# THE ROLE OF PERCEIVED SOCIAL SUPPORT ON RECOVERY PROGRESS IN AN ADDICTION THERAPEUTIC COMMUNITY

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**Abstract**

This study explores the lived experience of relational support in addiction recovery, challenging individualistic models by adopting a systemic and social constructionist perspective. Utilising Interpretative Phenomenological Analysis (IPA), the research investigated how two former residents of a Maltese Therapeutic Community (TC) made sense of their significant other's (SO) support during their therapeutic journey, and how these relational dynamics influenced their recovery progress. Data was collected through semi-structured interviews and an innovative video-recall method, offering a dialogical and multi-layered perspective on meaning-making.

Four superordinate themes emerged: Family as Anchor: Motivation, Containment, and Shared Purpose; From Shame to Dignity: Rebuilding a Moral and Relational Self; Communication and Trust: Rupture, Mediation, and Behavioural Proof; and Power, Trauma, and Autonomy: Negotiation in the Couple.

The findings demonstrate that recovery is fundamentally a relational and co-constructed process, measured by the client's perceived success in achieving relational repair, moral reconstruction, and secure attachment with their partner, rather than solely individual abstinence. The Maltese sociocultural context, characterised by high family interdependence and social visibility, amplified the emotional burden and centrality of relational dynamics. The study concludes that the therapeutic effectiveness of the TC is intrinsically linked to its ability to facilitate relational transformation. It strongly recommends the integration of trauma-informed and family-inclusive practices into TC models, particularly within culturally tight-knit communities.

Keywords: Addiction Recovery, Therapeutic Community, Interpretative Phenomenological Analysis (IPA), Relational Support, Attachment Theory, Systemic Family Therapy, Maltese Context.

## Dedication

To my participants, to all those struggling with addiction in any of its forms, and to those staying strongly by their side;

It is beautiful to slow down and, in the space between those seconds, step into a world of dreams. It becomes even more magical when you do so in the presence of someone who believes in you.

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To my supervisor, Ms. Mariella Zerafa. I can only imagine the stress involved in joining me on this roller-coaster ride that was this thesis. I will never be able to fully express my gratitude for your support, for remaining present even when I withdrew so far away, for your patience, mentoring, guidance, and reassurance.

To my participants. This work would not have materialised without your contribution. Bearing witness to your recovery stories was a humbling experience that I will carry with me for years to come.

To the friends and colleagues who believed in this work, and who were a constant source of fuel whenever I stumbled under the weight of this project and life and everything in between. I will remain forever indebted to you for your support.

To my wife and my family, who embodied the role of my support system and cheered me through to the finish line. Who remained present even when I could not fully appreciate their efforts in moments of frustration. Who taught me that those who truly believe in you will carry you even when you dig your heels in or fail to see what they are holding for you. While you held me, I had the chance to invest in my becoming. I hope that in my growth I can return all of this to you.

Thank you

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# Chapter 01: Introduction

## Preamble

Working in an addictions' rehabilitation therapeutic community (TC) for fourteen years has allowed me to witness the rhythms of the programme and to question the dynamics that shape the recovery process. These processes unfold in front of everyone, yet many remain unexplored. When the opportunity arose to study one of these phenomena, I felt compelled to do so.

My path into this field was shaped by my own experiences with family members and close friends facing addictions. The helplessness, fear, confusion, anger, and sense of betrayal that often accompany such relationships were emotions I grew up with. Voluntary work with children and adolescents impacted by addiction in their own families deepened my commitment to this field.

Over the years, both personally and professionally, I have said more goodbyes than I ever expected. I have welcomed people back into treatment repeatedly and experienced more loss than I imagined possible. These moments strengthened my resolve to contribute meaningfully to this area of work.

These experiences led me to reflect on what moves people forward or keeps them stuck. What is it about the relationships we rely on and the meanings we construct that influence whether we progress or falter? As a future family therapist working within addiction rehabilitation, this thesis became an opportunity to explore how individuals in a TC understand their social support and how this shapes their recovery journey.

## Rationale

Research exploring TCs has shown that when clients take ownership of their recovery and work on issues such as strengthening future support networks, retention in treatment improves (De Leon & Wexler, 2009). Other studies have consistently demonstrated that family involvement and strong social support enhance treatment outcomes and post-treatment quality of life (McCrady et al., 1991; Broome et al., 1997; Karow et al., 2008; Powers et al., 2008; Meis et al., 2013).

The centrality of relationships for individuals struggling with substance use is well recognised. Historically, some TCs maintained the belief that addiction stemmed from a dysfunctional family system. They imposed separation between the identified patient and their significant others to help the individual focus on recovery while stepping away from potentially dysregulating dynamics (Kooyman, 1992). Yet this enforced distance has been shown to cause distress and to increase dropout rates (Harley et al., 2018).

In Malta, TCs have been operating for around forty years (Caritas Malta, n.d.). Recent national data shows a gradual increase in people seeking treatment for substance misuse. Between 2017 and 2021, of the 9,660 treatment episodes recorded, only 20 per cent involved new contacts (Gellel et al., 2022). Reports from Aġenzija Sedqa reflect a similar trend, with most admissions involving returning service users (Foundation for Social Welfare Services, 2023).

Seeing the same individuals and families repeatedly caught in the revolving doors of services has been one of the most puzzling aspects of my work. While the improvements in local services are evident, the voices of service users and their families often remain unheard. This is particularly noticeable in the scarcity of local qualitative research exploring these lived realities.

Only a handful of Maltese studies have touched upon TCs. Scicluna (1986) discussed the relevance of TCs, Grech (1997) their relevance, while Brincat (2001) delved into the debate of whether there is any difference in success rates between those who are admitted voluntarily and those who are forced into rehab. R. Buttigieg (2014) researched how male substance users negotiate the challenges they face when transitioning from the rehab programme back to society, Axiak (2016) researched the effect of TCs on recidivism rates, while M. Buttigieg (2017) tried to better understand the nature of the specific challenges faced during the reintegration phase. The final study I came across was carried out by Catania (2022) where they tried to understand the professionals' perceptions on using music as a therapeutic tool in a TC. Through none of these were the client and their family brought together.

This gap highlights a need for research that attends to the relational worlds surrounding individuals in rehabilitation. Much is lost each time someone exits treatment without their story being heard.

## Significance of the Study

The positive influence of social support on addiction recovery, retention, and programme completion is widely documented. McPherson et al. (2017) showed that family engagement supports both the individual and the wider family system, particularly during the early stages of treatment when emotional vulnerability is heightened. Relationships can also offer a safe base from which individuals renegotiate their identity during recovery (Johansen et al., 2013).

Yet support is rarely straightforward. Differing expectations between clients and their significant others can create tensions that disrupt the recovery process (Dekkers et al., 2020). Earlier research suggested that unconditional family support may hinder progress by shielding individuals from the consequences of their substance use (Westreich et al., 1997).

This study aims to give space to some of these experiences. It explores how clients and their significant others understand social support within the context of a Maltese TC, and how their interpretations influence recovery. It examines what clients perceive as supportive or unsupportive, and how these perceptions shape their movement toward or away from their goals.

In short, this research investigates how individuals in treatment make sense of the responses they receive from significant others, and how this meaning making affects their recovery progress.

## Research Question

This study is guided by the following overarching research question:

“How does a client’s experience of their significant other’s response to their therapeutic journey in an addiction therapeutic community in Malta influence their recovery progress?”

The broader questions shaping the inquiry are addressed in the methodology chapter.

## Epistemological Position

Within the fields of addiction, TCs, and family life, meanings are constantly negotiated. Understandings of addiction, of what a TC represents, and of what constitutes a family shift across social and cultural contexts. These concepts are not fixed. They are shaped through experience, language, and interaction.

Given my own background as someone who has lived and worked within these systems, this research is grounded in social constructionist epistemology. Social constructionism assumes that knowledge is created through relationships, dialogue, and interpretation (Gergen, 2009; Darlaston-Jones, 2007). It challenges the notion of one objective truth and instead views reality as co-constructed between people situated in particular contexts.

This means that participants' accounts are not treated as objective facts. Rather, they represent how individuals interpret their experiences within the TC and within their close relationships. It also acknowledges my own influence as a researcher whose personal and professional experiences shape how I understand these narratives (Puig et al., 2008).

