injustice, and it refers to taking control and taking action over one’s life situation. It is through actions and reframing and investigating problems in order to find solutions and developing a wider understanding of disempowerment and reclaiming self-respect, dignity and control over aspects of their lives, that a transformation through critical understanding can take place (Duella & Mullender, 1999: 81-85; Payne, 2005; Payne, 2006; Shaw & Lishman, 1999). Rees (1991) gives a description of empowerment related to life histories or narratives; by the aid of narratives and the focus on power it is possible to create knowledge and understanding of reality that makes new actions possible in the future. Some important elements of empowerment are related to creating a stronger sense of self and increased self-confidence, and a critical competence to act in the social environment (Payne, 2005: 356; Payne, 2006: 33). Self-empowerment in the thesis is a new concept relating to strengthening the addicted clients’
sense of self or self-structure. Through therapy, group settings and listening to stories of other people addicted to alcohol and drugs the dependent people try to take control over important aspects of their lives connected to the substance use-related dependency problems. It is through internalization of the therapeutic relationship, the therapist and of the social support (or treatment) group, that the client’s self-system is strengthened and empowered, which helps them to develop a more sustainable self-structure that is possible to live with, without the use or misuse of alcohol and drugs.

**Multidimensional interactional analysis:** A *multidimensional interactional approach* tries to understand the complex and changing interaction of person and environment over time (Magnusson et al. 1983). The *personal dimension* refers to the biological, psychological mind processes, ego states, cognitions, emotions and spiritual aspects of the person searching for meaning and purpose in life. The *environmental dimension* refers to the physical environment, culture, social structure, families or family systems, formal organizations, communities and social movements. The *time dimension* acknowledges the importance of time in human behavior, recognizing that the person-environment interaction is a dynamic process that is changing over time (Hutchison, 2008; Magnusson et al. 1983). The multidimensional interactional perspective has similarities to a *social psychological approach* that considers the complex interaction between intrapersonal (personality traits, emotional states, cognition including motivation and memory processes) and extra- or interpersonal factors (demographic influences, environmental, cultural and social variables) in the analyses of alcohol and drug abuse and its treatment (Sussman & Ames, 2001). Researchers within the field of social psychology and social work have described use or misuse of alcohol and drugs to be a result of multifactorial and dynamic or non-linear interactions between many intrapersonal and extra-personal factors, which is relevant for the understanding of the development, maintenance and treatment of substance use-related dependency (Amodeo & Lopez, 2011; Hogg & Vaughan, 2011: 469-470; Jung, 2010; Sussman & Ames, 2001). A multidimensional interactional analysis is relevant to consider in understanding the complex social interaction between the clients (in a group treatment) and their therapists.

**Substance use-related dependency:** The concept of substance use-related dependency is regularly used in the thesis as a general term in the discussion about use/misuse of alcohol and drugs. The concept *use* in this thesis is
“primarily a descriptive index, typically based on how often a substance is used and in what amounts” (Jung, 2010: 57). The use of any drug is a multi-dimensional and complex issue, and most measures capture only one or some of these aspects (Jung, 2010:58). Light or infrequent use of alcohol and other drugs is not in the ordinary sense a major concern, especially not in terms of psychological or physiological consequences. On the contrary, it is heavy or more or less excessive use or misuse of alcohol and drugs that creates social concern (Jung, 2010:64). A critical comment may be that the concept “heavy” is a rather subjective term, referring to a personal style of drug use that can lead to “immediate as well as long-term impaired functioning in the user, conflicts with others around the user, and potential physical risks for the user” (Jung, 2010: 64). Dependence is a complex description about substance use that is developed by psychiatrists and psychologists based on clinical observations of alcohol and drug users in treatment. On a general level dependence refers to a condition in which the user no longer seems to be able to have some form of control over the consumption. However, “it may often be accompanied by use-related problems such as physical, psychological, or interpersonal harm” (Jung, 2010: 66).

A critical comment that needs to be made is that there exist controversies and discussions in the field on how to define and diagnose alcohol and drug dependence. Questions about the causes of alcohol and drug dependence or the best way to treat it are often related to the definition used (Amodeo, et al. 2011; Jung, 2010: 69; Larsson, Lilja & von Braun, 2012; Sussman & Ames, 2001). It is worth noticing, that actors and observers (cf. the actor-spectator paradox below) can define use/misuse or dependence in different ways based on their role-position. Alcoholics Anonymous requires that alcoholics label themselves as “alcoholics” based on their subjective actor-experience. The Diagnostic and Statistical Manual of Mental Disorders criteria and the manual’s different versions (DSM III, DSM-IV, DSM-V) including the International Classification of Diseases, now in its 10th version (ICD-10) have relied on observers’ criteria based on behavioral, physical and social criteria for defining dependency (Jung, 2010: 69). In DSM-V (2013) the substance-related disorders encompass 10 separate classes of drugs, for example, alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics and anxiolytics, stimulants, tobacco and other substances (p. 481). The diagnostic criteria regarding alcohol-related disorders are related to a problematic pattern of alcohol use leading to clinical significant impairment or distress, as manifested by at least two out of 11 specified symptoms occur-
ring within a 12-month period (pp. 490-491). But there have been many criticisms of the American Psychiatric Association’s DSM manual. According to West and Brown (2013) these kinds of manuals describe symptoms but not the underlying disorder:

“Like most psychiatric disorders, and many physical disorders, it is diagnosed by reference to a set of symptoms rather than an underlying pathology. There is no laboratory test or scan that can be used to say that an individual is suffering from addiction; the symptoms are the sole means of determining whether the disease is present in any one case. But the symptoms are only markers and, for various reasons, an individual may have some symptoms but not others” (West & Brown, 2013: 20).

According to West and Brown (2013: 22) the DSM-V criteria need further revision beyond those proposed for the DSM-V. In this thesis, the concepts substance use-related dependency or misuse are used as general concepts in the different studies (I-VI) to cover the alcohol and drug addiction phenomenon on a general level. There is an extensive discussion in the literature on how to define and describe concepts such as use/misuse, abuse, dependence and addiction on alcohol and drugs. It is not the aim of this thesis to go into that discussion. The interested reader is referred to the ongoing discussion in the literature on how to define or problematize these concepts (Amodeo & Lopez, 2011; DSM-V; Jung, 2010; Larsson, Lilja, von Braun, 2012; Sussman & Ames, 2001; West, 2006; West & Brown, 2013). This thesis is based on the actors’ (clients and therapists) definitions of substance use-related dependency problems and their descriptions of coming to terms with those problems or reaching a “positive outcome” in a treatment process in a treatment setting.

Some methodological and epistemological standpoints

The thesis is based on a narrative approach. Narrative studies are often influenced by phenomenology’s emphasis on understanding lived experience (Patton, 2002: 115). This is the case in this thesis where the focus is on exploring how individuals, who use/misuse alcohol and drugs and are undergoing treatment, experience the therapeutic process. It is a question of “how they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others” (Patton, 2002: 104). The thesis uses a qualitative method focusing on narrative storytelling as a way of capturing
and describing how, for example individuals with substance use-related problems experience the treatment process including the therapeutic relationship (Kvale & Brinkman, 2009; Lieblich et al. 1998; Patton, 2002). The thesis is inspired by a dialectical approach (Kvale & Brinkman, 2009: 52) focusing on the possible contradictions that the drug user may experience between the alcoholic- or dependency self (Denzin, 1987) and the sober self-system. The experiences of the alcohol and drug users/misusers are meaning-interpreted (Kvale & Brinkman 2009: 207-208) based on self-theory, cognitive psychology, attachment theory and multidimensional interactional reasoning (Magnusson et al. 1983; Parrish, 2010; Rowan & Cooper, 1999). The meaning interpretation requires qualitative “rich descriptions” or stories, historical memories and life history narratives that relate to the clients’ and therapists’ narratives on what is going on in the treatment process, especially within the therapeutic relationship (Patton, 2002: 104, 113-118).

The logic of the dissertation

The dissertation contains eight chapters. **Chapter 1** (Introduction) gives a presentation of the aim of the dissertation and the general research questions including some specific objectives and central areas of the dissertation. **Chapter 2** (Earlier research) gives a general research overview of some important themes and theoretical explanations on substance use or misuse and substance use-related dependency treatment, including general thoughts on psychotherapy research. **Chapter 3** (Theory) contains a discussion about how theoretical perspectives such as multidimensional interactional reasoning including self-theoretical approaches and narrative strategies can contribute to the understanding of use or misuse of alcohol and drugs as well as the treatment of substance use-related dependency. **Chapter 4** (The therapeutic process as a social health-promoting occupational life) presents a discussion on how the treatment process in substance use-related dependency treatment could be viewed as health promoting. This chapter emphasizes the importance of the social situation or the situational side described in the multidimensional interactional model, and its relevance to substance use-related dependency treatment. **Chapter 5** (The contributions to social work practice) contains a discussion about the thesis’ contribution to social work and the importance of interpersonal relationship skills in social work practice. **Chapter 6** (Methods) focuses on methodological and epistemological issues. **Chapter 7** (Published articles and selected papers) gives a presentation of
results in the selected papers (studies I-VI). Chapter 8 (Discussion) presents answers to the research questions and discusses interpretations and contributions to the field of inquiry. This chapter also presents “unresolved critical issues” and suggestions for future research. Each article (studies I-VI) includes different kinds of discussions of unresolved critical issues, and the same strategy is implemented in this general framework of the thesis with a few exceptions; when it is considered relevant, “critical comments” are included in different parts of the text in this general framework of the dissertation.

Summary

The introductory chapter described the aim and research questions and gave a presentation of the studies in the dissertation and their general contribution. Important theoretical concepts were described as well as some methodological and epistemological issues. The focus of the studies and their contributions are summarized in the following table (see table 1).

Table 1. A description of the focus and general contributions of the studies included in the thesis

<table>
<thead>
<tr>
<th>Study</th>
<th>Focus and contributions</th>
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<tr>
<td>I</td>
<td>Study I contains an examination of the possibilities and limitations of using a narrative method as a framework within a multidimensional interactional model for exploring substance use-related dependency. An important result and contribution was that the interactional model based on narrative data could give a detailed understanding of substance use/misuse. This kind of interactional model provides a holistic picture of the person by contextual and situational interaction processes of micro and macro-variables relevant to consider in the analysis of addiction. This study presents the multidimensional interactional model for understanding substance use-related dependency and represents a relevant theoretical step for applying this kind of holistic reasoning in analyzing the therapeutic treatment process.</td>
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</tbody>
</table>
| II    | Study II analyzes different self-theoretical models important in the analysis of the use and misuse of alcohol and drugs. The self-theories considered were for example cognitive, psychodynamic, transpersonal and social constructivist perspectives. An important result and contribution was that the study describes the close connection between identity systems and the use/misuse of alcohol and drugs. The study showed the possibilities of using a self-theoretical perspective based on narrative data in order to reach an in-depth understanding of substance use-related dependency and possible treatment implications. Study II can be viewed as a further analysis of substance use-related dependency, which was discussed in study I. The self-theoretical model presented in study II represents a focus on the personal side of the multidimensional model presented in Study I. The development of the theoretical
reasoning in study II represents a further development of a theoretical argument where the self-theoretical perspective is integrated within the multidimensional model developed in Study I. Some treatment implications are discussed related to a self-theoretical perspective that is important when analyzing the treatment process in dependency treatment.

### III Study III

Study III represents a further step in how to analyze the treatment process in substance use-related dependency treatment. Study III gives relevant theoretical perspectives on treatment or treatment processes including the therapeutic relationship in substance use-related dependency treatment. It includes discussions on theoretical models related to therapeutic alliance, psychotherapy, and group treatment of drug dependency. It also discusses treatment of clinical and non-clinical samples. The study contributes different perspectives on treatment of substance use-related dependency and emphasizes the importance of the therapeutic relationship between the therapist and the client in order to reach a positive outcome. Study III develops the multidimensional interactional analysis a little further by emphasizing both psychological and sociological perspectives in order to understand personal and situational variables important in understanding a treatment process. Study III also details the self-theoretical argument by emphasizing the processes of self-awareness in relation to drug-taking and recovery in the process of treating addiction. Study III can be viewed as integrating multidimensional analysis, self-theory and theoretical concepts such as treatment process, the therapeutic relationship, working alliance and their meaning in understanding treatment of addiction.

### IV Study IV

Study IV focuses on narratives of clients’ experiences of using/misusing alcohol and drugs, including comments on their therapeutic process during treatment of dependency on psychoactive drugs. Important results concern the roles of narratives for the understanding of use/misuse of drugs. Furthermore, the study gave insights into the treatment process of dependency based on narrative case analysis. Study IV can be viewed as a first application of the theoretical reasoning presented in studies I-III emphasizing clients’ experiences of treatment of addiction.

### V Study V

Study V focuses on an in-depth study of therapist narratives on the therapeutic process. The therapists describe their strategies for achieving a positive therapeutic relationship. The study contributes an analysis of the therapeutic process as a whole i.e. starting the therapeutic process and building a therapeutic relationship, the ongoing therapeutic relationship and the closing phase of therapy. An analysis of the therapists’ narratives reveals the importance of transforming identities during the treatment process. The study gives examples of personal growth stories to understand the identity change processes of becoming a drug user and also the possibility of re-telling or re-constructing a new sense of self in a therapy process resulting in a lifestyle without misuse of drugs. Study V is another step in applying the theoretical reasoning presented in studies I-III but now focusing on the therapists’ descriptions of the therapeutic treatment process of addiction.

### VI Study VI

Study VI focuses on therapists, clients and co-dependent relatives’ experiences and perspectives of the therapeutic processes in substance use-related dependency treatment. The study shows the relevance of a self-theoretical and multidimensional interactional analysis of personal and social issues that need to be emphasized in the therapeutic process in order to reach a positive outcome. The analysis of the therapeutic process focuses on the importance of transforming identity issues through
mentalization, learning new coping strategies, and the internalization of the therapeutic relationship including the supportive treatment group into the mind of the client, which seems to strengthen the self-system or the mind structure of the client. Study VI integrates the viewpoints from different actors such as therapists, clients and co-dependent relatives involved in the process of treating addiction.
Earlier research - some important themes

This chapter includes earlier research and discussions on three main themes important in the thesis: (1) psychotherapy research and the therapeutic relationship, (2) theoretical perspectives on substance use-related dependency and (3) substance use-related dependency treatment.

On psychotherapy research and the therapeutic relationship

According to Norcross & Lambert (2011: 12) there are thousands of outcome studies and hundreds of meta-analyses trying to account for psychotherapy outcomes. Although there are different models that try to estimate how many percent of improvement of psychotherapy can be seen as a function of therapeutic factors there are some points that are agreed upon (Norcross & Lambert, 2011:14):

1. The patients are responsible for the lion’s share of psychotherapy success.
2. The therapeutic relationship is important but the therapeutic relationship accounts for, approximately, as much as the treatment method.
3. Particular treatment methods do matter in some specific cases, for example, when treating severe anxiety disorders.
4. It is important to adapt the treatment method to the patient.
5. It is important that psychotherapists consider multiple factors and their optimal combinations.

The research literature reveals that the therapeutic relationship is important for the outcome of therapy (Norcross, 2011). The literature indicates that the therapeutic relationship may be different in different therapies. The psychodynamic and cognitive therapies differ to some degree from each other regarding the structure of the therapeutic relationship and its meaning in therapy (Newman, 2013: 33-70; Shedler, 2010, a, b; Westbrook et al. 2014:39-63). The therapeutic relationship in humanistic Rogerian and narrative therapies differs from the psychodynamic and cognitive therapies (Payne, 2006: 41-63).
Systemic or family therapies have been described as having a therapeutic alliance with more than just one person (the client) compared to cognitive and psychodynamic therapies where the therapeutic alliance is focused on the individual client (Philips & Holmqvist, 2008). The various images of the therapeutic relationship between the therapist and the client are reviewed in the literature (Clarkson 1995; McLeod, 1997:104). Some differences related to the therapeutic relationship and working alliance between different therapeutic strategies are described in Table 2.

Table 2. Some psychotherapies and how they view the therapeutic relationship and working alliance.

<table>
<thead>
<tr>
<th>Therapeutic strategies or treatment approaches</th>
<th>Therapeutic relationship and working alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychodynamic</td>
<td>The therapy focuses on therapeutic dialogs concerning memories from childhood experiences, and the therapist makes connections between the therapeutic relationship and the clients’ other relationships in earlier life situations (Philips &amp; Holmqvist, 2008; Shedler, 2010, a, b). It has been pointed out that the therapeutic relationship and working alliance in psychodynamic therapies is a central part of the therapy. The psychodynamic therapies view the client’s habitual way of being in relationships outside the therapy as inevitably emerging in therapy relationships as well - psychodynamic therapies call this phenomenon “transference”. The psychodynamic therapies therefore especially focus on examining the patient/therapist relationship (Shedler, 2010, a, b).</td>
</tr>
</tbody>
</table>
| Cognitive-behavioral                       | The therapy focuses on cognitive beliefs and thought processes in mediating behaviors and emotional responses. In order to create change this therapeutic strategy uses Socratic dialogs, behavioral experiments and analysis of meaning. A good working alliance is very important in cognitive therapies as in other therapeutic strategies (Gilbert & Leahy, 2007). The therapist needs to have good theoretical knowledge about the different therapeutic interventions, and an ability to create an empathic stance toward the client. In cognitive-behavioral therapy the therapeutic relationship is conceptualized as a relationship between two equals (Newman 2013:33-70; Philips & Holmqvist, 2008: 79; Westbrook et al. 2014: 39-63). The cognitive therapies emphasize the role of mood regulation in substance use and misuse. The cognitive therapies focus on creating a collaborative therapeutic relationship or environment in order to be able to work with the clients’ beliefs about how drugs regulate their mood. Several specific cognitive therapy interventions increase collaboration, for example, discussing the clinical hypothesis with the client and obtaining feedback from the client regarding reactions to therapy (Liese & Franz, 1996). A good therapeutic bond and mutual agreement on goals are
Humanistic-existential or experiential therapies

These kinds of therapies focus on emotional and existential authenticity in life. These kinds of therapies including the therapeutic relationship are inspired by a phenomenological method. These kinds of therapies emphasize therapeutic qualities such as empathy, genuineness, respect and warmth and the development of an authentic ‘here and now’ situation in the therapeutic alliance with the client (Miller, 2006; Philips & Holmqvist, 2008). The therapeutic alliance in humanistic therapy emphasizes a genuine person-to-person experience and an I-thou relationship (Watson & Kalogerakos, 2010: 191).

Narrative

Narrative therapies focus on the clients’ or families’ narrative constructions about their life and their problems. The therapeutic relationship especially focuses on how to receive and listen to the client’s narrative accounts in order to challenge the client’s negative self-talk and try to create an alternative way to conceptualize the self (Polkinghorne, 1991 - McLeod, 1997: 131, 156). The therapeutic relationship is developed as a way of helping the client externalize his or her problem (Philips & Holmqvist, 2008). In both Rogerian humanistic and narrative therapies, clients, not therapists, are seen as experts as regards the client’s life. In narrative therapy the therapeutic relationship between the therapist and the client is viewed as the crucial agent of change (Payne, 2006: 170-172). The narrative therapy emphasizes the divergent perspectives that the client and therapist may have on the therapeutic relationship (see further McLeod, 1997: 105).

Systemic or family (system) therapy

The therapy focuses on the interpersonal system dimensions related to the problems that are dealt with (Pinsof, 1994). The therapist often has an extended therapeutic relationship and working alliance. The therapist is not so dependent on shaping a therapeutic alliance only with the client. In family therapy it is possible to develop a working alliance with other persons connected to the family system. A strong alliance with close family members other than the client can be of great importance. For example, family treatment with drug-addicted adolescents has been found to be more effective in that a higher percentage of adolescents stay in family therapy compared to other therapies (Philips & Holmqvist, 2008: 130; Sexton et al. 2004: 627).

The research reveals that there are many effective elements of the therapeutic relationship that need to be considered, such as alliance in individual psychotherapy (Horvath et al. 2011), cohesion in group therapy (Burlingame et al. 2011), empathy (Elliot et al. 2011), goal consensus and collaboration (Shick Tryon & Winograd, 2011), positive regard and affirmation (Farber & Doolin, 2011), congruence/genuineness (Kolden et al. 2011), collecting client feedback (Lambert & Shimokawa, 2011) and repairing alliance ruptures (Safran et al. 2011). The description of these different effective elements of
the therapeutic relationship may suffer from content overlap or from being highly related and therefore these elements may be redundant constructs. Two examples can illustrate this: Goal consensus correlates highly with parts of the therapeutic alliance and collecting client feedback, and repairing alliance ruptures may represent different sides of the same therapist behavior (Norcross & Lambert, 2011: 14). Tailoring the therapeutic relationship to the individual patient is another important issue in psychotherapy research (Norcross, 2011, part three; Norcross & Lambert, 2011: 14). The research literature also reveals that attention needs to be paid to the disorder-specific and treatment-specific nature of the therapy relationship (Norcross & Lambert, 2011:15).

Even though the therapeutic relationship has been pointed out as an important factor contributing to the therapeutic outcome (Wampold, 2001; Norcross et al. 2009 a; Norcross 2011), there is a need to consider the multidimensional complexity of therapeutic treatment. There are many different factors that need to be considered when evaluating psychotherapy, for example, factors related to the treatment method (Chambless & Crits-Christoph, 2009), the psychotherapist (Wampold, 2009), the therapy relationship (Norcross & Lambert, 2009) and the active client (Bohart, 2009). There is a discussion about how these factors contribute to the therapeutic outcome and interact with each other (Beutler & Johannsen, 2009; Norcross, et al. 2009a). Some researchers focus on the importance of the therapeutic relationship, and for these researchers client and therapist factors are more important than treatment techniques (Norcross 2002). For other researchers the influence of what are called “common factors” is not as important as the treatment method or treatment manuals (Chambless & Ollendick, 2001). However, according to Beutler & Johannsen (2009: 227) “this is a debate in which scientifically both sides are right”. Research reveals that the client, the therapist, the therapeutic relationship and the treatment method are all related to improvement and that any one of these factors in isolation is not enough or does not account for a very large share of the therapeutic change. A different perspective is necessary to represent more adequately the complexity and multidimensional nature of psychotherapeutic treatment and the psychotherapy process (Beutler & Johannsen, 2009: 227; Gelo et al., 2015). The psychotherapy research literature points out the need for a multidimensional perspective when considering which factors contribute to a positive therapeutic outcome.
I think it is fair to say that psychotherapy research has been dominated by what can be called a variable approach to studying psychotherapy. However, a strong focus on variables can lead to a neglect of the person. This thesis focuses more on a person-centered approach to research on treatment (in contrast to the variable-centered approach) and takes a holistic and dynamic multidimensional view; the person is conceptualized as an integrated totality rather than a summation of variables (see Magnusson & Allen, 1983: 372).

By using appropriate models for the understanding of the total person (in interaction with the social situation) as a frame of reference for my research, I try to avoid the fragmentation and, most importantly, the neglect of process, which is a limitation of the variable approach. The person-centered approach has the goal of understanding psychological continuity and processes, which are the focus of this thesis (see Magnusson & Allen, 1983: 372-375).

**The importance of the client’s perspective:** It is important that therapists notice the client’s perspective of the alliance throughout treatment because it is often the case that the therapists and clients have divergent perspectives on the alliance, especially early in treatment. As has already been implied, the development of a good enough alliance “early in therapy is vital for therapy success” (Horvath et al. 2011: 56). Misjudging the client’s experience of the alliance could render the therapeutic interventions less effective (Horvath, 2011: 56 - see further the importance of the actor-spectator paradox discussed below). The therapeutic relationship and alliance fulfill many purposes. The alliance is a precondition for therapeutic work on problems related to the client and its creation is an important task in its own right. The therapist can play an important role not only in building the alliance in the immediate context, but also in helping the client to develop a more generalized trust in the possibility of getting his or her needs met in relationships with others (Safran & Muran, 2003: 23-25).

**Some theoretical perspectives of substance use-related dependency**

The use and misuse of alcohol and drugs is described as a multifactorial biopsychosocial phenomenon. There is a need for a multidimensional description of the diversity and complexity of variables involved in the initiation and maintaining of the use or misuse of alcohol and drugs (Jung, 2010;
Theoretical discussions on use or misuse of alcohol and drugs are based on *intrapersonal* factors, which include physiology, biology, genetics, personality, and cognitive and emotional factors. But *interpersonal* factors are also important, i.e., environmental variables, demographic influences such as gender, age, ethnicity and minority groups, cultural and social factors and social learning variables (Sussman & Ames, 2001). There is a need for critical discussions on which of the different biopsychosocial dimensions are relevant to consider in a specific case. Another issue is how one can analyze the dynamic interactions between the different bio-psychosocial variables involved when trying to understand drug use or misuse (Amodeo & Lopez, 2011; Barber, 1995; Jung, 2010; Sussman & Ames, 2001; West, 2006). These kinds of critical aspects make it difficult to have a clear view about the multiple influences and causal pathways that can lead to drug use or misuse (Jung, 2010; Sussman & Ames, 2001: 55; West, 2006).

The use of alcohol and drugs is often something that develops in practice together with other people. This complex process and its outcomes are related to many known as well as unknown psychological, sociological and social psychological factors (Amodeo & Lopez, 2011; Barber, 1995; Jung, 2010; Sussman & Ames, 2001; West, 2006; West & Brown, 2013). The literature points out some overlapping agreement between different or rival theoretical and conceptual explanations of alcoholism. This overlap can be illustrated by considering the similarities between, for example, social learning theory and the AA conceptualization of alcoholism. Social learning theory emphasizes the need to develop new coping mechanisms to reduce stress, which is not incompatible with AA conceptualization of alcoholism, which focuses on helping alcoholics to make cognitive attitudinal and behavioral changes (Jung, 2010: 413). This way of reasoning is in turn compatible with cognitive-behavioral theory (Barber, 1995; Liese & Franz, 1996). There is a large body of knowledge about research and theories on substance use-related dependency problems, and this thesis considers only some of the important theoretical and empirical themes related to the research in this area (see Amodeo & Lopez, 2011; Barber, 1995; Parrish, 2010; Sussman & Ames, 2001; West, 2006; West & Brown, 2013).

This thesis focuses on understanding the interaction between the person and the situation when analyzing use or misuse of alcohol and drugs, and related treatment. There are many theoretical perspectives of the human mind and
human relationships that can be relevant when analyzing substance use-related dependency, including the interaction between biological, psychological and social factors, (Jung, 2010; Lilja, Larsson & Hamilton, 1996; Lilja, Larsson & Montagne, 2001; Milkman et al., 2010; Parrish, 2010; Sussman et al., 2001). If one tries to summarize some theoretical perspectives on substance use-related dependency the results can be presented as in table 3 (see also study III).

Table 3. Theoretical perspectives relevant for the analysis of substance use-related dependency considering critical concepts and processes, advantages, limitations and unresolved critical issues (see study III).

<table>
<thead>
<tr>
<th>Theories</th>
<th>Critical concepts and processes</th>
<th>Advantages</th>
<th>Limitations</th>
<th>Unresolved critical issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social cognitive learning theory</td>
<td>Learning factors, modeling, and expectancies formed about the effects of alcohol and drugs through observation (Jung, 2010:30; Sussman et al., 2001:67).</td>
<td>May produce knowledge about how beliefs and expectancies are related to alcohol and drug use (Jung, 2010).</td>
<td>Adolescents imitate the drug use of peer models. However, social learning theory does not explain why some adolescents choose one type of role model while others choose different ones (Jung, 2010:34).</td>
<td>Most expectancy studies are cross-sectional in design and give no understanding of causality (Jung, 2010:34).</td>
</tr>
<tr>
<td>Social influence theories Peer cluster theory focuses on the relationship between peer influence and drug use (Oetting et al., 1987; 1998 a, b).</td>
<td>Peer cluster theory can contribute to the analysis of peers as socializing influences on, for example, drug use (Oetting et al., 1998 a, b).</td>
<td>Peer cluster theory is limited in considering how, for example, personality problems and social characteristics in the social surroundings, such as poverty and deviance, can contribute to affiliation</td>
<td>Are one's peers the cause of drug use or vice versa? (Jung, 2010:36; Oetting et al., 1998 a, b) There are many intrapersonal and extra-personal factors affecting drug use: how do different family variables interact</td>
<td></td>
</tr>
<tr>
<td>Peer cluster theory focuses on attachment (Brook et al., 1990)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

47
<table>
<thead>
<tr>
<th><strong>Approach</strong></th>
<th><strong>Processes in the Family</strong></th>
<th><strong>Analysis of Family Attachment and Drug Use</strong></th>
<th><strong>With Peers with Drug Problems</strong></th>
<th><strong>With Other Variables Outside the Family?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrapersonal theories focusing on tension reduction</td>
<td>Tension and stress reduction (Eastman, 1994:113; Jung, 2010).</td>
<td>Stress and tension reduction can cause some forms of drug use. Alcohol can reduce feelings of anxiety (Sayette, 1999).</td>
<td>Alcohol use/misuse is not the only possible way of reducing tension (Jung, 2010:39; Eastman, 1994:113).</td>
<td>Stress is only one factor in understanding alcohol and drug use. It is a determinant of drug use but not a sufficient factor (Jung, 2010:40).</td>
</tr>
<tr>
<td>Psychoanalytic approach</td>
<td>Unconscious motives, oral stage related to dependency (Eastman, 1994; Jung, 2010).</td>
<td>Understanding the inner drives and unconscious motives to drinking, related to unresolved early childhood conflicts (Jung, 2010:40).</td>
<td>The theory offers a general explanation but does not explain why some people develop alcoholism while others do not (Eastman, 1994:108).</td>
<td>Theoretical formulations and unconscious processes are controversial because they are not possible to test with objective methods (Eastman 1994:108; Jung, 2010:41).</td>
</tr>
<tr>
<td>Cognitive approach</td>
<td>Cognitive motivation or expectancies, beliefs, automatic thoughts and mind processes related to substance abuse (Liese &amp; Franz, 1996:475-480; Sussman et al., 2001:73).</td>
<td>Understanding how activating stimuli (external and internal cues), beliefs, automatic thoughts and cravings affect substance abuse and how psychoactive substances regulate mood states (Liese &amp; Franz, 1996:477).</td>
<td>Mainly focusing on internal mind processes and how thinking, beliefs, and implicit memories are related to alcohol and drug use. However, biological, social and socio-cultural factors are not analyzed in detail (Sussman et al., 2001).</td>
<td>The interactions of intrapersonal (mind processes) and extra-personal influences with alcohol and drug use need to be understood in greater detail (Sussman et al., 2001).</td>
</tr>
<tr>
<td>Behavioral approach</td>
<td>Drinking or alcoholism is</td>
<td>Can explain how, for example</td>
<td>The behavioral model does not</td>
<td>The behavioral model does not</td>
</tr>
<tr>
<td>Social psychology models</td>
<td>Describing the complex interaction processes between intrapersonal and extrapersonal factors (Sussman &amp; Ames, 2001).</td>
<td>Can explain the complex multifactorial biopsychosocial processes leading to drug abuse (Sussman et al., 2001:55).</td>
<td>It is sometimes difficult to differentiate extra-personal influences from intrapersonal influences (Sussman et al., 2001:56).</td>
<td>Multifactorial or bio-psycho-social models describe the complexity of factors contributing to drug use. However, there is a great need for more studies on how these factors interact in the development of drug use behavior (Jung, 2010; Sussman &amp; Ames, 2001).</td>
</tr>
<tr>
<td>Biological approaches</td>
<td>Genetic heritability of numerous drugs and variations in neurochemical systems and the effects of drugs including brain damage (Eastman, 1994:103-07; Milkman et al., 2010; Sussman et al., 2001:69-71).</td>
<td>Neurobiology of alcohol and other drug use can explain what happens in the body/brain after drugs are taken and how drugs affect the nervous system and the biological basis of tolerance and withdrawal (Jung, 2010; Milkman et al., 2010; Sussman et al., 2001).</td>
<td>Biological perspectives give a limited understanding of the psychological and social contextual influence of alcohol and drug use/misuse (Barber, 1995; Sussman &amp; Ames, 2001).</td>
<td>The description and analysis of the interaction processes between biological, psychological and social variables are not understood in any great detail (Eastman, 1994; Jung, 2010; Sussman et al., 2001; Parrish, 2010).</td>
</tr>
</tbody>
</table>
Theories of self, consciousness and substance use/misuse: Understanding the self and the mind processes is important in analyzing alcohol and psychoactive drug use (Denzin, 1987; Eastman, 1994; Flores, 2001; Jung, 2010; Milkman et al., 2010; Punzi & Tidefors, 2014; Sussman et al., 2001). Understanding the self and the mind processes and mood moderation effects is also important when considering, for example, the use of tobacco and caffeine. The change in the state of consciousness or “the heightened alertness” created by nicotine as a result of smoking can improve both cognitive and mind functioning (Perkins et al. 1991 - Jung, 2010:50). There are many different ways of experiencing altered states of consciousness. A state of consciousness is a multidimensional and dynamic process. A state is altered if it is different from some kind of baseline state to which we want to compare it. Besides altered states induced by psychoactive drugs, such as alcohol, other well-known examples of altered states are the hypnotic state and states related to very strong emotions like panic or depression (Metzner, 1989; Tart, 1986: 4-5). It is obvious that it is possible to change the state of consciousness without using alcohol and drugs. There is interesting research on understanding the experience of “flow” through different activities that help the individual to experience some form of “heightened awareness” (see Csikszentmihalyi, 1990). When taking psychoactive drugs a specific state of consciousness or identity state, a specific sense of self, often seems to develop that is different from the state of consciousness when not using drugs (Hamlin, 1993; Jerome et al., 1991; Larsson, 1992; Lilja, Larsson & Hamilton, 1996; Montagne, 1991: 55). The psychoactive drug user can, for example, experience improved self-confidence or experience a greater degree of social competence when using the drug compared to when not doing so (Hamlin, 1993; Jerome et al., 1991; Kramer, 1993; Larsson et al., 2001 b; Milkman et al., 2010; Tart, 1986). The research literature has presented different heuristic models of altered states showing the transition to altered states of consciousness being triggered by, for example, an external stimulus. Psychoactive drugs may function as the trigger. However, the contents of an altered state of consciousness are the result of a complex and dynamic multidimensional interaction between the individual’s mindset (intention, expectation, personality, mood, values, attitudes) and the social setting (environment, physical and social context including expectations and behaviors of others present). This is the set and setting model (see Metzner, 1989: 334-335).
Comorbid psychiatric disorders: There is an ongoing discussion in the research literature about comorbidity, the coexistence of two or more psychiatric or mental classifications or problems in an individual, especially in relation to treatment (Emmelkamp & Vedel, 2006: 11-21, 121, 168; Jung, 2010:103). Some authors have argued that in the case of substance use-related dependency problems in combination with other problems one should target the substance misuse first. However, they also emphasize that the co-occurring problem must in one way or another be monitored during substance abuse treatment and in some cases specialized treatment centers may be called for (see Emmelkamp & Vedel, 2006:121, 168). In the case of substance abuse in combination with other problems a number of possible treatment strategies are mentioned in the literature. In one approach, the sequential treatment strategy, one problem is treated first, which is followed by treatment of the other problem. In a parallel treatment approach both problems are treated simultaneously. In a third approach both problems are treated with some kind of integrated treatment strategy (see Emmelkamp & Vedel, 2006:121, 168).

Substance use disorders often accompany different forms of psychological problems such as anxiety, depression or affective disorders and ADHD. Co-existing psychiatric problems may have major implications for the development of therapeutic treatment strategies since substance use or misuse may function as self-medication for psychiatric problems (Emmelkamp & Vedel, 2006: 187-188; Jung, 2010: 101; Liese & Franz, 1996: 488). The psychiatric problems may be increased by substance abuse. Research on depression reveals that many patients with major depression also have substance use-related problems (Jung, 2010:101-104). Therefore, the comorbidity of substance use-related problems and mental problems needs to be considered (Emmelkamp & Vedel, 2006: 11-12; Jung, 2010: 101-104; Liese & Franz, 1996: 488).

On substance use-related dependency treatment

There are many methods of recovery for the treatment of alcohol and drug use/misuse and these can be categorized into two major groupings: formal and informal strategies. The informal strategies refer to informal self-help groups such as Alcoholics Anonymous and related 12-step programs, and the
formal programs refer to professional psychotherapeutic strategies of various kinds including individual or group therapies, psychodynamic, cognitive-behavioral, pharmacological or combined strategies (Jung, 2010: 356; Sussman & Ames, 2001).

There are several psychotherapeutic approaches and their emphasis is generally based on verbal communication between a psychotherapist and a client related to individual, group or family therapy. Psychotherapeutic treatment of substance use-related dependency often focuses on the clients’ earlier life history or current life situation and their reasons for the use/misuse of alcohol and drugs (Jung, 2010: 382). There are several psychotherapeutic treatment approaches that can be mentioned when discussing substance use-related dependency treatment (see Jung, 2010: 382-393) and some of them are listed in Table 4.

**Table 4:** Some psychotherapeutic or treatment strategies dealing with treatment of substance use-related dependency.

<table>
<thead>
<tr>
<th>Therapies or treatment approaches including self-help groups</th>
<th>The focus of the therapeutic or treatment approach or self-help strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychodynamic approaches to therapy</strong></td>
<td>Psychodynamic approaches often interpret alcohol and drug use/misuse as reflections of underlying conscious and unconscious conflicts (Leeds &amp; Morgenstein, 1996). The task of a psychodynamic therapist is to explore the defenses and unconscious conflicts of the client and to establish a working alliance with the goal of developing the clients’ strategies of relapse prevention (see Jung, 2010:383; Keller, 1996).</td>
</tr>
<tr>
<td><strong>Rational emotive therapy (RET)</strong></td>
<td>Focusing on the clients’ present and future motivations to deal with alcohol and drugs rather than unconscious conflicts. RET has the goal of helping the client realize why she or he is using alcohol and drugs, including finding alternative ways to handle the situation (Jung, 2010:384).</td>
</tr>
<tr>
<td><strong>Motivational enhancement training (MET)</strong></td>
<td>Focusing on non-confrontational strategies helping clients to find their own ways of motivation to reduce their alcohol and drug intake (Emmelkamp &amp; Vedel, 2006: 43, 85; Miller et al. 1995).</td>
</tr>
<tr>
<td><strong>Behavioral approaches</strong></td>
<td>These approaches tend to view alcohol and drugs use/misuse similarly to other learned behavior, and provide treatment based on classical and operational conditioning (Jung, 2010:386).</td>
</tr>
<tr>
<td><strong>Treatment based on social learning</strong></td>
<td>Social learning theory (Bandura, 1999) emphasizes social learning principles where the client learns to see that reducing alcohol and drug intake can have positive social consequences such as social approval and better work performance.</td>
</tr>
<tr>
<td><strong>Cognitive-behavioral</strong></td>
<td>This treatment form views alcohol and drug use as maladaptive</td>
</tr>
<tr>
<td>learning treatment including coping skills training</td>
<td>coping with actual problems. Consequently the goal is to teach the client alternative ways of cognitive coping and behavioral skills that do not involve alcohol and drugs to handle their problems (Emmelkamp &amp; Vedel, 2006:51; 89; Jung, 2010: 387; Liese &amp; Franz, 1996).</td>
</tr>
<tr>
<td>Different forms of family therapies including behavioral couple therapy</td>
<td>Theories of family systems focus on the dynamic interaction between family members and the treatment program, often involving the entire family. Therapy focuses on changing the interaction patterns between family members and the family communication strategies (Jung, 2010: 388). Behavioral couple therapy works in general with couples in which one or both partners abuse alcohol and/or drugs and report low marital satisfaction. On a general level, behavioral couple treatment focuses on self-control and coping skills to strengthen and maintain abstinence, including improving a partner’s ability to cope with drug-related situations and his/her functioning in different social systems (Emmelkamp &amp; Vedel, 2006:69).</td>
</tr>
<tr>
<td>Contingency management and community reinforcement approach (CRA)</td>
<td>The basic principle of operant strategies is to reinforce desired behavior. A treatment based on operant techniques is contingency management. The community reinforcement approach (CRA) is an intensive behavioral treatment strategy which includes individual and/or group counseling, marriage counseling, a job skills training program for unemployed clients, re-socialization training and recreational activities (Barber, 1995: 136-140; Emmelkamp &amp; Vedel, 2006: 63-69). In clinical practice, contingency management is often used in combination with community reinforcement training (Emmelkamp &amp; Vedel, 2006: 67).</td>
</tr>
<tr>
<td>12-step approaches</td>
<td>Treatment of substance use-related dependency problems often involves multidimensional or multifaceted approaches, not only including treatment of the substance abuse by professionals, but often also including participation, in for example, Alcoholics Anonymous (AA) or other support or self-help groups (Emmelkamp &amp; Vedel, 2006: 72). Self-help groups such as AA do not offer formal treatment, as they do not provide case management or therapy (Wallace 2004 - Emmelkamp &amp; Vedel, 2006: 74). According to some steps of AA the individuals have to believe in a power greater than themselves.</td>
</tr>
<tr>
<td>Pharmacological approaches</td>
<td>Focusing on a safe detoxification process of the client including the use of pharmacologic substances, for example, benzodiazepines, as a way of relieving anxiety and depression and withdrawal symptoms (Emmelkamp &amp; Vedel, 2006:79; Jung, 2010: 392).</td>
</tr>
<tr>
<td>Combined strategies</td>
<td>There is a possibility to combine psychological behavioral strategies or pharmacological approaches to deal with alcohol and drug use/misuse (Emmelkamp &amp; Vedel, 2006; Jung, 2010; Sussman &amp; Ames, 2001).</td>
</tr>
</tbody>
</table>
Various psychological and pharmacological approaches related to substance use disorders have been found to be effective in a number of research studies (see Jung, 2010). A discussion of different psychological and pharmacological treatment methods concerning their evidence-based status for substance abuse and dependency have been made by many authors (see Amodeo & Lopez, 2011; Barber, 1995; Emmelkamp & Vedel, 2006: chapter 3; Jung, 2010; Sussman & Ames, 2001). Different psychological treatments and pharmacotherapies that have been shown to be evidence-based in a series of controlled clinical trials include, for example, motivational enhancement treatment, coping skills training, cue-exposure, contingency management and the community reinforcement approach (CRA), behavior couple therapy, 12-step approaches and pharmacotherapy (Barber, 1995; Emmelkamp & Vedel, 2006: 86-118; Jung, 2010; Tobutt, 2011: 192-197).

Some authors claim that evidence has not yet been established for psychodynamic therapy, experientially based therapies and system-theoretically based therapeutic approaches in a series of controlled clinical trials (Emmelkamp & Vedel, 2006: 85; Jung, 2010). There is a need for a careful and critical discussion about the evidence-based status of different treatment strategies for substance use-related dependency problems, but that is beyond the scope of this dissertation. Treatment is a multidimensional issue and outcomes are affected simultaneously by many factors: (1) Treatment variables (method, duration, activities and content); (2) therapist variables related to skill, personality and demographics; (3) client characteristics (motivation, alcohol and drug use patterns or addiction severity, physiological and psychological attributes including the social background) and (4) the therapeutic relationship or therapeutic alliance quality (Beutler & Johannsen, 2009; Jung, 2010:395-96; Norcross, 2011). A one-dimensional or linear focus instead of a multidimensional analysis of many contributing factors related to treatment can result in an incomplete understanding of the many interacting factors that contribute to the success or failure of treatment (see Jung, 2010: 395-96). Similar points have been made in regard to evaluating psychotherapy treatment in general (Norcross & Lambert, 2011).

There is a need for a critical examination of the client variables affecting the therapeutic relationship. It has been pointed out in the literature that clients with more positive relationship histories and a secure attachment style, including having better social support and higher readiness to change seem to be better suited to establishing a successful working alliance with their ther-
apist (see Meier, Barrowclough & Donmall, 2005 a - Emmelkamp & Vedel, 2006: 189). These kinds of results need to be evaluated in further research.

Project MATCH: Treatment strategies that are influenced by different theoretical perspectives and analysis have been evaluated in the search for evidence-based treatment methods or “what works” in the treatment of substance use-related problems (Jung, 2010; Sussman & Ames, 2001: 104). In the project MATCH evaluation study (project MATCH Research Group, 1998), a population needing treatment (774 inpatients and 952 outpatients) was assigned randomly to one of three individually administered treatments: Cognitive-behavioral treatment (CBT), twelve-step program treatment (Alcoholics Anonymous) and motivational enhancement therapy (MET). The results revealed that a high percentage of clients showed improvement in achieving abstinence (National Institute on Alcohol Abuse and Alcoholism, 1997) and the overall success rates did not significantly differ across treatment methods (Jung, 2010: 402-404). This has been called “the Dodo bird interpretation” (Duncan & Miller, 2009: 141-142; Emmelkamp & Vedel, 2006: 116; Horvath et al. 2011: 25; Jung, 2010: 404; Luborsky et al. 1975).

As mentioned, the treatment of substance use-related dependency problems is a multidimensional, non-linear and complex process with many interacting factors involved (Amodeo & Lopez, 2011; Barber, 1995; Sussman & Ames, 2001; West, 2006). A critical review of the treatment outcomes related to, for example, alcoholism indicates not only that they vary as a consequence of the treatment method and the treatment settings, but that they also seem to be related to client variables such as psychopathology or psychological or psychiatric problems and drinking history (Emmelkamp & Vedel, 2006). Jung (2010) has summarized the research on treatment of alcohol saying “most treatment methods seem to be effective for some alcoholics in comparison to no treatment, but overall, no single approach seems to be clearly superior to the others” (Jung, 2010: 413). It has been claimed that common factors rather than the specific ingredients related to the treatment method need further investigation as regards how they contribute to a positive treatment outcome. Common factors such as the therapeutic relationship or the working alliance between the therapist and the client can play an important role in motivating the client to become engaged in therapy and, as a consequence, affect the outcome of therapy (Jung, 2010: 413). On the other hand, in some research studies the therapeutic relationship only accounts for a small part (about 12%) of the total psychotherapy outcome variance related
to therapeutic factors (Norcross & Lambert, 2011: 12-14). There is a need for further research on these issues.

Summary

This chapter has discussed three main themes related to (a) psychotherapy research, (b) perspectives on the use/misuse of alcohol and drugs, and (c) substance use-related dependency treatment. The chapter describes psychotherapy as a multidimensional phenomenon and indicates that many interacting variables need to be considered. However, psychotherapy research reveals that the clients are responsible for the lion’s share of psychotherapy success. One implication of this is that one needs to investigate what the clients experience during the therapeutic process and what factors the client considered to be helpful in order to reach a positive outcome (see further Jung, 2010: 401). That is one important dimension that is focused on in this thesis. However, when researching the treatment process of substance use-related dependency, one needs to consider that alcohol and drug abuse is a multifactorial bio-psychological process that affects the self, mind and consciousness of the client. Therefore, some kind of multidimensional and self-theoretical analysis is necessary. The thesis as a whole presents a multidimensional interactional model and a self-theoretical perspective aimed at analyzing the complex interaction between personal and situational dimensions in the treatment process, including the clients and therapists’ views of this process. Treatment of substance use-related dependency problems involves complex processes of interaction between client characteristics and therapist factors, such as skill and personality that, in turn, affect the therapeutic relationship.
This chapter gives a presentation and discussion of the analytical tools for the analysis of the therapeutic process in substance use-related dependency treatment. I shall take self-theory as the overarching theoretical framework to analyze how the clients’ change process takes place in substance use-related dependency treatment. Self-theory has been part of both psychological and sociological theory for more than a century now, and with the rise of cognitive psychology, and humanistic and transpersonal psychology over the past decades, the self is now well established as a hypothetical and theoretical construct (Docter, 1988: vi-vii). The concepts of self-identity, plural self, sense of self with and without the drug (Larsson et al. 2013d: Rowan & Cooper, 1999), alcoholic self (Denzin, 1987) or the dependency self (Diamond, 2002; Singer 1997) will be conceptualized as subsystems of the self. I shall take a few excursions into self-theory in order to deal with the capacity of the self to share control and even to be “overthrown” by subordinate units of the self as in dissociative states and hypnosis (Hilgard, 1977; Docter, 1988: vii).

This capacity for a dual self or plural self (Rowan & Cooper, 1999) has been extensively described in the analysis of (a) psychotherapy processes in general, (b) substance use-related dependency, and (c) treatment processes of substance use-related dependency. The understanding of the complexities of the self or the multiple self-structure (which is called the multimind by Ornstein, 1986) within the individual has been considered as crucial to consider in psychotherapeutic treatment in general (Bromberg, 1996; Safran & Muran 2003) and in substance use related dependency treatment in particular (Amodeo & Lopez, 2011; Anderson, 1998 a, b; Denzin, 1987; Fiorentine & Hillhouse, 2000, 2003; Flores, 2001; Gordon, 2000; Grof, 1994; Larsson et al. 2001, a; Larsson, 1992; Lindblom 2015; Markus & Nurius, 1987; McIntosh & McKeganey, 2000; Punzi & Tidefors, 2014; Shinebourne & Smith, 2009; Singer, 1997; South 1999; West, 2006; West & Brown, 2013; Worthington et al. 2011). According to my point of view there is a risk of psychologizing social problems if one only relies on self-theoretical con-
The self-theoretical perspective in the thesis is therefore further developed and integrated within a broader holistic multidimensional interactional model (Magnusson et al. 1983 a, b) that considers the interaction between both personal and social factors, which is typical for social work research, especially in the analysis of dependency treatment (Amodeo & Lopez, 2011; Barber, 1995; Hutchison, 2008; Parrish, 2010).

Self-theory integrated within a multidimensional interactional model

This thesis presents a multidimensional interactional perspective for the analysis of alcohol and drug use and misuse, which also influences the analysis of the treatment process. Magnusson and Allen’s (1983) interactional model for the analysis of human behavior and development has inspired the multidimensional perspective in this thesis. The interactional perspective is an expression of a system view of person-environment interaction. Within the person-environment system the person is viewed as one system in itself. The person is composed of a set of subsystems that include: (a) the mediating system including both world conceptions and self-conception systems; (b) a biological system; and (c) an action-reaction system or behavior repertoires. The environment includes three levels, namely, momentary situations (the actual situation and the perceived situation), micro- and macro-environments. These subsystems are described in more detail below.

Lilja et al. (1996) and myself have further developed the interactional person-by-situation model for application to substance use-related dependency treatment, and have considered the importance of metacognitions or mentalization processes including spiritual dimensions of the person. I have further developed this model when investigating the therapeutic process in addiction treatment (see studies V-VI). I consider the treatment setting as a specific kind of person-by-situation interaction process that contributes to the creation of a metacognitive space that allows the client to develop a more sustainable self-system through self-empowerment in a therapeutic “working through” process (Kohut, 1977). The treatment process can be thought of as giving the client the possibility to narrate a more complete and coherent self-narrative, which is considered as important in order to reach a positive outcome (Wennerberg, 2012: 267).
In this thesis I try to understand different psychosocial dimensions that refer to the person or the personal side as well as the environment or the situational side of the interaction that is involved in the use/misuse of alcohol and drugs and the therapeutic treatment process of the addiction. The multidimensional person-by-situation interactional perspective is described in figure 1.

**Figure 1.** A person-by-situation interactional (multidimensional) model applied to the understanding of the therapeutic process. The model includes self-theoretical arguments that are possible to investigate by using narrative methods (see study I).

The interactional perspective

According to Magnusson et al. (1983: 7) a basic assumption of the interactional view is that individual functioning needs to be understood as a “continuously ongoing, bidirectional interaction between an individual and his or her environment (especially the situation in which the individual appears)” (p 7). An important theoretical and methodological implication is that neither person factors nor situation factors can be understood in isolation but are inseparable in an interaction process (Magnusson et al. 1983: 7). The person-
in-the-situation should be considered the meaningful unit for description and analysis in understanding an individual’s functioning (Magnusson & Allen, 1983 b: 371). An interactional perspective takes a holistic and dynamic view in the analysis of the person, which is congruent with a process model of behavior focusing on the ongoing process of person-by-situation interaction. This requires research methods allowing for the dynamic understanding of the complex interaction between persons and situations. This thesis is based on narrative accounts or listening to stories from therapists and clients related to their interactive experiences of the therapeutic process (see McLeod, 2008).

The person or the personal side of the interaction

(1) The mediating system in the figure describes the person’s cognitive structures with associated emotional tones. This kind of cognitive system deals with information processing and decision-making and is important for the individual’s ability to deal with internal and external problems (see Magnusson et al. 1983: 20). The cognitive and emotional systems are constructed by dynamic learning through assimilation and accommodation processes (see Brandell, 2011; Liese & Franz, 1996; Magnusson et al. 1983: 23; Salkovskis, 1996). The individual decision-maker interprets different types of external information through the cognitive systems, which enables him or her to acquire a structured perspective of the environment. The mediating system involves conceptualizations and cognitive representations of the outer world and systems for motivation, goals, coping strategies and emotional dimensions (see Magnusson & Allen, 1983: 19-20), as well as the personality, self or identity structure including sub-identities (Berzonsky, 1988; Larsson et al., 2001 a, b; Magnusson et al. 1983: 20). Personal explicit or implicit memories (Sussman & Ames, 2001: 74) of specific symptoms of illnesses and their treatment options are also included in the mediating system. The model embraces the individual’s beliefs, attitudes, values and expectations concerning the illness as well as the drugs used in the treatment process (see Stimson, 1974). Similar systems are observed in the minds of clients as well as health professionals or therapists, although they can differ considerably (Gerhardt, 1989; Stimson, 1974). The components and the process-rules in the decision-makers’ mind system can be applied consciously or unconsciously (Eagle, 1987; Safran et al., 1987). The thesis conceptualizes the self-system, including its different sub-identities, as stored in the self-memory system (Conway & Pleydell-Pearce, 2000: 271) within the mediating system. Cognitive research proposes that memory is a key mediator of
alcohol and drug use (Tiffany, 1990; Sussman & Ames, 2001). According to my point of view, an analysis of the mediating system is crucial in order to understand the person’s awareness, identity or self-structure, perceptions, expectations, judgments, emotional preferences and memory systems. The mediating system is active in the decision-making processes involved for example in the use/misuse of alcohol and drugs including how to cope with addiction in a treatment process. Similar arguments have been discussed in the literature (see Berzonsky, 1988; Jung, 2010; Liese & Franz, 1996; Salkovskis, 1996; Sussman & Ames, 2001).

(2) The biological system of the drug user or the client, which includes genetic and biological structures and processes, is an important individual factor and is in a continuous interaction with the mediating system and with behavior (Magnusson et al. 1983: 21).

(3) The observable or manifest behavior is a subsystem that consists of the actions and reactions of the individual (Magnusson et al. 1983: 21). The behavioral repertoire, or talents, of the drug user or the client when performing certain actions are also included in this system (Deikman, 1982).

The environment or the situational side of the interaction
The levels of analysis of the environment contain the actual situation, the perceived situation, the micro- and the macro-environments and can be described as follows:

(4) The actual situation refers to the part of the environment that is accessible to sensory perception on certain occasions (Magnusson et al., 1983:11). It is the situation as it is in terms of the drug users’ or the clients’ medical signs and the factors causing or associated with the medical or other problems. One type of situation discussed in this thesis is the actual “therapeutic situation”. The therapeutic situation refers in the thesis to the meeting between the therapist, who can and does represent a range of professional as well as non-professional change agents, and the client (Lilja, Larsson & Hamilton, 1996; Safran & Muran, 2003).

(5) The perceived situation is the person’s interpretation of the actual situation and it includes the meaning given to the situation by the individual. The person’s interpretations are important because they are the foundation and the influencing dimensions of the decision-making processes (Lilja, Larsson
& Hamilton, 1996; Magnusson et al., 1983; Wilkinson, 1981). The importance of the perceived situation is demonstrated in the actor-spectator paradox where actors and observers often perceive a situation very differently and act accordingly (see Lilja, Larsson & Hamilton, 1997; Wilkinson, 1981). The perceived situation is central in this thesis because it is emphasized that the clients as well as the therapists act on each situation as they see it. Therefore, if one is attempting to study a person who actively interprets reality in her own terms, the person’s own accounts or narrative descriptions are the only acceptable source of data (see Wilkinson, 1981: 216). Understanding the effectiveness of psychotherapy from the participant’s perspective (or their perceptions of the therapeutic situation) is especially important given the lack of agreement between clients, therapists and trained judges/observers that may exist (see Horvath et al. 2011: 56). Therapists like to feel that they can help and therefore often ignore contradictory information. Clients on the other hand can be vulnerable to “the hello-goodbye effect” or express a problematic situation at the beginning of therapy and like to experience “a success” at the end of therapy (Hill, 2009: 76). The thesis captures both similarities and differences between the therapists’ and clients’ points of views on the treatment process and their experiences of the therapeutic relationship. This is in line with the actor-spectator paradox where actors and observers often have divergent perspectives due to their role positions (Lilja, Larsson & Hamilton, 1997; Stevens, 1996). This thesis integrates self-theory within an interactional approach influenced by Magnusson & Allen (1983, a, b). The thesis highlights how a treatment process can affect the clients’ perceptions of their sense of self and their psychosocial situation, including the possibilities to develop a more sustainable self-system that is possible to live with.

(6) The micro level of the environment includes the part of the total physical and social environment that the individual is in contact with and interacts with in daily life, for example at school, at work, in the family or during leisure time (Magnusson et al., 1983:11). Changes in the micro level of the environment related to specific occurrences, for example, a family member participating in psychotherapy because of drug problems or co-dependency may change the character of the microenvironment for the family members. The client’s social networks of users as well as non-users, family, other actual or potential support systems and safety nets as well as change interferers are important factors affecting the client’s decision on whether or not to par-
ticipate in a treatment situation (see Jung, 2010; Lilja et al., 1996; Magnusson et al. 1983: 11).

(7) The macro-level of the environment refers to the general environmental or social and cultural factors that determine the individual’s microenvironment (Magnusson et al., 1983). This includes the general social rules, norms and the cultural beliefs concerning the use and misuse of alcohol and drugs, as well as abstaining from alcohol and drugs and also the social, political, religious-spiritual and economic structures in society in which different decisions take place (Jung, 2010; Lilja et al., 1996: 30-32; Magnusson et al. 1983: 11).

Besides the description of the interactional perspective proposed by Magnusson et al. (1983) I have also developed the interactional reasoning further by adding metacognitive and mentalization processes, including spiritual dimensions as important aspects (see also study I-II).

(8) The metacognitive assumptions refer to a person’s ability to think about, and consider, the mediating or thinking processes occurring in his or her own mind (intrapersonal metacognition) as well as the ability to think about the qualities of other actors’ mediating systems concerning a specific situation (social metacognition). In terms of metacognitive psychology these assumptions are often referred to as intrapersonal and social metacognitions (Antaki et al., 1986; Lilja et al., 1996). Intrapersonal and social metacognition can be important in order to understand the intrapersonal as well as the external world of others. This is something that is important to consider in a therapeutic setting where a client often is encouraged to reflect on his or her own thoughts and feelings. In the analysis of substance use-related dependency, metacognitive processes, i.e., mental mirroring or the degree of self-awareness, are of central importance. Self-awareness refers to the degree to which individuals are conscious of their own behaviors and feelings. According to psychology researchers, the trait of self-awareness may be a moderator variable of the effect of a family history of alcoholism (Jung, 2010: 48).

(9) The spiritual and existential dimensions refer to “the person’s search for a sense of meaning and morally fulfilling relationships between oneself, other people, the encompassing universe and the ontological (metaphysical) ground of existence” (Canda, 1997: 302; Hutchison, 2008:189). Within the
AA movement there is a belief that a spiritual awakening is an important aspect of recovery from alcoholism. Research reveals that gains in spirituality and/or religiousness or getting in touch with a deeper sense of self were related to an absence of heavy drinking after six months of treatment for both women and men (Grof, 1994; Jung, 2010: 368).

Psychological and social perspectives on the self and dependency treatment

A self-theoretical perspective

Self-theory is relevant in understanding the use or misuse of alcohol and drugs as well as the treatment process and the clients’ struggle between various selves, for example, the sober self and the drug self/ alcoholic self (Denzin, 1987) or dealing with their drug identity (West, 2006; West & Brown, 2013). There is an overwhelming consensus in contemporary psychological and philosophical thinking to regard the experience of a unitary self as an illusion, and a pluralistic conception of the self seems to be more realistic (Ornstein, 1986; Rowan & Cooper, 1999; Safran & Muran, 2003; Tart, 1986). A self-pluralistic approach contains the proposition that the mind can be conceptualized as containing a plurality of qualitatively distinct selves (Ornstein, 1986; Rowan & Cooper, 1999: 2-3; Safran & Muran, 2003:67). The conception of a multi-voiced and dialogical self or pluralism in the self-structure is well researched and there is growing empirical evidence that supports this notion (Docter, 1988; Firestone, 1997; Rowan & Cooper, 1999; Stevens 1996).

The consensus validation of the multiple self-perspective has been emphasized by researchers from different disciplines, e.g., cognitive science, contemporary psychoanalysis, transpersonal psychology, and by postmodern social theorists. They describe in different ways the multiplicity of self, mind and consciousness, i.e., how the self can be viewed as multiple more than unitary (Crabtree, 1988; Franklin, 1997; Ornstein, 1986; Rowan, 1991, 1993; Rowan & Cooper, 1999; Stevens, 1996; Tart, 1986; Thomas, 1996; Wetherell & Maybin, 1996). Psychology researchers working from different theoretical perspectives, e.g., psychoanalysis, object relation theory (Thomas, 1996), cognitive science (Docter, 1988; Ornstein, 1986) and transpersonal psychology (Assagioli, 1991; Valle, 1989; Wittine, 1989), seem to agree that our consciousness contains many different sub-identities. They argue in dif-
ferent ways that every human being has some kind of “second consciousness”, and different sub-identities or sub-personalities within their mind (Assagioli, 1991; Crabtree, 1988; Docter, 1988; Ornstein, 1986; Rowan, 1991; Rowan & Cooper, 1999; Sliker, 1992; Tart, 1986). A sub-personality can be defined as a kind of “semi-permanent and semi-autonomous region of the personality capable of acting as a person” (Rowan, 1991:8). A self-pluralistic approach of the self contains many propositions and implications when it comes to understanding (a) the human mind, (b) the experience of alcohol and drug use, (c) the psychotherapeutic process in general and (d) the therapeutic process in the treatment of alcohol and drug addicts. These matters are discussed in the following text.

(a) Understanding self, mind and consciousness: Different self-states may become active or dominant at different times or in different situations (Safran & Muran, 2003: 67). Multiple self-states can possess varying degrees of compatibility with each other (Safran & Muran, 2003: 67). Inside the mind of the individual there is a complex conscious and unconscious dialog going on between different parts of the self (Ornstein, 1986). Different self-states emerge in different relational contexts (Safran & Muran, 2003: 67). Psychodynamic or object relational theory views ourselves as a “series of selves” which suggests many voices that may speak with conflicting demands and inconsistent emotions at different times, in different places and, in different relationships (Thomas, 1996: 315-316).

(b) Understanding use of psychoactive drugs: Using alcohol and drugs can evoke a special alternate state of consciousness or identity state of the drug user (Metzner, 1989: 334-338; Tart, 1986) which some authors call the ‘alcoholic self’ or ‘drug self’ (Denzin, 1987; South, 1999). The user often experiences one sense of self “with the drug” and another identity state “without the drug” and this is true for different kinds of psychoactive substances, e.g., when using tranquilizers long-term (Hamlin, 1993; Hofsten, 1977; Jerome et al., 1991; Larsson, 1992; Lilja, Larsson & Hamilton, 1996), or alcohol (Denzin, 1987; Singer, 1997; Tart, 1986). The use of narcotics (Anderson, 1998 a, b; South, 1999; Toates, 1996) and of psychotropic drugs, e.g., antidepressants and SSRI preparations, can also result in alterations in personality or self-structure (Knutson et al., 1998; Kramer, 1993). These kinds of alterations may differ between drug users and also for the same person at different times and situations, and they are also dependent on the interaction processes between the set and setting (Metzner, 1989). It has been described
that alcohol and drugs can reduce self-awareness, and some alcoholics can become addicted because alcohol helps them turn down the volume of their inner self-talk (Leary, 2004: 141) or makes all their troubles become forgotten memories, lost in another dimension (Cameron, 1995: 119; Heyman, 2009: 52). There seems to be some empirical evidence supporting these kinds of notions and that research studies “suggest that alcohol treatment programs should include a component that helps alcoholics learn to control their self-chatter” (Leary, 2004: 142). However, there is a need for further research on this topic.

(c) Understanding the therapeutic process in general: The multiple self-perspective can be applied to therapy. The therapist and the client have a mutual influence on shifting self-states in one another. A client who, for example, experiences a depressive state of mind can evoke a state of caring and an empathic response from the therapist (Safran & Muran, 2003: 67). The perspective of multiple selves provides a way of viewing and analyzing self-state transitions in the client-therapist therapeutic relational system (Safran & Muran, 2003: 68). Consciousness is a conglomerate of different self-states, and every individual has multiple and overlapping identities (Docter, 1988; Rowan & Cooper, 1999; Safran & Muran, 2003: 68). According to the multiple self-perspective, some self-states within the self-system are contending for dominance in awareness at any given moment while “certain aspects of the self will be kept out of awareness through dissociative processes” (Safran & Muran, 2003: 69, 93). The answer to the question of how a multiple self-perspective can view the therapy process is answered by Safran and Muran (2003) in the following way: “Therapy does not entail integrating different parts of the self, but rather bringing them into dialogue with each other through awareness” (p 69). Mental health relates to “the capacity to feel like one self while being many” (Bromberg, 1993 cited from Safran & Muran, 2003: 69). My theoretical conclusion on this kind of reasoning is that the multiple self-perspective is important in understanding the therapeutic process.

(d) The therapeutic process in alcohol and drug treatment: According to Leary, people can learn to substitute other, less destructive ways of quieting the self than using the bottle, or can be taught different practices such as meditation that help them to minimize self-reflective mental actions (Leary, 2004: 142). In the research literature the importance has been pointed out of the alcohol or drug user getting to know different aspects of the self, such as
the drug self and the sober self, and managing to find ways of coping with
the self-destructive alcohol or drug self when it comes to the surface and
tries to take over the self-system (Cameron, 1995: 134-137; Denzin, 1987;
Diamond, 2002; Emmelkamp & Vedel, 2006: 145-152; Punzi & Tidefors,
2014). Etherington (2010) highlights the therapeutic value of listening to
drug misusers’ narratives and the importance of understanding how social
circumstances shape peoples’ lives and their identity. She challenges patho-
logizing notions of “spoiled identity” as a “drug addict” which assume that
identity is fixed. Instead she argues that identity is constantly reconstructed
as a person gathers together aspects of both the past and present. She high-
lights the possibility of “transforming identities” that can help drug misusers
to deal with their “dependency self” by developing other aspects of their
self-structure that can help them to handle their dependency problems in a
better way. By internalization processes it is possible to change identity or
transform the identity structure. Etherington (2010) describes the process of
changing the self-structure or the transformation from “druggie” or “addict”
to non-drug user, which in turn requires a radical transformation of who the
drug user is. Etherington’s argument is pretty much in line with the argu-
mentation in this thesis. The self-struggle in the treatment processes is de-
scribed in more detail in study VI.

Different perspectives on the self and the use of psychoactive
drugs

The psychological understanding based on self-theoretical perspectives
makes it relevant to take a broader look at how different theories understand
self, mind, and consciousness, including human behavior, and how they can
contribute to an analysis of the use or misuse of alcohol and drugs (Denzin,
1987; Lilja, Larsson & Hamilton, 1996; Lilja & Larsson, 2003). Different
perspectives on the self and mind are presented in table 5.

Table 5. Some perspectives on the self and the use of alcohol and drugs
(see study II).

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Theoretical argument</th>
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<tr>
<td>Psychoanalysis and psychodynamic theories</td>
<td>Freud’s division of the mind into three dimensions: the conscious, the preconscious</td>
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<td></td>
<td>and the subconscious. The structural concept of the mind describes the id, the ego</td>
</tr>
<tr>
<td></td>
<td>Psychodynamic theory could be applied to interpret ways in which the drug user’s denial</td>
</tr>
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<td></td>
<td>and defense mechanisms function (Parrish 2010:5). The psychoanalytic ap-</td>
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**Behaviorism and social learning theory**

Behaviorists like Skinner maintained that behavior results from principles of reinforcement (Parrish 2010:102). The reinforcement mechanism operates outside conscious control (West, 2006:91). Social learning theory emphasizes, for example, that we learn social norms related to when and how others use alcohol and drugs (Jung, 2010:30). Behavioral perspectives could be applied to explain how problematic use/misuse of alcohol and drugs comes to be repeated (Parrish, 2010:5). Misuse of drugs arises from the operation of reward and punishment (West, 2006:91). The social learning theory emphasizes expectations related to drugs through observation (Jung, 2010:30).

**Cognitive theories**

The cognitive perspective focuses on the importance of beliefs and thought processes in mediating different behaviors, feelings and physiological responses (Liese & Franz, 1996:475). Psychoactive substances regulate our mood states. Many individuals addicted to psychoactive drugs are dependent on their internal mood-regulating effects (Liese & Franz, 1996:477).

**Humanist and existentialist perspectives**

Humanist and existential theories focus on existential questions, e.g., how the individual deals with existential despair, and also on the actualization of the individual’s potential grounded in experiencing techniques (Sheridan, 2008:196). Emotional states such as anxiety can be viewed as existential states related to the experience of the self. The use of psychoactive drugs such as tranquilizers is often linked to handling anxiety (see Gabe, 1991; Larsson, 1992; Larsson et al., 2001 a, b). The use and misuse of alcohol can be related to existential life issues, strong emotions, anxiety and tension-relieving behavior including existential choices about using or not using alcohol and drugs (Denzin, 1987; Diamond, 2002; Heyman, 2009; Milkman et al., 2010; West, 2006).

**Transpersonal psychology**

Transpersonal psychology focuses on different aspects of the self and consciousness including the spiritual dimension (Sheridan, 2008; Valle, 1989; Wittine, 1989). Research reveals that spirituality seems to be a protective factor against substance use-related dependency (Sheridan, 2008: 217-218). The spiritual dimension has been recognized in self-help groups such as Alcoholics Anonymous and also in other treatment approaches,
As mentioned above, many researchers have emphasized that the use and misuse of alcohol and drugs is related to the understanding of the self (Denzin, 1987; Diamond, 2002; Grof, 1994; Sussman & Ames, 2001). The addiction process is viewed as one that changes identity (Amodeo & Lopez, 2011:544). According to Denzin the understanding of the self is essential in the analysis of addiction: “The self of the user lies at the core of the addiction process” (Denzin, 1987: 51). The following text contains different perspectives on human behavior, focusing in particular on the understanding of self, mind and consciousness, and their relationship to alcohol and drug use or misuse.
A psychodynamic view and ego psychology

The psychodynamic point of view, especially modern object relation theory, provides an interesting perspective on how to understand self, mind and consciousness. The self is seen as created through the internalization processes of other people and relationships, which get inside the mind of the individual and constitute the self. Different identification processes suggest that the self may not be fixed but flexible and fluid (Larsson et al., 2001 b: 1327; Thomas, 1996: 316, 330). The internalization processes of other people and relationships are especially relevant in analyzing the therapeutic process, including the therapeutic relationship between the therapist and the client. Research reveals that clients often internalize the therapist into their mind system and that this “internalized therapist” works there as an extra support system helping the client to cope with internal or external struggles of life (see Smith Benjamin & Critchfield, 2010:136). According to Thomas (1996) different identifications can lead us to think about ourselves as “a series of selves” which suggests that we all have many voices within us and that these inner parts of the self can have conflicting desires and inconsistent emotions:

“It suggests many voices, some loud and clear, some quiet but insistent, voices that speak out with conflicting demands, inconsistent emotions, at different times and in different places and, especially, in different current relationships... Those versions of psychodynamics that see the self as constituted out of internalized others and relationships encompass the possibility of a more fluid self and a self that gets ‘mixed up’ with others” (Thomas, 1996:316-317).

Attachment theory and the therapeutic process: An important question is in what way the addicted self, stored in the memory system, can be an answer to earlier problematic relationships or attachments in the users’ or mis-users’ life history. This brings us to take a closer look at attachment theory (Bowlby, 1979), which can be viewed as a kind of special self-theory. According to attachment theory, children or adolescents develop cognitive or mental representations of themselves based on their closest attachments. The important point is that the mental representation of a child is based on their own sense of worth as reflected by others’ responses to them. In attachment theory these inner cognitive or mental representations are called internal working models and are stored in the memory system of the individual (Parrish, 2010: 80-81; Sussman & Ames, 2001: 74). When developing attached relationships with other individuals, children develop mental representations of themselves and others. This includes the development of a way of under-
standing the relationships they have with others (Ainsworth et al., 1978; Howe et al. 1999; Parrish, 2010: 80-81). By being in close relationships with others children learn to understand not only others but also themselves or their own sense of self (see further Parrish, 2010: 81).

According to Meier et al. (2005 a-b) clients with more successful relationship histories, secure attachment style and better social support systems find it easier to establish a successful alliance with their therapist. This means that attachment is related to the quality of the therapeutic relationship. It has been mentioned in the research literature that many clients in treatment for substance use-related problems often lack adequate coping skills, are ambivalent towards changing their behavior, and are characterized by insecure or avoidant attachment styles. As a consequence of this, their therapists need to invest extra effort in establishing a “good enough” therapeutic relationship with these clients (Emmelkamp & Vedel, 2006: 189). In study VI there are cases illustrating clients experiencing problematic attachments in their childhood, which seem to have influenced their sense of self in a negative way. These clients’ use or misuse of alcohol and drugs seemed to be a way of coping with their negative sense of self. However, a critical comment that ought to be mentioned is that the problematic attachment experiences did not seem to hinder them from establishing a “good enough” therapeutic relationship with their therapists. Consequently, there is a need for further research on these issues before taking this kind of information as a statement of fact.

Attachment theory can be important in understanding the therapeutic relationships in substance use-related dependency treatment. As has been mentioned above, the clients experience their selves (or their identities) according to the inner working models based on their earlier attachments. The therapeutic relationship and the therapeutic process can give the client a possibility to experience a new and more secure attachment and thereby develop new inner working models and possibly a more positive sense of self (Wennerberg, 2012: 264-266). Based on attachment theory one important goal of therapy might be to help the client to tell a more coherent life history by using metacognition or mentalization where clients, by reflexive processes, look at themselves in a new way. The clients can, through a more secure attachment in the therapeutic relationship, develop a basic trust toward themselves or their own sense of self and, also toward others. This can lead to a construction of a more meaningful or coherent life history even if the clients
have experienced problematic or traumatic experiences earlier in their lives (see Wennerberg, 2012: 267-268).

**Behaviorism and social learning theories**  
Behaviorism exists in many forms and addiction to drugs is viewed as related to different reinforcement mechanisms that operate outside the conscious control of the individual (West, 2006: 91; West & Brown, 2013). Social learning theory argues that learning takes place in a social environment through observing and listening to other people (West, 2006:106). Social learning theories emphasize that beliefs and expectations about the effects of alcohol and drugs are constructed through observation of other people’s drug use/misuse. The drug user learns when and how to use alcohol and drugs, as well as what kinds of effects the drugs can have (Schachter, 1978; Jung, 2010: 30). However, behaviorism is anti-introspective and does not use or consider concepts, such as mind processes, motives or the self (Denzin, 1987:52).