Through this lens, the goal is not to uncover one definitive explanation of how social support influences recovery. Instead, the aim is to co-construct an understanding of how participants make sense of support, struggle, closeness, distance, and change. IPA's interpretive orientation aligns well with this stance, as it attends to the meanings individuals attribute to their experiences and to the contexts shaping these meanings (Dyson & Brown, 2006).

## Theoretical Frameworks

This study draws on two systemic theories: Family Systems Theory and Attachment Theory. They serve as interpretive guides rather than explanatory formulas.

*Family Systems Theory*

Family Systems Theory proposes that individuals cannot be understood apart from the relational contexts they inhabit (Bowen, 1978). Behaviour and emotion circulate within family systems. This aligns with the social constructionist stance of this study because meaning is understood as emerging through relationships.

Here, systems theory helps make sense of how individuals experience support, conflict, closeness, and change within their relationships. It keeps both the client and the significant other in view, highlighting how their interactions shape the meanings attributed to recovery or relapse.

*Attachment Theory*

Attachment Theory offers insight into how people seek closeness and interpret relational responses, particularly in moments of stress (Bowlby, 1988). For those navigating recovery, attachment patterns may influence how support is perceived and whether it is trusted, feared, or rejected. In addiction research, insecure attachment has been linked to emotional dysregulation and increased vulnerability to substance use (Fletcher et al., 2014).

In this study, attachment theory helps illuminate how relational responses are interpreted and how these interpretations affect movement toward or away from recovery. It complements systems theory by highlighting the emotional processes shaping relational patterns.

Together, these frameworks offer a flexible and relational lens through which participants' experiences can be understood.

**Definition of Terms**

Acronyms used throughout this thesis include:
**IPA**: Interpretative Phenomenological Analysis
**AUD:** Alcohol Use Disorder
**SUD**: Substance Use Disorder
**IP**: Identified Participant (the person with previous experience in addictions' rehab)

**CSO**: Concerned Significant Others (IP partners)
**TC**: Therapeutic Community

## Conclusion

This chapter outlined the rationale for the study, its research question, and the researcher's positionality. It also introduced the theoretical frameworks guiding the interpretation of participants' experiences.Chapter two presents the literature review, and chapter three describes the methodology. The subsequent chapters offer the findings and the discussion, with the final chapter concluding the thesis by summarising the study, reflecting on its limitations, and offering recommendations for future research.

# Chapter 02: Literature Review

## Introduction

This chapter explores the understanding of addiction, its impact on families, and how therapeutic communities (TC) position themselves regarding family involvement in recovery. The focus is not on the technical mechanisms of addiction or TC structures, but on the psychosocial and relational dynamics surrounding substance use disorder and rehabilitation.

The broader purpose is to establish how the Identified Patient (IP) and their Concerned Significant Others (CSO) approach, experience, and shape the recovery process through family responses. The study is particularly interested in how IPs perceive support or the lack of it while undergoing rehabilitation in a Maltese TC.

While the fields of addiction and TCs form the backdrop, the research does not seek to contribute directly to specialist debates on either. Rather, it uses these fields as a setting to explore lived experience and perceived social support.

This chapter is organised into three main sections: Understanding Addiction and the Maltese Context, which examines how substance use disorder is conceptualised and situated within the Maltese sociocultural environment; Impact of Substance Use Disorders on Families, which considers the emotional, relational, and practical consequences of addiction on family systems; and Therapeutic Communities and Family Involvement in Recovery, which reviews TCs, their relationship with families, and the known benefits and risks of integrating a resident's family into the rehabilitation process. The chapter closes by highlighting the specific research gap concerning the IP's perceptions of their CSO responses within a Maltese TC.

## Literature Search

The literature search for this chapter took place between September and November 2024, primarily using the University of Malta's HyDi interface and Google Scholar.

A broad initial search strategy adopted combinations of keywords such as: addictions, substance use disorder, therapeutic communities, families and addiction, impact of substance use on families, and family presence within the therapeutic community.

Abstracts were screened to identify studies addressing three key areas: the conceptualisation of substance use disorder and its relational dimensions; the impact of addiction on family systems and family involvement in treatment; and therapeutic communities, with attention to family involvement, social support, and outcomes. Reference lists of relevant papers were then examined in a snowball fashion to locate additional literature.

A second, more focused search used phrases like perceived social support in therapeutic communities, social support in residential rehabilitation, and social support and substance addiction recovery. These searches yielded studies exploring how social support influences recovery trajectories and treatment engagement, as well as recent work highlighting the multilevel nature of social support in recovery populations (Islam et al., 2023). However, they did not yield studies examining perceived social support specifically within Maltese TCs from the perspective of IPs.

Finally, searches using terms such as drug addiction Malta, therapeutic communities Malta, and Malta substance use treatment were conducted. These led to national reports on the drug situation and responses in Malta (Gellel et al., 2024), local outcome studies on TC-based programmes (Axiak, 2016), and recent work on substance use disorder presentations in the Maltese health system (Camilleri et al., 2025). While these sources contextualised the national treatment landscape, they did not address clients' perceptions of family support in residential settings.

The lack of recent empirical work specifically addressing perceived social support in TCs, particularly in Malta, indicated a genuine research gap. The existing literature informed the conceptual framing of this study, while this gap helped clarify its contribution.

**Understanding Substance Use Disorder**

The DSM 5 describes substance use disorder as a cluster of behavioural, cognitive, and physiological symptoms occurring when an individual continues to use substances despite significant problems (American Psychiatric Association, 2021, p. 483). This definition built on earlier conceptualisations but risked being interpreted as a fixed category rather than a dynamic process that shifts in intensity and impact.

Skinner and Herie (2014) propose understanding addiction as a continuum, which allows for changes in severity, consequences, and readiness for change.

This broader view frames addiction not only as within an individual but also as part of wider relationships and contexts. Kelly (2016) argues that the addiction trajectory is deeply embedded in the person's relational world, including their family and social systems. Addiction is both shaped by and shaping the family context, aligning with systemic perspectives that see problems occurring within networks rather than in isolated individuals (Templeton & Forrester, 2021; Mardani et al., 2023). This systemic framing is central to the current study, which takes place within a TC and directly examines relationships with significant others.

### Addiction, Isolation, and the Power of Connection

Hari (2015) popularised the idea that addiction is fundamentally linked to disconnection, suggesting that substances offer a temporary substitute when meaningful human bonds are missing. Many individuals seeking treatment carry histories of relational trauma that predate the onset of addiction. Consistent links are shown in the literature between trauma exposure (including physical and sexual assault, PTSD, and adverse childhood experiences) and later substance use (Mael & Daniel, 2022; Deykin & Buka, 1997; Creamer et al., 2001; Felitti, 2003; Funk et al., 2003; Cohen & Hien, 2006; Back et al., 2009; Forster et al., 2017).

The social isolation following such experiences often leaves the person on the edge of their social world. Giacomucci et al. (2018) describe how people may adopt maladaptive strategies to cope with social pain, including substance use, which Alexander (2010) frames as one of the most readily available responses. Ingram et al. (2020) caution against seeing addiction only as self-medication, emphasising that the progression to entrenched addiction also serves relational functions.

For individuals who feel like social outcasts, involvement in substance-using networks can provide a new form of belonging. Research shows these networks can offer identity, recognition, a wider social circle, and opportunities for intimacy, which can be particularly attractive to people who have lived with prolonged loneliness (Khobzi et al., 2009; Martin, 2010; Simmons et al., 2012).

Recent work has reinforced the centrality of social support in recovery. Islam et al. (2023) underline how perceived social support is associated with less substance use, more days abstinent, and improved quality of life, operating at both individual and group levels. Social networks that encourage abstinence and provide emotional/practical support are associated with better outcomes, while networks that normalise substance use are tied to higher relapse risk (Islam et al., 2023). Understanding addiction as rooted in disconnection and framed by relational patterns highlights why the responses of CSOs to rehabilitation might be so powerful, whether perceived as accepting, ambivalent, or rejecting from the IP's perspective.

**The Maltese Cultural Context**

Understanding addiction in Malta is crucial. The Maltese Islands are small, and social intimacy is often unavoidable. Dense extended family networks and close proximity create a context where reputation and family name carry considerable weight. O'Reilly Mizzi (1994) notes how gossip and shame dynamics remain embedded in Maltese culture, and Scicluna and Clark (2019) highlight how concerns about appearance and social judgement continue to influence daily life.

In the area of addiction, Parnis (2023) describes a characteristically ambivalent stance: people may express concern and sympathy toward those who misuse substances, yet simultaneously maintain a wary and judgemental approach. This ambivalence is wrapped in underlying stigma, which can hinder desistance and make it harder for people to construct a new, non-using identity (Camilleri & Clark, 2023).

Stigma does not only affect the person who uses substances. Corrigan et al. (2006) show how families can also become objects of blame and social exclusion, translating in the Maltese context into being seen as responsible for the problem. This creates a painful double bind for families: the wish to support a loved one versus the fear of public exposure. Within small localities, this can affect children, employment, and how extended relatives are treated. The family response to addiction is thus never a private matter; it is filtered through cultural expectations about respectability, loyalty, and control, and through fears about social judgement.

Malta also has a relatively dense system of services for substance use disorders. National reports highlight a range of public and voluntary sector programmes, including residential TCs, community-based rehabilitation, opiate substitution, and harm reduction, all framed within a national drug policy emphasising care (Gellel et al., 2024). TCs have operated locally for over forty years (Caritas Malta, n.d.), with Sedqa, Caritas, and OASI as key providers. Outcome studies on community-based programmes show benefits for recidivism (Axiak, 2016) and recent work maps presentations related to substance use disorders in the Maltese health system (Camilleri et al., 2025).

Despite these developments, little is known about how Maltese families respond to a relative's decision to enter a TC, and even less about how IPs interpret those responses. In a culture where close family ties coexist with strong stigma and tight social networks, the way CSOs react to treatment may be experienced as deep acceptance, reluctant tolerance, or subtle rejection. These culturally shaped experiences form an important backdrop to the present study.

## Impact of Substance Use Disorders on Families

This section focuses on the family experience of substance use disorder and how these experiences shape treatment engagement.

### *Impact of Substance Use Disorder on the Family Before Treatment*

It has long been documented that substance misuse impacts the whole family (Cermak & Brown, 1982; Figley, 1990; Norton, 1994; Shamsaei et al., 2019; Mardani et al., 2023). Families often describe being pushed into a dark place where they must either adapt to the presence of addiction or risk losing the person they love.

### *Emotional and Psychological Impact*

Living with a family member who misuses substances raises many questions. Parents, partners, and siblings often wonder what they could have done differently (Lander et al., 2013). The repeated cycles of hope, disappointment, and crisis create chronic emotional strain.

Mardani et al. (2023) show that affected families report a wide spectrum of emotional challenges, including fear, shame, anger, grief, and uncertainty. Many family

members meet criteria for anxiety or depressive symptoms, and some develop their own health problems as a result of ongoing stress (Orford et al., 2013).

*Financial and Practical Burden*

Substance use disorder also creates significant financial and practical burdens. Families may find themselves paying debts, covering the cost of substances, or repeatedly replacing stolen or damaged items (Copello et al., 2010; Schäfer, 2011). They may also lose income due to missed work or face costs related to legal issues or healthcare. Singer (2008) draws attention to the added risk of infections, particularly with injecting drug use, which brings additional medical expenses. For many families, routines become organised around managing crises, searching for the missing loved one, or attending court hearings.

*Erosion of Family Relationships*

Over time, substance use erodes the fabric holding the family together. Communication becomes strained, trust diminishes, and many families report feeling disconnected. Relationships that once offered stability may become sites of conflict, secrecy, and repeated disappointment. Ólafsdóttir (2020) describes how unpredictability and broken promises can drain genuineness, while Borges Borton et al. (2017) highlight the intense feelings of guilt, anger, and resentment. Families often find themselves torn between wanting to support the person and needing to protect themselves.

*Living with Ambiguity and Chronic Crisis*

Family members are frequently the ones left to pick up the pieces, managing work, caring for children, and dealing with daily responsibilities, often with limited guidance and support (Maina et al., 2021). This constant exposure to uncertainty and crisis shapes how family members later respond to offers of treatment. The prospect of rehabilitation may be met with cautious hope, scepticism, or emotional numbness. Expectations and fears do not disappear at the door of the treatment centre; they influence how the family relates to the person in rehab.

*Rebuilding Bridges Between the Individual and Their Systems*

Treating substance use is often approached primarily through the individual, yet recovery unfolds within interconnected systems. Rebuilding bridges between the person and their relational systems is central to sustainable change.

Policies tend to place the substance-using individual at the centre, with families addressed only when resources allow (Gellel et al., 2022). However, the impact on those around the person is significant. Family members carry emotional wounds, financial strain, and altered roles, requiring support in their own right (Moriarty et al., 2011; Shamsaei et al., 2019). Ignoring their needs overlooks a powerful potential resource for sustaining change.

From a systemic perspective, relationships involving substance use disorder can strive towards a fragile form of homeostasis (Brown & Christensen, 1986; Alaggia et al., 2023). The addiction may serve certain functions, such as distracting from other conflicts. While the person fights to maintain their use, others may also participate, consciously or not, in maintaining conditions that allow the addiction to continue (Lander et al., 2013).

Addressing only the individual risks a situation in which the person returns from treatment to a system that has not evolved. Maté (2008) argues that all involved must become present to their own lives and address their own injuries if the unit is to change. Families therefore, need support not only to back the person in treatment but also to reflect on their own patterns.

Recent literature underlines that when family members are included in treatment, there are benefits for engagement, outcomes, and family functioning (Esteban et al., 2022; Sharma et al., 2024). Involving families is a core part of creating conditions in which recovery can take root and be sustained.

**Therapeutic Communities and Family Involvement in Recovery**

This section turns to TCs, considering their operation, historical approaches to families, and how current literature understands family involvement. It concludes by identifying a specific gap around residents' perceptions of integrating their families into the TC process.

*Therapeutic Communities*

Addiction TCs are intensive residential interventions for people with substance use disorders. They rely on a self-help and mutual-help philosophy where residents are encouraged to take responsibility for change and participate actively in the community (De Leon & Unterrainer, 2020).

Typically, a stay in a TC ranges from twelve to eighteen months (De Leon, 2000). Longer treatment durations are generally associated with better outcomes, including reduced relapse rates (Vanderplasschen et al., 2013). During their stay, residents participate in a wide range of activities, including therapy groups, seminars, individual and family psychotherapy, work assignments, and structured interactions (De Leon & Unterrainer, 2020). In this sense, the TC functions as a surrogate family (Possick & Itzick, 2018), inviting residents to examine and modify behaviours that sustained their addiction and learn to live accountably. Relationships and daily routines become central tools for change.

*Community as Method*

De Leon (1995) proposed community as method to capture the central role of the communal environment. Change emerges primarily from active involvement in community life. When residents engage with peers, take on responsibilities, learn to give and receive feedback, and participate in shared decision-making, they are practising new ways of being that contrast with the self-centred patterns associated with addiction (Perfas, 2019).

In this model, progress is often assessed not only by abstinence or insight, but also by increased capacity to function as part of a group. The resident's ability to move from focusing mainly on their own needs to recognising their impact on others is considered a sign of growth (De Leon, 2020).

*Risks and Evolution of Family Involvement*

In early TCs, families were often viewed with suspicion or seen as part of the problem. They were thought to lack the capacity to support recovery, often leading to considerable energy invested in separating residents from their families (Kaufman & Kaufmann, 1992).

Over time, this position shifted. Goethals et al. (2011) document how TCs gradually moved to understanding families as central elements in the recovery process. The emphasis changed from exclusion to cautious inclusion, with programmes developing more structured ways of involving family members.

Nonetheless, risks remain. Concern arises when other family members struggle with substance use, increasing the risk that they may sabotage the resident's progress (Goehl et al., 1993). Another risk lies in involving families in ways that reproduce blame or shame, especially where stigma is strong. Poorly handled family interventions can leave residents feeling exposed or invalidated, potentially weakening their engagement.

In Maltese TCs, these concerns may be intensified by the smallness of the islands and the close networks. Boundaries between private and public knowledge are more porous, making the question of how close to bring families particularly delicate.

*Impact of Family Involvement on Recovery*

Traditionally, once a client entered a TC, the community guided them toward a responsible self (De Leon, 2000). Families were included in limited ways, often as an external motivator; contact or visits might be framed as something to be earned (National Institute on Drug Abuse, 2002).