**Cognitive psychology on self, mind and memory systems**  
*The psychoanalytic approach* emphasizes different unconscious motives related to emotional experiences during early childhood as a reason for the misuse of alcohol and drugs (Jung, 2010:40). A similar line of thought is presented by *cognitive bias theories* revealing that addiction is maintained by biases in the cognitive system. Cognitive bias theories propose that unconscious biases and the loss of control demonstrated by many addicts can be explained by automatic or implicit processing of stimuli related to the addiction (West & Brown, 2013: 70). Cognitive psychology has described a multiple self-approach in understanding the human mind and behavior (see, Rowan, 1991; Rowan & Cooper, 1999; Lundh & Smedler, 2012; Ornstein, 1986) including drug use or misuse and its treatment (Liese & Franz, 1996). According to the cognitive researcher Robert Ornstein our consciousness contains many sub-identities or small minds, which have inner relationships, i.e., they are engaged in some kind of inner dialog (Ornstein, 1986). Other researchers have made similar suggestions (Orbach, 1995:75, 78; Rowan, 1993:13-14; Wetherell & Maybin, 1996:262).

Ornstein describes a governing self, a kind of meta-mind structure, described as the center of the mind wheels, that has the function of controlling the small minds and how they are wheeled in and out of consciousness (Ornstein, 1986:103, 178). The complexity within us can lead to problems
because of the absence of an inner communication between the different parts of the mind (Ornstein, 1986:124). Even if our subjective experience is that we feel ourselves to be a unified self this seems to be an illusion (Crabtree, 1988; Franklin, 1997:210; Ornstein, 1986; Rowan, 1991, 1993; Sliker, 1992; Tart, 1986; Thomas, 1996:315). This multimind view of the self and consciousness is important in the analysis of “the identity shifts” (West, 2006:72; West & Brown, 2013: 86) between the sober self and the drug self or “the alcoholic self” (Denzin, 1987) within the mind of the user or misuser of alcohol and drugs (Larsson et al., 2001 a, b).

Cognitive models developed during research on general memory processes have been applied to alcohol and drug use. These cognitive models propose that memory is a key mediator of alcohol and drug use/misuse (Goldman et al. 1991 - Sussman & Ames, 2001: 74). In an implicit cognition theory (ICT) different memory associations are strengthened through repetitive experience with alcohol and drugs (see, Stacey, 1995, 1997 - Sussman & Ames, 2001: 74). In one study, Tiffany (1990) used an ICT approach to demonstrate theoretically how automatic memory processes can motivate addictive behavior. Conway et al. (2000) discusses the construction of autobiographical memories in the self-memory system. They refer to Markus and Ruvolo (1989) who proposed that there is a set of self-schemas - memory representations of different conceptions of the self (Markus, 1977) and they argue further that “at any given time, some subset of these self-schemas are active, and modulate cognition and behavior” (Conway et al. 2000: 266). According to Conway et al. (2000: 266) it is the case that “self-schemas, when activated, generate possible selves, that is selves, either feared or desired that an individual might become” (see Conway, et al. 2000: 266; Markus & Nurius, 1986).

Interestingly enough, as in drug use with the alcoholic self (Denzin, 1987) or the addicted or dependent self (Markus & Nurius, 1987: 158), different possible selves represent a constantly changing dynamic on-line conception of the self and what it may become. It is worth noticing that stability here comes from the long-term memory self-schemas, which represent different configurations of the working self-concept in different experiences (Conway et al. 2000: 266). The self in this conception can be conceived as a complex set of active goals and self-images, collectively referred to as the working self (Conway, 2005). The goals of the working self are grounded in autobiographical memory (Conway et al. 2000:266), which is an autobiographical representation of the self (Knez, 2012: 170). Personal memories are grouped
around autobiographical themes, and one of the main functions is to activate recollections of self-defining, personal and social experiences as part of a coherent life story (see, Knez, 2012:174).

The self and its memory system are very important to consider, especially in substance use-related dependency problems (Sussman & Ames, 2001). There are difficulties for the drug user to forget the alcoholic self since it is stored in the memory system and can be activated through implicit cognition or by triggering internal or external cues (Emmelkamp & Vedel, 2006; Metzner, 1989). The alcoholic self or the addicted or dependent self (Markus & Nurius (1987: 158) represents theories of ourselves that the individual (the client) experiences to be him-herself when intoxicated by use/misuse of alcohol and drugs as judged within a given cultural context. The most important aspect of the addicted self is not the overt behavior but the inner, private self-perception and the attributed self-theory that an individual (the client) maintains associated with the characteristics of the addicted self. There are many empirical examples in the literature (and in study VI) that confirm these processes (see further study VI; Denzin, 1987; Sussman & Ames, 2001).

Humanist and existentialist perspectives
Humanism and existentialism focus in different ways on the subjective meaning, free will and choice rather than on pathology and determinism (Parrish, 2010:135-145). Humanism emphasizes a phenomenological description for the understanding of how the individual experiences the personal world of existence (Parrish, 2010:136). The phenomenological approach is important in this thesis since it relies on narrative or qualitative descriptions of how clients experience the use or misuse of alcohol and drugs and their therapeutic process. There are researchers who consider the use or misuse of alcohol and drugs as a problem of choice (Heyman, 2009; West, 2006; West & Brown, 2013). According to Heyman (2009) addiction is “a disorder of choice”, not a disease. Heyman’s argument is based on both quantitative and qualitative data. Drawing on addicts’ autobiographies, personal narratives and treatment studies, Heyman makes a powerful case that addiction is a matter of choice. Heyman proposes that the use of stories and narrative data makes it possible to learn how quitting drugs becomes an important part of the narrative of substance use-related dependency (see Heyman, 2009:44-64). Other researchers, such as West (2006) and West & Brown (2013) put forward a similar argument focusing on choice and an
“unstable mind structure” within the drug user. It seems that the existentialist and humanist view can be important in focusing on choice as a central aspect that needs to be taken into consideration in the analysis of the use/misuse of alcohol and drugs.

Transpersonal psychology

*Transpersonal psychology models* describe many levels of the spectrum of identity - egoic, existential and transpersonal (Wittine, 1989:270). Our *egoic identity* is a constellation of different identifications and sub-personalities. The *transpersonal self* can be experienced as a true “I” or a deep center of being or as simply “I am” or “amness” or “is-ness” (Wittine, 1989:274).

Arthur Deikman (1982), the transpersonal researcher, describes a self-model where he considers four different aspects of the self. *The thinking self* is the conceptual part of the self that develops a cognitive view of who we are. *The emotional self* contains our experiences and feelings of different things, e.g., sadness, anxiety, depression and joy. *The functional part of the self* is about what we do and how we act. These three different aspects of the self are described as object selves that can be known by some form of empirical analysis. However, the fourth part of the self that Deikman calls *the observing self* is of another dimension. The observing self is that part of the self that has experiences and is beyond the content of consciousness or the object self-system (Deikman, 1982:84-94). Deikman’s (1982) transpersonal psychology model of the self may be viewed as a development of Ornstein’s model (1986) of the self. The small minds or sub-identities in Ornstein’s model contain cognitive, emotional and behavioral aspects. If, for example, the individual changes sub-identity when in a drug-induced state of mind it implies, not only a change in the cognitive schemata (the thinking part of the self) but also in the emotional (the emotional part of the self) and behavioral aspects as well (the functional self – see Docter, 1988; Sliker, 1992). The observing self can be seen as a synonymous concept to the transpersonal self within the field of transpersonal psychology. The transpersonal self can be experienced as “a true I” or a deep center of being, or a center of consciousness that transcends the egoic sub-identities within the mind (Valle, 1989; Wittine, 1989). The transpersonal identity or transpersonal awareness is related to spiritual awareness or pure consciousness (Valle, 1989:260) and the transpersonal approach can be seen as important for several reasons:

- (1) It suggests a theoretical map in order to understand the identity switches or alternate state of consciousness between the drug self
and sober self as experienced by many drug users (see Larsson et al., 2001, a, b; Tart, 1986).

- (2) It focuses on the deeper being or the true self of our being, the transpersonal self, containing a spiritual dimension of our existence. Research reveals that alcoholism can be viewed as a longing for the deeper self within the individual (Grof, 1994). Spiritual dimensions have been considered to be an important aspect of the use or misuse of alcohol and drugs (Grof, 1994; Diamond, 2002; Jung, 2010; Sussman & Ames, 2001) including the treatment process. The AA program reveals that a spiritual awakening is an essential part of the recovery process, something that has been discussed in the research literature (Jung, 2010: 357-368).

Social constructionist perspectives

The social constructionist perspective regards the self as constructed and reconstructed through social interactions and involvement in cultural activities (Burr, 1995; Larsson et al., 2001 b: 1327; Wetherell & Maybin, 1996). The self emerges in “fields of meanings” that are shaped by social and cultural forces (Wetherell & Maybin, 1996:229). Participating in social life provides us with many influences and multiple selves. We construct ourselves through stories or narratives in social interaction, building selves or creating many internal dialogs within our mind, i.e., the self is multi-voiced (Burr, 1995; Larsson et al., 2001 b: 1327; Wetherell & Maybin, 1996:262). The self is constructed in many different ways (Riessman, 2002, 2003). According to the social constructionist perspective, the self is viewed as multi-faceted: “The ways in which we talk and are talked about help make different kinds of self possible” (Wetherell & Maybin, 1996: 229). It is through narratives, dialogs and interactions with others that it is possible to construct different voices or sub-selves (Burr, 1995). From my point of view a social constructionist perspective is important in order to understand the constructions and reconstructions of the self, for example, in a therapeutic process. A therapeutic process guided by a narrative approach can help clients to form new understandings of what has happened in their lives and to explore their relationships to alcohol and drugs, and can make it possible to construct new stories to guide their recovery (Diamond, 2002; Payne, 2006) and form a new identity structure (Etherington, 2010: 52). A social constructionist perspective is relevant because it can produce important knowledge about the meaning of drug-taking for the users and about the constructs and narrative descriptions they use when talking about and explaining long-term use, e.g.,
viewing the drug as a kind of life line, an aspirin for the soul or a barrier to thinking (Montagne, 1991). Overcoming addiction may involve profound changes in a person’s self-concept and a re-orientation of life and relationships with other people (Etherington, 2010: 52). A social constructionist perspective can be important for understanding this kind of re-construction process; both psychological and social factors may be important in the process of transforming identities.

Systems theory
Systems theory is important in the analysis of the use/misuse of drugs (Barber, 1995; Parrish, 2010). According to Barber (1995), systemic analysis makes it possible to take into account a more holistic analysis considering both personal and environmental aspects related to the individual’s personal and social systems when considering the use and misuse of alcohol and drugs. Barber describes how general systems theory is a way of giving expression to a holistic analysis of substance use-related understanding within the totality of the users’ lives and indeed within the broader social context (Barber, 1995:26-49).

A narrative approach in learning about the self in treatment
In the same way as Freud learned about the client’s inner mental life by using free associations from clients in psychotherapy, the alcohol and drug researcher can learn about self-identity constructions and mental processes from self-narratives gathered in research interviews (Lieblich et al. 1998:7; McAdams, 1990; McLeod, 2008). The use of narrative strategies is relevant in understanding human behavior (Josselson & Lieblich, 1995, 1999; Lieblich et al. 1998) and in studying substance use-related dependency problems and their treatment (Diamond, 2002). Narrative approaches have been put forward as a way of helping social scientists to understand the human mind and behavior. People are storytellers, and stories provide continuity to the individuals’ experience and can help us learn more about the intrapersonal as well as the interpersonal worlds. Narratives can help us to get access to people’s mind processes and their identity constructions (Lieblich et al. 1998:7). One of the most important channels for learning about the inner world of the self is through verbal accounts and life stories presented by individual narrators about their lives and their experienced reality. Clients or therapists can, for example, as they do in this thesis, tell their stories about
what happened in a successful treatment process according to their point of views (Hill, 2009: 74-79). An important point in the thesis is that narratives provide us with access to people’s identity structures and that personal narratives “in both facets of content and form, are peoples identities” (Lieblich et al. 1998: 7). Furthermore, since the story is one’s identity it means that “we know or discover ourselves, and reveal ourselves to others, by the stories we tell” (Lieblich et al. 1998: 7-8). Life stories are subjective, as is one’s self or identity. In this thesis it is appropriate to use a narrative strategy in order to collect relevant data about the clients’ dynamically “transforming identities” that can occur during a therapeutic process and analyze these kinds of narrative data using a self-theoretical and interactional perspective. Other narrative researchers have made similar statements (Etherington, 2010).

The term “narrative” is used in a variety of ways, often synonymously with “story”. Narrative accounts not only give us access to people’s identity constructions but also tell us about hidden or submerged stories that reveal important information about motivations, beliefs and emotional experiences that are connected with different behaviors and social actions (Chase, 1995; Elliott, 2005; Halberstam, 2005; Josselson & Lieblich, 1995, 1999; Lieblich et al. 1998; Riessman, 2002, 2003). In agreement with Elliott (2005: 3) I think it is relevant to ask: “What is a narrative? What are its defining features and which of its attributes explain its appeal to social scientists? Why, in short, should we be interested in narrative?” (Elliott, 2005: 3). A useful, shorthand reply would be, because "What is your story?" is an integral part of everyday living, adapting and functioning in a range of roles and role-identities, contexts, situations, networks and environments, real ones as well as imagined ones (see further Lieblich et al. 1998; Martin, 1999). As in this thesis, narrative analysis often takes the perspective of the storyteller. Narratives often convey the drama of the person’s relationships with others (McLeod, 2004:23). In an ordinary qualitative interview most of the talk is not narrative but question-and-answer exchanges (Larsson & Sjöblom, 2010: 274; Riessman, 2002:219). If one defines a narrative as a story comprising a beginning, a middle phase and an end revealing individuals’ experiences, perceptions and expectations, narratives can take many forms (Larsson & Sjöblom, 2010:274; Manning & Cullum-Swan, 1994:465). The narrative, which may be short or long, presented in a unidimensional, linear, simply stated or sounding complicated, cause and effect fashion, represents the reality of a life lived; complex, dynamic, non-linear, multidimensional, transparent as well as hidden. Its known, unknown and unknowable "story" can be,
and is transmitted in a range of expressive dimensions which include not only words (Elliott, 2005; Josselson & Lieblich, 1999; Larsson & Sjöblom, 2010; Larsson, Sjöblom & Lilja, 2008).

**Toward a developed self-theory with new self-concepts**

Self-theory is now well established as a theoretical construct. The concepts of identity, the “alcoholic self” (Denzin, 1987) or the dependency self (Rowan, 1991) will be conceptualized as subsystems of the self (Docter, 1988). The understanding of the self or the plural self-system (Rowan & Cooper, 1999) is important in the analysis of dependency and dependency treatment (Denzin, 1987; Singer, 1997).

**Self-theory: New hypothetical constructs**

In this thesis I present three concepts that are considered useful in the analysis of the therapeutic process in substance use-related dependency treatment. These concepts are called the sustainable self-system, self-empowerment and the negotiating self. These concepts are also related to a developmental or process perspective.

**A sustainable self-system:** This concept has been mentioned in the introduction (chapter 1). A sustainable self-system refers to qualities that are indications of mental health such as self-acceptance, self-confidence, self-esteem and a high degree of self-efficacy (Jahoda, 1958; Lohman, 1973; Parrish, 2010). Higher levels of self-efficacy are predictive of improved alcoholism treatment outcomes (Marlatt et al., 2005). A sustainable self-system that is possible to live with means that the individual can accept him/herself based on a more positive self-attribution (Parrish, 2010: 124). The individual can, by the use of introspection or mentalization, integrate both positive and negative aspects of the self and thereby tell a more complete life history (Wennerberg, 2012: 267) without escaping earlier traumas or the anti-self-system (Firestone, 1997) through the use of alcohol and drugs. The use of drugs can provide immediate anti-anxiety effects and modify or remove unpleasant internal mood states within the self-system (Liese & Franz, 1996: 477). An individual with a sustainable self-system has developed relevant coping strategies in combination with self-efficacy, self-regulation strategies or intrapersonal skills, that help the individual to identify and handle negative emotional states or negative ways of thinking and also interpersonal
skills in handling social relationships or criticism from others (Kadden et al. 2005; Marlatt et al. 2005: 15).

**Self-empowerment:** The concept of empowerment relates to building on the clients’ strengths and helping the client take control of their lives by understanding and tackling oppression and injustice. It is a question of taking control and taking action over the life situation. It is possible for the clients, through new actions and reframing their situation, to find solutions and develop a wider understanding of disempowerment, reclaiming self-respect and dignity and taking control over problematic aspects of their lives. Self-empowerment strategies can lead to a creative way of transforming identities or a transformation of the clients’ lives through critical self-understanding (Duella & Mullender, 1999: 81-85; Payne, 2005; Shaw & Lishman, 1999). Rees (1991) gives a description of empowerment related to life histories or narratives; by the aid of narratives and the focus on power it is possible to create knowledge and understanding of reality that make possible new actions in the future. Some important elements of empowerment are related to the creation of a stronger or more mature sense of self and increased self-confidence and a better competence to act in the social environment (Payne, 2005: 356).

**The negotiating self:** The negotiating self refers to the process of transforming identity and the therapeutic work with the dialectical contradictions that may exist between the sober self-system and the alcoholic self or dependency self. This process can take place in a therapeutic setting when the clients decide to work on their problems related to alcohol and drugs. By deconstructing or re-interpreting addiction and exploring its meaning in therapy it is possible to ask more systematically “What did drug use or misuse do for me?” This puts the client in “a self-negotiating process”, which can lead to a radical transformation of who they perceive themselves to be. Adjusting to a life without drugs can be difficult, and overcoming misuse can involve profound changes in a person’s self-concept (Etherington, 2010. 51-54). Research reveals, for example, that the stories a child tells are important for representing the child’s self and also for exploring and negotiating significant aspects of the self, especially in relation to growing up in a specific environment. Children often compare themselves with others and try out others’ perspectives through their narrative accounts (Wetherell & Maybin, 1996: 259). In a similar way, one can hypothesize that clients in a therapy setting tell their self-narratives and explore and “negotiate” significant as-
pects of their self in interaction with their therapists or other participants in a group therapy setting. The concept of “the negotiating self” refers to a self, negotiating itself through mentalization or metacognition with the aid of a therapist or a therapy group.

**The need for a developmental perspective:** Human behavior can be analyzed from either a synchronic or diachronic (developmental) perspective. Behavior can of course be analyzed from a contemporaneous (synchronic) perspective without paying attention to the past developmental history (see Magnusson et al. 1983). However, this thesis focuses on understanding the change or development that can occur in a therapeutic process. I assume that a positive outcome in therapy is the result of extensive change and development of an individual, and therefore, a developmental perspective is imperative to the understanding of the outcome. I argue that the treatment process in substance use-related dependency resulting in a positive outcome is closely tied in with the alteration of mood and change in the sense of self. It is a way of transforming identities resulting in a more sustainable self or an alternative view of the self (see further Etherington, 2010; Singer, 1997; Payne, 2006: 33). The developmental view attempts to explain the result of a therapeutic process based on the principles of learning and the process of socialization through therapeutic telling and re-telling, or even better, re-told self-stories (Payne, 2006: 126-139) and “working through” (Kohut, 1977) processes in a therapeutic setting.

**How the new concepts are connected in a process perspective:** An important comment is that a person with a sustainable self-system exists in a social context. There is not one self that emerges but many, and sometimes these have contradictory configurations through socialization. Being in different social contexts makes different identities possible. The construction of the self relates to the fact that people are embedded in social conversations and constantly try to make sense of the world and of themselves through narratives or stories: “The ways in which we talk and are talked about help make different kinds of selves possible” (Wetherell & Maybin, 1996: 229).

In peoples’ social worlds, the social, and the material and the mental are interconnected. In my opinion we need to understand the complex interaction between the person and the social situation in order to understand the construction of identity and the development of the self. Identity and the self are thus contextual (see Wetherell & Maybin, 1996: 223-229). The therapeu-
tic relationship takes place in a specific social setting called “the therapeutic situation”. It is through listening to the clients’ life histories or self-narratives or the clients telling and re-telling that new internalizations become possible where the clients’ mind-systems can be developed (Payne, 2006). The client can develop his self-system through mentalization or through self-reflection with a therapist (Safran & Muran, 2003). This is a kind of negotiating process that takes place where the client has the possibility, with the aid of a therapist or a therapeutic group, to construct a new way of looking or talking about him or herself. This results in a negotiated self. This takes place through social empowerment in the treatment group or with the therapist, which in turn can lead to self-empowerment (Payne, 2006; Shaw & Lishman, 1999). In many cases this can lead to a stronger self-system, which I have called a more sustainable self-system that is possible to live with and that is described in the empirical studies (see studies V-VI).

As been revealed in studies V and VI the self-empowerment described in the thesis is a new concept relating to strengthening the addicted clients’ sense of self or self-structure. Through therapy, group settings and listening to stories of other drug users the dependent clients try to take control over important aspects of their lives connected to substance use-related dependency. It is through internalization of the therapeutic relationship and of the therapist that the client’s self-system is strengthened and empowered, which helps them to develop a more sustainable self-structure that is possible to live with, without misusing alcohol or drugs. Being in a positive social treatment situation (see study VI), such as a self-help or mutual support group activity provides an accepting environment (see Tew et al. 2012: 448) in which addicted persons can support each other and regain power over their lives through sharing strategies for understanding their situation of use or misuse of alcohol and drugs (Denzin, 1987; Singer, 1997).

The self and the intrapersonal
The empirical examples in the thesis reveal that self-theoretical reasoning is important when analyzing the shift in identity states that the drug user often experiences when taking alcohol and drugs compared to when being sober (see Denzin, 1987; Larsson et al., 2001, a, b; Lilja & Larsson, 2003; West, 2006; West & Brown, 2013).

An important aspect of the analysis of the self and consciousness is that there are many voices or many self-systems within the individual’s field of con-
sciousness. This thesis integrates the insights from Deikman’s (1982) transpersonal psychology model of the self with Ornstein’s self-model (1986) described above. The observing self that is described by Deikman contains different object selves or sub-identities or small minds with reference to Ornstein’s model, and also contains cognitive, emotional and behavioral aspects. An integrated view of the mediating system (Magnusson et al. 1983) applied to the multiple self-system (Ornstein, 1986) of the drug user’s mind can be described as in figure 2.

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<th>The observing self</th>
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<td>Small minds or sub-identities within the memory system</td>
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**Figure 2.** The mind structure related to the plural self and use or misuse of alcohol and drugs (see study II).

**Figure 2** indicates that the individual (the alcohol or drug user) from an observing self (transpersonal self/transpersonal identity) point of view can construct or identify with different sub-identities within the mind system belonging to the field of consciousness (Larsson et al., 2001, a, b).
The self and the interpersonal, social and cultural context

It is important to relate the analysis of the self, mind and consciousness to the social context. Crossley (2000) emphasizes the need to consider both the internal experiences and the influence of social or external factors in the analysis of an individual. She argues that psychodynamic and humanistic psychology has a tendency to focus on the inner life and, to some degree, neglect social factors. However, postmodernism and social constructivism has a tendency to play down the importance of the individual or the subject while emphasizing the social context (Crossley, 2000). In order to get an in-depth analysis of the construction of a second self-system with the aid of drugs it is necessary to focus both on personal and situational factors and attention must be given to some kind of contextual perspective that considers the interaction between personal and social factors (see Andersson, 1998 a, b; Jung, 2010; Magnusson et al. 1983; Sussman & Ames, 2001). This is illustrated in figure 3.

Figure 3. The personal and social world related to drug use behavior. The figure is inspired by different intrapersonal and interpersonal factors affecting drug use (see study II), described by Sussman and Ames (2001:76).

Figure 3 indicates some general dimensions of the interaction processes between the personal and social worlds. There is a complex multidimensional interaction between the personal and social world and the use or misuse of drugs takes place within a social setting in a specific cultural context. The individual drug user and the experiences of using or misusing drugs are a result of this complex and multidimensional interaction process (see Barber,
An identity-based process model: Anderson (1998 a, b) outlines a process model perspective on substance use-related dependency focusing on the drug identity change processes that are of relevance in this thesis. Her explanations of drug misuse are founded on an identity-based process model including a discussion on both the micro or individual factors and the macro or social factors that help to explain the identity-related processes of drug misuse. Anderson describes different critical traumatic events in childhood and adolescence that can be related to the development of drug use and the identity change processes involved, e.g., parents’ divorce, the death of someone significant, being physically assaulted by caregivers, physical and/or verbal punishment at school. According to Anderson such events on a micro level can result in marginalization and identity dissatisfaction and can later on in life provide the individual with a need to create a “second self” or a drug-related identity. Such experiences on the micro level can together with relations with significant others help the individual to create a new identity with the aid of drugs. This can take place within a drug-using social context or in a specific subculture that helps the individual to develop another identity state or an alcoholic self-structure (Denzin, 1987; Diamond, 2002; Singer 1997).

A cognitive-developmental process model: Liese & Franz (1996) present a cognitive-developmental process model of substance misuse that has similarities with the model presented by Anderson (1998, a, b). Liese and Franz focus on certain important phases in understanding the development of substance abuse:

- Early life experiences, e.g., a difficult family background, social or economic problems;
- The development of certain self-scripts or beliefs in the mind system related to the sense of self, e.g., “I am worthless”, “My situation will never get any better”;
- The exposure to and experimentation with drugs where friends or family members use drugs;
- The development of drug-related beliefs, e.g., “Drugs make me feel good”;

Continued use where internal or external stimuli can be activating forces. The internal stimuli are related to factors within the mind, e.g., anxiety, depression, boredom, anger, loneliness. External or social cues are related to factors outside the individual, e.g., interpersonal conflicts or the availability of drugs in society.

According to Liese & Franz (1996: 477) it is crucial to take into account that the actions of different psychoactive drugs can regulate moods or states of consciousness. This is in line with the arguments in this thesis. Alcohol and tranquilizers have anti-anxiety effects and possibly all drugs, whatever their legal and social status, can work as a kind of anti-boredom agent in terms of their associated “drug experience”. Liese and Franz maintain that all individuals addicted to drugs are dependent on their mood-altering powers. Singer (1997:155) develops this point a little further when pointing out that addiction is a problem related to the individuals’ self or mind processes, not to the drug itself; the drugs are only one way of producing the mood states desired (see also Denzin, 1987). One needs to consider the complexities, multi-dimensionalities and non-linearity of the critical necessary conditions for posited processes and outcomes to operate (Metzner, 1989; Sussman & Ames, 2001). Expectations and beliefs stored in the memory system of the user are important factors influencing alcohol and drug use/misuse (Sussman & Ames, 2001:73; Liese & Franz, 1996). Personal narratives often express images and beliefs. Therefore, the analysis needs to take into account how the individuals employ imagery when trying to make sense of who they are, especially when using drugs and compared to when they are not doing so. Our identities and imaginations are constructed (Crossley, 2000: 89) and this is also true of drug use-related identities or alternate identity states with and without the use of drugs (Larsson et al., 2001, a, b; Tart, 1986). In the analysis of substance use-related dependency problems it is important to consider the beliefs and imaginative powers of the mind when alcohol and drug users talk about themselves and their own experiences of using drugs (Heyman, 2009; Liese & Franz, 1996).

Theory in practice: The self-structure and the social reality

There are two psychological processes that need consideration in an analysis and understanding of the therapeutic work with individuals who have substance use-related dependency problems. Firstly, there is a need to under-
stand the development of the self-structure in a general way. This is because the self-structure, including the cognitions, emotions, perceptions and social behaviors, is influenced by the use of alcohol and drugs and by the setting (Metzner, 1989; Milkman et al. 2010; Tart, 1986). Secondly, we need to understand what happens within the client when engaged in a therapeutic relationship focusing on the individual’s problems with use or misuse of alcohol and drugs.

This chapter has described many theories of the self, such as psychoanalytic theory, object-relations theory, cognitive theory, and social constructionist theory that in different ways point to a rather similar view of the self-system, namely, that the self-structure is developed in social interactions and through internalizations of important others from the social environment. Another common theme is that the self is multidimensional, fragmentary and dialogic in nature, containing many sub-selves (see Rowan & Cooper, 1999; Stevens, 1996).

The object-relational theory outlines a self that is potentially divided. It is a plural self (Rowan & Cooper, 1999, Thomas, 1996: 315). The object-relations theory views the self as constituted through introjections, followed by identifications of those introjected object selves, and this process is conducive to thinking about ourselves as a series of selves. It means that the mind consists of many voices within the individual, and these voices speak out with conflicting demands and emotions. Our selves are made up of introjected or internalized relationships and dialogs and consist of conflicts between our inner voices (Thomas, 1996: 315-316). The process of introjection or internalization of significant others in the “outer” social world to the “inner world of the individual” is illustrated in Figure 4.
The development of the self-structure through introjections of others with whom the individual interacts in the social environment (see study V; Thomas, 1996).

The therapeutic relationship in therapeutic work with alcohol and drug problems: It has been said that the therapeutic relationship is of great importance in order to reach a positive outcome in therapy (Safran & Muran, 2003; Wampold, 2001; Wampold & Imel, 2015). The important question is, of course: Why is this so? One possible answer may be that therapy can be viewed as a new attachment process where the self-structure is renewed or developed. An important part of attachment theory is that the individual’s existence and relationships toward others are dependent on how the individual’s parents view the individual since these early relationships to a large degree define the self-structure of the individual (see Wennnerberg, 2012: 264).

In this thesis the attachment perspective contributes in highlighting the importance of relationships, not only in the psychology of the development of the self, but also in providing an understanding of the therapeutic relationship and its potentially healing powers. Problematic or traumatic relationships earlier in life can be healed through more positive and creative relationships later in life, for example, in a therapeutic working alliance (Wennnerberg, 2012: 263-64). In brief, the therapeutic relationship is a relationship of attachment, and the clients often internalize the therapist and the therapeutic relationship into their minds (see figure 5).
The internalized therapist can be helpful as an “inner voice” in the mind of the client, for example, in handling or coping with different problems. This is in line with Quintana & Mera (1990) who describe the internalization of the therapist based on a study of 48 clients from two different counseling centers. They concluded that clients internalized characteristics that they perceived counselors or therapists held toward them (see Quintana & Mera, 1990; Smith Benjamin & Critchfield, 2010: 136). In the literature the therapeutic relationship itself has been discussed as a mechanism of change. It has been argued that “in the same way that children grow through identifying with their parents and internalizing interactions with them, patients grow through internalizing interactions with their therapists” (Loewald, 1960; Safran, 2012:108). It is important to notice that Safran (2012) points out that it is commonly accepted among psychoanalytical researchers that “the therapist’s ability to function as a new object for the client is a key mechanism of change” (Safran, 2012:109). The argument in this thesis about the importance of the internalization of the therapist in treatment processes can be summarized in the following way:

1. The attachment or alliance between the client and therapist is fundamental to the treatment process (Wennerberg, 2012). It is reasonable to assume that a similar process is also operating in the treatment of drug misuse;
2. The client internalizes the therapist within his/her consciousness and the internalized object functions there as a kind of sub-self or a small mind system/sub-identity (Ornstein, 1986; Thomas, 1996);
3. The internalized object is stored in the memory system of the individual (Sussman & Ames, 2001);
When problems arise that need consideration, such as craving (Jung, 2010) which in turn can activate the “drug self” or “the alcoholic self-structure” (Denzin, 1987) the internalized therapist or therapeutic relationship can act as a small mind system that initiates an inner dialog (Ornstein, 1986) with “the drug self” trying to resolve the actual problem without the use of alcohol and drugs (Lilja et al., 1996). In other words, the memorized internalized therapist strengthens the self-system and works there as a secure base. This can help the client in engaging in mentalization or metacognitive processes leading to increased self-awareness that in turn can help the client to reflect on his/her problem with an inner support system represented by the internalized therapist (Wennerberg, 2012);

It is reasonable to say that the internalized therapist or therapeutic relationship functions as an internal coping strategy (Hutchison, 2008; Marlatt & Donovan 2005);

The internal coping mechanism can help the client to reconstruct the narrative structure on how to cope with problems in life, especially those related to alcohol and drug use/misuse (Diamond, 2002);

This process can lead to the client creating or constructing a new narrative identity structure helping the individual to handle her use/misuse problems (Diamond, 2002).

The thesis argues that the points described above illustrate the way in which the therapeutic process can work and can help the client to cope better with substance use-related dependency. In a successful therapeutic relationship, theories and methods are prominent tools for obtaining a supporting frame of reference for interpretations of the client’s narrative and actions and for communication with the client. The therapist has to describe some form of theoretical outline to the patient and also needs to explain the problems that the patient has and the treatment method that follows the chosen theory (Wampold, 2001; Wampold et al. 2015). This type of coherence is crucial in order to reach an adequate therapeutic alliance, something that is essential for successful therapeutic work.

What has been revealed, especially in the empirical data of the thesis (see studies V-VI), is that the therapist and the therapeutic relationship are internalized in different ways within the mind of the client and function there as “a coping mechanism” in the client’s memory system (see Figure 6).
Figure 6: The client’s internal world of consciousness with the internalized therapeutic relationship after being in therapy for substance use-related dependency (see study V).

Figure 6 reveals that the client can act from the standpoint of the observing self and through metacognitive processes or “mental mirroring” (see Antaki & Lewis, 1986) becoming more aware of his/her problems. The metacognitive processes in therapy including the internalized therapeutic relationship within the mind of the clients and the development of new inner working models through therapy can help the clients to cope in a better way with themselves and their problems (Muran & Barber, 2010; Safran, 2012; Safran & Muran, 2003; Wennerberg, 2012). The capacity for mentalization or metacognition and self-awareness is considered to be important in coping with substance use-related dependency (Jung, 2010: 48).

The thesis puts forward the argument, in line with other researchers, that the therapeutic process and the use of mentalization (Fonagy et al., 2002) or metacognitive (Antaki & Lewis, 1986) therapeutic strategies can help the client to increase self-awareness of the inner psychological dialog between different parts of the self-system (Safran & Muran, 2003: 68-69, 80) including the inner communication between the drug self and other parts of the self. Increased self-awareness has been reported to lower the risk for misuse of alcohol and drugs (Jung; 2010: 48). The therapist and the therapeutic process can help the client to find his or her “true self”, that is, the source of
authenticity in a person (Safran & Muran, 2003: 92-93). In study VI the empirical data revealed that the clients experienced an inner struggle between what they called “the drug self” and “the sober self”. They also expressed the need to develop and strengthen their sober self-system (through self-empowerment) and develop new coping mechanisms and a higher degree of self-efficacy resulting in a more authentic “true self” or a more sustainable self-system. According to study VI, an important aspect of the therapeutic process is about dis-identifying (Assagioli, 1984 a-b) from the drug self and developing a stronger identification with a more developed sober self-system with the aid of the therapist or the treatment group. It is argued in the thesis that the perspective of multiple selves provides the researcher with a way of viewing the interrelationship between the interpersonal and intrapersonal realms in the following two ways:

(a) The therapeutic process: In therapy and during therapeutic impasses there can be a mutual influence of shifting self-states in client and therapist as a result of their interaction or therapeutic relationship. The client’s self-states evoke certain self-states and reactions within the therapist and vice versa (see Safran & Muran, 2003: 67-68).

(b) The psychosocial world and the individual’s identity constructions: A person is a member of different social groups and experiences many different psychosocial contexts, and, as a result, experiences combined group memberships or identities (Burr, 1995; Wetherell & Maybin, 1996) across the individual life course (Mortimer & Shanahan, 2004; Tew, 2005). All individuals have multiple identities (Rowan & Cooper, 1999) and many group memberships. It is necessary, according to my way of reasoning, to incorporate a multidimensional or social psychological analysis of the social identity constructions that an individual experiences in different social settings (see Hogg & Vaughan, 2010; Wetherell & Maybin, 1996), for example, in the family life (as partner or father/mother), at work (work identity) alone at home (the private self alone) and in other social situations (see Lundh & Smedler, 2012). This also includes the therapeutic setting where the client is “working through” different self-states, such as the experiences of the alcoholic and the sober self-system (Denzin, 1987; Safran & Muran, 2003: 67-69). The therapeutic relationship can therefore in itself be viewed as a social psychological arena, where the interaction between the therapist and the client affects both parties. The state of mind of the client is affected by internalization of the therapeutic relationship and of the therapist. Therefore, it is
argued in this thesis that it is necessary to incorporate an analysis of both the \textit{intrapersonal} world of the client (“the inner state of mind”) as well as the \textit{interpersonal} world in which the client participates, for example, the psychosocial world of therapy. This is in line with what other researchers have pointed out (see Hennessey, 2011; Hutchison, 2008; Parrish, 2010).

\textbf{The self, narrative method and the therapeutic process:} Narrative researchers, e.g., Josselson and Lieblich (1995, 1999) and Riessman (2002, 2003) view the self in a similar way as has been described in this thesis, as dialogic or multiple, i.e., it contains many voices or different self-structures. Using narrative methods is often spoken of as a way of understanding the multiple self and of giving an account of identity constructions or “identity switches” in different social situations (Josselson & Lieblich 1995, 1999; Larsson & Sjöblom, 2010; Lieblich et al., 1998; Riessman, 2002, 2003; Scott & Lyman, 2006). This makes the narrative perspective interesting in order to analyze the identity shifts (West, 2006; West & Brown, 2013: 86) related to use or misuse of alcohol and drugs (Denzin, 1987; South, 1999) and for understanding the complex nature of the dialogic self (Josselson, 1995; Larsson, 1992). The narrative approach and the possibility it offers to understand the self or identity makes it relevant when studying clients in a \textit{therapeutic process}, especially when struggling with identity switches between a drug-self and a sober self (Denzin, 1987; Diamond, 2002).