As understanding deepened, it became clear that the family context contributes to substance use disorders (Horák & Verter, 2022). Consequently, changes in this context influence recovery outcomes. Research found that improved family functioning is associated with better treatment retention and lower relapse rates (Weidman, 1987).

Social support has repeatedly been linked to positive outcomes. Lack of support is associated with a higher risk of substance use problems (Garmendia et al., 2008), while stronger family bonds can reduce those risks (Kopak et al., 2012). Islam et al. (2023) show that higher levels of perceived social support are linked to less substance use, more days abstinent, and better psychological well-being.

Evidence for the value of family involvement has accumulated. Reviews and studies indicate that including family members can increase engagement, improve

outcomes, and enhance family functioning (Copello et al., 2005; Soyez et al., 2006; Esteban et al., 2023; Sharma et al., 2024). Positive family support is associated with better engagement and stable abstinence, whereas negative support can have the opposite effect (Substance Abuse and Mental Health Services Administration, 2021).

Hogue et al. (2021) argue that families are powerful, yet underused resources for enhancing treatment and recovery. Chou et al. (2024) similarly highlight that, despite strong evidence for family-based interventions, they are not consistently implemented in everyday services.

Within TCs, the family's stance influences admission, retention, and post-discharge outcomes (Rawlings & Yates, 2001; Soyez et al., 2006). When families provide stable, encouraging support, residents may feel more anchored. When families remain ambivalent or hostile, residents may struggle with conflicting loyalties.

Despite these insights, very little research looks specifically at what aspects of family involvement residents themselves experience as most supportive or most difficult, especially within a TC context. This gap is more pronounced in Malta. The present study is situated at this intersection, focusing on how residents in a Maltese TC perceive and make sense of their significant others' responses to their rehabilitation.

**Conclusion**

This chapter explored the literature relevant to understanding how families and social support intersect with addiction and TC-based rehabilitation. It began by outlining a view of substance use disorder as a process that unfolds within relational and systemic contexts. Addiction was presented as connected with disconnection and social pain, and recovery as a process often dependent on new forms of connection and support.

The chapter then turned to the impact of substance use disorders on families, highlighting emotional strain, financial burdens, erosion of relationships, and the complex task of living with ambiguity and chronic crisis. These experiences shape the expectations and fears family members bring to rehabilitation, influencing how they respond when a relative seeks treatment.

Finally, the chapter examined TCs and their evolving relationship with families. Once seen as risks, families are increasingly recognised as crucial partners. The literature indicates that family involvement can support engagement, retention, and outcomes, yet must be handled carefully where stigma and trauma are present.

A specific gap remains: there is very limited research on how residents themselves experience the responses of their significant others during a stay in a TC, particularly in Malta. The present study seeks to address this gap by using interpretative phenomenological analysis to explore how clients in a Maltese TC perceive and interpret their significant others' support in relation to their own recovery. The next chapter sets out the methodology that guided this inquiry.

# Chapter 03: Methodology

## Introduction

This chapter outlines the motivation for selecting a qualitative methodology and provide rationale for adopting an Interpretative Phenomenological Analysis (IPA) approach. The participants and recruitment process are described, data collection procedures outlined, and analytic process detailed. Steps taken to ensure credibility and trustworthiness, the process of self-reflexivity, and ethical considerations underpinning the study are also all discussed.

## Research Question

In this study I explore the following research question:

> "How does a client's understanding of their significant other's support during their therapeutic journey in an addiction therapeutic community in Malta affect their own progress in recovery?"

To further unpack this overarching question, I also considered the following subquestions:

> How do significant others (CSO) make sense of the client's rehabilitation journey?
> How do the concerned systems measure progress?
> Does the local context shape these meanings in any way?

These questions reflect the study's focus on perceived support, dyadic meaning making, and the Maltese context influence.

## Choosing Qualitative Methodology

In this study I explore the impact of perceived available social support on achieving one's own goals. I chose to carry out this study in the context of an addictions' rehabilitation programme operating as a TC. As a researcher, I was interested in capturing the subjective experience and the nuances in the perspectives of the participants.

By opting for qualitative methodology, I could pursue a personalised understanding of the specific aspects of the participants lived experience (Williams, 2007) and how this shapes their world through the meanings they attribute to relationships and contexts (Smith & Eatough, 2007).

Furthermore, considering the sensitivity of this study, power dynamics at play, and dual role that I, as a researcher and a professional in a rehab centre, occupied and had to navigate, a qualitative methodology allowed for the co-construction of deeper relationships through which participants could be more forthcoming with their experiences (Creswell, 2007). This was important given that participants were asked to revisit emotionally charged material related to addiction, recovery, and relationships.

### Choosing IPA

Prior to embarking on this research, I considered other approaches. This allowed me to evaluate which methodology best serves the study and answers the research question (McWey et al., 2005).

Grounded theory's (GT) aim to uncover patterns and generate concepts that emerge from data (Charmaz & Thornberg, 2020) was a reason for excluding it. Since I aimed to work with a small sample size, it was impossible to reach effective sampling for GT. Even though theoretical saturation can still be achieved through smaller sample (Thomson, 2010), this study anticipated even fewer participants. Furthermore, generating conceptual or theoretical explanations of processes was not my focus.

Similarly Thematic Analysis (TA) was not considered. TA is particularly suitable for larger sample sizes and identifying and analysing patterns, themes, and concepts across a broad data set (Morgan, 2022).

### Interpretative Phenomenological Analysis (IPA)

*Philosophical and methodological foundations*

IPA is underpinned by three interrelated orientations: phenomenological, hermeneutic, and idiographic. It draws on a phenomenological tradition that views experience as always situated, embodied, and relational rather than as a set of

isolated internal states. It is hermeneutic in that it assumes that access to lived experience is always mediated by interpretation, involving a double hermeneutic in which participants make sense of their world while the researcher makes sense of participants' sense-making (Smith & Nizza, 2022). Finally, it is idiographic, prioritising detailed, case-by-case engagement before cautiously moving toward more general claims.

*Idiography*

Guided by the nature of the study, and its aims, I felt that IPA would best serve the research. Its commitment allows focus on a small number of participants and to explore each case in detail before cautiously identifying shared patterns (Smith & Nizza, 2022).

In this study, each couple was treated as a case comprising two perspectives: that of the person with experience of rehabilitation (IP) and that of their CSO. This dyadic idiographic focus enabled me to attend closely to individual experiences while also considering how their accounts intersected within the couple's shared relational context.

*Phenomenology*

IPA encourages participants to bring forth the significance of the intricate moments of their lives and how these experiences weave together into meaning (Smith et al., 2022). With this stance, IPA combines fragmented experiences and sheds light on the broader context in which they are situated (Smith et al., 2009). Aiming to elicit and examine in detail the lived experiences of participants and their views of their relationships (Smith & Nizza, 2022), the choice of IPA was consolidated.

This approach aligns closely with my aim to understand how participants experience and make sense of the support available during their rehab. Rather than treating support as an objective variable, IPA allowed me to explore how it is subjectively perceived, negotiated, and interpreted over time.

*Hermeneutics*

IPA recognises the co-constructed understanding between researcher and participant. Allan and Eatough (2016), explain how the process involves interpreting participants' own interpretations; a double hermeneutic. This interpretative stance resonated with my dual role within the TC. This research required my full awareness and constant reflexivity about how my familiarity with the setting might shape the meaning-making process (Finlay, 2016).

Having worked extensively with some of the participants before the study, I tried to maintain my interpretations to what was being said in the moment, rather than relying on prior knowledge (Finlay, 2008). My interpretive work involved distinguishing between what I already knew and what was offered in the interview, trying to keep these strands separate while acknowledging their inevitable interweaving.

**Purposive Sampling**

In line with IPA's idiographic focus, I used purposive sampling (Smith & Nizza, 2022). I sought participants who shared a key experience; graduation from a Maltese addictions TC, re-entered society, and had a CSO present all throughout. These criteria were central to this research as they offered a specific context in which I could look for changes, if any, on a continuum. Also ensuring a number of features supporting participant safety, such as knowing that participants had worked on their recovery, had a support network, and showed themselves to be at a lesser risk of relapsing.

The choice of a small sample size is consistent with IPA's idiographic commitment to depth over breadth. These recommendations by Smith, Flowers, and Larkin (2009) enable detailed, case-by-case analysis before cautiously exploring patterns across cases. Considering that each case in this study represented a couple comprising two interrelated perspectives, four participants with whom six interviews were carried out, were deemed sufficient to provide rich, nuanced data while remaining manageable for analysis.

## Recruitment Process

Following approval from the Research Ethics Committee, an information letter outlining the research details was sent to Caritas Malta and aġenzija Sedqa. Since I wanted to research a specific group of people having gone through a specific experience (Williams et al., 2014), Caritas and Sedqa, with their addiction TCs services, acted as gatekeepers (Creswell & Poth, 2018). The letters, giving a brief overview of the research, its aims, ethical considerations, and contact information, extended an invitation to potential candidates.

Professionals in these agencies contacted potential eligible participants who in return were invited to contact me directly through the contact details provided. This opt-in approach added another layer of confidentiality, concealing participants' identities even from the gatekeepers, and reducing the possibility of participants accepting the invitation out of a sense of obligation (Bond, 2004).

## Selection Criteria

To ensure methodological coherence and participant safety, I set inclusion and exclusion criteria. The study aimed to be inclusive of participants differing in gender, nationality, class, political or religious beliefs, legal status, physical health, and mental health, as long as they could give informed consent.

The inclusion criteria were as follows. In the last five years, one of the individuals in the couple should have spent at least one year in an addictions TC. Following which they should have spent at least one year out of rehabilitation, where they should have been living in a relatively stable condition for at least the last six months, without any documented relapses. They needed to be willing to sit for two separate interviews held at a place and time convenient for them, to consent to be video and audio recorded, and to be available for a total interview time of around four hours. They should also have been admitted to rehabilitation with an AUD or SUD as defined in the DSM-5 (American Psychiatric Association, 2021).

The other individual in each couple had to be the CSO of the IP and to have been present since their partner's admission to rehab. The CSO also needed to be willing to attend a one-hour interview at a convenient place and time, and to consent that

this interview would be video and audio recorded and later viewed by their partner as part of the study. Finally, at least one of the participants in each couple had to still be in contact with a professional from either Caritas or Sedqa.

Given the sensitive nature of the study, exclusion criteria were also established. Couples were excluded if either one or both participants were younger than eighteen years of age during the time one of them spent in rehab, or if either had mental health issues that would limit informed consent. Couples were also excluded if it had been less than six months since the IP had lapsed on their previous substance of choice, if the CSO had an addiction of their own affecting their day-to-day life or relationship, or if there were any concerns of domestic violence between them.

**The Participants**

This study included two couples (four participants in total). Each couple consisted of one individual who had completed a residential rehabilitation programme in a Maltese TC and their CSO. Both CSOs had been present prior to admission and remained involved throughout rehab.

This configuration was chosen to capture both the client's experience of perceived support and the partner's account of providing support. Participants ranged in age from their early forties to mid-fifties. Each couple comprised a male and a female partner. Both individuals with rehabilitation experience had previously undergone other treatment episodes, during which their CSOs were also present. In both cases, the couples were parents, a theme that surfaced naturally across the interviews.

Considering the small pool of potential participants, and the even smaller sample size, a more detailed overview of the participants is not being offered as a means to further uphold confidentiality.

Interviews were conducted in the participants' preferred language, which included both Maltese and English. Pseudonyms were assigned and identifying details were generalised or removed to protect confidentiality.

## Data Collection

*Semi-Structured Interviews*

Semi-structured interviews were used to invite participants' own emphasis while keeping focus on perceived support. Smith et al. (2022) explain how semi-structured interviews in IPA are usually carried out on a one-to-one basis. They propose that through this method, the interview is co-constructed between the interviewer, who approaches the conversation with an interview schedule, and the participant, who is left with enough agency to direct the interview toward what they wish to highlight.

This approach for data collection offered both the participants and myself enough guidance without restrictions. Allowing us to steer the interview towards areas that seemed most relevant while remaining responsive to the participants' priorities.

Three interview guides, one for each planned interview, were drafted. As suggested by Smith and Nizza (2022), this process was supported by my supervisor, whose guidance helped me reflect on which questions to include and how best to word them so that they remained anchored in the research question. The questions in the guides varied depending on who was being interviewed and at which stage of the process.

The first interview guide was prepared for the IP. Its aim was to explore how the interviewee experienced their CSO's support in relation to their rehabilitation goals. The second guide was prepared for the CSO. Here I was interested in how they experienced their partner's rehabilitation and how they felt they were supporting them. The third, planned as the second interview with the IP, was designed to conclude the interviewing process and to invite reflection on the CSO's interview. This interview drew on the Interpersonal Process Recall (IPR) method described below and supported the interviewees to reflect on their partner's experiences and on any shifts in their own understanding of support.

All three sets of interviews were transcribed and treated as data. However, analytic emphasis was placed on those sections most relevant to the research question, particularly those segments in which IP explicitly reflected on support, progress, and relational processes.

To respect the participants' request, interviews were carried out face to face in the rehab centre with which they were familiar. All expressed that the setting represented both familiarity and safety. Participants were offered the option to be interviewed in either Maltese or in English, and all opted for their native language. Quoted extracts from Maltese interviews were then translated into English for the thesis.

*Internal Process Recall*

Interpersonal Process Recall (IPR), as outlined by Larsen et al. (2008) in their investigations of internal experiences, guided me throughout the data collection process. IPR is a method in which participants watch video recordings of a session and are invited to pause and comment on their internal experiences; thoughts, feelings, and impulses that may not have been articulated at the time.

Being interested not only in participants' narratives about support, but also in how their understandings might shift when they were confronted with their partner's perspective, I was drawn to this method. However, whereas Larsen et al. (2008) focused on a particular therapy session, in this research I applied IPR to the concept of perceived available social support within rehabilitation.

The process unfolded with the IP being interviewed and asked about what support they felt they had received from their CSO throughout their rehabilitation journey. Then the CSO was interviewed. Then, in the last interview, the IP was invited to watch their partner's recorded interview. They could pause the video whenever they wished, or I could gently invite pauses at moments where their verbal or non-verbal reactions suggested something might be unfolding internally. Here, participants were asked to describe their thoughts, emotions, bodily sensations, and any emerging reflections (Larsen et al., 2008) about their relationship and their recovery journey.

In line with IPR, the internal experiences of the IP, what they noticed, how they felt hearing their partner's account, and whether any new meanings or shifts in understanding emerged, remained the primary interest. These reflective comments were treated as data and later analysed alongside the original interviews. IPR thus provided an additional layer of depth, making visible some of the internal dialogues and relational processes that might otherwise have remained unspoken.

*Video and Audio Recording*

The necessity to capture the interviews through both audio and video recording, was discussed at length with my supervisor before being adopted as the best option. Toraldo et al. (2018) study on grasping elusive knowledge in sensitive research, and their argument that video recording offers a unique opportunity to engage more intimately with interviewees' experiences, became a cornerstone of this decision.

Having the CSO's video recording available made it possible for the individual with past rehab experience to immerse themselves fully in the IPR-based interview. At the same time, opting for audio and video recording for all interviews allowed me to capture paralinguistic and embodied cues that were germane to meaning making.

**Pilot Study**

A pilot interview was planned from the outset. Miller et al. (2018) explains how these initial interviews allow the researcher to scrutinise the efficacy of the interview process, including flow, timing, clarity, and emotional impact. This enables the researcher to ensure that the setup delivers the necessary safety, is as respectful of participants as intended, and yields relevant data.

Given the two-stage design of my study, the pilot was used to test both the initial interview format and the IPR-based follow-up. The pilot helped to refine the way I introduced the study and explained the use of video recording, to adjust the order and wording of some questions so that they flowed more naturally, and to allow more time for participants to process their emotions during the IPR segment. It also highlighted the need to slow down my pace and to provide clearer transitions between topics.

Since these adjustments were procedural rather than conceptual the pilot data generated was considered valuable and consistent with the main study aims and thus retained in the final analysis (Ismail et al., 2016).

**Data Analysis**

Data was analysed following the stages outlined by Smith and Nizza (2022). Each recorded interview was transcribed verbatim, including pauses, shifts in intonation,

notable non-verbal cues, and other forms of expressive body language (Smith et al., 2022). Without going overboard transcribing information that was not going to be analysed (O'Connell & Kowal, 1995), I reminded myself that transcribing was an interpretative exercise (Smith et al., 2022), an essential factor shaping analytical proceedings.