\textbf{Self-theory, social work, the psychosocial reality and addiction}

Psychology in general, and self-psychology in particular, has been emphasized as important for social work (Brandell, 2011; Goldstein, 2001; Hennessey, 2011; Hutchison, 2008; Parrish, 2010). Psychology as a discipline, including self-psychology, is important in order to understand the subjective dimension of the person (Brandell, 2011; Crossley, 2000; Goldstein, 1995, 2001; Hennessey, 2011; Hutchison, 2008; Miller, 2006; Parrish, 2010: 93-95; Perlman & Brandell 2011). However, one needs to consider the social context when analyzing the subjective dimension. It is not possible to conceive the self or the mind in isolation outside of a social context of interpersonal relationships. In other words, the relationships are the stuff of the mind (Perlman & Brandell, 2011: 66-73). In this thesis, self-psychological analysis is therefore integrated within a psychosocial multidimensional reasoning.
The *psychosocial* concept is important in clinical social work theory. The prefix *psycho* refers to the psychological dimensions of the person and has to do with the inner world of the subject, referring to cognition, emotions, beliefs, and the ways in which individuals perceive themselves and others. The suffix *social* refers to the relationships and social environment of the person and includes the material world, the socioeconomic resources of life, and the social and cultural context in which people live. The *psychosocial* concept is used to explain the way these different aspects of personal and social worlds mutually influence each other and can be viewed as inseparable units (Bragin, 2011: 374). The multidimensional reasoning presented in this thesis represents a psychosocial perspective focusing on the interaction between personal and social influences, applied to the analysis of addiction and its treatment.

There is a trend in psychological, social and philosophical thinking to regard the experience of a unitary self as an illusion and instead view the self as multiple and as socially and historically constructed. There are many versions of self-theoretical perspectives, for example, psychodynamic self-psychology (see Brandell 2011; Perlman & Brandell, 2011; Thomas, 1996), cognitive self-theory (see Cantor & Khilstrom, 1987; Ornstein, 1986), transpersonal self-psychology (see Valle, 1989; Wittine, 1989), sociological perspectives on the self (see Cooley, 1902; Hennessey, 2011; Mead, 1934), and philosophical traditions (see Safran & Muran, 2003) including identity research (Schwartz et al., 2012). The understanding of the complexities of the self or the multi-mind (Ornstein, 1986) within the individual has been considered crucial to consider in therapeutic treatment (Safran & Muran 2003) and in substance use-related dependency treatment in particular (Amodeo & Lopez, 2011; Anderson, 1998 a, b; Denzin, 1987; Fiorentine & Hillhouse, 2000, 2003; Flores, 2001; Gordon, 2000; Grof, 1994; Larsson et al. 2001, a, b; Larsson, 1992; Lindblom 2015; Markus & Nurius, 1987; McIntosh & McKeganey, 2000; Punzi & Tidefors, 2014; Shinebourne & Smith, 2009; Singer, 1997; South 1999; West, 2006; West & Brown, 2013; Worthington et al. 2011). The self-theoretical perspective in the thesis has been developed and integrated within a holistic multidimensional interactional model that is relevant for social work, especially in dependency treatment (Amodeo & Lopez, 2011; Barber, 1995; Hutchison, 2008; Parrish, 2010).
Psychotherapy is not aimed at integrating different parts of the self but rather at bringing them into dialog with each other (Safran & Muran, 2003:67-69). The self-psychology of addiction and its treatment highlight the alteration of the subjective reality of both one’s self and one’s personal world (Ulman & Paul, 2014: chapter 1). The treatment of addiction considers the alteration between an alcoholic self and some kind of sober self-system (Denzin, 1987; Etherington, 2010; Larsson et al. 2001 a-b). Earlier research and the research interviews in the thesis (Study VI) suggest that struggling to recover from addiction is related to a rediscovery or reconstruction of the sense of self (see Anderson, 1998 a-b; Denzin, 1987; Etherington, 2010). Similar arguments have been put forward for other recovering processes related to severe mental illness (Davidson & Strauss, 1992; Topor, 2001) and to different psychological disorders including addiction (Kyrios et al. 2016; Schwartz et al. 2012).

According to object relational theory, treatment can modify internal structures through reparative social experiences in a therapeutic setting. Self-psychology is interested in the development of the self and the subjective experience. Treatment according to self-psychology aims at strengthening self-structures through internalization and optimal empathic responsiveness (Goldstein, 2001: chapter 2).

The treatment of addiction highlights the importance of reconstructing the self-structure (Denzin, 1987; Etherington, 2010; Larsson et al. 2001a-b). This thesis is influenced by an integrated multiple self-psychological perspective and emphasizes the need to strengthen the drug users sense of self in order to develop a sustainable self-system that is possible to live with. It is necessary to consider the psychosocial situation of the client since the social situation influences the identity structure of the client (Tew et al. 2012; Topor, 2001; Topor et al. 2011; Topor & Ljungqvist, 2017). In other words, one needs to consider not only the personal or psychological dimension of the user but also the social aspects of their addictive behaviors (Amodeo & Lopez, 2011; Barber, 1995: chapter 2; Sussman & Ames, 2001). The thesis views the therapeutic process as a social psychological situation (Sussman & Ames, 2001) where the therapist and the participants in a treatment group represent an important social environment that can contribute to strengthening and developing the client’s self-structure through internalization pro-
cesses (see Study VI; Emmelkamp & Vedel, 2006; Jung, 2010; Sussman & Ames, 2001).

The self-psychology perspective in this thesis is based on the general argument that is quite similar in different self-theories, for example, in psychodynamic, cognitive and transpersonal self-psychologies. The general argument is conducive to thinking about ourselves as “a series of selves” (Thom- as, 1996:316) or thinking that the self-structure consists of many “small minds” (Ornstein, 1986). The self-structure is described as “a plural self” (Rowan & Cooper, 1999). However, cognitive self-theories state that there is also the talent of the governing self (Ornstein, 1986) or master self (Docter, 1988) that has the role of organizing and directing the small minds (Ornstein, 1986: 102-103). The governing self has many similarities with similar metamind concepts in other self-psychologies, such as the sense of core self in psychodynamic reasoning (Stern, 1985), or the transpersonal identity that organizes the sub-identities in transpersonal psychology (Valle 1989, Wittine, 1989). However, there are also differences between these kinds of meta-mind concepts but it is not possible to go into that specific discussion in this thesis.

Summary

This chapter has described a multidimensional interactional approach, which integrates a self-theoretical perspective for the analysis of the treatment process of substance use-related dependency. The self-theory described was used as the overarching theoretical framework to analyze the behavior change that takes place in a therapeutic setting. Self-theory has been a part of psychological and sociological theory for more than a century and the self-concept is now well established as a theoretical construct (Docter, 1988). The concepts of identity, “the alcoholic self” or “the dependency self” or the “sober self” were conceptualized as subsystems of the self. The capacity for a duality of the self has been extensively described in literature (Docter, 1988; Hilgard, 1977; Rowan & Cooper, 1999). The oscillations between an “alcoholic self” and a “sober self” have been discussed in the literature on substance use-related dependency or dependency treatment (Denzin, 1987; Diamond, 2002; Singer 1997; South 1999). The chapter presented new self-theoretical constructs, such as the sustainable self-system, self-empowerment and the negotiating self.
The therapeutic process as a social health-promoting occupational life

This chapter discusses how the therapeutic process in substance use-related dependency treatment can be viewed as a social health-promoting occupational life. Chapter 3 described a multidimensional model and the interaction between the personal and the situational variables. This chapter emphasizes the situational side of the treatment process (see Magnusson et al. 1983).

On treatment processes

An important aspect of the therapeutic work and treatment of substance use-related dependency is that it is possible to describe this kind of professional work as a way of restoring health. In a sense it is a health-promoting work activity with the aim of developing the clients’ psychosocial health, and also a sustainable self-system possible for the client to live with (see Waas et al. 2011). It has been pointed out that the mission of social work is to improve peoples’ lives, which in turn brings health and wellbeing into the heart of social work (Beddoe & Maidment, 2014: 2). Bywaters et al. suggest that social work is health work and that social workers in all settings engage every day with clients struggling to realize their basic rights to health (Bywaters & Napier, 2009: 453). Social workers are engaged in a broad range of health-related issues. Beddoe and Maidment (2014: 1) point out that health is an important issue not only in medical settings, but also in community-based mental health care and health care environments such as drug and alcohol service units where treatment of substance use-related dependency helps clients to recover from a problematic psychosocial situation. Beddoe & Maidment (2014) refer to the World Health Organization, WHO (1986), in describing health promotion as a “process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment” (see WHO, 1986 - Beddoe et al. 2014: 1).
The thesis, especially studies V and VI, reveals that therapeutic work or substance use-related dependency treatment actually is an important example of health-promoting work life which can help addicted clients to recover and strengthen their ability to take control over their lives and cope better with their alcohol or drug use or misuse. These studies reveal that, with the aid of a treatment process, clients can not only restore themselves and their mental functioning but also find strength to go back to their workplaces and restore their work-identities and their social relationships, both at work and with close friends and relatives.

Therapeutic treatment of substance use-related dependency represents an important occupation or “working life” that contributes to an understanding of how to work with people addicted to alcohol and drugs in a way that helps them restore their health. Therapeutic work is a complex and arranged social situation and there is a need to develop qualitative explicit knowledge of therapists’ and clients’ tacit understanding of “what works” in order to reach a positive outcome. This thesis contributes by developing a naturalistic generalization that is “passing from tacit knowing to explicit propositional knowledge” (Kvale & Brinkman, 2009: 262). It is important for many reasons to describe the dynamic therapeutic process and “the generative mechanisms” (Philips & Holmqvist, 2008) or “principles of change” (Beutler & Johannsen, 2009: 226-234) that can be involved and contribute to a positive outcome. Firstly, it is important for the therapists to be able to say: “This is what I do that helps the clients” based on a detailed understanding on “what works” and “how it works”. Secondly, since research reveals that the clients contribute the lion’s share of therapy success (Norcross & Lambert, 2011) it is important for the clients to have a more detailed understanding of the therapeutic process, how it works and what works, so that they know what is required of them in order to reach a positive outcome. If the therapists are more explicitly aware of what kind of processes are helpful for the clients then the therapists can reduce the risk of getting mentally exhausted themselves as a result of trying to find solutions in a helping process that they do not consciously understand.

The thesis tries to give a contribution by describing or putting into words “what is going on” in a helpful therapeutic process between therapists and clients, working in substance use-related dependency treatment. It gives qualitative data on “what works” according to the therapists’ and clients’
points of view. We need to take into consideration “what works” according to the actors’ points of view because this guides their actions on what they consider is important (Wilkinson, 1981). This is in line with the literature that emphasizes the need for dialogs between the research community, clients and practitioners on how to understand the meaning of evidence-based practice (Mullen, 2016) or “what works” in a therapeutic work process according to the actors involved (see Emmelkamp & Vedel, 2006; Jung, 2010).

Study VI describes some therapists working with supportive group treatment and the community reinforcement approach (CRA) in the treatment of substance misuse. They considered not only psychological interventions focusing on the personal side of the client but also social factors emphasizing the clients’ family life, their life at the workplace and in social networks. One crucial aspect of the therapeutic work is related to the establishment of supportive groups where addicted people can support each other in regaining power over their lives through sharing strategies and life narratives for understanding and managing their dependency problems. The study describes how therapists led the social support groups. The therapists’ strategies have many similarities with descriptions in the research literature of how social factors can be important in recovery from mental health difficulties (Tew et al., 2012). Tew et al. (2012) describe how service users can develop social self-help or support activities and sharing experiences, listening to one another and thereby establishing more positive identities (Tew et al., 2012: 448). A similar psychosocial focus has been mentioned as important for a successful outcome in the literature (Barber, 1995: 132-140; Emmelkamp & Vedel, 2006: 67-68; Tobutt, 2011: 182, 189, 194). The relation between dependency treatment and social factors such as the life at work has been discussed in the literature and needs further attention (Amodeo & Lopez, 2011; Barber, 1995; Emmelkamp & Vedel, 2006; Tobutt, 2011).

The social therapeutic setting and transforming identities

The therapists in studies V and VI described their working life and their view of the generative health-promoting mechanisms in the treatment work process. In study VI the therapists described how their working life was influenced in a positive way by their own earlier experiences of different kinds of dependency problems. In combination with professional training their earlier dependency problems helped them to create “a working model” in a
professional social setting by using a “holistic step by step” strategy influ-
enced by the AA version of the twelve-step program. They also worked with
social supportive groups and psychosocial education strategies. The ther-
apists’ own experiences of addiction followed a pathway from “addicted cli-
ent” to “counseling client” to “counselor”. The clients’ stories in study VI
indicated that meeting a drug therapist who had been addicted to alcohol or
drugs in the past could become a turning point for many drug users; meeting
someone who had managed to transform their identity from “drug-
dependent” to “professional helper” or “therapist” created a sense of hope
for the clients themselves and a belief in the possibility of solving their de-
pendency problems. Similar patterns and the importance of transforming
identities in substance use-related dependency treatment have been described
in the literature (Etherington, 2010: 28-32).

Some clients described in different ways how the use or misuse of alcohol
and drugs was related to problems in different social settings such as their
earlier family life or their workplace. The treatment process helped them not
only to deal with their alcohol or drug-related problems and private life situ-
ation, but also had a positive impact on their psychosocial health situation
and how they could manage their working life and social networks in their
present life situation in a better way.

Social relations and empowerment

Study VI reveals that group treatment facilities based on twelve-step pro-
gram strategies were experienced by the clients interviewed to be important
in helping them cope better with their alcohol and drug problems. The clients
in the treatment group helped each other in several ways. They listened to
each other’s stories about their use/misuse of alcohol and drugs with respect
and interest. This is in line with other researchers who have emphasized
social factors or the social environment as important in recovery from metal
health difficulties. According to Tew et al. (2012) self-help or mutual sup-
port activities can strengthen the participants’ ability to solve their problems.
Tew et al. mentioned for example how the Hearing Voices Network can
provide accepting social environments in which voice-hearers can support
each other in regaining power over their lives through sharing strategies for
understanding their voices (p. 448). In a similar way it became quite obvious
in study VI how, by participating in a twelve-step group treatment, clients
can support each other in different ways through understanding and developing strategies on how to manage their use or misuse of alcohol and drugs.

The meaning of the social network and occupational life for the clients

Study VI reveals how many of the clients described a connection between their use/misuse of drugs and how they experienced their social situation and working life. Some clients described in different ways how stress at work in the present situation made them use alcohol in order to be able to relax or experience a calmer state of mind or relaxation of the self (clients no 2 and 12). Other clients used drugs in order to be able to handle a demanding study situation (client no 11). This is in line with the research literature that discusses how stress at work can lead to many psychosocial problems such as emotional symptoms or behavioral symptoms or an increase in alcohol consumption (Furnham, 1999). However, there were also clients who described how their use or misuse gave rise to problems in their working life (clients no 9 and 13). This is in line with the research literature that discusses managing alcohol problems and issues in the workplace (Tobutt 2011). Some clients describe how different experiences in their earlier life situation, for example, experiences of not being “good enough” in the eyes of their parents, made them use alcohol later in life as a way of escaping low self-esteem (clients no 2 and 13). Other researchers have described similar patterns for clients dependent on alcohol and drugs (see further Etherington, 2010).

One important insight in listening to the clients’ stories in study VI was related to the fact that even though they could experience problems related to their social situation, for example, their working life, they also at the same time expressed the importance of having a working life and an identity as an employee or student at university because it gave them a sense of belonging in a social context. This is in line with the work of Hydén (1995) that describes how a working life is important, especially related to mental health problems, because a working life gives the opportunity to create meaningful social relationships and inhabit other social roles than just being a client. And more than that, the clients can experience or view themselves through the eyes of others. It is a question of seeing oneself as a competent being or a person that has capabilities and experiences self-efficacy. In other words, it is a question of identity or of being able to experience oneself with self-
respect breaking with their one-dimensional identity as an addict and creating a more complex identity (see Topor, 2001: 319).

Summary

The overall results, especially from studies V and VI, reveal that dependency problems need to be analyzed from a holistic or multidimensional perspective considering different dimensions of the clients’ life situation; their family life, working life, their personal life and their self-system. This is in line with the research literature (Amodeo & Lopez, 2011; Barber 1995: 132-140; Emmelkamp & Vedel, 2006; Jung, 2010: 459-461; Sussman & Ames, 2001: 105-106). The results in the thesis (see studies V and VI), made it obvious that social workers or therapists have many opportunities to promote health and wellbeing. The results reveal some of the therapeutic processes that are involved in helping clients to restore their health and reach a more sustainable self-system. In a way, one can say that social work, as a profession, is a working life aimed at doing health work. The results from studies V and VI describe some examples of therapeutic processes that are involved in promoting and restoring health and wellbeing. Similar themes have been highlighted in the research literature in social work (Beddoe & Maidment, 2014).
The contributions to social work practice

This chapter deals with how theoretical and practical insights that emerge from the analysis of a treatment process can be of relevance for social work practice.

Insights from psychotherapy, self-empowerment and social work

The insights from psychotherapy or counseling research can, according to my point of view, be applied to treatment within social work practice, which is something that has also been pointed out by other social work researchers (see von Braun, 2010; Hennessey, 2011; Miller, 2006; Parrish, 2010; Seden, 2005). Theoretical insights from this thesis can be relevant in the analysis of different treatment relationships within social work practice. The theoretical insights may be relevant when analyzing not only the client’s experiences but also when trying to understand the experiences of the social worker and how social workers react cognitively and emotionally in their professional relationships with clients. The need to consider not only the clients’ experiences but also the social workers’ experiences related to the professional relationship has been emphasized in the literature of social work (see Hennessey, 2011; Parrish, 2010: 93-95; Seden 2005). This theme has also been emphasized through the theoretical concept “the actor-spectator paradox” (see below) that, in turn, emphasizes the need to consider both actors’ (for example, clients) and observers’ (for example therapists or social workers) points of view since these may reflect divergent perspectives.

The thesis provides theoretical perspectives that can be applied to the treatment processes or helping relationships between a counselor or a social worker and a client in the field of social work practice. A central part of the treatment context is represented by the close therapeutic relationship between the therapist and the client. According to the argument in this thesis, ego- or self-psychology integrated within a multidimensional interactional
model and attachment theory are relevant for the analysis of social workers’ relationships with clients (see Parrish, 2010: 93-95). Many central concepts of the therapeutic alliance between social workers and clients are inherent in modern self-psychology. Providing ego support for clients that experience different kinds of life crisis is a central part of good social work (Parrish, 2010: 94). Empowering the clients’ ego strength or providing self-empowerment, a relevant concept in this thesis, ought to be seen as a basic strategy for social workers. I argue that focusing on variables such as the self, ego strengths and the meaning of relationships can help the social workers to be more effective in their professional work. Other researchers in social work have expressed similar arguments (see Hennessey, 2011: 8-21; Miller, 2006: 27-29; Parrish, 2010: 93-95; Seden 2005: 14-15, 70). In a treatment process or a therapeutic relationship it is possible and necessary to create a good enough “holding environment” (see Winnicott, 1968; Parrish, 2010:93). A holding environment provides a kind of safe setting for the client to express and reflect on self- or ego needs that have not been met earlier in life (see also Ljungberg, Denhov & Topor, 2015). The helping relationship provides a way to handle earlier unmet needs and develop a more secure identity or self-structure, something that has been described in detail in studies V and VI. This is also a central theme that has been discussed extensively in social work research (see Hennessey, 2011; Ljungberg, Denhov & Topor, 2015; Miller, 2006; Parrish, 2010: 94-95; Seden, 2005).

Psychological and social dimensions

Based on the theoretical analysis and empirical data in studies V and VI it is my firm belief that social workers have to be sure that their communications with their clients’ convey respect and that they interconnect effectively. This is in line with Seden (2005) when she writes that social workers are accountable “not just for their actions, but also for the way they speak and interact and cannot just rely on habits and experience; they need skills in communicating and relating” (ibid. x). The empirical data in this thesis especially, studies V and VI, indicates that the qualities and the capability of empathy of the therapists (or social workers) are of crucial importance for achieving positive outcomes. However, in order to be able to be empathic, the professional helper needs knowledge of both intrapersonal and interpersonal dimensions and how they interact (Hennessey, 2011). The thesis contributes theoretical perspectives on relationship-based social work. Relationships can
help us to create a strong sense of self or self-identity or leave us feeling uncertain about our roles in life. The sense of self (or our internal network/structure of the self - Schwartz, 1999) and our interpersonal or social relationships/networks are closely related. We come to experience ourselves or know who we are, to a large degree by the way others treat us in a social context (see Hennessey, 2011: 22-23; Parrish, 2010: 80-81). An important insight about the meaning of close attachments is that what has been damaged in earlier relationships can, according to attachment theory, be healed through new or more positive relationships (see Parrish, 2010: 80-81; Wenneberg, 2012: 265). This thesis contributes an analysis of the meaning of the therapeutic relationship and shows how to understand the treatment process and its contribution to restoring health and a positive sense of self for people who have experienced substance use-related dependency. The thesis contributes new empirical data and perspectives on how one can understand a positive treatment process, including how it can help clients to reach a more sustainable self-system that helps them cope better with their addiction (see chapter 7-8).

There is an ongoing discussion on the meaning of the professional relationship and its relevance for social work (Hennessey, 2011; Miller, 2006; Parrish, 2010; Seden, 2005). Social workers need to develop high quality interpersonal skills in order to understand and work with clients and their narrations of experiences of trauma, post-traumatic stress reactions or the use and misuse of alcohol and drugs (see Seden, 2005:ix-x). An implication of this thesis is that effective social work practice requires a professional understanding of the relationships that clients or individuals experience with people around them. An important task for the social worker is to establish a professional helping or therapeutic relationship with clients experiencing life-altering conditions, and to have a well-developed theoretical basis to relationship-based social work. The thesis discusses these kinds of relationship issues in social work that are also highlighted by many other social work researchers (Hennessey, 2011; Ljungberg, Denhov & Topor, 2015; Parrish, 2010:15-16, 150, 170; Topor, 2001).

Social work research, addiction and its treatment

**Social work interventions with alcohol and drug problems:** Substance abuse is a major health issue around the world of today. Addiction or sub-
stance use-related dependency problems are an important area in the field of social work. Social work education emphasizes the importance of addiction and of educating social workers to be able to work with addiction problems in different ways. As mentioned earlier, many researchers in the field of social work emphasize the importance of a holistic perspective on addiction and the necessity of doing research and discussing practical treatment implications on addictions (Amodeo & Lopez, 2011; Barber, 1995; Parrish, 2010).

**Theoretical perspectives:** Social work researchers often emphasize that alcoholism and drug dependence can be thought of as a bio-psychosocial problem, and that multi-causal conditions involving biological, psychological, social or familial, and cultural factors need to be considered (Amodeo & Lopez, 2011: 529; Barber, 1995; Parrish, 2010). Barber (1995) presents an analysis, based on a social work perspective on addictions, that employs social work’s ‘person-in-situation’ perspective to identify targets of intervention at the levels of psychology (for example, the understanding of the mind and the self of individuals), families, work and social support networks, and even in the broader social policy context. A social work model of addiction often emphasizes the dual focus on the individual and environment or a kind of multidimensional analysis, which according to many social work researchers can be viewed as the hallmark of the social work profession (Amodeo & Lopez, 2011; Barber, 1991; Barber, 1995:26-27; Parrish, 2010).

According to Barber (1995), social work with addictions considers that the addictive behavior occurs within various interrelated levels of human functioning related to:

**Personal dimensions:** The personal level of maladaptive cognitions or automatic thoughts relating to dysfunctional and often subconscious negative self-statements. It involves intrapersonal conflicts, referring to long-standing and subconscious inner tension, conflicting demands or dissociations between different parts of the self-system.

**Situational dimensions:** The symptom or situational level focuses on the troublesome behavior itself. It involves interpersonal conflicts or family/systems conflicts, communication problems and power struggles between the drug user(s) and significant others (Barber, 1995: 32).

**Framework for viewing the tasks of treatment:** According to Barber (1995) the personal and situational dimensions involved in alcohol and drug
problems highlight basic processes that are important in a change process when trying to handle addiction or substance use-related dependency. These processes are (1) consciousness raising or trying to increase the user’s awareness of the effect drugs are having and why drug use is sustained; (2) self-re-evaluation or developing a sense of self-worth, and (3) social re-evaluation or reappraising the impact that drug-taking has on significant others. Barber also mentions (4) social liberation, referring to the environmental changes needed, such as finding a job or developing social resources that open up more choices and make the drug user’s life more controllable.

In line with the latest developments in psychotherapy research (Norcross et al. 2009a; Norcross 2011) Barber also mentions (5) the importance of helping relationships, referring to any relationship that helps the drug user to change by conveying that he or she is valued and respected (Barber, 1995: 29-31). The focus on both personal and social dimensions that Barber and other social work researchers (Amodeo & Lopez, 2011; Parrish 2010) describe, including the importance of helping relationships, is also in line with the self-theoretical analysis and the multidimensional person-by-situation interaction analysis described in this thesis. A social work approach focusing on psychological interventions, such as strengthening the self-system and developing the drug users’ self-efficacy in combination with social interventions focusing on family, work and social support networks is emphasized in this thesis (see study I -VI; Amodeo & Lopez, 2011; Barber, 1995:122-140; Parrish, 2010).

Themes in social work research on addiction: The research literature close to a social work perspective has studied a wide range of problems related to the understanding of substance use-related dependency problems and its treatment. Parrish (2010) has discussed the influences of mental health, alcohol and other drugs on behavior, based on a social work perspective that considers both psychological and social dimensions. Other research teams have also emphasized the importance of psychological and psychosocial treatment strategies in the treatment of addiction (Chatters et al. 2016; Dutra et al. 2008; Horsfall et al. 2009; Martin & Rehm, 2012) or discussed the influence of social factors on alcohol use (Bryden et al. 2013). Social work researchers in Sweden have emphasized different aspects of addiction related to the themes described above. Svensson (1996) has conducted a study on how to understand people that use narcotic drugs, and Storbjörk (2012) presents an edited volume that focuses on society, alcohol and the use of drugs.
Hübner (2001) has studied public opinion on social problems, with focus on the problems of use of alcohol and drugs.

Bergmark and Oscarsson (1988) have made an extensive analysis on drug abuse and treatment. Bergmark (2013) has also presented some moderating remarks on the role for psychopathology as a motivator for drug dependency, and Bergmark (2012) has discussed the medicalization within dependency treatment in Sweden. Karlsson (2006) focuses on older adolescents’ positive and negative beliefs about illicit drug use, while Ekendahl (2001) has studied alcohol/drug addicts’ views on coercive care and the possibilities to become motivated for change and/or accepting voluntary treatment in such a context. Samuelsson (2015) has analyzed addiction care practitioners’ perceptions of substance use and treatment. The thesis is related to these Swedish researchers in the sense that it tries to understand the use or misuse of alcohol and drugs, focusing on the treatment process of addiction. The thesis considers psychological and social dimensions that are linked together in a multidimensional model. Similar to Samuelsson (2015) and Ekendahl (2001), this thesis considers in different ways, practitioners and drug users’ perceptions of drug use and of the treatment process. The thesis has a similar subject of interest as Bergmark & Oscarsson in the way that it focuses on an extensive theorizing of the treatment process of substance use-related dependency.

Some challenges for the profession of social work: Some specific challenges for the profession of social work relate to two particular issues: The medical profession has taken an important role in prevention and early intervention. Social work needs to develop more specific skills in identifying and motivating different groups of clients that consider not only individuals that are diagnosed with dependency on alcohol and drugs but also groups of people with potential harmful use that can lead to physical, psychological or social problems. This kind of prevention and early intervention work is changing the area of substance use-related treatment so that both clients and families can be helped at an earlier stage when the problems are at a more manageable level (Amodeo & Lopez, 2011: 554-555). Another significant challenge is to integrate psychological research-based practices such as cognitive-behavioral therapy, dialectical behavioral therapy, contingency management, and biological or physiological medication-assisted treatment, together with varieties of interventions at the level of family, work and social support networks (Amodeo & Lopez, 2011: 555; Barber, 1995:132; Em-
An important theme, in line with the thesis approach, is related to analysis of the contribution of professional helping relationships in a treatment process. Therapy is helpful in achieving long-term recovery, most importantly because the addiction process is viewed as one that significantly changes identity (see Etherington, 2010; Larsson 2001 a-b). The challenge is to offer the client a more holistic perspective and a treatment process that integrates medical, psychological and social interventions (see Amodeo & Lopez, 2011:544; Barber, 1995; Parrish, 2010). Talking with clients about their ethnic and cultural background including gender, age and sexual orientation and identity issues is also an essential part of treatment (see Amodeo & Lopez, 2011: 538; Norcross et al. 2009a). According to Barber (1995) social work with addictions needs to consider different levels of interventions: (1) Psychological interventions; (2) Interventions at the level of family, work and social support networks; (3) Intervention at the level of social policy and culture (see also Straussner & Harrison, 2013).

Summary

This chapter points out the importance of relationship skills in social work practice and the relationship between social work, addiction and its treatment. It relates insights from psychotherapeutic research to the area of social work practice. This thesis puts forward the thought that in order to create a professional interrelationship with a client in some meaningful way the social worker needs to have theoretical knowledge about the self and relationship-based social work. This theme has been discussed in the research literature in social work (see Hennessey, 2011: 8-21; Ljungberg, Denhov & Topor, 2015; Miller, 2006: ix; Parrish, 2010; Seden, 2005: 14-15).
This chapter describes the methodological, epistemological and theoretical strategies used in the thesis. It discusses principles for data collection and data analysis including the specific designs and methods used in studies I-VI.

Methodological considerations, materials and methods

This part provides descriptions and discussions of the research methodology, epistemological and theoretical issues. The narrative approach in the thesis is influenced by phenomenology’s emphasis on understanding lived experience and perceptions of experience (Patton, 2002: 115). The thesis focuses on the therapists’ and the clients’ experiences of the treatment process, including the therapeutic relationship in substance use-related dependency treatment. This highlights the need to understand a social phenomenon such as the therapeutic treatment process from the actors’ own perspectives based on the assumption that the important reality is what people perceive it to be (see Kvale & Brinkman, 2009). The analysis of data is inspired by meaning interpretation (Kvale & Brinkman, 2009: 207) based on multidimensional interactional psychology and self-theory. A dialectic approach (Kvale & Brinkman, 2009) was a part of the research strategy, especially in comparing the therapists’ and clients’ different points of view on the meaning of the therapeutic process and the therapeutic relationship and in the analysis of the differences between the clients’ sober self-system and their experiences of the “alcoholic self” when misusing alcohol and drugs. The thesis is inspired by the orientational qualitative inquiry approach, where the focus of inquiry is determined by the framework within which one is operating and findings are interpreted and given meaning from the perspective of the theory used (see Patton, 2002: 129-135). The theoretical perspectives outlined in studies
I-IV describe a self-theoretical approach influenced by, for example, self-psychology, cognitive science, attachment theory and narrative theory integrated within a multidisciplinary interactional approach. The thesis contains empirical qualitative in-depth inquiries into the therapeutic treatment process and the meaning of the therapeutic relationship in substance use-related dependency treatment (see studies V-VI). The research process follows the strategy of abduction, and alternates between previous theory and empirical data whereby both are successively reinterpreted in the light of each other (see Alvesson & Sköldberg, 2010: 4).

**Triangulation of data sources and the narrative approach:** The thesis combines several qualitative methods (Hill, 2009; Patton, 2002, 2015). The main strategy in the study is based on a narrative design (Josselson & Lieblich, 1995, 1999; Lieblich et al. 1998) using stories as a way of understanding the alcohol and drug users’ personal life and their experiences of therapy including the therapeutic process. The use of stories in analyzing the therapeutic process is thought to be an adequate strategy (McLeod, 2008; Smith, 2009). It is argued in the thesis that a qualitative strategy is important when listening to clients’ and therapists’ stories about what works and what does not work in therapy from their points of view. Qualitative research provides a relevant strategy in order to collect these stories and analyze them in a systematic manner (Hill, 2009: 75). The focus of the thesis on the clients’ and therapists’ accounts of the therapeutic process can be described as a kind of “change process research” (Greenberg & Watson, 2009) trying to understand the change process of the client when trying to dis-identify (Assagioli, 1984a) from the alcoholic or drug self. The use of stories is a way to understand the meaning and personal experience (Smith, 2009: 138) of use or misuse of alcohol and drugs and the talk about it in a therapeutic process. The thesis relies on case studies where the cases represent different perspectives and interpretations and where the task of the researcher is to theoretically integrate those (Stiles, 2009:62). The case analysis is complemented by thematic analysis focusing on important themes in earlier literature and comparing these with themes that emerged in the original data in the empirical studies (studies V-VI) included in the thesis (see Pope et al. 2007: 96-97). The thesis is also inspired by a realist synthesis trying to describe “the change mechanisms” or what contributed to changing the lives of the clients. The thesis strives to understand “the theories of change” that are caused by the intervention (dependency treatment) in the studied programs (Pope et al. 2007: 97).
Selection of subjects in the original empirical studies (studies V-VI): The empirical data in study V and VI was based on interviews with therapists and clients about their experiences of the therapeutic process and the meaning of the therapeutic relationship. The treatment and the interviews took place at a treatment center for dependency disorders in a middle-sized town in Sweden (study VI) and a treatment unit in Stockholm (study V) respectively. The therapeutic strategies used by the therapists were based on different theoretical approaches, such as the twelve-step program, transpersonal psychology, community reinforcement approach (CRA - study VI) a humanistic-existentialistic perspective, and psychodynamic and cognitive approaches (study V). The treatment programs in study VI used both individual and group sessions and lectures on dependency problems. The empirical data was generated by a narrative account analysis (Elliott, 2005; Josselson, 1995; Lieblich et al. 1998) focusing on stories about therapy in order to acquire knowledge about the interior of therapy (McLeod, 2008: 145). As mentioned, the narrative strategy was combined with change process research (Greenberg & Watson, 2009) focusing on how therapists and clients experienced the therapeutic process step by step. The narratives focused on the beginning, the ongoing therapeutic process and the end phase of the therapeutic relationship. This thesis includes interviews of co-dependent relatives (study VI) of people with substance use-related dependency. These co-dependent relatives convey essential information on themes related to enabling behaviors i.e., “behaviors by significant others that are often meant to help the patient but in fact reinforce the problem behavior through shielding the patient from the negative consequences of the substance use” (Emmelkamp & Vedel, 2006: 122-124).

The selected subjects in studies V-VI: The selected subjects in study V consisted of three therapists. The study also included two case histories of therapists working with clients. Study VI was based on 10 clients, four co-dependent relatives and six therapists. The informants were selected by using a purposeful sampling strategy (Patton, 2002). The version of purposeful sampling used was intensity sampling, using information rich cases that manifest the phenomenon intensely but not extremely (Patton, 2002: 243). The selection of subjects in study VI was based on cases with a positive outcome as defined by the therapists and clients themselves; the informants (the clients) had managed to reach a situation where they, according to both themselves and their therapists, had come to terms with their alcohol or
drug-related problems. The purposeful sampling strategy was guided by a saturation procedure where the selection of interview persons was stopped when little new information was revealed from subsequent interview(s) (Shutt, 2011: 237). The sampling strategies are further described in studies V-VI.

**The research interviews:** I conducted the interviews myself in study V and together with one of my supervisors (SL) in study VI. The interviews in studies V and VI were about 1.5 hours long and were transcribed before the analysis. All the clients in study VI that were interviewed had finished their therapies. Ethical issues and standards of interviewing in qualitative research were considered, such as informed consent, confidentiality and consequences for the clients in participating in the study (see Kvale & Brinkman, 2009). The Ethical Board of Uppsala has approved the study design for study VI (Uppsala Ethical Board decision, number 2012/435).

**The theoretical orientation and the empirical data**

The extent to which any particular study is orientational is a matter of degree. The focus of the investigation and findings is interpreted and given meaning from the perspective of the presented theory (Patton, 2002: 131). The theoretical stance formulated in this thesis provides, to some degree, not only conceptual and analytical direction but also methodological direction in emphasizing, for example, in-depth qualitative investigation of identity processes in the treatment process, intrapersonal and interpersonal issues, and narrative story telling from both the therapists’ and the clients’ points of view trying to capture their possibly divergent perspectives that have been pointed out in earlier research (Patton, 2002: 129-131). The methodological strategy is in line with the actor-spectator paradox highlighting the possible differences between actors’ and observers’ descriptions (Lilja, et al. 1996). The theoretical framework in the thesis can be viewed as orientational to the extent that it assumes the centrality of the self or identity issues and the therapeutic relationship when trying to understand human experiences in a therapeutic process (see Patton, 2002: 129-131). The main theoretical perspective is illustrated by and related to empirical data in the thesis.
Focusing on certain themes - a thematic analysis

The thesis as a whole (studies I-VI) focuses on certain themes, described as follows.

1. **The therapeutic process**: The therapeutic process is important to describe and analyze since it is at the heart of the treatment. The therapeutic process contains different phases namely the beginning, middle and end phases (see, study V). The research literature in psychotherapy and counseling points out the importance of understanding therapeutic treatment and the treatment processes, including how they can be evidence-based (McLeod, 2008; Miller, 2006; Norcross et al. 2009a; Norcross, 2011; Parrish, 2010; Seden, 2005).

2. **The therapeutic relationship**: The therapeutic relationship and its elements are described as important related to therapy outcome (Norcross et al. 2009a; Norcross, 2011). It is therefore essential according to the psychotherapeutic research literature to focus in more detail on the therapeutic relationship and how it contributes to therapy outcome (Norcross et al. 2009a; Norcross, 2011), especially in substance use-related dependency treatment (Emmelkamp & Vedel, 2006).