Transcription was carried out as soon as possible after each interview to preserve as much detail as possible (Biggerstaff & Thompson, 2008). Afterwards, the interviewee was offered the opportunity to review the transcript and informed that they could review or redact any parts they wanted. This was done in an attempt to remain as honest as possible towards the interviewee's experience and to engage in a form of member checking (Creswell & Poth, 2018).

The analytic process began with an immersion phase in which I read each transcript while simultaneously watching the corresponding video recording, to better visualise the participant in my mind's eye (Pietkiewicz & Smith, 2014). I then wrote my own reflections alongside the transcripts, in an attempt to bring to the surface my biases, assumptions, and emotional responses (Spinelli, 2005).

From this engagement, I developed initial exploratory comments, focusing on descriptive, linguistic, and conceptual observations. These were then transformed into emergent themes that attempted to capture the essence of each participant's meaning-making. Once these emergent themes were fleshed out, I began clustering them together (Smith et al., 1999), identifying patterns of connection and contrast within each case.

Given that each couple constituted a case comprising two voices, I first analysed each participant separately and then examined how their themes intersected within the couple. Only after completing this idiographic work did I move to the cross-case level, looking for convergences and divergences across the two couples. This process led to the development of broader superordinate themes that captured shared aspects of experience while respecting individual nuances.

Consistent with IPA's idiographic commitment, I prioritised depth over breadth, focusing on meaning-rich sections most relevant to the research question rather than coding every line (Smith et al., 2022). An audit trail documenting the progression

from raw transcript to emergent, clustered, and final superordinate themes was maintained to ensure transparency and rigour throughout.

## Credibility and Trustworthiness

Creswell and Poth (2018) present a comprehensive list of strategies to enhance credibility and trustworthiness and recommend that researchers engage in at least two. Considering the nature and scope of this study, following a discussion with my supervisor, it was concluded that the following were the most appropriate.

First, I engaged in reflexivity, starting with a reflective exercise on my biases, the personal and professional experiences that spurred my interest in this topic, and where my own investments lay. By engaging in reflexivity, I aimed to be more aware of my orientation and influences when approaching, engaging with and interpreting the data.

Secondly, I used my engagement with the field as a resource while also remaining aware of its potential risks. My experience in a TC gave me a better feel for the experiences participants described, but it also made assumption creep (Finlay, 2008) more likely. I therefore used supervision and reflexive writing to question where my insider knowledge might be shaping interpretation.

Finally, I engaged in a form of member checking by offering participants the opportunity to review their transcripts and clarify, remove, or nuance any parts they felt did not accurately represent them. This process aimed to strengthen the credibility of the accounts on which the analysis was based (Creswell & Poth, 2018).

## Ethical Considerations

Several ethical considerations had to be taken into account to safeguard participants (Creswell, 2008). Given the sensitive nature of the topic, all precautions had to be taken to avoid causing any harm during the research process.

### *Ethical Clearance*

Prior to initiating participant recruitment and data collection, approval from the University of Malta Research Ethics Committee was obtained. Following this, the

research was proposed to both Caritas and aġenzija Sedqa as the only two entities in Malta administering rehabilitation programmes structured as TC. Afterwards, a detailed information letter including the aim of the study, the data collection process, and my contact details was circulated to relevant gatekeepers.

To address the dual role I occupy, an opt-in recruitment process was preferred, making it clear that any individuals interested in participating had to contact me themselves. Bond (2004) highlights that overlapping roles can influence participants' willingness to take part and their openness, due to perceived authority or obligation. Dallos and Vetere (2005) similarly emphasise the ethical importance of making such boundaries explicit. I therefore clarified my role at each stage, emphasised that participation was voluntary, and reassured participants that their decision would not affect any services they were receiving or might access in future.

*Pseudonymity, Anonymity, and Data Storage*

Potential interviewees were informed about the use of video and audio recording and the rationale for this. Pseudonymity was explained, and participants were told that pseudonyms would replace their names and the names of their family members. General descriptors were used for professionals involved or for institutions they referred to. Dates and durations were generalised, while countries and languages of origin were anonymised to reduce identifiability.

Participants were informed that recordings and transcripts were codified and securely stored on password-protected external hard drives as encrypted files. Only my supervisor and I had access to the raw data. In line with University of Malta regulations, the data will be retained until after grading and for the period specified by the University, after which they will be securely destroyed. During the course of the study, any data used in presentations or publications that could potentially identify participants were removed or sufficiently altered.

*Participants' Rights*

Participants were informed that they had the right to withdraw from the research at any point without needing to provide any explanation. That they also had the right to review and edit the information they provided. They were reassured that if they

chose to review, amend, or revoke any information, or to withdraw entirely, no one outside the research context would be informed.

A consent form was presented to all participants and explained verbally. This ensured that participants truly understood what was being asked of them and what they were consenting to, particularly in relation to video recording, IPR, and the eventual use of data in analysis and dissemination.

*Potential Distress and Support*

Given the sensitivity of the topic, I anticipated that talking about past struggles related to addiction and its impact on relationships could evoke strong emotions. For this reason, I required that at least one member from each couple still be in contact with a professional from either Caritas or Sedqa.

Participants were informed that they could pause or stop the interview at any time (Dempsey et al., 2016). They were informed that, should they feel the need for further support, they could contact their allocated professional or be referred to any service listed on a service provider list that was provided (Smith et al., 2009).

Debriefing was carried out after each interview to ensure that the interviewee was leaving in a stable emotional state and had a clear plan of action should distress arise later on (Larsen et al., 2008).

**Self-Reflexivity**

Smith et al. (2022) discuss how the researcher explores their own preconceived notions and experiences and reflects on how these may influence the interpretation of data through reflexivity. Especially pertinent when the researcher is directly or indirectly part of the community being investigated or has direct experience of the phenomena under study (Smith et al., 2022).

As a practitioner in an addictions TC, I knew this was particularly relevant to my situation. As an insider to this context, I was afforded access and rapport, but I also had to keep in mind the risk of assumption creep (Finlay, 2008), particularly when certain data resonated with my own experiences (Goldspink & Engward, 2019).

To mitigate this, I invested significant effort in bracketing through a reflexive journey (Tufford & Newman, 2012). I kept a reflexive journal in which I documented my expectations, emotional reactions, and emerging interpretations throughout data collection and analysis.

Through these writings I realised that I could never fully eliminate my preconceptions. Instead, I treated them as material for further reflection, using them to ensure that participants' voices remained as central as possible to the analysis rather than risking overshadowing them myself.

## Conclusion

This chapter presented the methodology used in this study. I outlined the rationale for choosing an IPA approach grounded in phenomenological, hermeneutic, and idiographic principles. I described the sampling strategy and selection criteria, together with the recruitment process.

I then detailed the interview structure, data collection procedures, the use of IPR and video recording, the analytic process, highlighting the idiographic and relational focus of the analysis. Steps taken to ensure credibility and trustworthiness, including reflexivity and member checking, were described, alongside considerations related to ethical clearance, participant safety, and data protection. Finally, I discussed the importance of self-reflexivity given my insider position in the field. The derived findings will be presented in the following chapter.

# 04: Findings

## Introduction

This chapter presents the findings from the two interviews conducted with IP of a TC in Malta and their CSO. The analysis sought to explore how IP make sense of their CSO support during their rehabilitation in an addiction TC, and how this shapes their recovery process. Further to this, this chapter also looks at how CSO's perspectives illuminate the IP's meaning making process, offering a relational lens through which the IP's experiences of support can be more fully understood.

The findings were organised into four superordinate themes, each encompassing four subordinate themes. Two of which were derived from the IPs' initial interviews, and two from the later follow-up where they had the opportunity to listen to their CSOs' interview. This structure reflects the relational evolution of meaning making, of how experiences of support shift from the individual and introspective to the shared and relational, and how IPs' sense of recovery also shifts through a process of dialogue with their partners.

Each superordinate theme captures a core aspect of this process while they are on their recovery journey. How this meaning develops through focused interactions with their partner; revealing processes of identity, connection, and recovery within the TC setting.