3. **Alcohol and drug use/misuse**: The understanding of use or misuse is essential to focus on in order to be able to describe and analyze the therapeutic treatment process and the meaning of the therapeutic relationship in substance use-related dependency treatment (see Barber, 1995; Emmelkamp & Vedel, 2006; Jung, 2010; Sussman & Ames, 2001).

4. **The intrapersonal and interpersonal factors in use/misuse and the therapeutic process**: The research literature has described the importance of both intrapersonal and interpersonal factors for analyzing use or misuse of alcohol and drugs and the treatment of such problems (Amodeo & Lopez, 2011; Barber, 1995; Jung, 2010; Parrish, 2010; Sussman & Ames, 2001). The thesis focuses on intrapersonal factors, for example, self-systems and identity issues, cognitions, emotions and behavior. The interpersonal factors focus on social, demographic and contextual variables (see Hennessey, 2011; Jung, 2010; Sussman & Ames, 2001).

**On selection of themes**: Qualitative designs necessarily focus on certain aspects (Patton, 2002: 511) and it is always possible to include other themes
than those selected. There is a necessity to focus on certain themes in order to be able to cover them in depth. There are certain limitations in the thesis. One limitation is that the different elements of the therapeutic relationship could have been dealt with in much more detail, especially since it has been described as important in the research literature (Norcross et al. 2009a; Norcross, 2011). It would also have been possible to focus more on motivational issues described by West (2006) and West and Brown (2013). The reason that other themes than those selected have not been dealt with is not that they are not important but that there are many themes that are crucial and they cannot all be covered in the same research project.

**Special focus in studies I-VI:** The combination of qualitative methods used in the studies in this dissertation complemented each other. The general analytical strategy was based on meaning coding or categorization (Kvale & Brinkman, 2009: 201-205) focusing on the selected themes. But there are also some special issues that need to be considered when researching the main themes that are of central importance in the dissertation, and they relate to the following:

- **Special issue 1:** Theoretical perspectives on treatment, alliance and narratives concerning substance use-related dependency and its treatment (studies I-VI).
- **Special issue 2:** Narratives of clients’ experiences of drug use and treatment of substance use-related dependency (study IV and VI).
- **Special issue 3:** Therapists’ narratives of the therapeutic process and the therapeutic relationship in the treatment of drug-dependent patients (study V and study VI).
- **Special issue 4:** Describing the relationship between therapists’, clients’ and co-dependent relatives’ narratives of drug use–misuse and treatment of substance use-related dependency (study VI).

**The logic of the selection of special issues:** In order to understand the use–misuse of alcohol and drugs and the treatment process it is necessary to consider not only relevant theoretical perspectives (Jung, 2010; Sussman & Ames, 2001) but also the clients’ perspectives on use–misuse of drugs and their comments on the treatment process. It is important to consider the therapist’s point of view since there can be differences between the actor and observer perspectives according to the actor-spectator paradox. Research reveals that therapists and clients can give different kinds of comments, for example on the therapeutic relationship and the working alliance (see...
McLeod, 2008: 102). Qualitative or narrative research can be relevant in order to capture the counselors’ and clients’ divergent perspectives on events in the therapeutic process (McLeod, 2008: 101-104). The selected themes and special focuses serve the purpose of helping the researcher conduct some kind of meaning coding or categorization of the material into meaningful units (Kvale & Brinkman, 2009). The thesis applies a meaning interpretation strategy (Kvale & Brinkman, 2009) using self-theoretical perspectives and multidimensional analysis when interpreting the qualitative and narrative data described in the different studies (studies I-VI).

**Thematic analysis in the different studies:** The different studies I-VI are based on a kind of theme or content analysis that provides a means of organizing and summarizing the findings from a diverse body of research data (Patton, 2002: 452-471). In the studies there are also descriptions of earlier research that relates to the themes highlighted in the thesis i.e. the therapeutic process, the therapeutic relationship, use/misuse of alcohol and drugs and the intrapersonal and interpersonal factors (Amodeo & Lopez, 2011; Barber, 1995; Jung, 2010; Sussman & Ames, 2001). The thesis is centralized around these selected themes and how they could be theoretically conceptualized (see further Patton, 2002; Pope et al. 2007: 96-97).

**Research review methodology**

The data collection phase included electronic searches in databases such as Libris, Pro-Quest Social Sciences, PsycINFO and Google Scholar. The search also focused on specific journals discussing the field of substance abuse, such as Addiction and Substance Use & Misuse, and handbooks written by leading researchers in the field of the thesis (see themes a-d below). The search has been guided by an ambition to find and include leading authors in the study’s problem area by pursuing the literature (see Grinnell et al. 2011: chapter 7-8). The review employed a combination of the following search terms in Swedish and English: psychotherapy research, therapeutic process, therapeutic relationships, therapeutic alliance, working alliance, use/misuse of alcohol and drugs, substance use-related dependency treatment, addiction and narrative methods. It is important to note that the field of psychotherapy research including the meaning of the therapeutic relationship and the accounting for psychotherapy process and outcome is a huge research area, and the question “what accounts for psychotherapy success (and
failure) is complex and difficult to answer. This is because of “the huge variation in methodological designs, theoretical orientations, treatment settings, and patient presentations” (Norcross & Lambert, 2011: 11). How then can one approach the complexity of the psychotherapy process and its outcome? It is not an easy task to account for research on the psychotherapy outcome since there are “thousands of outcome studies and hundreds of meta-analyses” (Norcross & Lambert 2011: 12). One needs to acknowledge that this matter has been “vigorously debated for over six decades” (Norcross & Lambert, 2011: 12).

The theoretical perspectives presented in the thesis are inspired by the theoretical and empirical knowledge in the field. A critical comment is that the literature search is not intended to cover all the theoretical and empirical literature in the studied research areas (see Pope et al. 2007; Patton, 2002, 2015). The documents used in the thesis are mainly peer-reviewed articles, scholarly published books, and overviews from leading researchers in the field of therapy research, focusing on the therapeutic treatment process, the therapeutic relationship and working alliance related to therapeutic outcome (see, Horvath & Greenberg, 1994; Muran, 2007; Muran & Barber, 2010; Norcross, et al. 2009a; Norcross, 2011; Safran, 2012; Safran & Muran, 2003; Wampold, 2001, Wampold & Imel, 2015), and especially focusing on research on substance use-related dependency treatment (Amodeo & Lopez, 2011; Barber, 1995; Emmelkamp & Vedel, 2006; Jung, 2010; Meier et al. 2005, a-b; Sussman & Ames, 2001; West, 2006; West & Brown, 2013).

A methodological step in the thesis was to identify biographical or narrative studies about the use and misuse of alcohol and drugs, including substance use-related dependency treatment. The narrative or biographical studies in this area fill an important knowledge gap in the literature (Heyman, 2009: 44). The most important feature of use/misuse of alcohol and drugs is the subjective effects of alcohol and drug use (Heyman, 2009). The client’s subjective interpretation of the therapeutic relationship in the treatment process is of central importance for the therapeutic outcome (Horvath et al. 2011: 56). However, according to Heyman (2009:44) little has been published about the subjective aspect of drug use/misuse. Heyman (2009) describes a web search for “cocaine and subjective effects and human” which returned only 12 references whereas the search terms “cocaine and dopamine” returned 1.846 references in PsycINFO in July 2008 (Heyman, 2009: 44). The search of the literature related to themes included studies based on their title,
abstract and keywords. In total it included scientific works, such as doctoral dissertations, articles and scientific books, focusing on areas that can be described as follows:

- **(a) Psychotherapy research**, identifying important scientific works on the therapeutic treatment, therapeutic process and the therapeutic relationship, written by researchers such as Muran & Barber (2010), Norcross et al. (2009 a); Norcross (2011); Safran & Muran (2003); Wampold (2001); Wampold & Imel, (2015).

- **(b) Use or misuse of alcohol and drugs**, identifying important scientific works, written by researchers such as Denzin (1987); Heyman (2009); Jung (2010); Sussman & Ames (2001); West (2006) and West and Brown (2013).

- **(c) Substance use-related dependency treatment**, identifying important scientific works, for example on the intrapersonal and interpersonal factors in use/misuse and the therapeutic process, written by researchers such as Amodeo & Lopez (2011); Barber (1995); Cameron, 1995; Emmelkamp & Vedel (2006); Diamond (2002); Jung, 2010; Meier, Barrowclough & Donmall (2005 a); Sussman & Ames (2001).

- **(d) The use of narrative methods**, identifying important scientific works, written by researchers such as Atkinson & Delamont (2006); Elliott (2005); Josselson & Lieblich (1994, 1995, 1999); Lieblich et al. (1998); McLeod (2008); Riessman (2002, 2003); Riessman & Quinney (2005).

In order to find important studies, the sampling strategy related to the areas a-d and the search for relevant theoretical argumentative scientific works, qualitative and quantitative studies and studies using a mixed approach (see Pope et al. 2007: 95). The sampling strategy was inspired by a maximum variation purposeful sampling process picking a wide range of cases/literature to get variation on dimensions of interest (see Patton, 2002: 243). Being well aware that the sampling procedure in qualitative and quantitative studies can be different (Grinnell et al. 2011) the sampling procedure in finding the literature in this thesis was focused on a purposeful sampling strategy that, taken as a whole, could contribute to reaching maximum variation in sampling (Patton, 2002: 243). This strategy can be used in the process of formulating theoretical understanding of the meaning of the therapeutic process and the therapeutic relationship, especially in substance use-related
dependency treatment. The sample selection followed Lincoln & Guba’s (1985) recommendations: “In purposeful sampling the size of the sample is determined by informational considerations. If the purpose is to maximize information, the sampling is terminated when no new information is forthcoming from new sampled units; thus redundancy is the primary criterion” (p. 202 - Patton 2002: 246). Other researchers describe similar thoughts (Kvale & Brinkman, 2009: 113). This strategy leaves the question of sample size open, which can be said to characterize the emergent nature of qualitative research (Patton, 2002: 246). It should be noted that sample size, like all aspects of research, is subject to consensual validation and judgment. The important point is that the sampling procedures and decisions are described and explained so that readers have the appropriate context for judging the sample procedure (Patton, 2002: 246). The descriptions of data collection are listed in Table 6.

Table 6. Data collection strategies used to find relevant literature used in the thesis.

<table>
<thead>
<tr>
<th>Specifications</th>
<th>Descriptions and strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of publication</strong></td>
<td>The literature search included scholarly published research studies, published mainly in refereed journals or scientific research over-views/books and doctoral dissertations (Manuel et al. 2011; Patton, 2002, 2015). This ensured that most studies included in the thesis, with few exceptions, had undergone a peer review process.</td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
<td>There were no prerequisites; the search included quantitative and qualitative and mixed or combined studies (see Bryman, 2012; Patton, 2002, 2015; Pope et al. 2007).</td>
</tr>
<tr>
<td><strong>Language and publication year</strong></td>
<td>The literature search incorporated different empirical and theoretical studies published in English and Swedish. The selected publications were mainly published between 1990-2017. However, a few works from earlier periods of time were also included when considered important.</td>
</tr>
<tr>
<td><strong>Definition of central concepts and criteria of inclusion-exclusion</strong></td>
<td>The literature search included studies about psychotherapy research, substance use and misuse and treatment of substance use-related dependency. It also included theoretical analysis of substance use-related dependency focusing on different theoretical perspectives, for example, cognitive or psychodynamic perspectives. It excluded studies that dealt with use/misuse of alcohol and drugs and age and gender differences including minority groups or the neurobiology of alcohol and other drug use. The concept of qualitative research, especially narrative studies, was central since it was used in many studies included in the thesis. The narrative concept or method was defined according to the definitions proposed in the narrative research literature (see - Elliott, 2005; Josselson &amp; Lieblich, 1994, 1995, 1999; Lieblich et al., 1998).</td>
</tr>
</tbody>
</table>
The qualitative methodological literature often mentions a *triangulation strategy* used in order to strengthen the validity of the research. By triangulating with multiple data sources, methods and/or theories, researchers can try to overcome the skepticism that is related to singular methods and/or single-perspective interpretations (Patton, 2002, 2015). The thesis uses the following triangulation strategies:

- **Methods triangulation:** Although the thesis is based, to a large degree, on qualitative or narrative in-depth descriptions the theorizing of the therapeutic process is also grounded in earlier research considering quantitative and mixed methods (see *studies I-VI*; Patton, 2002: 556). My empirical data in *studies V and VI* is based on qualitative data.

- **Theory or perspective triangulation:** The thesis is based on multiple (self-theoretical) perspectives or theories to interpret the data and the meaning of for example the therapeutic relationship, especially in substance use-related dependency treatment. However, even if a self-theoretical perspective is in focus (see *studies I-VI*) other perspectives are also considered, such as cognitive theory, attachment theory and multidimensional reasoning including social theories (see *studies I-VI*; Docter, 1988; Magnusson et al. 1983; Tew et al. 2012; Tew 2005; Patton, 2002: 555).

- **Triangulation of data sources:** The thesis checks out the consistency of different data sources within the same (qualitative) method by considering the similarities in patterns and information through different methods such as the use of case studies, qualitative research, narrative research and change process research, and also using data from different actors such as therapists, clients and co-dependent relatives (see *studies I-VI*; Norcross et al., 2009 a; Patton, 2002).

- **Analyst triangulation:** The strategy used in the thesis included multiple analysts (the co-authors) to review the findings. This strategy is relevant in order to reduce the potential bias that comes from a single person doing all the analytical work and opens up the possibility of having two persons independently analyze the same findings or empirical data and compare their findings (see *studies I-VI*; Patton, 2002: 560).
The study design and methods

This thesis is based on five peer-reviewed research studies/articles (study I-V) and one submitted study (study VI). Table 7 presents the aims, methods and research material used in the studies.

Table 7. Study design and methods.

<table>
<thead>
<tr>
<th>Study</th>
<th>Aim</th>
<th>General method</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>To explore the possibilities and limitations of using a narrative strategy within a multidimensional perspective in understanding substance use-related dependency (on alcohol and drugs).</td>
<td>Thematic analysis or research study as an entry into an “academic conversation” (Bozalek &amp; Bak, 2011: 122) focusing on a presentation of a multidimensional model for narrative analysis of substance use-related dependency.</td>
<td>Mainly original qualitative or narrative data* from my supervisors and existing sources, such as scholarly published articles and books including the analysis of two transcribed case histories (Manuel et al. 2011: 150; Patton, 2002).</td>
</tr>
<tr>
<td>II</td>
<td>To develop an in-depth understanding of the use/misuse of alcohol and drugs based on a self-theoretical perspective emphasizing the need to understand self, mind and consciousness in the analysis of substance use-related dependency.</td>
<td>Thematic analysis or research study as an entry into an “academic conversation” (Bozalek &amp; Bak, 2011: 122) focusing on a self-theoretical perspective on the use/misuse of alcohol and drugs based on qualitative and narrative case histories.</td>
<td>Mainly original qualitative or narrative data* from my supervisors and existing sources, such as scholarly published articles and books including the analysis of illustrative in-depth descriptions of narrative case histories (Manuel et al. 2011: 150; Patton, 2002).</td>
</tr>
<tr>
<td>III</td>
<td>To (1) elucidate relevant theoretical perspectives of analyses of the therapeutic relationship in dependency treatment, and (2) to consider the interconnections between treatment perspectives, the therapeutic alliance and narratives regarding substance use-related dependency.</td>
<td>Thematic analysis or research study as an entry into an “academic conversation” (Bozalek &amp; Bak, 2011: 122) focusing on theoretical meaningful perspectives on the therapeutic relationship.</td>
<td>Mainly original qualitative or narrative data* from my supervisors and existing sources, such as scholarly published articles and books (Manuel et al. 2011: 150; Patton, 2002).</td>
</tr>
<tr>
<td>IV</td>
<td>To analyze clients’ perspectives on their use of alcohol and drugs and on the process of treatment of substance use-related de-</td>
<td>Thematic analysis or research study as an entry into an “academic conversation” (Bozalek &amp; Bak, 2011: 122) focusing on</td>
<td>Mainly original qualitative or narrative data* from my supervisors and existing sources, such as scholarly pub-</td>
</tr>
</tbody>
</table>
V To analyze therapists’ narratives of the treatment process during work with substance use-related dependency. Original data based on three transcribed interviews that I conducted with professional therapists working within a dependency unit in Stockholm (Dependency Center, Stockholm) including two narratively based case histories on dependency treatment (Kvale & Brinkman, 2009; Patton, 2002).

VI To describe and analyze points of view of different actors - therapists, clients and co-dependent persons - on the therapeutic process and the therapeutic relationship in substance use-related dependency treatment. Original data from transcribed qualitative or narrative interviews that I conducted with six therapists, 10 clients and four co-dependent persons working within a dependency unit in a middle-sized town in Sweden (see Kvale & Brinkman, 2009).

* The use of original data from my supervisors (Larsson, 1992; Larsson et al. 2001a-b, Larsson et al. 2013e) in studies I-IV was a source for developing knowledge about the use or misuse of alcohol and drugs and for analyzing the therapeutic process in treatment for substance use-related dependency. The use of the original data in studies I-IV was based on qualitative in-depth descriptions mainly collected by my supervisor (SL) and was also discussed with my supervisors. The analysis of these kinds of original data was conducted in two steps: (1) The first by my supervisor (SL), and (2) the second by myself, where the data were re-analyzed in a new way related to the contextual frame of my thesis.

The actor-spectator paradox as a methodological challenge
Qualitative research is important for understanding the therapeutic process, including the effectiveness of therapy from the clients’ perspective. The clients’ perspective is particularly important in psychotherapy research given
the lack of agreement between clients, therapists and research judges (Hill, 2009: 76; Hill & Lambert, 2004). The divergent perspectives between clients and therapists have been pointed out in the thesis and have been analyzed using the actor-spectator paradox perspective.

According to the actor-spectator paradox there is a tendency for actors (or clients) to attribute the causality of their actions to situational factors whereas spectators (or therapists) tend to attribute the causality of the same actions to stable personality dispositions of the actor (Harris & Harvey, 1981: 79; Jones & Nisbett, 1972:80; Lilja, Larsson & Hamilton, 1996:42; Lilja, Larsson & Hamilton, 1997; Norcross & Lambert, 2011, van der Plight, 1981:97). See figure 7.

Figure 7. The actor-spectator paradox - The figure is inspired by Lilja, Larsson & Hamilton (1996). See also study VI.

The actor’s descriptions can be analyzed from a “meta-observer perspective” (i.e., the researcher’s meta-narrative construction, see McLeod, 1997, 2008). The “meta-observer’s perspective” can, for example, be based on a self-theoretical perspective incorporated within a multidimensional interactional model - which is the case in this thesis. The “observer perspective” or the researcher meta-narrative construction is important to develop because the actor may be unaware of vital aspects of her story, such as the submerged or hidden stories of earlier trauma (Chase, 1995; Josselson & Lieblich, 1995, 1999; Lilja, Larsson & Hamilton, 1997). The actor-spectator paradox is supported by empirical research studies, which reveal that critical differences between the client and the therapist can exist as regards their views of the therapeutic process or working alliance (see Emmelkamp & Vedel, 2006; Horvath et al. 2011; Norcross, 2011).
According to Cowle (2003) clients and counselors use different frames of reference when evaluating the alliance. Clients evaluate the alliance as a “personal relationship” whereas therapists more readily see the alliance as being a “professional relationship” (Meier, et al., 2006:78). This difference might also be a result of the therapist taking a theoretical stance when assessing the alliance while the client experiences it as an emotional encounter (see Lilja, Larsson & Hamilton, 1997; Stevens 1996). The importance of the actor-spectator paradox is especially relevant for understanding evidence-based therapy relationships. The therapist needs to be aware of the fact that this paradox can take many forms. According to Horvath et al. (2011) therapists need to be aware of the client’s perspective on the alliance throughout the treatment process since therapists and clients often judge the quality of the alliance differently (p. 56).

Safran et al. (2011:235) point out the importance of the patients being given the opportunity to express negative feelings about the treatment process because the patient’s perspective might differ from the therapist’s on what is going on in the therapeutic treatment process. The actor-spectator paradox is important in the understanding of the client’s point of view of drug use/misuse (since they may differ from an observer’s perspective) as well as the treatment of addiction where therapists’ and clients’ experiences may indicate divergent perspectives (see Emmelkamp & Vedel, 2006). Narrative methods are especially relevant for understanding the actor’s point of view (Lieblich, et al. 1998), which is important in understanding use/misuse of alcohol and drugs (Heyman 2009) including the therapeutic relationship (Norcross et al. 2009a; Norcross 2011) in substance use-related dependency treatment (Emmelkamp & Vedel, 2006; Jung, 2010).

The methodological challenge: As mentioned earlier, the thesis is influenced by phenomenology’s emphasis on understanding lived experience and perceptions of experience (Patton, 2002: 115) and makes use of interviewed persons’ accounts that generate “thick descriptions” (Patton, 2002) based on narrative data. These narrative accounts are interpreted by meaning interpretation (Kvale & Brinkman, 2009) using a self-theoretical approach (Rowan & Cooper, 1999; Thomas, 1996) and a multidimensional interactional perspective (Hutchison, 2008; Sussman & Ames, 2001; Parrish, 2010). The thesis adopts a dialectical approach (Kvale & Brinkman, 2009: 52), trying to find out the contradictions in how the user/misuser of alcohol and drugs experiences the drug-related self in comparison to the sober self. The differ-
ences and dialectical contractions in viewpoints between the actor (the client) and the spectator (the therapist) within different phases of the therapeutic process are also discussed. The divergent perspectives between the therapist and the client are important aspects of the therapeutic process in general (Horvath, et al. 2011: 56) and in substance use-related dependency treatment in particular (see Emmelkamp & Vedel, 2006: 188-191). The actor-spectator paradox is a real methodological challenge since it describes a tendency of actors to attribute causality for their actions to situational factors whereas observers are inclined to attribute the causality of these same actions to stable personality dispositions possessed by the actor (Harris & Harvey, 1981:79; Jones & Nisbett, 1972:80; Lilja et al., 1996:42, 1997). The tendency of actors and observers to have diverging perspectives may, however, be a result of using different background data to evaluate the meaning of the action (Harris & Harvey, 1981:79; Jones & Nisbett, 1972). The actor-spectator paradox and the consideration of divergent perspectives are also related to the question of power or power inequality between, for example, a therapist and a client. Foucault has in different ways pointed out the importance of considering different aspects of power in analyzing relationships (Dreyfus & Rabinow, 1983; Foucault, 1983).

**Qualitative research and the actor-spectator paradox:** Empathy is an important aspect of the therapeutic relationship (Burns & Auerbach, 1996; Elliot et al. 2011; Norcross, 2011). The research literature reveals that there was no significant agreement among patients, therapists or clinical supervisors when they used the same empathy scale to rate the therapist’s empathy for a specific therapeutic session. The research results reveal that only the patient’s ratings on the empathy scale correlated significantly with the outcome measures of therapy (Burns & Auerbach, 1996: 137). An important conclusion from these kinds of results is that it is not enough that the therapists consider themselves as empathic. In order for empathy to be effective in psychotherapy it must be perceived and felt by the patient (Burns & Auerbach, 1996:137). These different viewpoints are examples of the importance of being aware of the actor-spectator paradox in psychotherapy (von Braun, et al. 2013, a, b). One needs to ask the therapist, the client and co-dependent relatives about how they describe the therapeutic process. An important advantage of qualitative research is that it is discovery-oriented and researchers can find unexpected results and learn from the nature of the clients’ experiences. This is important when studying complicated phenomena, such as psychotherapy or treatment processes of substance use-related dependency.
Qualitative research methods, especially narrative methods, allow the clients to tell their story of treatment without the constraints that we often impose on them by using quantitative methods. However, a disadvantage of qualitative research methods or narrative methods is that it is difficult to combine results across studies (Hill, 2009: 78). The most favorable methodological argument for using a qualitative strategy is its ability to produce detailed validity or thick descriptions, that is, it develops an empirically sound database, especially capturing the actors’ (or clients’) point of view (Marsh et al. 1978; Patton, 2002). However, the detailed account in qualitative or narrative research cannot, as mentioned earlier, tell us about the typicality of the cases studied (Marsh et al. 1978).

Theoretical, methodological and epistemological issues in the studies

The general theoretical, methodological and epistemological positions for the studies included in the thesis are described in Table 8.

Table 8. The methodological, theoretical and epistemological considerations discussed in the thesis.

<table>
<thead>
<tr>
<th>Study number</th>
<th>Methodology</th>
<th>Theoretical analysis</th>
<th>Meta-theory, epistemology or theoretical traditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Study I</strong></td>
<td>A narrative method combined with a case study design of two cases (Elliott, 2005; Patton, 2002).</td>
<td>Multidimensional analysis based on an interactional psychology perspective.</td>
<td>Influenced by phenomenology’s emphasis on understanding lived experience (Kvale et al., 2009; Patton, 2002).</td>
</tr>
<tr>
<td><strong>Study II</strong></td>
<td>A qualitative design and a narrative method including a case study design (Patton, 2002).</td>
<td>A self-theoretical approach integrated within a multidimensional model based on interactional psychology.</td>
<td>Influenced by phenomenology’s emphasis on understanding lived experience (Kvale et al., 2009; Patton, 2002).</td>
</tr>
<tr>
<td><strong>Study III</strong></td>
<td>A theoretical design using a thematic analysis of the literature (Pope et al. 2007).</td>
<td>Psychological and sociological approaches using narratives and theoretical considerations of the therapeutic relationship.</td>
<td>Using a narrative epistemological position for getting knowledge of the mind or self-system. A theoretical discussion of perspectives on the therapeutic relationship, alliance and the therapeutic process in dependency treatment based on a narrative methodological tradition</td>
</tr>
</tbody>
</table>
An orientational approach - the need for theory: The psychotherapeutic treatment research literature is based on many empirical studies (Norcross et al. 2009a; Norcross, 2011; Wampold, 2001) and points out the importance of the therapeutic relationship and working alliance for achieving a positive therapeutic outcome. However, there is a need for a more detailed theoretical understanding of the psychological and/or social psychological processes that describe and explain how a positive therapeutic relationship grounded in
empathy, warmth, and mutual respect between the therapist and the client can contribute to a positive therapeutic outcome (Norcross et al. 2009a; Norcross 2011). Psychological and sociological theories point out the necessity of acknowledging the complex development of the self or identity constructions of the individual (Rowan & Cooper, 1999; Stevens, 1996). The understanding of the self must be related to the social world. The importance of understanding the person-by-situation interaction processes have been emphasized by many authors in the literature in order to understand the mind and social processes involved in human interaction (Hutchison, 2008; Jung, 2010; Magnusson & Allen, 1983; Parrish, 2010). *Theoretical insights about the mind* and the interaction between individuals in different social situations are relevant to apply to the analysis of the therapeutic relationship in substance use-related dependency treatment since the therapeutic process is a social psychological event that needs psychological and social theorizing (see Jung, 2010; Sussman & Ames, 2001; West, 2006).

**Psychological reasoning and its methodological implications:** Cognitive psychology gives many important understandings of the mind processes that are involved in developing and maintaining use/misuse of alcohol and drugs (Liese & Franz, 1996; Salkovskis, 1996). Self-theoretical psychology provides important knowledge about the understanding of the self of the individual and his/her mind processes and this knowledge is important when analyzing the use/misuse of alcohol and drugs (Etherington, 2010; Tart, 1986). However, cognitive psychology (Stevens, 1996), transpersonal psychology (Valle, 1989; Wittine, 1989), attachment theory (Bowlby, 1988; Seden, 2005) and psychodynamic theory (Thomas, 1996) contribute many different insights into how the mind processes can be understood, that in turn, can be relevant when analyzing alcohol and drug use/misuse and its treatment. Attachment theory (Bowlby, 1988; Seden, 2005) and social psychology perspectives (Berkowitz, 1978) including interactional psychology (Magnusson & Allen, 1983) give important knowledge on how to analyze the person-by-situation interaction and the meaning of close relationships. Attachment theory gives important understanding, not only, for the analysis of close relationships in general but also when considering the close therapeutic relationship between the therapist and the client in a treatment context (Broberg, et al., 2009; Wennerberg, 2012). These theoretical constructs are relevant when doing qualitative interviews in this thesis, because they highlight the need to focus on the clients’ and therapists’ cognitions, self-experiences, emotions, attachments and mind processes related to different
phases of therapy. This is in line with an orientational approach (Patton, 2002:129-133).

Therapy as a specific social situation
The therapeutic setting represents a specific kind of social psychological situation where the therapist and the client have certain roles and role expectations of one another. The goal of therapy processes is to facilitate change in clients and how they experience their life situation (Kvale & Brinkman, 2009). The therapeutic relationship requires, in my opinion, a psychological analysis of both what happens inside the mind of the client and how these mind processes are related to the social psychology processes that a therapeutic relationship offers. Self-psychology, attachment theory, psychodynamic and cognitive theory offers important insights into understanding the mind processes and how to analyze the influence that the social interaction between individuals can have for the development of the human mind (see Brandell, 2011; Leary, 2004; Parrish, 2010; Stevens, 1996). The social psychology and social theory represents influential knowledge on how to understand the multidimensional interaction between personal and social factors (Hutchison, 2008; Parrish, 2010; Tew, 2005; Tew et al. 2012), especially in the development of the use or misuse of alcohol and drugs (Barber, 1995; Emmelkamp & Vedel, 2006; Jung, 2010; Sussman & Ames, 2001).

Context of discovery, theorizing and experimentizing
An important aspect of successful theorizing is that it must be done in close reference to observational or empirical data (Marx, 1976; Popper, 1975; Swedberg, 2012). This thesis is grounded on a theoretical analysis of the meaning of therapeutic relationship in doing treatment of substance use-related dependency. The theoretical considerations concerning the meaning of the therapeutic relationship are related to a multidimensional analysis based on self-theory and narrative empirical data. The empirical content of the analysis is based on narrative or empirical descriptions in the literature and original data collected by the author (see studies V-VI).

According to the methodological position of the thesis it is necessary to generate a theoretical construction of what happens in the therapeutic relationship in the treatment of alcohol and drug use/misuse (“the context of discov-
Examples of the integration of different theoretical perspectives included in this thesis is a self-theoretical analysis integrated within a multidimensional model, or the use of narrative theory and attachment theory for understanding the specific attachment involved in substance use-related dependency treatment. This type of integration makes it possible, according to the reasoning in the thesis, to formulate a theoretical perspective on how to describe in more detail what is going on in a positive therapeutic relationship. One aspect of this thesis is that it can be considered as a hypothesis-generating work belonging to “the context of discovery” (Marx, 1976) where theoretically meaningful perspectives on the therapeutic processes and the client’s mind processes and behavior changes through therapy can be developed.

Theorizing is often described as the activity of development of theories (Marx, 1976: 261). When theorizing about the importance of the therapeutic relationship in therapy the research literature reveals that a self-theoretical perspective is relevant and meaningful. Safran & Muran (2003: 67-69) argue that the “multiple selves” perspective is relevant when analyzing the psychotherapeutic process. A similar self-theoretical argument is proposed in this thesis based on psychological and sociological theories on the self and integrated within a multidimensional analysis (Hutchison, 2008). The thesis contributes on a theoretical level with a specific synthesis of theories grounded in self-theory, cognitive science, attachment theory and multidimensional reasoning. The specific synthesis of theories can constitute a contribution in itself. The use of a self-theoretical perspective within a multidimensional model can be seen as a necessary step in order to be able to theorize about how to understand the detailed meaning of the therapeutic relationship in psychotherapy, especially in substance use-related dependency treatment. The specific use and combinations of self-theoretical concepts and perspectives within multidimensional reasoning should be considered as part of a “context of discovery” process (Marx, 1976: 266-267) and also as a part of an orientational qualitative inquiry (Patton, 2002: 129).

Just as “theorizing is basic to formal theory construction, so what might be called, analogously, experimentizing may be seen as basic to more formal experimentation” (Marx 1976: 265-266). The extensive use of narrative in-depth descriptions in the thesis can be seen as a way of informal experimentation, based on qualitative inquiry that tries to find out if the informants
experiences or viewpoints are in one way or another when it comes to describing use/misuse of psychoactive drugs (for example focusing on and analyzing the identity state with and without a specific drug). The use of a narrative approach is also important for understanding the meaning of the therapeutic process, especially in substance use-related dependency treatment and when using the presented theoretical concepts and perspectives. The use of narrative empirical data has similarities with Swedberg (2012) when he writes that theorizing can only be successful if it is done with close reference to observation, or that empirical data should drive the theorizing process with the aim of making a discovery (p. 7-8). Qualitative designs and data collection often use probes and follow-up questions. The use of clarification probes in this thesis focuses on clarification of different aspects of the meaning of the therapeutic relationship, for example, when interviewing therapists and clients (studies V-VI). A specific kind of clarification used in the thesis is the contrast probe (McCracken, 1988: 35 - Patton, 2002: 374). The purpose of a contrast probe is to give respondents something to push off against, for example, the researcher can ask: “How does x compare to y?” or “How does this experience, feeling, action, term, compare to some other experience, feeling, action, term?” (Patton, 2002:374). The use of clarification or contrast probes can be seen as a way of informal experimentation (Marx, 1976: 266). The use of contrast probing, for example, using a dialectic approach (Kvale & Brinkman, 2009) and by comparing the therapists’ and clients’ different points of view on the therapeutic relationship or therapeutic process is part of the research strategy.

Comments on methodological, theoretical and epistemological issues

There are many methods possible when studying psychotherapy processes, for example, case studies, qualitative and narrative research designs, change process research, effectiveness research, systematic reviews or meta-analysis, randomized control trials, mixed designs using thematic analysis, and realist or narrative synthesis (Norcross et al. 2009a: chapter 2; Pope et al. 2007: 96-106). The empirical data, for example, in studies V and VI, is based on original data collected through my in-depth interviews. In studies I-IV (see table 7) both original and existing data are used, mainly grounded in qualitative in-depth descriptions and narrative accounts. The thesis uses case analysis and a change process research design (Norcross et al. 2009a).
Some methodological advantages and limitations are summarized in Table 9.

**Table 9. Methodological strategies used in the thesis.**

<table>
<thead>
<tr>
<th>Method</th>
<th>Advantages</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Qualitative research</strong></td>
<td>Qualitative research can produce in-depth and rich descriptions of the phenomenon in focus that can result in detailed validity (Marsh et al. 1978; Patton, 2002). Qualitative research provides procedural evidence for judging the effectiveness of therapy (Hill, 2009: 75). We learn in a very experientially rich way about the inner experiences of participants going through therapy (Hill, 2009:75).</td>
<td>We can only hypothesize that the accounts from the studied individuals are typical (Marsh et al. 1978:20). Statistical generalization is often not easy to apply to qualitative interview studies. Due to the statistical presuppositions the findings of a sample such as volunteers for a specific treatment cannot easily be transferred to the population at large. However, naturalistic generalization is possible to apply in qualitative research where tacit knowledge can be transferred to explicit propositional knowledge (Kvale &amp; Brinkman, 2009: 262).</td>
</tr>
<tr>
<td><strong>Narrative research methods</strong></td>
<td>Through stories we can get insights into the clients’ and therapists’ points of view about the effectiveness of therapy based on their personal experiences (Hill, 2009: 75). Narratives provide us with access to people’s identity; we know and discover ourselves by the stories we tell (Lieblich et al. 1998: 7). Since psychotherapy deals with identity constructions, the narrative research method is relevant in studying the therapy process (Lieblich, et al. 2004), especially in substance use-related dependency treatment (Denzin, 1987; Diamond, 2002; Singer, 1997).</td>
<td>The use of a narrative method produces a large amount of complex descriptions or accounts of rich storied data that might prove a great challenge to the researcher because it can be difficult to make sense of it all (Josselson, 1995:36; Larsson &amp; Sjöblom, 2010:278). On the other hand, what kind of science operates better with less data? (Josselson, 1995:36). Another problem relates to the difficulties of revealing hidden or even misleading parts of the story (see Atkinson &amp; Delamont, 2006; Boyle, 1994; Chase, 1995; Scott &amp; Lyman, 2006).</td>
</tr>
<tr>
<td><strong>Change process research</strong></td>
<td>Treatment development process research can help us understand the change processes responsible for outcome effects and the experience of therapy (Greenberg &amp; Watson, 2009).</td>
<td>Process research is often a second step after outcome research. We need to know if a treatment is effective before we can study the mechanisms or processes that make it effective (Hurst &amp; Nelson-Grey, 2009:109).</td>
</tr>
<tr>
<td><strong>Case studies</strong></td>
<td>Case studies can address the complexity and subtlety of psychotherapy (Stiles, 2009: 63).</td>
<td>Case studies also have disadvantages. Such objections relate to selective sampling or choice of cases, reliability questions, and investigator biases</td>
</tr>
</tbody>
</table>
Thematic analysis

It provides a means of organizing the findings from a large, diverse body of research (Pope et al. 2007:97).

Thematic analysis is associated with a lack of transparency (Pope et al. 2007:97).

Realist approach

Can accommodate an enormous diversity of evidence including qualitative and quantitative research findings in order to understand the “causal mechanisms” or theories of change that underlie a particular type of intervention (Pope et al. 2007:97-101).

There are relatively few research examples based on realist analysis, and the generalizability of this research remains to be tested (Pope et al. 2007:101).