These superordinate and subordinate themes are presented in the table below:

| Superordinate Themes | | Subordinate Themes | |
|---|---|---|---|
| **1** | Family as Anchor: Motivation, Containment, and Shared Purpose | **a** | Motivation through family bonds |
| | | **b** | Containment and structure through relational accountability |
| | | **c** | Guilt and responsibility as catalysts for perseverance |
| | | **d** | Shared purpose and relational renewal |
| **2** | From Shame to Dignity: Rebuilding a Moral and Relational Self | **a** | Shame as moral pain and self-alienation |
| | | **b** | Acknowledging harm and reclaiming responsibility |
| | | **c** | Learning dignity through honesty and relational repair |
| | | **d** | Integrating change into a coherent moral identity |
| **3** | Communication and Trust: Rupture, Mediation, and Behavioural Proof | **a** | *Rupture and avoidance as emotional legacies of addiction* |
| | | **b** | *Mediated communication through therapy and the TC environment* |
| | | **c** | *Behavioural proof and the slow rebuilding of trust* |
| | | **d** | *Emerging openness and relational reciprocity* |
| **4** | Power, Trauma, and the Negotiation of Autonomy in the Couple | **a** | *Control and hypervigilance as trauma legacies* |
| | | **b** | *Dependency and role reversal in the caregiving dynamic* |
| | | **c** | *Negotiating autonomy and shared decision-making* |
| | | **d** | *Empowerment through mutual respect and boundary-setting* |

Each theme is supported by verbatim extracts from the interviews. Quotations are followed by brief interpretative commentaries that illustrate how the participants' language and tone reveal their lived experience, emotional shifts, and attributed meanings. Together, these findings highlight that recovery within a therapeutic community is not experienced as an isolated process, but rather as a deeply relational, contextual, and evolving negotiation between the recovering individual, their partner, and the systems that surround and support them

**Superordinate Theme 1**

Family as Anchor: Motivation, Containment, and Shared Purpose

This superordinate theme captures how the family, particularly the significant other, becomes both a motivating force and a stabilising anchor in the participant's recovery. In both sets of interviews, the significant other was experienced as emotional support, a moral compass, and a containment system. Providing purpose, direction, and accountability. Participants' descriptions shifted between gratitude, guilt, and responsibility. This seems to be reflecting a dynamic tension between being held and being driven by those bonds. Within this theme, four subordinate themes emerged:

1. Motivation through Family Bonds

Both participants described their partners, as primary sources of motivation. Thus, imbuing the recovery process with emotional meaning. Family was presented as "the reason" and "the anchor" for enduring treatment. Also linking their determination to avoid relapse with an intention to protect their relational bond rather than as a personal success. Frank and Anna both spoke about how this motivation became the bridge between self-discipline and hope, transforming external support into internalised determination.

*"She* [his wife] *used to tell me, for example, you betrayed me for drugs. And it's true. And that would hurt me. But I cannot do anything, you know how? For that reason I've been saying I want to enter* [rehab]..." - Frank

*“Honestly, I was gonna commit suicide. Don’t ask me how. I didn’t even think about it. Then, I saw the picture of Paul* [child], *and I could not do nothing. Because I was thinking about taking pills and the reflection of Paul came and I still clearly see it.”* - Anna

At the same time, this bond was not always portrayed as purely positive. Carrying undertones of pressure and fear of loss. The participants’ motivation risked collapsing into anxiety about failing their significant others. Family bonds were not static supports but emotionally charged motivators. On one hand providing stability through love, while on the other the fear of disappointing others. One participant reflected that losing them again would have been unbearable, signalling how recovery was tied to relational survival.

“*If I go back to drinking again, I’m losing Paul* [child]. *I’m losing Tom* [husband], *and I didn’t want that. To be honest, I didn’t want Paul to grow up without a mother and a father.”* - Anna

2. Containment and Structure through Relational Accountability

A recurring theme across both participants was that their partner’s presence or expectations provided a sense of containment. A boundary system that replaced the earlier chaos. The partner often functioned as a moral mirror, reinforcing behavioural consistency. The act of being observed, checked on, or even challenged became a form of self-regulation, allowing participants to internalise responsibility over time.

*"*[Frank stops the recording while Mary is talking about how she had her mind at ease knowing that Frank is in rehab] *You would put her mind at ease by staying here, you understand? As I was telling you, previously she used to tell me, I’m fed up, I’ve had enough. As I told you, they suffer much more. You would be in another world. They would be living everything”* - Frank

However, containment was not always experienced as comfortable. At times, partner’s vigilance was experienced as surveillance. Yet underneath this ambivalence, there was the reflection that what once felt intrusive later became recognised as care. The participant’s awareness that it wasn’t the partner's intention to control, but rather to protect, marks a shift from dependency to shared regulation.

*“She would say... he’s lying. I used to lie so much that to this day she would ask... not just whether you are ok or not... and where are you? What have you done? With whom did you speak? You understand? To check whether she missed something.”* - Frank

3. Guilt and Responsibility as Catalysts for Perseverance

Guilt also emerged as a powerful emotional driver for recovery. Participants described being haunted by memories of how their addiction affected loved ones, and how this guilt fuelled a sense of urgency to stay on course. Rather than paralysing, guilt was often reframed as evidence of restored conscience. One participant explained that he now welcomed the discomfort of guilt, interpreting it as a sign of humanity returning.

*“Because I wanted to do the programme so much, and she* [wife] *wanted, like the children wanted, and my whole family wanted, that I do it. I do it for my own good, as well as for them. Like she said, the child is ashamed...”* - Frank

The participants understood that their partners contributed to this process by offering forgiveness or measured trust. Responses that transformed guilt into responsibility rather than shame. The act of not letting them down became a daily test of integrity and a benchmark for progress. In this way, this guilt became the fuel with which they sustained their commitment when motivation waned. After having described themselves as self-destructive there was a shift towards speaking of themselves as protectors, reclaiming moral ground through everyday accountability.

*“...and I’m tired of feeling guilty, because I know what I’m doing now. I know how much making up I do”* - Anna

4. Shared Purpose and Relational Renewal

By the later stages of recovery, both participants spoke of the relationship evolving into a shared project of rehabilitation. Support shifted from being externally provided to being mutually enacted. The focus moved from “me getting better” to “us rebuilding,” signalling an expansion of the recovery narrative beyond the self.

*“What I’m doing for me, I am also doing for her* [wife*]. As I told her, and I keep telling her. If you suffered with me when I was in the wrong, aren’t you now reaping the benefits with me? ...I know that it’s* [recovery] *good for me and good for everyone. Do you understand? It will benefit all at home” - Frank*

This mutual investment often unfolded through small, everyday gestures of routine check-ins, humour, or emotional reassurance. With micro-moments becoming the new markers of intimacy.

*“I call her myself, telling her, you didn’t call today? ...we’ve been together for so long, and she always kept the same routine... sometimes at 9am she goes to work. And when she goes to work, at exactly 9am, after having opened the shop, she’ll call me... and when I see the clock, and I check the time... 9:15am... 9:30am... I’ll call her myself!”* - Frank

Yet this shared purpose also required renegotiation of boundaries and roles, especially where partners had become overprotective or assumed parental functions. Re-establishing equality in the relationship became symbolic of autonomy regained.

*“She still does it, yes, she still does it sometimes. Either because she starts thinking, because of the fear she still carries, she starts thinking what... God forbid, can happen... but it’s much less now. Previously it was a whole show if I go somewhere. Today she’ll just tell me two words and stops.”* - Frank

Following all of this, there was also the realisation that it is time to “give back” to the partner. Seeing this reciprocity as proof of recovery. In this sense, the couple’s healing was not linear but dialogical. Progress in one member’s self-regulation could potentially foster safety in the other, which in turn reinforced the participant’s confidence. This cyclical process illustrates how relational trust operates as both a product and mechanism of recovery.

*“...I think we need to open up. I need to start opening up more. I think I need to cut the bullshit, and start opening up more. Try my best. Because like all these things we don’t talk...I should open up things. And we should work on things. Because there’s no point we are attending to our family therapy, and I’m not opening up, because I*

*don't want to hurt him in certain way. Maybe, if I start opening up, he'll open up too. Because that's how, the kind of a person I am. And it will help, I think. And we take it from there.*" - Anna

**Summary**

Across both couples, family served as a holding environment that transformed fear, guilt, and dependency into relational strength. Early narratives were dominated by obligation and fear of loss. Whereas later reflections revealed gratitude, cooperation, and the tentative feeling of experiencing themselves as being somewhat equal. The relational space became a laboratory for practising recovery values and mirroring the ethos of the therapeutic community itself.