Critical methodological comments on narrative research strategies

Critical comments on classification of narratives: Lieblich et al. (1998:12) present a model for classification of types of narrative analysis. This model comprises two main dimensions (a) holistic versus categorical approaches and (b) content versus form. The first dimension of this model relates to the unit of the analysis. It concerns whether the analysis focuses on specific parts as they are told, or on the narrative as a whole. The holistic approach focuses on the person's life story in its entirety. In working from a categorical perspective the original story is divided into parts - utterances are classified into categories as in traditional content analysis. The categorical approach may be more appropriate when, for example, the researcher is interested in a problem shared by a group of individuals. The holistic analysis may be preferable when trying to understand the person as a whole (Lieblich et al., 1998:12). The second dimension focuses on the difference between the content and form of a story. The researcher needs to choose whether s/he should concentrate on the explicit content of an account or on the structure of the plot - the sequencing of events, its place in time and its complexity (Lieblich et al., 1998:12-13). In this thesis I have combined the content and form aspects of the story. For example, in the analysis of substance use-related dependency problems it is often relevant to take into account what the drug user experiences when using drugs (content aspects) as well as the sequencing of events and the time periods when the drug is used (form aspects – see Larsson & Sjöblom, 2010:276). Both aspects are important to understand (Larsson, Sjöblom & Lilja, 2008; Lieblich et al., 1998). The different dimensions mentioned above (a-b) can be systematical-
ly combined as in this thesis (Lieblich et al., 1998:12-13), something supported by Crossley (2000), who presents similar comments.

**Comments on the levels of analyzing a narrative account:** There are challenges related to the descriptions and analysis of narrative accounts. The thesis addresses experiences, something that can be approached in many different ways (see Larsson & Sjöblom, 2010; Riessman, 2002):

- (1) The first level of description or representation concerns the telling of a narrative or a story, how the personal narration is performed. This can be conceptualized as a kind of first order narrative, meaning narratives that “individuals tell about themselves and their own experiences” (Elliott, 2005:12).

- (2) The next stage of representation is when one transforms the spoken language into a script. According to Kvale & Brinkman (2009) “A transcript is a translation from one narrative mode – oral discourse – into another narrative mode – written discourse” (p. 178). Researchers in the narrative field must ask themselves how detailed the transcription should be and how to arrange the text, issues which has implications for how the text will be understood (see Josselson & Lieblich 1995; 1999; Kvale & Brinkman 2009; Lieblich et al., 1998).

- (3) Yet another level of representation deals with the analysis of the narrative. There are further decisions to take about form and content and, also, about ordering, style of presentation and what to include and exclude. In the end, the narrative researcher constructs a meta-story – a kind of second order narrative representing the accounts we “construct as researchers to make sense of the social world and of other people’s experiences” (Elliott, 2005:13).

- (4) Moreover, the reader of the text will be able to make an individual critical and reflexive interpretation of the second order narrative or use what is called a third-order or ‘triple hermeneutics’ - a kind of meta-reflection (see further Alvesson & Sköldberg, 2010:174-176, 271-278). Each text is open to different reconstructions and interpretations (see Larsson & Sjöblom, 2010; Riessman, 2002:221-228).

When planning and doing narrative research, I consider it important to note that we are dealing with different types, levels and qualities of what is transparent and/or hidden, known, knowable, unknown, as well as unknowable,
ambiguous and clearer representations of expressed "tales" represented by text and a range of expressive art forms, interactions and interpretations. Narrative research is a process of investigating different phenomena that embrace paradox, multidimensional reasoning and dynamic descriptions and, therefore, cannot be defined in linear terms. Similar arguments have been mentioned in the literature (Josselson & Lieblich, 1999: xi; Larsson & Sjöblom, 2010; Larsson, Sjöblom & Lilja, 2008).

Comments on trustworthiness in qualitative research about therapy:
According to my understanding, different narrative or qualitative researchers seem to agree that validity is established by considering some of the following points that I also have considered in this thesis.

- (1) There needs to be rich data from narrative descriptions by the teller. According to Patton: “Thick, rich description provides the foundation for qualitative analysis and reporting” (Patton, 2002: 437). This is because validity, meaningfulness and insights into the qualitative inquiry are correlated with information richness and a thick case description rather than with sample size (Patton, 1990:185, 375, 430; Patton, 2002).
- (2) The interpretations of these narrative descriptions need to be comprehensive and very well grounded on the empirical narrative data collected (Kvale & Brinkman, 2009; Lieblich et al., 1998; McLeod, 2008).
- (3) Use of the triangulation strategies described above, especially emphasizing the triangulation of data sources since therapists and client’s descriptions and interpretations of the therapy process can diverge greatly (McLeod, 2008:95, 102).

The therapeutic social setting as a metacognitive space
The therapeutic setting represents a metacognitive space (Antaki & Lewis, 1986) where the clients’ thought processes and emotional states are consid-
ered from a kind of meta-perspective. The client’s narrative descriptions of his/her situation and problems represent the first order narratives. The first order narratives are defined as the stories that individuals tell about themselves and their own experiences. However, distinct from these first order narratives we have the second order narratives that are accounts we may construct as researchers (or therapists) to make sense of the social world and/or other peoples’ (the clients) experiences (Elliott, 2005:12-13). The second order narratives are in fact the researchers’ metacognitions or interpretations of the therapists’ and clients’ descriptions of the therapeutic relationships at the level of first order narrative (see Pope et al. 2007: 83-84). There are at least two paradoxes involved when analyzing the (the client’s) self-experience in a specific therapeutic relationship:

(1) The first paradox relates to the fact that the self is both an object of knowledge and, at the same time, the experienced center or the inner eye, the consciously experiencing subject (Frosh, 1991:2; Thomas, 1996: 311).

(2) The second paradox relates to the fact that although I am “myself” and closer to “my own self” than anyone else can be, this very close relationship toward myself prevents me from fully knowing myself (Thomas, 1996:311). The self is like an eye that cannot see itself (Deikman, 1982; Eccles, 1987a-d). According to Frosh (1991) a dialog with another person (for example a therapist) is a necessary prerequisite for “me” in order to know myself from the vantage point of another. If we include basic psychodynamic premises, including what has been described within cognitive empirical research, much of what is going on inside our minds is hidden, unconscious or subliminal, and therefore the vantage point of another becomes even more important (Salkovskis, 1996; Thomas, 1996:311). The therapeutic setting can be said to represent a way of “going outside the personal cognitive and emotional system” of the client by creating the metacognitive space that the therapeutic relationship represents in the production of second order narrative about the reported experiences of the client.

The need for developing a metacognitive space: In this thesis it is argued that it is relevant to refer to the mathematician Kurt Gödel, who pointed out that there is no proof of a formal (mathematical) system that is rich enough to include arithmetics (that is in practice every interesting system) that cannot, at the same time, be both non-contradictive and complete (Hofstadter, 1979; Rucker, 1984). Gödel’s theorem represents a way of getting a formal
system “to speak” about itself by “going outside the system”. Gödel’s proof or incompleteness theorem proved that in all complex formal systems there are propositions that are true but that cannot be proved within the systems (see further Hofstadter, 1979; Nagel & Newman, 1958; Rucker, 1984).

My argument is that an important aspect of the human mind is its capacity to reflect meta-cognitively about itself and thereby get to know itself (Antaki & Lewis, 1986; Fisher & Wells, 2009). The therapeutic setting and the therapeutic relationship can, according to the thesis, be said to represent a way of “going outside the client’s ordinary cognitive and emotional system”. The client is faced with a problematic situation that cannot be solved within the client’s own mind system. Therefore, there is a need to create a metacognitive space within the therapeutic setting and the therapeutic relationship in which the client and the therapist as a team can “go outside the client’s mind system” and try to solve the client’s problems. Similar strategies are described in what has been called “Metacognitive therapy” (Fisher & Wells, 2009). It has also been described that cognitive therapies lead to changes in the clients’ inner dialog (Lundh, 1998: 112). A good and close therapeutic relationship and the therapist metacognitive or second order narrative analysis in dialog with the client can be internalized within the client’s mind and function there as a meta-mind system helping the client to cope better with his/her problems (Lundh, 1998: 75-77; Safran & Muran, 2003:16; Smith Benjamin & Critchfield, 2010:136). There is empirical support for the importance of the metacognitive space or increased self-awareness. According to Jung (2010), self-awareness refers to the extent to which individuals are meta-cognitively aware of their own behavior, cognitions and feelings. This has been found to lessen the harmful influence of a social family history of alcoholism on drinking. The trait of self-awareness has been found to be an important moderator variable of the effect of a family history of alcoholism (Jung, 2010:48; Rogosch et al. 1990).

Summary

The chapter discusses relevant methodological, theoretical and epistemological issues applied in this thesis. The methodological designs in the different studies included in the thesis are also discussed. The chapter includes a discussion on methodological, epistemological and theoretical challenges, including the meaning of the actor-spectator paradox.
Results: Summary of papers

Selection of papers: Summarizing the articles and study results
This selection of papers in the thesis represents a comprehensive examination of the meaning of the therapeutic process and the therapeutic relationship in substance use-related dependency treatment. The thesis develops a self-theoretical analysis integrated within a multidimensional interactional model for the understanding of use or misuse of alcohol and drugs and the associated treatment processes. The thesis contains six studies (studies I-VI), which are described below.

Study I
A multidimensional model for narrative analysis of substance use-related dependency
Authors: Sam Larsson, Therese von Braun and John Lilja

The aim of the study
The aim of the article was to explore the possibilities and limitations of using a narrative strategy within a multidimensional perspective in order to reach a sophisticated understanding about dependency on alcohol and drugs.

The content of the study
The article examines how the use of a multidimensional perspective can give us a detailed and complex holistic understanding which can be important in identifying multifaceted problems such as different health issues and substance use-related dependency problems (Barber, 1995; Hutchison 2008; Parrish, 2010). A specific theoretical multidimensional reasoning, inspired by Magnusson et al.’s (1983) interactional model, was developed and applied by the authors to the understanding of dependency on psychotropic drugs. The multidimensional model was examined and illustrated by narra-
tive case illustrations. This article introduced the possibilities and limitations of using a narrative method as a framework within a multidimensional model for exploring and analyzing the use and misuse of alcohol and drugs. It was posited that a multidimensional model, based on narrative reasoning, can give a detailed and specific understanding of substance users, who represent a heterogeneous population of people, and of substance use-related dependency problems. Such a multidimensional model describes and analyzes the drug use-related problems in a manner that provides holistic and important information and knowledge about the person by means of contextual and situation interaction processes which are involved in the use or misuse of alcohol and drugs.

**The results of the study**
The article details some important results that follow from conducting a multidimensional interactional analysis.

1. The article reveals how different psychological perspectives can be relevant in order to analyze the personal side of the interaction and how different social perspectives in the same way can be important in the analysis of the situational side of the interaction.
2. A central point is that the behavior of individuals is not determined by either personal or situational variables in isolation but instead by person and situation interactions.
3. A multidimensional interactional analysis of illustrative empirical cases revealed the importance of systematically focus on the personal side and the situational side. The analysis of the empirical cases revealed for example that a psychotropic tranquilizing drug could affect the mediating system on the personal side. It seems to transform the individual’s identity state and as a consequence the person’s cognitions, emotions and behavior change compared to when not on drugs. But evoking a second self-consciousness can be risky since it can lead to dependency. On the situational side, the drug user can possess more self-confidence and perceive the social situation differently when on drugs. It could also be the case that the person can cope with a problematic or traumatic social situation by the use of psychotropic drugs, as a kind of self-medication.

**The tentative conclusions of the study**
There are several conclusions that can be drawn based on this article:

1. The article concludes that a multidimensional interactional model in which the basic unit of analysis is the person and situation interaction can be
fruitfully applied in understanding use or misuse of alcohol and drugs. The interactional model points out the importance of the continuously ongoing, dynamic, multidimensional, bi-directional interaction between the individual and his/her environment. The behavior of individuals is not determined by either personal or situational variables in isolation but instead by person and situation interactions.

(2) We need more empirical research which tests the multidimensional model proposed in order to investigate certain parameters, e.g., sample differences in terms of social backgrounds, classes and ethnic backgrounds.

Study II

A self-theoretical perspective on the use/misuse of alcohol and drugs based on qualitative and narrative data
Authors: Sam Larsson, Therese von Braun, John Lilja, Yvonne Sjöblom and David Hamilton

The aim of the study
The general aim of this article was to develop an in-depth understanding of the use and misuse of alcohol and drugs or substance use-related dependency problems based on an analysis of the self, including the conceptualization of identity states of drug users when using alcohol and drugs. The article was intended to investigate how a self-theoretical perspective can contribute to achieving an in-depth analysis of substance use-related dependency on alcohol and drugs. The analysis of the self was intended to be empirically validated by qualitative in-depth interviews and narrative descriptions based on a thematic analysis of the drug user and his/her drug-induced alternate state of consciousness and identity state when using and not using alcohol and drugs. The description of the aims was related to clarification of theory, methodological considerations, identity and social context and unresolved critical issues concerning the theoretical analysis and treatment implications.

The content of the study
This article discussed different self-theoretical perspectives of the self that are important in the analysis of the use and misuse of alcohol and psychoactive drugs. The self-theories considered included for example, cognitive, psychodynamic, transpersonal and social constructivist perspectives. An integrated multidimensional view of the self, focusing on the connection
between identity structures and understanding the use/misuse of alcohol and psychoactive drugs was presented. The relationship between self-models and the social and cultural context was extensively discussed. The self-theoretical analysis was illustrated by narrative empirical data or case illustrations on drug use.

The results of the study
The results reveal that a self-theoretical perspective can contribute to the analysis on how to understand the development of drug-taking behavior. Early life experiences, difficult family background, or social or economic problems can be important in the development of a negative self-system related to the sense of self or the development of a drug-related identity structure. Individuals addicted to drugs are often dependent on their mood-altering powers. Addiction is related to the self or mind processes, not the drug in itself; the drug is a way of producing the mood states desired. Empirical case illustrations on drug use described in the article revealed that the dependency on psychoactive drugs could be related to the experience of an identity change when using the psychotropic drug. Another part of the person takes charge and dominates the self-system and gives voice to what to do and not to do. Once the drug user identity is developed and stored in the memory of the mind it can become a second self-system or sub-identity with an internal voice in the mind system of the individual. Several case illustrations presented in the article supported self-theoretical reasoning. However, the self-theoretical analysis needs to be tested against larger samples.

The tentative conclusions of the study
There are several conclusions that can be drawn from the article:
(1) A self-theoretical perspective can be important in analyzing use or misuse of alcohol and drugs. The analysis of the experiences of the self, for example, with and without the drug, within a self-theoretical perspective reveals that, for many individuals, behind the use or misuse of drugs there exists an intense longing to experience an alternate state of consciousness and identity. The desire for a drug-induced identity state can be the result of many personal and social factors, including the need to escape earlier psychosocial traumas and life crises, anxiety, depression, loneliness, boredom, as well as a range of human existential issues and contexts (see Andersson, 1998 a, b; Denzin, 1987; Larsson et al., 2001 a, b; Singer 1997; Sussman & Ames, 2001).
Narrative analysis can be a fruitful approach to use in order to reach a detailed phenomenological narrative self-description of the actor’s point of view and the experiences of using or misusing a drug. A narrative strategy makes it possible to reach a detailed awareness of the deeper meaning and motivations behind the use or misuse of drugs from the user’s point of view, something that has been extensively discussed in the literature (Andersson, 1998, a, b; Cameron, 1995; Denzin, 1987; Jung, 2010; Larsson, Sjöblom & Lilja, 2008; Lilja & Larsson, 2003; Lilja, Larsson, Wilhelmsen & Hamilton, 2003; Singer, 1997; Sussman & Ames, 2001).

Study III

Perspectives on treatment, alliance and narratives concerning substance use-related dependency

Authors: Therese von Braun, Sam Larsson and Yvonne Sjöblom

The aim of the study

The aims of the article were to elucidate relevant theoretical perspectives of analyses of the therapeutic relationship and the therapeutic alliance in the treatment of dependency and to consider the significance of interconnections between treatment perspectives, the therapeutic alliance, and narratives regarding substance use-related dependency.

The content of the study

The article discussed different psychological and sociological perspectives of self, mind and substance use-related dependency, including its treatment, focusing on the importance of a therapeutic relationship, the therapeutic alliance, counseling and the use of narrative methods. Several psychological and sociological perspectives on the self, mind and identity were presented and critically discussed and related to narratives of recovery. A major theme in the article was that the therapeutic relationship between the therapist and the client is crucial for a positive outcome of treatment, and that narrative methods secure a detailed empirical database for analyses of substance use-related dependency. The article also discussed some unresolved critical issues concerning the possibilities and limitations of gaining necessary knowledge about substance use-related dependency and its treatment when using narrative research methods.
The results of the study
The article gives relevant theoretical perspectives on the therapeutic relationship and the therapeutic alliance in the treatment of dependency. The therapeutic relationship is internalized into the mind of the client, thereby strengthening the clients’ self-system. The internalized alliance between the therapist and the client and “the outer voice” of the therapist may sooner or later become an “inner voice” within the mind of the client, assisting her to handle the second self, the alcoholic self and the drug self, constructed by the aid of psychoactive drugs. To establish a working alliance is central in both psychotherapy and counseling. The alliance can be viewed as a tool for developing alternative mind solutions to the clients’ problems. Giving the client the opportunity of telling a narrative story about dependency (and paying attention, listening to and hearing the story) is a prerequisite for a detailed understanding of the client’s situation, and is pivotal to forming the therapeutic alliance. This is in line with the discussions in the literature (see Denzin, 1987; Singer, 1997; Jung, 2010).

The tentative conclusions of the study
There are several conclusions that can be drawn from this article:
(1) Narrative methods provide important knowledge of the subjective dimensions of using alcohol and drugs. Similar conclusions have been emphasized in the literature (Heyman, 2009; Jung, 2010; Larsson et al., 2008; Larsson & Sjöblom, 2010).
(2) The development of an adequate therapeutic working alliance is potentially an essential precondition for a positive outcome when working in therapy with clients dependent on alcohol and drugs.
(3) The therapeutic alliance can be viewed as a specific aspect of the professional social relationship between the client and the therapist. It is essential that the alliance is a satisfactory, change-enabling one which may even, similar to the relationship with a significant other, become internalized within the mind of the client as “an internal voice” and help the client to cope with the actual dependency problems. This has been discussed in similar ways within the treatment literature about drug-using clients (see Jung, 2010).
Study IV

Narratives of clients’ experiences of drug use and treatment of substance use-related dependency

Authors: Therese von Braun, Sam Larsson & Yvonne Sjöblom

The aim of the study
The aim of this article was to analyze the clients’ perspectives on their use of alcohol and drugs and on the process of treatment of substance use-related dependency. The article described narrative accounts from a developmental perspective relating to clients’ stories of starting and ending drug use, and how they experienced the different phases of the therapy. It also discussed client narratives, the therapeutic alliance, dependency and their interconnections.

The content of the study
The article focused on a discussion of concepts such as the therapeutic relationship, alliance, the concept of narrative, the self, dependency on psychoactive drugs and mind processes related to different phases of living with drugs and trying to stop using drugs, including the phase of psychotherapeutic substance use-related dependency treatment. The article gave an in-depth analysis of narratives of clients’ experiences of use or misuse of alcohol and drugs and included detailed comments on the therapeutic process during treatment for dependency on psychoactive drugs. The article also discussed the role of narratives as a research perspective, trying to build knowledge on clients’ experiences of the use or misuse of psychoactive drugs and treatment. Insight into the treatment processes of dependency, based on narrative case illustrations, was also highlighted.

The results of the study
An important result of the study was related to the development of central concepts such as the therapeutic relationship, alliance, and the concepts of narrative. The interconnections between the self, narratives and substance use-related dependency and its treatment were discussed on a theoretical level but the theoretical understanding was also related to the empirical world of client cases from the existing literature. The results from an illustrative client case discussed at some length in the article revealed that when the client had no insight about his inner self-system “something inside him just took him over”. But, through therapeutic work and with the aid of the thera-
The therapeutic relationship and working alliance the client could learn more about his inner self-system and his different selves and also how to cope with different sub-identities within, which in turn helped him to cope better with the problems of addiction. The self-theoretical analysis seems to be important for the client in order to handle the misuse of alcohol.

The tentative conclusions of the study
There are several conclusions that can be drawn based on this article:
(1) The working alliance or the professional relationship between the therapist and the client, appears to be of great importance.
(2) Use of narrative methods can be a good strategy to acquire detailed information about the inner world of the client or what is on his/her mind. Counseling principles, focusing on empathic listening, warmth, and mutual respect, can enable the client to tell a more complete story of his/her life narrative or what is on his/her mind, covering the problems, the traumas and other negative experiences stored in the memory system, all of which have been discussed in the literature (see Denzin, 1987; Skinhoj et al., 2001; Schachter, 1978).
(3) The client and the therapist might have different perspectives and explanations of how to understand dependency-related problems and their development. These differences need to be considered in order to reach a more complex understanding of substance use-related dependency and to find a way to develop a good therapeutic relationship between the client and the therapist, which might help the client end the use of alcohol and drugs.
(4) The therapeutic alliance might help the client internalize the therapist as an internal object and also internalize the professional communication between the therapist and the client. These internalized voices can help the client deal with dependency on psychoactive drugs.

Study V
Therapists’ narratives of therapeutic relationships in the treatment of drug-dependent patients
Author: Therese von Braun

The aim of the study
The aim of this article was to analyze therapists’ narratives of their treatment process during work with substance use-related dependency. Since the ther-
apeutic relationship, and the therapeutic alliance in particular, is of great importance in influencing the outcome of therapy (see Safran & Muran, 2003; Wampold, 2001) that is part of substance use-related dependency treatment (Jung, 2010), it is valuable to focus on therapeutic relationships and therapists’ viewpoints. This article was intended to describe and analyze the narratives of therapists working with patients diagnosed as manifesting substance use-related dependency of different kinds. The narratives focused on therapeutic relationships and the therapeutic alliance established between the therapist and the client, in cases where the outcome of the therapy was positive. The article was also intended to examine how the therapeutic alliance can be regarded as a tool when working in-depth with substance use-related dependency problems.

The content of the study
The article explored and analyzed therapists’ narratives, using selected narrative in-depth descriptions of client work, their strategies for achieving a positive therapeutic relationship and a therapeutic alliance with their clients as a critical dimension enabling effective treatment with patients manifesting dependency problems. Although the therapists applied different treatment and dependency theories and methods they all emphasized the importance of the therapeutic alliance in order to be successful in the treatment process. The content of the article detailed the understanding of the therapeutic relationship and the working alliance in substance use-related dependency treatment processes.

The results of the study
Important results of the study were related to a description and analysis of the different phases of the therapeutic process based on the therapist’s point of view. The study led to insights about different therapeutic strategies that the therapists employed in their therapeutic work with their clients such as building a therapeutic relationship, working alliance, attachment; psychotherapy can be considered as an important part of an attachment process between the therapist and the client. In order to be able to “work through” different problems the creation of a special bond with the therapist seems to be important, and a good attachment can help the client to narrate a more coherent or complete life history including how the use/misuse of psychoactive drugs fit into their life-narrative.
The tentative conclusions of the study
There are several conclusions that can be drawn based on this article:
(1) The treatment process related to the use/misuse of alcohol and drugs is very complex. The article highlights the necessity of undertaking a multidimensional analysis focusing on the complex interplay between many intrapersonal and interpersonal factors.
(2) There is a need to further examine the interaction process between the therapist and the client within the therapeutic context, and a need to consider and develop self-theoretical perspectives and knowledge of the therapeutic alliance. All of this is in line with many other researchers in the field of treatment (see Muran & Barber, 2010; Safran & Muran, 2003; Safran, 2012; Singer, 1997).
(3) Considerable further research is required before we can even begin to comprehend the complex, dynamic and multidimensional processes involved in the treatment processes of substance use-related dependency. Study VI takes a step in that direction.

Study VI
Theorizing therapists’, clients’ and co-dependent relatives’ narratives of the therapeutic processes in substance use-related dependency treatment
Authors: Therese von Braun and Sam Larsson

The aim of the study
This study was intended to focus on therapists’, clients’ and co-dependent relatives’ qualitative and narrative descriptions of how they experience the therapeutic process, and to highlight the importance of the therapeutic relationship applied to substance use-related dependency treatment.

The content of the study
The empirical study focuses on a qualitative in-depth analysis based mainly on qualitative and narrative data considering 10 clients and six therapists and four co-dependent relatives from a dependency treatment unit localized in a middle-sized town in Sweden. The group of clients that participated in the study had undergone treatment for alcohol and drug use/misuse or co-dependency with a positive outcome. The therapists included in the study were working at the same treatment center. The study gives a detailed pic-
ture of the experiential world of the clients and co-dependent relatives and their cognitive, emotional and behavioral changes associated with the treatment process and how they viewed the meaning of the therapeutic relationship in the treatment process. The content of the study also includes the therapists’ point of view of the treatment process, including what they consider to be the meaning of the therapeutic relationship and how they describe and analyze the treatment process related to “what worked” in therapy.

The results of the study
The results of the study revealed in-depth descriptions about “what works” in a therapeutic process according to therapists’, clients’, and co-dependent relatives’ points of view. Both therapists and clients described the importance of working with the experiences of different aspects of the self (the alcoholic self/drug self and the sober self-system and its cognitive, emotional and behavioral repertoires), the cognitive mind processes, especially self-efficacy, memorization processes (memories of earlier psychosocial problems), mentalization processes and the metacognitive reflective space as an important part of therapy. The clients’ self-realization or increased self-awareness was also an important part of therapy. The therapists emphasized psycho-education in the social treatment context related to knowledge of alcohol and drugs and insights about the treatment process. The clients emphasized the importance of the internalization of the therapeutic relationship in their minds, working there as an internal support system. The co-dependent relatives emphasized enabling processes, including the need for social support.

The tentative conclusions of the study
There are several conclusions that can be drawn from the results of this article. Firstly, the study emphasizes the need to consider the complexity and importance of the therapeutic relationship in a substance use-related dependency treatment process. An important conclusion of the study is that the treatment process is a dynamic phenomenon, where changes in the clients’ sense of self, cognitions, emotions and self-knowledge play a central role. Secondly, the descriptions and analysis of the therapeutic process, including the therapeutic relationship, need to consider that there can be divergent perspectives between therapists and clients concerning the interpretation of the therapeutic process. However, there are also important similarities between the clients’ and the therapists’ narrative accounts and interpretations.
of the therapeutic process and how it affects the client, for example, the importance of clients’ mentalization and self-realization processes including the importance of the clients finding their “true self” and coping with their inner struggle between “the drug self” and “the sober self-system”.

General comments on the empirical results in studies I-VI

The thesis contains analysis of empirical illustrations in all studies (studies I-VI). A common thread in all studies is that they give illustrative narrative descriptions and account analysis on the phenomenological world of use or misuse of psychoactive drugs including the treatment process of substance use-related dependency. All studies have in common that they reveal how the use or misuse of psychoactive drugs affects the sense of self, mind and consciousness and the necessity to consider both psychological and social dimensions in the treatment of addiction. Some of the studies deserve some further comments.

Study V: The empirical data in study V was based on in-depth interviews with three therapists working at the Center for Dependency Disorder in Stockholm. Their therapeutic work was based on different theoretical approaches such as psychodynamic, cognitive and humanistic-existentialistic perspectives. Methodologically speaking, the empirical data was generated by narrative account analysis (Elliott, 2005) where the therapists describe their therapeutic work with clients. The narrative strategy was combined with a change process research (Greenberg & Watson, 2009) including the use of a case study approach (Stiles, 2009) or qualitative narrative case studies (McLeod, 2008: 101). Study V revealed that psychotherapy could be viewed as a part of a subtle attachment process between the client and the therapist. In order to work through the problems the special bond between the therapist and the client was seen as important. The study emphasized that a close attachment to the therapist can help the client to narrate a coherent life history (see Wennerberg, 2012: 264-270) including how to understand the use or misuse of alcohol and drugs (see Jung, 2010: 47-48). The study pointed out that therapy needs to be done in an empathic manner so that the client can experience the therapist and the therapeutic relationship as a “safe base” from which it is possible to investigate the life history of the client. This is in line with how Bowlby (1994) expressed the notion that the relationship with the therapist can give the client a secure base from which the
client can explore different painful experiences in his/her life (Bowlby, 1994 – Wennerberg, 2012: 265).

The analysis of the therapeutic accounts suggests that one important phase of the therapy focused on the therapist helping the client to express thoughts and feelings and to find a way of creating a “new sense of self” (see Etherington, 2010; Wetherell & Maybin, 1996:246) that can be a counterpart to the addicted self-system. The therapist and the therapeutic work, thereby focuses on helping the client to create a new narrative storyline (see Kvale et al., 2009) or an alternative view of the self (see Payne, 2006:33) which can help the client to develop a more sustainable self-system that is possible to live with. These changes of the self-system seem to have important impacts for the clients’ health and wellbeing (see Beddoe & Maidment, 2014).

The conclusions from the two case histories included in study V revealed that for case 1 some important issues were that the mentalization or mental mirroring processes (see Antaki & Lewis, 1986) and the development of a reflective perspective were important in order to construct a more coherent and meaningful life history. The therapeutic process helped the client to construct a new narrative identity expressing a more positive sense of self. Case 2 in study V showed how the therapeutic alliance made it possible to “work through” a critical trauma in the client’s earlier life. This helped the client to break away from use or misuse of alcohol and drugs in a way that has similarities with earlier descriptions of trauma and identity issues in the research literature (see Hamlin, 1993; Larsson, 1992; Larsson et al., 2001 a, b; Skinhoj et al., 2001). The findings for cases 1 and 2 are in line with the research literature that describes how psychotherapy can make it possible for the clients to reconstruct their inner working models and construct a new narrative identity, a more coherent life history (see Bowlby, 1994; Safran 2012; Safran & Muran, 2003; Smith Benjamin & Critchfield, 2010; Wennerberg, 2012).

**Study VI: The empirical data in study VI** was based on in-depth interviews with six therapists working at a treatment Center for Dependency Disorder in a middle-sized town in Sweden. The empirical data also included qualitative and narrative data from 10 clients who had been in treatment for dependency on alcohol and drugs and four co-dependent relatives who had been in treatment for co-dependency. The empirical data was generated by narrative account analysis (Elliott, 2005; Josselson, 1995; Lieblich et al. 1998) or by
listening to stories about therapy in order to get knowledge about the interior of therapy (McLeod, 2008). The narrative strategy was combined with a change process research (Greenberg & Watson, 2009). The main findings in study VI are expressed and categorized into four dimensions (A-D) and 14 themes (1-14), which are presented in table 10.

**Table 10.** Categorization of dimensions and themes of relevance for structuring the empirical results in study VI.

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>The themes focused upon in the treatment of substance use-related dependency</th>
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<tbody>
<tr>
<td><strong>A. The personal side (P): Intrapersonal dimensions</strong> (Hennessey, 2011) and the mediating system (with cognitions, emotions and self-conceptions), biological subsystems and behavioral repertoires (see Magnusson &amp; Allen, 1983).</td>
<td>1. The experience of different aspects of the self (the alcoholic self/drug self and the sober self-system and its cognitive, emotional and behavioral repertoires); 2. The cognitive mind processes, especially self-efficacy; 3. Memorization processes and the implicit memory system; 4. The therapeutic relationship and therapist internalized into the mind of the client and their effects on the client’s mind;</td>
</tr>
<tr>
<td><strong>B. The situational side or the environment</strong> (S), the actual situation, the perceived or interpreted situation, the micro level of the environment (life in the family, at school, at work) and the macro-level of the environment (the general social and cultural structure).</td>
<td>5. The social situation of the alcohol and drug user/misuser, social support, work, economic situation including the therapeutic situation. The social psychological process preceding the internalization of the therapist and the therapeutic relationship in the mind of the client - the importance of the quality of the therapeutic relationship and the therapists’ pedagogical style; The internalization process as a function of the perception of the therapeutic situation; 6. Attachment processes and the therapeutic relationship; 7. The person and situation interaction process (the interaction between the intrapersonal and the interpersonal dimensions) and the clients’ and therapists’ interpretation of the actual situation - the perceived situation; 8. Psycho-education in the social context related to the treatment process; 9. Co-dependency or enabling processes including the social support or family system;</td>
</tr>
<tr>
<td><strong>The intrapersonal and interpersonal dimensions combined:</strong> A system view of the person-environment or social situation interaction (P x S) - the interpersonal dimensions. The interaction between P and S factors: The person (P), for example a client, is in a continuous interaction process with the environment or the social situation (S) including other individuals, for example, the therapist. Therefore, the interpersonal dimension consists of the interaction between the personal (P) and the situational (S) side.</td>
<td></td>
</tr>
</tbody>
</table>
own thought processes and social interpersonal metacognition or assumptions about the thoughts of the other - for example when using alcohol and drugs); 11. The client’s (or therapist’s) narration, telling a narrative or life history about himself/herself against a background of mentalization or metacognition and externalization of the clients problems (Payne, 2006); 12. Self-realization or increased self-awareness through metacognition; 13. Spiritual-existential dimensions of the treatment; D. The actor-spectator paradox considering divergent perspectives and the use of a dialectic approach in understanding the therapeutic process and its effects 14:1 The actor-spectator paradox applied to the interpersonal world and the divergent processes and perspectives of the actor (client) and the spectator (therapist) - (see Horvath et al. 2011); 14:2 The actor-spectator paradox applied to the clients’ intrapersonal world (the internal family systems model - Schwartz in Rowan & Cooper, 1999).

(A). The personal side and the intrapersonal dimensions 1. The experience of different aspects of the self: The thesis describes the clients’ struggle between different parts of themselves: The empirical data shows how one part, the sober self-system, seemed to be in conflict with another part of the self-system, the alcoholic self or the dependency self. This has been extensively described in different ways in the literature (see Denzin, 1987; Rowan & Cooper, 1999; Singer, 1993, 1997). The empirical analysis revealed how the treatment process helped the clients to dis-identify (Assagioli, 1991) from the demands of the alcoholic self and thereby helped them to break with or cope better with their substance use-related dependency problems. The self-narratives of clients and the therapists’ meta-narrative accounts on the clients’ self-experiences were important in order to understand the different identity constructions of clients’ experiences of the drug self or their sober self when going through the treatment process. This theme has also been discussed in the literature (see Denzin, 1987; Etherington, 2010; Larsson & Sjöblom, 2010: 275; Singer, 1997). The narrative empirical accounts indicated the importance of a self-theoretical approach in order to understand the alcoholic self-system or the drug user’s experiences while using compared to when not using a psychoactive drug and what happens
with the self-system when undergoing a treatment process for alcohol and drug dependency.

2. The cognitive mind processes and self-efficacy: The clients talked about their thoughts and expectations of the effects of using or misusing alcohol and drugs. Their narratives described how the treatment process in different ways strengthened their beliefs in themselves and their ability to change for the better in handling alcohol and drug-related problems (self-efficacy). A higher degree of self-efficacy seemed to be related to less alcohol consumption in the studied sample, which is in line with earlier research (Jung, 2010: 432). Self-efficacy is also described as essential to prevent relapse (Sussman & Ames, 2001: 126).

3. Memorization and the implicit memory system: The “drug self” contained many positive experiences of using alcohol and drugs that the clients described to be consciously or automatically (unconsciously) activated in different situations. The empirical findings of the thesis reveal that the cravings from “the alcoholic self” seem to be a voice stored in the memory system, something that has also been discussed in earlier research literature (Denzin, 1987: 37, 107; Sussman & Ames, 2001: 74).

4. The therapeutic relationship and therapist internalized into the mind of the client: The clients’ narrative accounts revealed that the therapeutic relationship (and the therapist as a person) became internalized within their mindset. The internalized therapist seems thereafter to act inside the mind of the client as a new kind of mindset or as a supporting self-system. Similar results have also been described in earlier research (Lundh & Smedler, 2012; Smith Benjamin & Critchfield, 2010: 136, 144).

(B). The situational side and interpersonal dimensions

5-6. The social psychological processes and attachment preceding the internalization of the therapist and the therapeutic relationship: The clients expressed the importance of the social psychological situation represented by the close attachment or therapeutic relationship with the therapist and the self-help group (the AA self-help group) as being a prerequisite for breaking the alcohol and drug-using habits. The therapeutic relationship developed into a secure base, which has been discussed in earlier research (see Wennerberg, 2012).
The person and situation interaction process or the interaction between the intrapersonal and the interpersonal: The clients and therapists’ narratives indicated the importance of a multidimensional view considering intrapersonal psychological factors, such as self-experiences with and without alcohol, cognitive beliefs and emotions related to use/misuse. However, interpersonal factors, such as the clients’ relationships to their therapist and self-help group, their relatives and partners, including how they experienced their situation at the workplace were also of relevance. The importance of this kind of holistic perspective has been emphasized in earlier research (see Amodeo & Lopez, 2011; Barber, 1995; Emmelkamp & Vedel, 2006; Jung, 2010; Parrish, 2010; Sussman & Ames, 2001).

Psycho-education in a social context related to the treatment process: The narratives of both therapists and clients revealed the importance of getting information or knowledge about alcohol and drug use or misuse. The therapists interviewed in study VI told the researchers that they held lectures on a regular basis for their clients in parallel to their therapeutic work and that this was viewed as a part of their treatment strategy. The aspect of psycho-education in substance use-related dependency treatment has been discussed in the research literature (see Emmelkamp & Vedel, 2006).

Co-dependency or enabling processes including the social support or family system: The interviews with co-dependent relatives indicated that it was important not “to help” the addicted person handle “difficult situations” related to alcohol and drug use because that seemed to make the drug user maintain his or her dependency. The problem of close relatives that enable their family members to continue drinking has been extensively described in the literature and is fairly well in line with the descriptions in study VI (see Emmelkamp & Vedel, 2006: 122-124).

(C). Metacognitive assumptions, mentalization and spiritual or existential dimensions

Mentalization and metacognition and telling a more complete life narrative: Many clients described how they got important theoretical perspectives from the therapy that helped them to reflect on their self-narrative based on a meta-perspective. They experienced this as gaining a kind of increased self-awareness of their life situation that helped them to better understand their life narrative and their use or misuse of alcohol and drugs.
The metacognitive processing helped the clients “to tell a more complete life story” without denying problematic or painful elements of the life story told. This theme has been discussed in earlier research on psychotherapy as important in order to reach a positive treatment outcome (see Jung, 2010: 48; Wennerberg, 2012: 264-272). The narratives of the clients expressed the importance of being able to tell and reflect on their story about use or misuse of alcohol or drugs and “to put the pieces together” in a meaningful way. This has been discussed in earlier literature (see Bateman & Fonagy, 2016; Denzin, 1987; Diamond, 2002; Dimaggio et al., 2016; Ness, Kvello, Borg, Semb & Davidson, 2017; Safran, 2012: 118; Singer, 1997).

12. Self-realization or increased self-awareness: The therapeutic process and the working alliance seemed to create a possibility for the clients to learn much more about themselves, who they are and who they want to become (the question of identity). The narrative data indicated that through metacognitive practices the clients became more aware of how automatic thoughts belonging to the alcoholic self could take conscious control over their mind system and make them use or misuse alcohol and drugs, although another part of themselves did not want to do that. This is in line with the research literature which has discussed the importance of knowing the divided self-structure that is common for alcohol and drug addicts (see Cameron, 1995; Denzin, 1987; Singer, 1997).

13. Spiritual dimensions of the treatment process: Many clients in study VI described the importance of acknowledging a higher power than themselves. They described how they got in contact with something more energetic and acquired a more powerful sense of self (their “authentic self”) than their limited “ordinary” sense of self. Similar descriptions including the need to consider spiritual dimensions related to substance use-related dependency treatment have been proposed by other researchers (see Grof, 1994; Jung, 2010: 366-69; Sussman & Ames, 2001: 115-119).

(D). The actor-spectator paradox or the divergent perspectives of clients and therapists in understanding the therapeutic process

14:1 The actor-spectator paradox applied to the interpersonal world and the divergent processes and perspectives of the actor (client) and the spectator (therapist): The divergent perspectives between therapists and clients have been described in psychotherapeutic research (see Horvath et al. 2011). The therapists’ and clients’ narratives in study VI indicate both simi-
larities and differences. One difference was that the therapists’ narrative accounts expressed a more holistic and theoretical perspective while the clients’ perspective seemed to be characterized by some kind of first order narrative (Elliott, 2005: 12-13) typical of stories that individuals tell about themselves and their own phenomenological experiences. The clients had a tendency to consider situational dimensions and relations to other people to a higher degree than the therapists. Clients often mentioned situational factors, such as problems at work or in social or family life when using alcohol and drugs, and said that this influenced them to seek treatment for their alcohol or drug problems. Clients also emphasized that situational factors, such as social support, unemployment or how they managed their working life could help or hinder them in staying sober. Even though therapists understood the influence of situational factors they were more focused on the clients’ personal dimensions, such as the clients’ will or motivation to stop use/misuse of alcohol and drugs or focusing on the clients’ cognitions, emotions, behavior and earlier trauma rather than on situational factors. Divergences in descriptions can be related to the actor-spectator paradox that captures the differences of the informants’ divergent descriptions related to their different role positions. The divergent descriptions have been described in the literature (see Horvath et al. 2011: 56; McLeod, 2008: 101-102).

14:2 The actor-spectator paradox applied to the clients’ intrapersonal world: The empirical data in the thesis reveals that there may not only be divergent perspectives between the client’s and the therapist’s point of view; there can also be divergent perspectives held within the client. Divergent perspectives can exist simultaneously in the inner psychic world of the client because the “drug self” and “the real sober self” often have different mindsets wanting different things in different situations, and these can be in a constant problematic “inner struggle” with each other. This is understandable from a self-theoretical perspective (see Denzin 1987; Rowan & Cooper, 1999; Singer, 1997). Similar thoughts have been described by other self-theoretical researchers who understand selfhood as a “series of selves” suggesting that the self has many voices, which in turn, can speak out with conflicting demands and inconsistent emotions at different times and places, especially in different relationships (see Thomas, 1996: 316). This theme has been extensively described in study VI.

Summarizing the results in studies V-VI: Processes of mentalization and metacognition are important in order to help the clients “work through” their
problems, according to the empirical findings in studies V and VI. These processes also increase the clients’ self-awareness about the actual life situation and of use or misuse of alcohol and drugs. The “working through process” in different phases of the therapy is related to helping the client experience and understand different aspects of the self-structure, the drug self and the sober self-system and the cognitive-emotional mind processes involved in drug use or misuse. Different structural phases of “the working through process” in therapy are listed in table 11.

Table 11. The structural phases of the therapeutic process in substance use-related dependency treatment

<table>
<thead>
<tr>
<th>Results of the change process research strategy related to phases of the therapeutic process</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The start of the therapy</strong></td>
</tr>
<tr>
<td>• There is a need to establish the therapeutic relationship and working alliance between the client and the therapist (see Norcross, 2011; Norcross et al. 2009a).</td>
</tr>
<tr>
<td>• The importance of empathy and listening to the client’s story and psychosocial needs and considering the actor-spectator paradox: The client’s voice in the early phase of therapy is very important to consider (see Horvath, et al. 2011).</td>
</tr>
<tr>
<td>• The external (interpersonal) as well as internal (intrapersonal) problems for the client need to be considered (see Emmelkamp &amp; Vedel, 2006).</td>
</tr>
<tr>
<td>• The frames of the therapy, goal setting and themes to work with certain problematic areas need to be agreed on through consensus between the therapist and the client (see Norcross 2011).</td>
</tr>
<tr>
<td><strong>Ongoing therapy process</strong></td>
</tr>
<tr>
<td>• The process of “working through” is a prerequisite for the micro-internalizations (see Kohut, 1977) of the therapist and the therapeutic relationship into the mind of the client.</td>
</tr>
<tr>
<td>• The “working through processes” leads to micro-insights of the understanding of the sense of self and change in cognitive-emotional meaning structures through assimilation and accommodation processes.</td>
</tr>
<tr>
<td>• The micro-insights often lead, more specifically, to micro-changes in the mind structure and in the sense of self, including increased self-efficacy (see Jung, 2010; Sussman &amp; Ames, 2001).</td>
</tr>
<tr>
<td><strong>The ending of therapy</strong></td>
</tr>
<tr>
<td>• The changes in microstructures and the process of micro-internalizations (see Kohut, 1977) of the therapist and the therapeutic relationship including the working through process, lead to a more positive sense of self for the client, including increased wellbeing and a more stable self-structure or a more sustainable self-system.</td>
</tr>
<tr>
<td><strong>Maintenance treatment - Follow-up strategies and booster sessions</strong></td>
</tr>
<tr>
<td>• There may be a need for booster sessions and follow-up discussions, especially with a treatment group (see Emmelkamp &amp; Vedel, 2006) in order for the client to maintain the new mind structure and the new established psychosocial situation.</td>
</tr>
<tr>
<td>• There may be a need for the client to maintain some sort of connection to the ther-</td>
</tr>
</tbody>
</table>
Summary

The selection of papers in the thesis represents both theoretical and empirical contributions. The *theoretical contribution* is related to a description of a self-theoretical perspective that integrates cognitive and attachment theories in the analysis of the therapeutic relationship in substance use-related dependency treatment. The self-theoretical perspective is integrated within a multidimensional model and the theoretical reasoning contributes to a better understanding of the treatment process in substance use-related dependency and is based on and supported by narrative and qualitative in-depth data in the studies described. The multidimensional theoretical analysis of the treatment process and the therapeutic relationship sheds new light on the complex processes involved in the treatment processes of substance use-related dependency, especially related to the understanding of the clients’ view of the drug self-system and the sober self-system or the self without using alcohol and drugs.

A central methodological argument used in the thesis and through the studies is based on the actor-spectator paradox or the necessity to listen to both therapists’ and clients’ points of view in order to reach a valid description and detailed understanding of what happens in a therapeutic process. The *empirical contribution* is related to new qualitative and narrative data based on in-depth interviews with three therapists and two case analyses (study V) including interviews with 10 clients dependent on alcohol and drugs, six therapists and four co-dependent relatives (study VI). In total, the analysis is based on 23 interviews (nine therapists and 14 clients) and some other case illustrations mentioned in the studies. These studies reveal important dimensions of the therapeutic process and the therapeutic relationship that helped clients deal with their substance use-related dependency.
Discussion

Summary of the main results and theoretical interpretations

The aim of the thesis was to increase the knowledge on how to understand treatment processes that have led to a positive outcome, as described by therapists and clients, in substance use-related dependency treatment. This dissertation argues that self-theory integrated within a multidimensional interactional model emphasizing personal and social factors is a useful theoretical framework for the analysis of substance use-related dependency and its treatment.

Answering the research questions

The research design followed an orientational qualitative inquiry based on a narrative approach (Patton, 2002: 129-131), and focused on the following research questions:

- (1) The therapeutic treatment process: How can the therapeutic process and the therapeutic relationship contribute to a positive outcome, as defined by therapists and clients, in substance use-related dependency treatment? (See study III and studies V-VI).
- (1.1) Theoretical understanding: How can a self-psychological and an interactional analysis contribute to an understanding of therapeutic processes in substance use-related dependency treatment? (See studies I-III and study VI).
- (1.2) Therapists’ perspective: How do (a sample of) therapists describe their experiences of the professional therapeutic process and the meaning of the therapeutic relationship with clients in substance use-related dependency treatment? (See studies V-VI).
- (1.3) Clients’ perspective: How do (a sample of) clients describe their experiences of the therapeutic process with their therapists and the meaning of the therapeutic relationship in substance use-related dependency treatment? (See study IV and VI).
- (1.4) Co-dependent relatives’ perspective: How do (a sample of) co-dependent relatives describe their experiences of the therapeutic pro-
cess and the meaning of the therapeutic relationship in co-dependency treatment? (See study VI).

(1) The therapeutic treatment process: The therapeutic process and the therapeutic relationship contribute to a positive outcome, as defined by therapists and clients, in substance use-related dependency treatment in the following way: the content of the treatment process offers a possibility to “work through” difficult aspects of the client’s life related to self-identity issues, and cognitive, emotional and behavioral and social dimensions of substance use-related dependency. The analysis of the treatment process requires a developmental perspective focusing on the importance of understanding different structural phases of the therapeutic process, such as (1) starting the therapy or building a therapeutic relationship, (2) focusing on the ongoing therapeutic relationship, and (3) the closing phase of therapy. The different phases seem to build an important frame or safe setting in which the therapeutic work processes can take place. The helping relationship that the therapist and the treatment group represent for the client provides a way of facilitating growth by attending to the unmet ego needs and developing a more secure identity or a sustainable self-system. The therapeutic setting represents a trustworthy psychosocial environment in which the client can develop the capacity to adapt, grow and develop a more mature self-system that contains more functional cognitive, emotional and behavioral coping strategies relevant to handling substance use-related dependency problems. The therapeutic setting also represents a place to discuss and to develop strategies to cope with earlier traumas or difficulties in the social network that in turn can be related to the clients’ substance use-related dependency problems.

(1.1) Theoretical understanding: A self-theoretical reasoning integrated within a multidimensional interactional perspective gives in-depth insights into complex aspects of the treatment process of substance use-related dependency in the following ways: (1) The self-theory presented in the thesis makes it possible to understand the change processes that the clients’ self-system goes through during a treatment process. The self-theory opens up the possibility of understanding the inner struggle within the clients’ self-system, between the alcoholic self/dependency self, the anti-self-system and the sober self-system. (2) The analysis of the self and the mind processes gives a conceptual understanding of the internalization process of the therapeutic relationship into the mind of the client, and of how it can strengthen
the self-system. The thesis has conceptualized this as a process of self-empowerment. (3) An analysis of the self and the mind processes can also give a conceptual understanding of the necessity of metacognition or mentalization and of how these processes can help the client to tell a more coherent or complete life narrative and develop a more sustainable self-system that is possible to live with. (4) It is not enough to focus on the personal side of the interaction when analyzing the therapeutic process. The analysis of the situational side of the interaction between the therapist and the clients represents a focus that is necessary in order to understand the meaning of the therapeutic process and how it can help the client in coping with the dependency self/alcoholic self. The understanding of the therapeutic process requires not only a self-psychological analysis but a social analysis as well, something that has been emphasized by the use of the multidimensional approach.

(1.2) Therapists’ perspective: The therapists focused on certain structural and content characteristics when describing their experiences of the professional therapeutic process and the meaning of the therapeutic relationship with clients in substance use-related dependency treatment. The structural aspects of the therapists’ accounts referred to the importance of analyzing the different phases of the therapeutic process, such as the start of the therapeutic process and building a good enough therapeutic relationship that functioned as a working tool in the conversations with the clients. The structural characteristics were especially analyzed in study V. The content dimensions, especially dealt with in study VI, revealed that the therapists strongly emphasize the clients’ struggle between different parts of their self-system, and that the clients often started the treatment with limitations in self-knowledge in several aspects: they had difficulties (1) in self-reflecting, i.e. in being able to meta-cognitively reflect on their own thoughts, emotions and behavior, (2) or being able to reflect on their life course or life history and see how different things may “fit together”, including how alcohol or drug use or misuse could be connected to their life history, and (3) in reflecting about self-identity issues, who they were and who they wanted to be, i.e. there was a struggle between the alcoholic self/dependency self and the sober self-system. The therapists emphasized that they worked on these issues in the treatment process and used the therapeutic relationship as a tool for doing so. (4) The therapists also emphasized the need of psychosocial support from the treatment group. They highlighted the importance of the group participants telling their stories on use/misuse of drugs and sharing their experiences with each other in order to give each other mutual support and self-empowerment.
(5) The therapists also emphasized psycho-education, the need for the clients to learn more about the effects of alcohol and drugs and how use or misuse could affect their social world as well as their psychological world, their sense of self. The therapists used the term ‘dependency self’ as a concept in order to point out the struggle that the clients experience between the alcoholic self/drug self and the sober self-system.

(1.3) Clients’ perspective: The clients’ descriptions of their experiences of the therapeutic process and the meaning of the therapeutic relationship in substance use-related dependency treatment emphasized the following aspects (study VI): On the one hand, the clients described how they used alcohol or drugs as a way of relaxation or as a way of coping with difficult situations and handling demands and shortcomings they believed they had. Many clients experienced feelings of relief from anxiety or experienced better self-confidence and a more relaxed sense of self when on drugs compared to when being sober. On the other hand, many clients also realized that the use or misuse of alcohol and drugs created different kinds of problems that made their life more difficult. They also experienced the difficulties that arose when stopping use of psychoactive drugs; one part of themselves (their self-system) wanted to stop using alcohol or drugs while another part of themselves experienced positive benefits of using the drugs. The clients expressed in different ways their struggle with their “alcoholic self” or “dependency self”. These kinds of dialectical or contradictory self-descriptions reveal not only the struggle between different self-systems within the mind but often also the need to continue going to AA meetings in order to support “the new sober self-system” and prevent relapse, or reduce the risk that the drug self would take over the self-system again by emphasizing the use of alcohol and drugs. The treatment process helped the clients to be more aware of these kinds of dialectic processes. Many clients experienced the treatment process as giving important tools and insights into how to cope better with their inner world, thoughts and feelings, in general and with their urge to use or misuse psychoactive drugs in particular. The clients described how they internalized their supporting treatment group, including the therapist, into their minds, as “an inner voice” telling them what to do in difficult situations. This was often stated as “I hear her (the therapist) voice inside my mind” (client no 12), or “It is like having another person’s (the therapist’s) voice inside my own mind, that can help to structure my mind and to put thoughts into words” (client no 11).
The clients not only mentioned the therapeutic relationship with their therapists as important, but also said the experiences with the treatment group mattered, often expressed as “The group was also very important, because it gives you the feeling that you are not alone, you can feel very lonely in this situation” (client no 12). The treatment group seemed to enhance the clients’ self-esteem or self-worth, and that seemed to be an important aspect of strengthening the self-system (self-empowerment). One client stated: “They listen to me and think that I have something important to tell… I am worth something when I say this” (client no 14). The clients talked extensively about “the different voices within their mind”, the alcoholic self/dependency self and the sober self. They also mentioned the importance of staying in contact with the treatment group and attending AA meetings because the dependency self, existed within the memory system and could come to the surface again and take over the self-system. One client described this as follows: “My dependency self can still come to the surface now and then, this is something you always have to work with… but the dependency self is smaller today, it took over before… but it still there” (client no 12). An important aspect that many clients became more consciously aware of during the treatment process was that the use or misuse of drugs often seemed to be the result of automatic behavior or reinforced behavior (see West & Brown, 2013). A typical account or illustration of this from a client was as follows: “I want to quit using alcohol but the car still goes to the liquor store, I don’t want to go there, but I go there and shop, I come home, I sit down, I don’t want to drink but I drink anyway… It was like the car went on autopilot to the liquor store” (client no 12).

(1.4) Co-dependent relatives’ perspective: The co-dependent relatives described their experiences of the therapeutic process and the meaning of the therapeutic relationship in co-dependency treatment in the following way. Several co-dependent clients spoke directly about how their “co-dependent self” sometimes took control over their lives and how they fell back into old patterns of enabling behavior. They described how they helped the addicted relative in many different ways, for example with money, driving the addicted relative to parties, and forgot themselves and their own needs. The co-dependency treatment process focused on encouraging the co-dependent clients to focus more on themselves and their own needs and to minimize their enabling behavior. An important aspect of focusing more on themselves, instead of the addicted relatives, was that they also internalized the voice of the therapist into their minds. The co-dependent relatives described
how they could hear the therapist’s voice inside themselves, especially in problematic situations or when they were close to falling into the trap of enabling behavior. The co-dependent relatives described the importance of being able to reflect on their enabling behavior using mentalization or metacognition. They described how they reached new insights into their own enabling behavior during the treatment process. The metacognitive abilities strengthened in the treatment processes helped them to reach new insights about psychological and social processes that seemed to be operative in the initiation and maintenance of enabling behavior. The co-dependent relatives not only mentioned the therapist as an important person but also talked about the importance of their treatment group. Some co-dependent relatives mentioned the need for booster sessions or keeping in contact with members of their earlier treatment group in order to not fall back into their co-dependent self or enabling behavior again. Enabling behavior and the need for booster sessions have been discussed in the literature (see Emmelkamp & Vedel, 2006).

The main results, theoretical interpretations and earlier research
This part summarizes and interprets some of the main results and their relationship to earlier research.

- **The experience of the self and processes of internalization:** A self-theoretical analysis of the therapeutic process reveals that the clients’ struggle to develop a sustainable self-system that is possible to live with is essential in the treatment of psychoactive drug dependency. The struggle refers to an inner psychological conflict between different parts or sub-identities of the clients’ self-system; the alcoholic self/dependency self and the sober self-system. The therapeutic process offers a helping relationship where the client, through internalization of the therapist and the therapeutic relationship (and the treatment group), can develop internal supportive voices within the mind that strengthen the sober self-system. The internalization of new positive relational experiences can result in the client starting to view himself/herself in a more positive way. These kinds of internalizations seem to strengthen the self-system so that the dependency self and its earlier strong position in the mind is reduced. The internalization process and the “working through processes” related to the clients’ life history, can eventually lead to a self-system that is sustainable enough to resist the demands from the dependency self. The importance of identity and the centrality of the self-system in
understanding use/misuse of alcohol and drugs and its treatment has been highlighted in earlier research (Anderson, 1998 a-b; Denzin, 1987; Eastman, 1984: 80-82; Etherington, 2010; Fiorentine & Hillhouse, 2000, 2003; Flores, 2001; Gordon, 2000; Grof, 1994; Larsson, 1992; Larsson et al. 2001 a-b; Lindblom, 2015; Markus & Nurius, 1987; McIntosh & McKeganey, 2000; Punzi & Tidefors, 2014; Shinebourne & Smith, 2009; Singer, 1997; South, 1999; West, 2006; West & Brown, 2013; Worthington et al., 2011).

- **Cognitive and metacognitive mind processes, self-efficacy and the memory system:** The clients described how the treatment process strengthened their beliefs in themselves and their ability to change for the better. The cravings from the alcoholic self/dependency self, seemed to be a voice stored in the memory system of the mind of the client that in turn seemed to affect the clients’ behavior as regards the use/misuse of alcohol or drugs. Similar results have been described in the literature (see Etherington, 2010; Sussman & Ames, 2001). One important step in the treatment process is that the clients get the possibility to tell their life narrative and reflect in a metacognitive way about their psychological and social life situation. The clients’ telling or re-telling of their life narratives and the development of their metacognitive capacity can lead to the possibility to discover when and how the dependency self tries to take over the self-system. This kind of “working through process” (see Kohut, 1977) in a therapeutic setting can help the clients to develop new parts of the self-system that can help them to express themselves in another way than by use or misuse of alcohol and drugs. This has been discussed in the literature (see Etherington, 2010). The mentalization or metacognitive processes in the therapeutic setting helped the clients to reach an increased self-awareness of what they could do and what they really wanted to do in relation to use/misuse alcohol and drugs. Research has revealed that increased self-awareness is an important dimension of handling addiction (see Jung, 2010: 48; Safran, 2012: 118-120).

- **Social support:** An important aspect of a positive treatment process is that the client can receive psychosocial support not only from the therapist but also from members of the treatment group when struggling with “the dependency self” that is stored in the memory system. Social support or relationships with others have also been men-
tioned as important in restoring health or recovery (Emmelkamp & Vedel, 2006; Tew et al. 2012: 448; Topor, 2001).

- **The actor-spectator paradox, the therapeutic process and the self:** On a general level, both therapists and clients had many similar views on the most fundamental generative change mechanisms needed in order to reach a positive outcome. Both parties emphasized the importance of reaching self-acceptance and a more positive self-definition or a new way to think about the self. Other researchers in the field have reported similar reflections and research findings (Lilliengren, 2014: 43-44). According to Lilliengren (2014) both clients’ and therapists’ views of curative factors need to be considered. An important part of the therapeutic process, according to Lilliengren, seems to be helping the client move toward a “greater self-definition, self-acceptance and self-care” and to help the client internalize the therapist’s ability to reflect and “think about the self” and experience “increased self-knowledge” (Lilliengren, 2014: 43-44). This thesis is in line with the findings discussed by Lilliengren (2014). Other leading researchers in the field have also emphasized internalization of the therapeutic relationship and the importance of mentalization and self-regulation processes (see Safran, 2012: 75-155). Many clients in study VI mentioned that the therapists helped them to see things from a therapist (or “spectator”) point of view, which was in contrast to their own personal or subjective viewpoint. This is in line with an actor-spectator paradox emphasizing the need to consider both an actor and a spectator perspective respectively on a problematic situation. Other researchers have emphasized similar findings (Barber, 1995: 128; Hill, 2009: 76).

Earlier research on the therapy process has emphasized different issues such as ego organization, working through processes, mentalization or metacognition, internalization of the therapeutic relationship, self-regulation, and the need to tell a more complete life narrative (Safran, 2012; Wennerberg, 2012) in a similar way as in this thesis. The focus on multiple selves or multiple self-states has also been emphasized as important. It has been described in earlier research that therapy does not entail integrating different parts of the self but rather bringing them into dialog with each other (Safran & Muran, 2003: 69). This thesis reveals how the therapeutic process in addiction treatment helps the client to start a dialog between the alcoholic self/dependency self and the sober self-system. Many researchers have high-
lighted the analysis of the self in order to understand the psychotherapeutic treatment process in general (Safran & Muran, 2003; Josselson, 1995, 1999; McAdams, et al. 2007). But there is a need for a developed self-theoretical analysis (Denzin, 1987; Singer, 1997) that also needs to be contextualized and to consider psychological as well as social factors in understanding the outcome of psychotherapy and substance use-related dependency treatment (see Emmelkamp & Vedel 2006; Jung, 2010; Sussman & Ames, 2001). This thesis contributes a combination of a self-theoretical perspective that is integrated within a multidimensional interactional model that contextualizes the self-theoretical analysis and considers the psychological issues related to the intrapersonal world of the mediating system, cognitions, metacognitions, emotions and identity issues, as well as the interpersonal world of social factors, the meaning of social support and helping relationships in a treatment group and with a therapist. The self-theoretical analysis in the thesis considers the important issues that have been highlighted in earlier research, such as mentalization, internalization of the therapist or the voices of a treatment group into the mind of the client, and the telling of a more complete narrative in order to understand the therapeutic process (Safran, 2012; Safran & Muran, 2003: 55-71; Smith Benjamin & Critchfield, 2010; Wennenberg, 2012).

**Mutual interaction of generative change mechanisms:** Earlier psychotherapy research has focused on variables such as the treatment method, the psychotherapist, the client, and the therapeutic relationship (see Norcross 2011; Norcross et al. 2009a). This thesis follows a person-centered approach to research (in contrast to the variable-centered approach) and takes a holistic multidimensional and dynamic view; the person is conceptualized as an integrated totality rather than a summation of variables. As mentioned above there seem to be many generative supportive change mechanisms at work in the treatment process such as “working through” alternate states of consciousness or identity states, mentalization, metacognition or processes of mindfulness, internalization of the therapeutic relationship and the process of transforming identities towards a sustainable self-system. Most importantly, it seems that many of these active change mechanisms mutually interact with each other or need to operate simultaneously in order to make a change take place for the specific client. Similar descriptions and analysis have been emphasized in the research literature (Emmelkamp & Vedel, 2006; Safran, 2012: 75-155; Safran & Muran, 2003: 55-69). The aim of the person-centered approach is to understand the psychological continuity of processes
and to view the person as a system (see Magnusson et al. 1983 b: 372-373). The thesis contributes a description of the therapeutic process and how that process can lead to health and wellbeing and a more sustainable self-system for the client. The specific contribution of the thesis is related to how the therapeutic process affects the clients’ intrapersonal world (the personal side of the interaction, the mediating system and the self-system) through the interpersonal interaction (the situational side) between the therapist and the client.

A discussion of some alternative theoretical interpretations
There are different theoretical models related to the understanding of the treatment process that ought to be mentioned, including the meaning of the therapeutic relationship in substance use-related dependency treatment. West and Brown (2013) describe an interesting model focusing on the human motivational system in order to understand addiction. Their theory relates to motivational constructs, but also includes discussions about self, identity and self-control that can be compatible with the multidimensional model presented in this thesis. On the personal side of the multidimensional model, the mediating system is said to include the motivations of the drug user (see study I). West and Brown’s (2013) theory can be viewed as an important conceptual approach on how to understand the crucial role that motivations play in addiction and the treatment of substance use-related dependency. Emmelkamp and Vedel (2006) describe a kind of multidimensional model based on cognitive-behavioral theory that considers both micro and macro-analysis of clinical client cases undergoing treatment for their substance use-related dependency problems. Although their way of reasoning is very close to the multidimensional model presented in this thesis, it does not include the kind of specific and detailed self-theoretical approach that is integrated within the multidimensional model presented in this thesis. Sussman and Ames (2001) in their interesting work “The social psychology of drug abuse” focus on both intrapersonal and extra-personal predictors of use/misuse and substance use-related treatment. Their model has many similarities with the presented multidimensional model in this thesis, such as focusing on both personal and situational factors important for understanding addiction and its treatment. However, their model does not discuss important reflective processes such as metacognition and mentalization, or identity issues that are characteristic of the multidimensional model described in the thesis.
Contributions of self-theory and multidimensional analysis

Self-theory and multidimensional reasoning

The thesis contains empirical illustrations (studies I-VI) related to use/misuse and the therapeutic treatment process of dependency. The empirical contributions are mainly related to an in-depth analysis of new and original empirical data on the treatment process and “what works” according to therapists’ and clients’ points of view, described in studies V-VI. The theoretical arguments and contributions of the thesis are based on in-depth interviews with nine therapists, 10 clients and four co-dependent relatives. This means that the thesis contributes analysis on “what works” in the therapeutic process according to the experiences of different actors involved in this process; therapists, clients and co-dependent relatives. The thesis also includes two illustrative case histories that describe and analyze the treatment process in detail. Different aspects of the thesis’ conceptual contribution are: (a) That it connects the multidimensional model with the actor-spectator paradox and (b) that it describes how self-theory can be integrated in the mediating system within a multidimensional model, and (c) that it develops new theoretical concepts, for example, the sustainable self-system and self-empowerment in addiction treatment.

The theoretical strategy includes the development of a specific self-theoretical strategy incorporating self-psychology (see Docter, 1988; Hermans & Dimaggio, 2016; Hermans & Hermans-Konopka, 2012; Kohut 1977; Parrish, 2010; Perlman & Brandell 2011; Rowan, 2010; Rowan & Cooper, 1999; Ulman & Paul, 2014), attachment theory and cognitive thinking integrated within a multidimensional model applied to the analysis of substance use-related dependency treatment. The theoretical contribution is related to an analysis of the individual’s microstructures based on a process of internalization of the therapist and the therapeutic relationship into the mind of the client and, as a consequence, a possibility of rebuilding the self-system and thereby helping the client to cope better with use/misuse of alcohol and drugs.

The analysis of the self, presented in the thesis and its integration within a multidimensional model represents a contribution compared to the discussions in earlier research literature where a detailed self-theoretical reasoning is often not integrated with the analysis of the social situation and vice versa (Amodeo & Lopez, 2011; Barber, 1995; Emmelkamp & Vedel, 2006). The
multidimensional model presented in study I and study VI considers the importance of the interaction between the intrapersonal (the personal side) and the interpersonal factors (the situational side) for the analysis of the treatment process and use/misuse of alcohol and drugs. The intrapersonal dimensions relate to the mediating system, which includes the person’s cognitive and emotional systems. The mediating system is fundamental to the understanding of the individual’s judgments, expectations, emotional preferences and memory structures that are involved in different decision-making processes (see Magnusson & Allen, 1983). The mediating system contains systems for setting goals, motivation, coping mechanisms, as well as strategies for expressing and analyzing the self, personality or identity structure (Berzonsky, 1988; Lilja, Larsson & Hamilton, 1996; Larsson, Lilja & Hamilton, 2001 a). The mediating system embraces the person’s beliefs, attitudes and expectations concerning the use/misuse of alcohol and drugs, as well as motivations concerning the treatment process (see Lilja, Larsson & Hamilton, 1996; Magnusson & Allen, 1983; Stimson, 1974). Different components of the mediating system can be consciously and unconsciously applied in different situations (Eagle, 1987; Safran et al. 1987). The proposed self-theory and multidimensional reasonings make a more detailed analysis of the therapeutic process possible, something that has been described as necessary in the research literature (Muran & Barber, 2010; Safran, 2012; Safran & Muran, 2003).

The development of new self-theoretical concepts
The self-theoretical analysis in the thesis gives an in-depth understanding of how the self-system changes during the treatment of addiction and includes new conceptual tools developed in the thesis, such as the concept of the sustainable self-system and self-empowerment and the negotiating self (see study VI). These concepts have been developed as a result of the empirical data in studies V and VI. The concept sustainable self-system refers to qualities that are indications of mental health, such as self-acceptance, self-confidence, self-esteem and self-efficacy (see Jahoda, 1958; Lohman, 1973; Parrish, 2010). A sustainable self-system that is possible to live with means that one can accept oneself as the person one is. The person is able to introspect or mentalize, observing the inner psychic life and telling a more complete life history (Wennberg, 2012) without escaping a negative sense of self or anti-self-system (Firestone, 1997) through the use of alcohol and drugs. It is no longer necessary for the individual to use/misuse alcohol and
drugs in order to remove unpleasant internal mood states within the self-system (see Liese & Franz, 1996: 477).

The empirical data in study VI reveals that both therapists and clients describe how the treatment processes helped the client to analyze the dependency self in a way that made it possible for the client to develop other aspects of their self-system and develop self-respect and self-confidence with the aid of the treatment group and the therapist. As described in the introduction of the thesis, the concept of self-empowerment relates to building on strengths and to working with people who are taking control of their lives and life situation. The thesis is about the clients’ “struggle” to take control over substance use-related dependency problems in a treatment process. The thesis describes and analyses how clients through therapeutic processes try to find solutions and develop a wider understanding of disempowerment, and reclaim self-respect, dignity and control over aspects of their lives, or achieve a transformation of self through critical understanding (Duella & Mullender, 1999: 81-85; Payne, 2005; Payne, 2006; Shaw & Lishman, 1999). Self-empowerment in the thesis is a concept relating to strengthening the addicted clients’ sense of self or self-structure. Through therapy, group settings and listening to stories of other people addicted to alcohol and drugs the dependent people try to take control over important aspects of their lives connected to the substance use-related dependency problems. It is through internalization of the therapeutic relationship and of the therapist that the client’s self-system is strengthened and empowered. This internalization process helps them to develop a more sustainable self-structure that is possible to live with, without the use or misuse of alcohol and drugs. The concept of the negotiating self refers in this thesis to the transforming identity processes (see Etherington, 2010) that have been extensively discussed in this thesis, focusing on the therapeutic work with the dialectical contradictions that may exist between the sober self-system and the alcoholic self or dependency self.

Self-theory and the actor-spectator paradox
It is important to note that similar mediating systems work in the minds of clients as well as therapists or health professionals, although they can differ considerably as has been expressed through the actor-spectator paradox where actors and spectators can express divergent perspectives as a function of their different role positions (Gerhardt, 1989; Lilja, Larsson & Hamilton, 1996; Stimson, 1974). The divergent perspectives between therapists and
clients have been noticed to be important for the analysis of the treatment process (Emmelkamp & Vedel, 2006: 189; Horvath et al. 2011: 56). A theoretical contribution of the thesis is that the components of the mediating system are conceptualized as constructed through complex cognitive assimilation and accommodation processes (Parrish, 2010; Liese & Franz, 1996). These processes are also part of dynamic internalization processes where the introjected version of the therapist (including the therapeutic relationship between the client and the therapist) is internalized into the mind system of the client (Smith Benjamin & Critchfield, 2010: 136; Lundh, 1998: 115; Lundh & Smedler, 2012: 159; Thomas, 1996; Wennerberg, 2012). This process changes the client’s mediating system and the self-structure.

The analysis of the self-system is considered as an important part of the mediating system within the multidimensional model. Many researchers have discussed the importance of identity and the need for an understanding of the self in the development and recovery from addiction (Denzin, 1987; Fiorentine & Hillhouse, 2000, 2004; Singer, 1997; West, 2006; West & Brown, 2013: 86-87). Many self-theoretical approaches have been presented (Docter, 1988; Rowan, 1988; Rowan & Cooper, 1999; Thomas, 1996). The different self-theoretical approaches and perspectives seem to agree that the self can be described as pluralistic or dialogic, containing different subsystems (Josselson, 1995; Ornstein, 1986; Rowan & Cooper, 1999; Stevens, 1996; Thomas, 1996). In this thesis, the self-system of the drug user or misuser includes subsystems (Ornstein, 1986; Rowan & Cooper, 1999; Thomas, 1996) and inner tensions between the sober self-system and the drug self-system (“the addicted self” or “the alcoholic self” - Denzin, 1987). The construction of the “addicted self” can be interpreted as a way of dealing with some kind of “anti-self-system” (Firestone, 1997 - see study VI). It is not enough to consider the intrapersonal processes within the mind or the self-system of the alcohol and drug user or misuser. There is a need to consider the dynamic interaction between intrapersonal and interpersonal variables, which has been emphasized by other researchers (Barber, 1995; Docter, 1988; Emmelkamp & Vedel, 2006; Jung, 2010; Singer, 1997; Sussman & Ames, 2001). The narrative approach used in the thesis is well suited to investigating the self-system within the alcohol- or drug-using individual since narratives provide us with access to people’s identity and “identity switches” between the drug self and the sober self-system (Denzin, 1987; Diamond, 2002; Lieblich et al. 1998: 7; Singer, 1997).
The thesis contains a self-theoretical synthesis based on a consideration of object relation theory (Thomas, 1996), cognitive theory (Liese & Franz, 1996), attachment theory (Bowlby, 1969, 1994) and transpersonal psychology (Tart, 1986; Valle, 1989; Wittine, 1989). The presented self-theory is in line with the object relation view of the self and is constituted through introjections and followed by identifications. These processes of introjections and identifications lead us to think about ourselves as “a series of selves”. It suggests many voices within the mind that speak out with conflicting demands and inconsistent emotions at different times. This means that our self is made up of internalized relationships and is also constituted by the dialogs between our inner voices (see Thomas, 1996: 316). The self-theory in this thesis views the growth of the self-system, in accordance with attachment theory, as developed through (children’s) close relationships with significant others. The individuals’ (or children’s) mental representations of themselves are based on their own sense of worthiness as reflected by others’ responses to them. These mental representations that the child develops are called the inner working models (see Parrish, 2010: 80-81). This means that our relationships, including the therapeutic relationship, are important for the construction or re-construction of our self-system. This kind of self-theoretical reasoning developed in this thesis is important for the understanding of the changes of the client’s self-system that can take place in a therapeutic process in substance use-related dependency treatment. The self-theoretical analysis reveals that it is possible to strengthen the client’s self-structure by the internalization of the therapists and the therapeutic relationship into the mind of the client. Strengthening of the self-structure can result in the dependency self, becoming less dominating within the self-structure of the client. The treatment process can help the client develop a more sustainable self-system that is possible to live with without misusing alcohol and drugs.

Changing the self-system in substance use-related dependency treatment

**The therapeutic processes, self and attachment:** The thesis argues that the treatment process in substance use-related dependency treatment that has a positive outcome involves a specific attachment between the therapist and the client. This is in line with what has been emphasized in the literature (see Wennerberg, 2012). Attachment theory points out that the individual’s early attachment relationships are important for the development of the self or the sense of self (Parrish, 2010: 80-81; Wennerberg, 2012: 264). Bowlby (1994) realized that attachment behaviors have a central role in the psychological
understanding of the therapeutic relationship. An interpretation influenced by attachment theory is that earlier problematic relationships and possibly an associated negative sense of self can be “healed” through new and more positive relationships (see Wennerberg, 2012: 265). The therapeutic relationship can be viewed as a secure basis from which the client, with the therapist, can explore painful and unhappy aspects of their lives in the past and present. Bowlby (1994) made similar proposals (see Wennerberg, 2012: 264-266). This is something that many clients in study VI have expressed. The therapeutic relationship can be seen as a renewed attachment and individuation process for the client. The client’s relationship with the therapist can develop a sense of security, which in turn makes it possible to explore or investigate earlier patterns of relationships in the client’s life (Wennerberg, 2012: 166). This kind of reasoning based on attachment theory and object relation theory is viewed as an important aspect of the self-theoretical approach described in the thesis. This kind of theoretical reasoning is supported by qualitative and narrative data, especially in study VI.

The self and memory: The thesis conceptualizes the self and its different sub-identities as stored in the self-memory system (see Conway & Pleydell-Pearce, 2000: 271). This is in line with cognitive models developed through research proposing that memory is a key mediator of alcohol and drug use (see Sussman & Ames, 2001; Tiffany, 1990). According to implicit cognitive theory, individuals differ in the strength of associations in memory between different cues and behaviors and personal outcome. For example, a party (a cue) can be associated with drinking or drug use (behavior) and feeling more relaxed or getting self-confident (personal outcome - see Sussman & Ames, 2001: 74). Memory research proposes that self-schemas when activated generate possible selves, something that has been described in study VI. Possible selves form what Markus and Nurius (1986) called the working self-concept, which is constrained and grounded in autobiographical memory (Conway & Pleydell-Pearce, 2000: 266). Applied to the self-theoretical approach in this thesis, the alcoholic/addicted self can be viewed as a self-story, which is stored in the autobiographical memory that explicitly or implicitly (automatically or unconsciously) can affect the individual. This makes it possible for the alcohol or drug user to describe the characteristics of the alcoholic self or addicted self in comparison to the sober self-system in a therapeutic interview or a research interview. This is exactly what has been done in study VI. It is also in line with what has been done in earlier research (Denzin, 1987; Diamond, 2002; Singer, 1997).
The change of the self-structure, working through and micro-internalizations: The empirical data indicated that the process of micro-internalization of the therapist and the therapeutic relationship into the mind of the client is thought of as becoming an important part of the client’s psychological equipment. This is in line with the literature (Smith Benjamin & Critchfield, 2010). According to Kohut (1977) it is not the interpretations that cure the client but the changes in the psychological microstructures (p. 31). However, a prerequisite for the process of micro-internalization seemed to be the realization of the process of working through problems that the client needs to handle. The “working through process” described in the thesis was related to the different themes, such as the experience of different aspects of the self, cognitive processes, especially self-efficacy, processes of internalization of the therapeutic relationship, attachment processes, psycho-education, mentalization and metacognition. The empirical data in study VI revealed that the structural transformations produced by “the working through processes” didn’t seem to take place as a function of interpretations or intellectual insights only, but rather as a result of internalizations that are brought about by the fact that old experiences are re-lived by a more mature psyche (see Kohut, 1977: 30). The narrative accounts from therapists and clients in study VI confirm this view: It is “the process of working through” that leads to transmuting internalizations (see Kohut, 1977: 263). In order to construct a creative working through process there is a need to set adequate goals for the therapy and describe carefully what kind of problems to work with. However, it is also necessary to collect relevant information from the client’s life story and help the client to analyze their self-story to find patterns and important themes that make it possible to work through the problematic areas in the client’s life.

The identification of the mechanisms of change by the use of a change process research strategy was inspired by a realist synthetic approach (Pope et al. 2007). Some important mechanisms of change, revealed by the narrative data, are the establishment of a good enough therapeutic relationship, and starting a “working through process” which can lead to micro-internalizations, which in turn, can help the client to reach important insights and strengthen the self-structure. This process helped the clients to develop a new and more sustainable self-narrative that was possible to live with (see Wennerberg, 2012). Many clients in study VI described the importance of seeing their life and experiencing their sense of self in a new perspective.
with the help of the therapist and the treatment group. This is in line with the research literature pointing out the necessity of another person, for example the therapist, helping the client understand his/her situation from a new viewing angle, that in turn, is an important part of the working through process. There is a need to consider the perspectives of both the actor (the client) and a spectator (the therapist) (Frosh, 1991 - Thomas, 1996).

The research interviews in study VI revealed that many clients, when faced with problematic situations outside the therapeutic context, often (through self-reflection) asked themselves what the therapist would say about how to approach this problematic situation. The clients said that it was “as if” they heard the therapist’s voice within their mind. It was as if the therapist was internalized and stored in the memory system within the mind of the client and helping the client to solve problems in his/her life. Similar results have been pointed out in the research literature. Benjamin (1996) noted, based on clinical observations, that when confronted with dilemmas in the real world, clients sometimes say, “What would my therapist say or do?” By recalling the earlier therapy sessions the clients are able to develop new patterns of self-management and more relevant coping behaviors. The results in study VI indicate that the clients have internalized the therapist as a specific positive support system that in turn strengthens the clients’ self-system as a whole. This is in line with Quintana and Meara (1990) who have documented internalization of the therapist by asking clients to rate the therapy relationship and their own introjects or introjections at the beginning and end of their treatment. They conclude that the clients internalized dispositions that they perceived the therapists held toward them (Smith Benjamin & Critchfield, 2010: 136). The clients’ inner working models or their mental representations of themselves seemed to have changed. By being in a close relationship with the therapist during a therapeutic process, for example in a drug treatment, it becomes possible for the clients to view themselves in a more positive way based on their own sense of worthiness as reflected by the therapists’ positive end empathic response to them. By being in a therapeutic relationship with a therapist, clients learn to understand others as well as themselves more accurately. The increased understanding of others can also serve to enhance understanding of the self and vice versa; hence the quality of the therapeutic relationship in the drug treatment seems to affect the sense of self of the client (see Parrish, 2010: 80-81, 94-95). In the research literature this process has been described as: “Internalized therapist friendliness enhances client friendliness toward self” (Smith Benjamin & Critchfield,
The therapeutic relationship can therefore be viewed as an important contributing factor in healing the self-system of the client (see Wennenberg, 2012: 264-265).

Understanding the self in the treatment process: The thesis contribution is related to a detailed self-theoretical analysis of use or misuse of alcohol and drugs (see, study II), which in turn is applied to the analysis of the treatment process and the meaning of the therapeutic relationship in substance use-related dependency treatment (see studies V-VI). The self-theoretical perspective contributes a new conceptualization of the drug user’s sense of self and the possible conflicts between the addicted/alcoholic self (Denzin, 1987) and the sober self-system within the mind of the client. These possible contradictions within the self-system of the drug user are relevant to consider in the analysis of the treatment process. The research perspective in this thesis suggests that the addicted self/alcoholic self (Denzin, 1987) that is stored in the memory system can be difficult to break with since it may consciously or unconsciously affect the individual. It can be argued that the self-theoretical perspective presented in this thesis is in line with the zeitgeist on how to understand the treatment process in substance use-related dependency treatment. Many researchers in the field highlight the need for different self-theoretical approaches focusing on identity or self-issues and their potential for contributing to a better understanding of use or misuse and/or treatment of addiction (Anderson, 1998 a-b; Denzin, 1987; Eastman, 1984: 80-82; Etherington, 2010; Fiorentine & Hillhouse, 2000, 2003; Flores, 2001; Gordon, 2000; Grof, 1994; Larsson et al. 2001 a-b; Lindblom, 2015; Markus & Nurius, 1987; McIntosh & McKeganey, 2000; Punzi & Tidefors, 2014; Shinebourne & Smith, 2009; Singer, 1997; South, 1999; West, 2006; West & Brown, 2013; Worthington et al., 2011). This work contributes an in-depth description of the meaning of the therapeutic relationship and how the clients’ internalization processes of that relationship help the clients change their sense of self. The thesis describes the relationships between different psychological aspects that relate not only to internalization processes but also to cognitive, metacognitive, emotional, memory and attachment processes in the treatment of alcohol and drug misuse. These descriptions of processes are in line with the literature (see Emmelkamp & Vedel, 2006; Heyman, 2009; Jung, 2010; Sussman & Ames, 2001). To the best of my knowledge, these psychological processes have not previously been described in the literature in such detail as they are in this thesis.
**Difficulties in breaking with the addicted self-system:** In study I and in study VI there is a consideration of possibilities and limitations of using a self-theoretical perspective integrated within a multidimensional approach. It has been revealed how the analysis of use or misuse of alcohol and drugs including the treatment process of substance use-related dependency must take into account the complex interaction between the *intrapersonal* and *interpersonal* factors. The dramatic intrapersonal effects that the drug can have on the person’s mind or on the self-system make it understandable that it can be difficult to “get off” use or misuse of alcohol or drugs, temporarily or permanently. However, interpersonal or social factors, such as close relationships in the family and enabling behaviors from close relatives or partners that may struggle with co-dependency problems are also important to consider (Emmelkamp & Vedel, 2006; Sussman & Ames, 2001: 102).

**Study VI** revealed that the addicted self or the alcoholic self, stored in the memory system, could be activated and thereby affects the individual even if they have gone through treatment. Study VI revealed that even though clients had been achieving a positive treatment result and had been able to stop use or misuse of alcohol and drugs they expressed a need to continue going to self-help group meetings on a regular basis in order to keep the sober self-system or the new self-system in place. They pointed out that they felt a risk that the addicted self may come to the surface in their consciousness, raised from their memory, and thereby take control over their total self-system. The possibility of a specific self being raised from the memory system is in line with earlier psychological research (see Docter, 1988: 213, 227) that also has presented models proposing that memory is a key mediator of alcohol and drug use (Sussman & Ames, 2001: 74). It is also in line with research revealing the need for booster sessions of some kind after treatment. There might also be a need for different forms of follow-up contacts and recovery management check-ups and weekly telephone calls based on some form of continuing care, perhaps with the aid of referrals to self-help groups helping individuals to maintain sobriety and prevent relapse (see further Emmelkamp & Vedel, 2006: 195-202).

**A comparison with earlier multidimensional models:** The need for a self-theoretical analysis incorporating cognitive psychology and attachment theory integrated within a multidimensional analysis is also suggested by other researchers in the field that have described multidimensional models for the
understanding of use or misuse and the treatment process of drug addiction (Amodeo & Lopez, 2011; Barber, 1995; Eastman, 1984; 98; Emmelkamp & Vedel, 2006; Jung, 2010; Parrish, 2010; Sussman & Ames, 2001; Tobutt, 2011; Wilson et al. 2008). Narrative researchers have also proposed different forms of multidimensional approaches (Denzin, 1987; Diamond, 2002; Singer, 1997). There are many researchers who argue for a combination of intrapersonal and interpersonal variables in the analysis of the clients’ narrative description of the treatment process of substance use-related dependency problems. In order to analyze misuse of alcohol and drugs the literature points out the necessity for a functional analysis, micro-analysis, of the problem behavior e.g. drinking, and of the personal factors of the client, in combination with some form of macro-analysis of the client’s social situation (Amodeo & Lopez, 2011; Barber, 1995; Eastman, 1984; Emmelkamp & Vedel, 2006: 119-156; Jung, 2010; Parrish, 2010; Singer, 1997; Sussman & Ames, 2001). Although the multidimensional analysis of the treatment process presented in many ways is in line with the work of other researchers in the field, the proposed model in this thesis is more detailed, especially in how the intrapersonal analysis of the sense of self can be integrated within a multidimensional reasoning.

The self-system and the social system in substance use-related dependency treatment

There is a need to discuss the interaction between the self-system and the social system or what is called the micro level of the environment in the multidimensional model. As been described in study I the micro level of the environment, includes that part of the environment that the individual interacts with on a daily basis. The micro level includes for example, different kinds of social events or situations that have occurred earlier in life (but are now stored in memory within the mediating system - the personal side of the multidimensional model), as well as the clients’ present social networks, family, and actual or potential safety nets, including the client’s search for support or treatment facilities (see figure 1 in study I).

As has been discussed in the studies (see, for example, study II and study VI) experiences in earlier social situations (such as experiences of childhood or psychosocial traumas) as well as problematic events in the present social system (such as social or economic problems or life crises) can affect the self-system of the client. The research literature has discussed how problems related to different social situations or problems in the social network, such
as the situation at work, family conflicts, the person’s support system, friends, economic difficulties, age, and ethnicity can affect or be related to alcohol and drug use. These kinds of difficulties can be important to deal with in a treatment situation (see Denzin, 1987; Emmelkamp & Vedel, 2006; Etherington, 2010; Jung, 2010; Sussman & Ames, 2001: 76).

Contributions to the area of social work

Substance use-related dependency problems and their treatment is a major research area in the field of social work and also form an important part of social work practice (Amodeo & Lopez, 2011; Barber, 1995; Hutchison, 2008; Parrish, 2010: 170-200; Seden 2005: 136-137; Wilson et al. 2008). The thesis tries to contribute to the understanding of “what works” in the treatment process of substance use-related dependency problems according to therapists and clients. The contributions in this thesis can also be of relevance for other health-promoting professionals, for example, psychologists or psychotherapists working with clients with alcohol and drug problems. The relevance for other professionals can be thought of as a form of extrapolation of the findings to other situations under similar, but not identical conditions (see Patton, 2002: 584). The thesis is intended to give social workers familiarity with relevant theoretical concepts concerning how to understand central dimensions of the therapeutic process and the meaning of the therapeutic relationship in substance use-related dependency treatment. The theoretical perspectives and the empirical illustrations can be employed to shape social work practice. The ability of the social workers to interpret the therapeutic relationship throughout the treatment process may be an essential assessment skill in social workers’ practical skill set. This is something that has been discussed in the literature (Hennessey, 2011; Parrish, 2010; Seden, 2005).

Social work research needs to focus more on what it means for social workers to work with clients addicted to alcohol and drugs. There is a need to analyze in more detail the outcome of practical social work in regard to clients’ health and wellbeing (Beddoe & Maidment, 2014). One important aim of the treatment processes in substance use-related dependency problems is to help the client reach a greater sense of mental health and wellbeing (see Emmelkamp & Vedel, 2006; Jung, 2010) and, in my opinion, a more sustainable self-system (see also Lohman, 1973 and study VI).
The theoretical reasoning in this thesis can be related to a holistic social work paradigm. The self-theoretical analysis integrated within a multidimensional model is in line with Barber’s (1995) social work practice model for the understanding of addictions that has been discussed in this thesis. A social work approach, which emphasizes multidimensional or holistic perspectives, can be described as a way of “doing health work” since social workers in different settings are often engaged in helping individuals realize their basic rights to health (Bywaters et al. 2009 - Beddoe et al. 2014:2). Research on psychotherapy or the psychotherapeutic treatment process can be important for social work practice in the sense that it can help people understand themselves (Jopling, 2000) and their lives and the role that alcohol and drugs plays (Diamond, 2002; Emmelkamp & Vedel, 2006). Psychotherapy research has pointed out that the therapeutic relationship is a crucial factor in reaching a positive therapeutic outcome - or restoring health (see Norcross 2011; Norcross et al. 2009 a). The therapeutic relationship has been described as a change mechanism in itself (Safran, 2012: 108) and has been discussed in relation to the treatment of substance use-related problems (see Emmelkamp & Vedel, 2006: 188). The therapeutic relationship can be conceptualized as an ongoing “inter-subjective negotiation” among the different identities and needs of the client and therapist (Muran, 2007: 6) in order to restore health (Coppock & Dunn, 2010).

**Psychotherapy as health-promoting working life:** Psychotherapy or counseling can be viewed as a health-promoting treatment process that helps individuals restore their health and wellbeing (Beddoe & Maidment, 2014; Coppock & Dunn, 2010; Geller et al. 2012; McLeod, 2007; Seden, 2005). The thesis increases knowledge and understanding of the psychological and psychosocial micro-changes that can be important for ending the use/misuse of alcohol and drugs. The thesis describes processes that take place when therapists in a psychotherapeutic treatment process try to help individuals addicted to alcohol and drugs to restore their health, change a problematic life style, and develop a more sustainable identity and life situation (von Braun & Larsson, 2017; Waas et al. 2011). The empirical findings in this dissertation can be related to the literature on how therapy and psychosocial work practice as a professional working life, on a general level, can be seen as a way of helping the client in different ways to restore mental health and wellbeing (see, Coppock & Dunn, 2010: 93-96; Lundh, 1998: 78; Parrish, 2010: 170-200). Through therapy it can be possible to increase self-
knowledge (Jopling, 2000) or get insight into personal problems (Lundh, 1998), reduce anxiety or depression (Hollon et al., 1996) and to treat substance use-related disorders (Emmelkamp & Vedel, 2006; Liese & Franz, 1996) so that the client in different ways can reach a healthier and more sustainable psychosocial life situation (Hutchison, 2008; Waas et al. 2011). Health promotion is a way of enabling people to increase control over, and to improve, their health. Health-related dimensions refer to states of physical, mental or psychological and social wellbeing (Beddoe & Maidment, 2014:1).

Common and specific factors

**General considerations:** Many treatment methods seem to be effective, at least for some alcoholics, but no single treatment method seems to be clearly superior to the others (Jung, 2010: 413). There is an interesting discussion about specific and common factors and their relationship to outcome (Jung, 2010; Norcross et al. 2009a; Norcross, 2011; Wampold, 2001; Wampold & Imel, 2015). It has been pointed out that common factors, rather than specific factors related to different psychotherapeutic methods as such, must be further researched in order to determine how they contribute to the outcome of therapy. The therapeutic relationship and working alliance between the therapist and the client can be viewed as common factors and seem to play an important role in motivating the client to work with her-his problems and can be related to a positive outcome (Jung, 2010: 413; Norcross, 2011).

The narrative approach described in this thesis puts forward an important and critical issue related to the discussion on common and specific factors; if all therapies in different ways work with narratives then all therapies can be viewed as expressing a common factor in that sense. White and Epstone (1990) look at the power of stories in the lives of both individuals and families and also at the close connection between storytelling and therapy. They seem to propose that therapists can help their clients by helping them rewrite their life stories (Patton, 2002: 116). Narrative concepts can appear in different therapies, which are not ‘narrative therapy’ in the White and Epstone way of reasoning and this can, of course, be confusing. McLeod (1997) and to a certain degree Payne (2006) have expressed similar ideas regarding narrative as a common factor in different therapies.
According to McLeod “All therapies are narrative therapies. Whatever you are doing, or think you are doing, as therapist or client can be understood in terms of telling and re-telling stories” (McLeod, 1997: x).

There are many examples of narrative-informed methods being used and subsumed into theoretical approaches that do not characterize the individual as a storytelling being. Within this school of thought the most important approaches are the psychodynamic and the constructivist/cognitive uses of narrative in therapy (McLeod, 1997:54). But there are therapies that have placed narrative right at the heart of their therapeutic approaches and, therefore, more explicitly can be described as ‘narrative therapy’. These therapies can be described as constructionist ‘narrative therapies’ and represent a more coherent approach to narrative in therapy (McLeod, 1997:54). The psychodynamic use of stories or narratives is different from the use of narrative in social constructionist influenced narrative therapy (see McLeod, 1997). Narrative therapies have also been put forward as relevant strategy dealing with the treatment of addiction and its aftermath (Diamond 2002).

All therapies are narrative therapies in the sense that they explore the clients’ stories of the problems in focus. But all therapies also focus on the narrative accounts related to the clients’ self-experiences. It is the narrative accounts and the clients self-story that are in focus in all therapeutic work and these two elements, that is, the narrative accounts in general and the self-story in particular, are the most central common factors that unite all therapies. The therapeutic relationship can be viewed as a forum in which the clients’ self-story and the problems related to the sense of self that the client experiences can be dealt with. That makes the relationship extremely important since it works as a safe ground where the client can talk about the self-narrative that troubles him or her. Together with the therapist the client can, through mentalization or metacognition, investigate earlier attachments and self-attributions and thereby hopefully be able to tell a more complete and different self-narrative and through that meta-mind process find a solution to earlier problems (see Etherington, 2010; Safran & Muran, 2003: 67-69; Wennberg, 2012).

**Common factors related to the conceptual dimension:** An analysis of the literature reveals that there are many descriptions of similar psychological processes, described with the use of different concepts in, for example, psychodynamic and cognitive theories (Lundh & Smedler, 2012: 258-259;
According to psychodynamic reasoning a client can internalize the therapist’s way of looking at things. This phenomenon has been described within cognitive-behavioral theory as learning from observation (Lundh & Smedler, 2012: 259). Modern psychodynamic theory uses the concept of mentalization which refers to reflective functioning (Fonagy et al. 2002) while cognitive theory and therapy use the concept of metacognition or how the mind reflects on itself and its contents (Antaki & Lewis, 1986:vii; Fisher & Wells, 2009). There seem to be many similar ways of theorizing but with different concepts of the same phenomena. These similarities can be thought of as a “common factor” in the way of conceptualizing important aspects of human behavior which may explain, at least to some degree, why different therapies on a general level seem to reach similar psychotherapeutic outcomes (see Armelius, 2005: 337; Wampold & Imel, 2015). Even though there may be some conceptual and practical differences, there are also many similarities in the practical treatment between therapists belonging to different treatment schools (Sloane et al. 1975). Different psychotherapies may have more in common in their way of reasoning and in their treatment practice than their traditional theoretical descriptions may imply (see also Lundh, 1998; Philips & Holmqvist, 2008).

A critical methodological discussion

Critical questions related to the general design: The methodological design in the thesis has both advantages and limitations. The strength of a qualitative research design is that it can generate detailed qualitative data and “thick descriptions” from a sample of people about subtle intrapersonal and interpersonal aspects (Marsh et al. 1978; Patton, 2002) of, for example, a treatment process (McLeod, 2008). However, a critical point is that the sample of people who turned to an addiction help center (as studied in study VI) is a self-selected and not a random sample from the population. The findings from a self-selected sample are difficult to statistically generalize to the population at large (see Kvale & Brinkman, 2009; 260-265).

This integrated narrative approach has an intensive design, that is, we undertake a detailed study of a few selected cases regarded as typical, and the narrative in-depth descriptions produce a detailed account validity of the analysis of the cases studied. A critical comment is that one can only hypothesize that the cases are typical (Marsh et al. 1978: 20-21; Patton, 2002). The integrated narrative approach includes in-depth interview transcripts, life history narratives and historical memoirs based on phenomenological descriptions of experiences and perceptions of experiences, which is often the case in narrative studies (Josselson, 1995; Patton, 2002:115). The lived experiences and perceptions of experience that were studied concern “going through” a process of treatment of addiction focusing on client and therapist perspectives. However, one needs to be aware that the clients’ and therapists’ experiences are related to certain themes, for example, the meaning of the therapeutic relationship and different experiences of the self, that are a central part of the investigation. But it is not possible to capture all the different types of experiences that the informants may have had during the treatment process. One therefore needs to limit the study to focus on certain themes and exclude others. There is no rule of thumb to tell a researcher how to focus a study. There are only choices among alternatives, all of which have merit (Patton, 2002: 228). Another critical issue is related to the fact that the stories that clients and therapists tell about their experiences of a therapeutic process are complex and multi-layered. It can be a real challenge to organize and make sense of this kind of material. A third limitation of using narrative account gathering is that the informants may forget at least some aspects of what happened during the treatment process (see McLeod, 2008: 146-150).

It has been pointed out that narrative or biographical data fill a gap in the literature in use/misuse of alcohol and drugs (Heyman, 2009: 44). However, using a narrative approach also has several limitations. The narrative approach used in the thesis tries to capture the subjective effects of use or misuse of drugs since they are important to consider in order to understand the motivation of the user (see Heyman, 2009: 44-64) and what happens in a therapeutic process (see Denzin, 1987; Diamond, 2002; Emmelkamp & Vedel, 2006: 119-156). In order to investigate the subjective effects and experiences of use or misuse of alcohol and drugs and the therapeutic treat-
ment process it can be relevant to make use of a narrative account analysis (see Hutchison, 2008: 144-145; Larsson & Sjöblom, 2010; Larsson, Sjöblom & Lilja 2008; Larsson et al. 2013 a-d; Larsson, Lilja & Sjöblom, 2013e; Riessman & Quinney, 2005; Skinhoj et al. 2001). A narrative strategy can be meaningful in order to capture the actors’ point of view about their self or identity in their own words (see Berre Ørjasæter, Stickley, Hedlund & Ness, 2017; Lieblich et al. 1998; McAdams, Josselson & Lieblich, 2007) and for several reasons:

1. The therapists’ and the clients’ experiences can sometimes diverge in their interpretation of events (McLeod, 2008: 102) and therefore it is necessary to study the individuals’ own viewpoints in order to understand them at all (Wilkinson, 1981: 208);
2. Each person, client and therapist, deals with the world and other people by placing her own interpretative framework over it (Wilkinson, 1981: 208);
3. Individuals are in fact capable of describing their own realities, and therefore we should ask them (Wilkinson, 1981: 208);
4. If we intend to study a person, a client or a therapist, who actively interprets reality in her own terms then their (qualitative) narrative accounts are the main source of data because she acts on each situation as she sees it (Wilkinson, 1981:216).

However, the points (1-4) described above also need to be critically discussed and problematized. In cognitive science it has been emphasized that the use of introspective reports can be highly problematic (Nisbett & Ross, 1980; Nisbett & Wilson, 1977). Nisbett & Wilson (1977) argue that:

“When people attempt to report on their cognitive processes, that is, on the processes mediating the effects of a stimulus on a response, they do not do so on the basis of true introspection. Instead, their reports are based on a priori, implicit causal theories” (Nisbett & Wilson, 1977: 231)

However, according to Lundh (1983: 167) it should be noted that what Nisbett & Wilson are referring to in principle are people’s reports about why they acted in a specific way. But introspective reports are often or mainly reports about what a person thinks, feels and so on. What Nisbett & Wilson are focusing on are people’s reactions to why-questions. To ask why-questions is therefore not actually to ask for introspective reports but instead
to ask for theoretical self-knowledge (Lundh, 1983: 167). If one applies this way of reasoning to the analysis of the therapeutic process it can be important to focus mainly on what- or how-questions rather than on why-questions since the client may not be aware of why they experienced certain thoughts, emotions or behavior during different phases of the therapeutic process. Furthermore, one needs to be conscious that even what- or how-questions can be problematic since the respondent or client may have forgotten or may experience memory losses or be unaware of the answers even to these kinds of questions (see Stern, 1987). One strategy that makes it possible to establish the validity of the informant’s answers is that researchers can employ in-depth interviewing at times in an elliptical manner (focusing on or going around certain themes over and over again) - which is used in this thesis. This strategy can make it possible to ferret out patterns of thought and emotions of which the interviewee to some degree may lack conscious awareness (Sjoberg & Nett, 1968: 195). This strategy has similarities with what is called The Free Association Narrative Interview (FANI) described by Hollway (2007a-b), based on the assumption that people are not fully aware of everything that makes up their identities, cognition, emotions or what motivates their actions and relationships (see Hollway, 2007 a: 46, 2007 b: 136-139).

An interesting point to highlight is the relationship between thought and language. Foucault has emphasized that it is not human beings that use or control the language but rather the other way around (see Kemp, 1979: 87). Applied to narrative account analysis it could be the case that the respondents do not actually describe their authentic phenomenological experiences but rather their language games related to the therapeutic process. However, there is empirical research in cognitive science indicating that there is no evidence for the strong version of the hypothesis that language imposes upon its speakers a particular way of thinking about the world (Johnson-Laird & Wason, 1977: 435-445).

Another point is related to that there may be a strong need to complement the use of narrative accounts with quantitative data; it might be useful to add more standardized questionnaires or observations in contrast to the actors’ subjective or narrative descriptions (see McLeod, 2008), a triangulation of methods (Patton, 2002; Grinnell et al. 2011). The thesis is limited in the sense that it does not use standardized quantitative measures or questionnaires.
The thesis is influenced by a dialectic approach (Kvale & Brinkman, 2009), which opens up possibilities to focus, for example, on the clients’ intrapersonal contradictions between the sober self-system and the addicted self. The thesis also considers possible contradictions between clients’ and therapists’ experiences of the treatment process. On the one hand influences from a dialectical approach are in line with the thesis’ focus on the actor-spectator paradox trying to capture both clients’ and therapist’s perspectives and how the treatment process can be investigated from these different perspectives (Norcross 2011), especially in substance use-related dependency treatment (Emmelkamp & Vedel, 2006). On the other hand, there is always a risk of focusing too much on divergences since there can also be consensus on different important dimensions of what happens in the therapeutic process. There is a need to analyze both similarities and differences between clients’ and therapists’ points of view. However, it can be a real methodological challenge to systematically capture all the differences and similarities that might exist between the different groups studied. Respondents can also give contradictory accounts concerning what happened in a situation or within their minds, and the researcher needs to be sensitive to understand that kind of information, and perhaps negotiate with the interviewee about these contradictory accounts (see Harre, 1980; Harre & Secord, 1972; Hollway, 2007a-b; Marsh, Rosser & Harre, 1978; Ornstein, 1986). This negotiation strategy has been considered in the thesis, especially when the clients and therapists have described the contradictions between the alcoholic self and the sober self-system (see studies V-VI).

The relationship between the theoretical and empirical worlds: The thesis is influenced by an orientational qualitative inquiry where explicit theoretical perspectives determine what conceptual framework will influence the interpretations of findings. The theoretical perspective determines the focus of inquiry (Patton, 2002:129-131). The self-theoretical perspective in the thesis uses conceptualizations, such as the self (or the alcoholic self or drug self in contrast to the sober self). There is also a use of a multidimensional interactional model, and concepts such as the therapeutic relationship or therapist-client interaction are imbedded in the therapeutic processes. The use of self-theory orients the study and its analysis in the direction of analyzing the self of the client when undergoing addiction treatment process based on a multidimensional perspective. However, it has been emphasized that the extent to which a study is orientational is a matter of degree. The researcher needs to be clear about the theoretical framework being used and the impli-
cations of that perspective on study focus, data collection and analysis ( Patton, 2002: 129-131). The thesis tries to give a clear description about the theoretical framework being used.

However, a critical comment may be that when using a specific theoretical focus there is always a risk that important aspects of the studied phenomenon are not taken into consideration because they fall outside the theoretical paradigm used. The thesis is mainly based on a self-theoretical analysis that focuses on aspects of the self or identity issues, cognitions, mood and emotions, integrated within a multidimensional approach that considers personal and situational factors. However, it is of course possible to focus on other aspects in the analysis of addiction and its treatment, such as using a theory of motivation (West & Brown, 2013) or biologically based personality theories (see Jung, 2010: 43). It would also have been possible to use a more grounded theory approach and focus more on the process of generating theory rather than using a particular theory to guide the data collection process (see Patton, 2002: 125).

The use of “rich descriptions” of empirical data and illustrations how data are interpreted can make it possible for the reader to judge the fruitfulness, relevance and accuracy of the interpretations and conclusions drawn based on the collected data (see Kvale & Brinkman, 2009; Grinnell et al. 2011; Patton, 1990; 2002). In studies V and VI there are “rich descriptions” of empirical data, including how it is analyzed, which makes it possible for the reader to judge the accuracy of the interpretations made. Another way of handling the dilemma described above can be to use a “member check approach” (Raines, 2011: 497), asking the informants to give feedback on the accuracy of the information collected or the conclusions drawn by the researcher. This has been done in study VI where the researchers presented the main results for the therapists that participated in the study. A third strategy can be to test for rival hypothesis, considering other possible or alternative explanations (Raines, 2011: 497). The strategy of triangulation of theories used in the thesis represents a way of trying to take this point into consideration. Triangulation of theories can be a way of increasing credibility and quality by checking findings against different perspectives (Grinnell et al. 2011; Patton, 2002: 555-566; Patton, 2015). That is one reason why the thesis uses several theories in the analysis of the treatment process.
Unresolved critical issues and suggestions for future research

There are some critical issues and suggestions for future research that need to be mentioned.

- **(1) The need for empirical testing of the theoretical proposals:** The theoretical perspective presented in the thesis can be viewed as a result of a hypothesis-generating approach related to the context of discovery (Marx, 1976; Popper, 1975; Swedberg, 2012). The theoretical considerations concerning the therapeutic process and the meaning of the therapeutic relationship in substance use-related dependency treatment need to be tested in empirical studies based on larger samples.

- **(2) Addressing dimensions of diversity related to therapy:** There is a need to consider various dimensions of diversity when studying and evaluating the therapy process. There is a lack of research on general therapy related to ethnic minorities, women, LGBT (Lesbians, Gay people, Bisexuals and Transgendered individuals), and people with disabilities (Brown, 2009; Levant & Silverstein, 2009; Olkin & Taliaferro, 2009; Sue & Zane, 2009).

- **(3) Understanding the implications of the actor-spectator paradox in treatment:** There is a need to increase the detailed understanding about the divergent perspectives of the client and therapist in substance use-related dependency treatment. The therapeutic relationship and therapeutic alliance should receive the highest priority in treatment (Emmelkamp & Vedel, 2006: 189; Norcross & Lambert, 2011). Many clients face problems related to the initial phase of treatment due to therapists’ failure to consider the clients’ perspective and definition of the problem, which have been found especially important for drug-using individuals in treatment (see Emmelkamp & Vedel, 2006: 189; Norcross & Lambert, 2011: 56). The thesis has pointed out that the client and therapist may have both divergent (see Norcross & Lambert 2011) and similar perspectives on what happens in different phases of the therapeutic process. There is also a need for studies of negative experiences in psychotherapy from the therapists’ and clients’ points of view (see Hill, 2010).

- **(4) Understanding the subjective effects of alcohol and drug use/misuse:** Among the most salient aspects of use or misuse of alcohol and drugs are their subjective effects on the individual’s state
of consciousness and identity state, including the cognitions, memories, emotions and behavior (Amodeo & Lopez, 2011; Emmelkamp & Vedel, 2006; Heyman, 2009; Jung, 2010; Sussman & Ames, 2001). The use of biographical or narrative accounts fills a gap in the literature when trying to understand these subjective effects. This thesis serves as a complement since a very limited amount of research has been published about this aspect of drug use/misuse (see further Heyman, 2009: 44-45; Hänninen et al., 1999). There is a need for future research related to this issue.

- (5) Understanding the interaction between psychological and social processes in treatment of addiction: Drug addiction is a multidimensional bio-psychosocial phenomenon. The complexity of factors contributing to drug use/misuse makes its study and treatment particularly challenging. There are multiple influences that can lead to drug abuse and there are many psychological and social factors that influence substance use-related dependency treatment (see Jung, 2010; Larsson, von Braun & Lilja: 2014; Sussman & Ames, 2001: 55). Further research on these issues is needed.

Summary
The chapter presented answers to the research questions and theoretical interpretations of the main results. Some alternative theoretical interpretations were discussed and the main results were related to earlier research. The thesis’ contributions and practical implications for social work were discussed. The advantages and limitations of the thesis’ methodological strategies were highlighted and the chapter concluded with a presentation of unresolved critical issues and some suggestions for future research.
References


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(ICD) International Classification of Disease - see WHO below.


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Appendices

Appendix 1: Thematic interview guide for therapists (Study V)

**Theme 1:** The starting phase of the therapy;
1:1 Discussion about how the therapeutic process begins and how the therapeutic relationship can be created;
1:2 Discussions on the frames of the therapy;
1:3 Theories and methods used by the therapists;
1:4 Discussions on how the client’s specific problems are focused upon and how the therapist as a person matters;
1:5 Discussion on how demographic variables matter;

**Theme 2:** The ongoing therapeutic treatment process and the therapeutic relationship;
2:1 Discussion on how the therapeutic relationship can work as an active change mechanism;
2:2 How a good enough therapeutic relationship can be maintained throughout the therapeutic process;
2:3 Discussions about the therapeutic relationship and working alliance and the work on repairing ruptures;

**Theme 3:** The end-phase of therapy;
3:1 Discussion on the preparation for the separation phase when the therapy is coming to an end;
3:2 Discussions on the possibility for follow-up and booster sessions;
Appendix 2: Thematic interview guide for therapists and clients (Study VI)
(With small variations for therapist-client versions)

**General themes**

**Theme 1:** Background and about the frames for therapy;
1:1 Discussions on the clients’ problems;
1:2 Discussions on the frames of the therapy;
1:3 Discussions on theory and method;
1:4 Discussions on the elements of the therapeutic process: Theory and treatment method, the therapists and the clients’ responsibilities and the meaning of the therapeutic relationship, including principles of change;

**Theme 2:** The therapeutic treatment process and the therapeutic relationship;
2:1 Discussions on how a good therapeutic relationship can be created;
2:2 Discussions on how a good therapeutic relationship can be maintained through the therapeutic process;
2:3 Discussions on how the therapeutic relationship can be understood including issues around re-creating the therapeutic relationship or alliance after ruptures;
2:4 Discussions on the contribution of the therapist, the therapeutic relationship and the treatment group;

**Theme 3:** The therapeutic work process and the client as a person. Discussions related to the following issues: The definition of the problem of the client - the client and his/her self-experiences - metacognitive processes and self-reflection through therapy - internalization processes during the therapeutic work - self-esteem and self-identity issues related to therapy - changes in the clients life through therapy - experiences of working life and family life - the experiences and the sense of self with and without the use/misuse of alcohol and drugs;

**Theme 4:** Discussions on psychosocial health related to working life, family life or social life and the intra-personal life of the client;

**Theme 5:** Discussions on the therapeutic process as a whole: Starting therapy, ongoing therapy process and ending the therapy, including follow-up processes and evaluation of therapy;
Discussions on how to reach a positive outcome of therapy;

**Themes for co-dependent clients**
The thematic interview guide for co-dependent relatives covered similar issues as for the therapists and addicted clients but from the co-dependent person’s point of view.
Original papers I-VI