**Superordinate Theme 2**

From Shame to Dignity; Rebuilding a Moral and Relational Self

This second theme explores how participants moved from living in the shadow of shame, stigma, and moral injury toward developing a renewed sense of dignity and self-worth. Recovery was never just about abstinence but also about restoring their whole being. Reconciliation between past transgressions and a desired future identity. Both participants portrayed shame as an embodied and relational experience that persisted even after sobriety. Yet, through support and reflective practice, they reframed it into a marker of growth. Four subordinate themes illuminate this movement:

1. Shame as Moral Pain and Self-Alienation

While reflecting about their early recovery memories, the participants who had experience in rehab touched on the theme of shame in various instances throughout their interviews. Presenting an acute awareness of having failed not only oneself but one's family. Shame appeared as both emotional weight and physical sensation. Participants described feeling "small," or "sick". It was experienced not simply as guilt over specific acts, but as a global collapse of self-esteem and belonging.

*“Yesterday I let him down. I was supposed to go there. I didn't go. I hate myself more. And the first thing, I need that feelings to go away is to have a drink.”* - Anna

*“She used to tell me, that is the guy I married. We have a photo frame of us... And that used to affect me a lot. Obviously, she’s right. But... that’s why I used to say I want to quit, I want to quit, I want to quit. But I used to come to my senses after I would have used. I would go buy, use, and then say to myself look what I have done, I used again”* - Frank

Shame also functioned as a barrier to openness. A stumbling block hindering their process of reconnecting both with their families and perhaps society at large.

*“*[talking about a neighbour he had robbed some years prior] *he is always ready to acknowledge me... looking at me, once, twice, three times, and I turn my head the other way.* [starts chuckling] *This is not a laughing matter but...* [continues chuckling and ends up rubbing his face in his hands] ... *not a laughing matter. Crazy... I ask myself, if the person knows what is going to happen, would he still do these things? ... For shame! What is this? He should be the one turning away, not I”* - Frank

2. Acknowledging Harm and Reclaiming Responsibility

Over time, there seems to be a shift in the interpretation of shame through acts of acknowledgement and responsibility taking. The process of naming harm, both to themselves and others, became a turning point where remorse transformed into agency. Responsibility was experienced not as punishment but as a path to moral rehabilitation.

*“Obviously, I do understand the situation did not help him...but I already feel guilty on it. I feel I'm to blame for it, but I've always, I think even being in rehab, I've always felt, felt like I'm to blame for a lot of things. So there's this guilt, and I carry a lot"* - Anna

*“... every single day of my life... I feel like I am working so hard to compensate. You know? I am working hard. And I don't think even he acknowledges.”* - Anna

*“*[stops recording while wife is talking on possible impact on children] *You would be embarrassing them. You would be embarrassing them. I’m sorry. What else can you do besides feel sorry? You feel uncomfortable.”* - Frank

The relational dimension of recovery, having someone witness remorse without rejection, helped participants reconstruct a self that could bear accountability. One such instance could be seen in Anna’s reaction when listening to her partner Tom, and her own reflections on prior reactions

*“I would have reasoned, like what I’m doing now. I said ok. That’s what I said. Maybe it’s because of my guilt. So Tom is saying to me, he’s not blaming me, but he’s blaming the situation we were. You know? But even then, even before that. When I heard him say that, and we paused* [referring to an earlier instance in the interview where she had interpreted his frustration towards a particular situation as blaming her]*, I didn’t even hear the whole thing. And I said I don’t care. You know? But at least, when we gradually continued* [after we had talked about that process and resumed the interview]*, I’m thinking, we spoke about it, and I said, could it be me? Could it be me, with the guilt, and... you know?”* - Anna

While Frank also presented his own shift as a result of more open communication and taking responsibility of his actions

*“I’m telling you, we never experienced such things. Either because of how I was... in another world. You understand? But, we never used to speak like this. She [wife] comes and speak about everything, where she’s going, what she is going to do... I don’t! ... Today I do tell her!”* - Frank

3. Learning Dignity through Honesty and Relational Repair

Following this journey from secrecy and being withdrawn, to being more open and honest, dignity began to take root not in grand declarations but in small, consistent acts of truthfulness. Participants learned that honesty toward their partner was both evidence and engine of recovery. Initially, honesty was more self-serving and strategic

*“I don’t want to lie. I want to be in peace with myself. Before I used to be very creative with lies... how do you expect to be trusted if you lie?”* - Frank

Gradually it became an internal value. Honesty started functioning as an offering. For partners, such gestures restoring their safety while for participants, re-establishing their worthiness. Honesty thus became the medium through which dignity was re-negotiated and embodied.

*“Now he knows how it happened. Because we spoke about it, I think, when I came out of the programme. I was honest with him, I told him, I was lying to you. Even on my portfolio, he read it, before even I read it here. Like I was lying to him, that I was going to stay for two months. He knows all this, he knows. ... Then I did tell him what happened to me, how I went to see [my doctor], how I wanted to kill myself. So now he knows everything."* - Anna

Participants frequently contrasted their former evasiveness with newfound openness. These micro-moments of self-validation reveal how dignity was learned behaviour, rehearsed through daily interactions until it became part of identity. Even though if at times this relational repair required patience as the participants learned that their changed actions do not automatically guarantee blind trust from their partners

*“She [wife] took some time... I used to go home for example and she would search me. Even the mobile. She would open it and search through it. There I used to feel like a child, not trusted... Trust, now I know, it takes time to regain it”* - Frank

4. Integrating Change into a Coherent Moral Identity

A shift could be observed throughout the participants’ interviews. Past sufferings were linked to current purpose, forming what might be called a “redemption narrative.” Recovery was reframed as moral evolution, a continuous process of learning, repairing, and giving back.

*“I didn’t stop at my needs. She has done so much for me, I think it’s about time I give her something in return”* - Frank

Participants spoke about humility, gratitude, and responsibility as guiding principles. The emphasis was not on perfection but on staying congruent with these values in

daily life. Partners and children played a pivotal role in this identity reconstruction. Their continued presence provided a mirror through which the participant's transformation could be validated and stabilised. When they noticed genuine behavioural change, the participant's sense of dignity was reinforced externally and internalised further.

*"My son, I think I already told you this, came to family therapy. And I used to go out* [while in rehab] *during the weekends, and he told her* [the wife], *is this our father? How was he one way, and is now another?"* - Frank

Thus, in the case of Frank and Anna dignity was not a fixed endpoint but an ongoing relational achievement, constantly renewed through action and recognition. The boundary between personal and relational healing blurred. As the participant is repairing their moral self, the relationship itself became a site of collective redemption.

Summary

This theme shows that recovery involves both moral and behavioural reconstruction. Participants' progress depended on transforming shame into a workable sense of responsibility, supported by partners who could witness rather than punish their self-examination. Whereas shame once reflected social condemnation and self-disgust, it evolved into an ethical sensitivity. A capacity to feel accountable, to empathise, and to align behaviour with values. Through this process, participants became moral subjects capable of choice and care.

**Superordinate Theme 3**

Communication and Trust: Rupture, Mediation, and Behavioural Proof

This theme explores how communication and trust became central barometers of relational progress in recovery. With communication being portrayed as fragile yet transformative. A process of learning to speak and to listen anew after years of silence, deception, or avoidance. Trust, meanwhile, was rarely described as an emotion; it was a discipline, a practice of consistency that had to be proven

behaviourally over time. Four subordinate themes were used to illustrate this developmental pattern:

1. Rupture and Avoidance as Emotional Legacies of Addiction

Couples revealed that addiction had eroded communication long before formal recovery began. Describing an entrenched pattern of avoidance and concealment, where silence deepened relational emotional distance.

*“Both of us are worried. I think, I don't know about Tom, but me what I think I think, both of us are worried. Maybe Tom, because he said to me before, he's scared of saying things because, how I will feel and how I will react?"*- Anna

Avoidance functioned as a survival strategy to reduce relational threats. Constantly attempting to mask tension, still feeling that being vulnerable with ones’ challenges or shortcomings is too risky.

*“I used to invent the lies. I used to go to work daily; what did you do with the money? Oh, it’s because that guy... and the other one has some work to do next week, and he’ll write me one cheque. I used to invent everything... And go home without money. Knowing that I was doing something wrong... but...”* - Frank

Reflecting that at times they were content with restraining themselves emotionally, not realising how they are deceiving their relationship. Resulting in a fragile, functional, truce that lacked genuine connection.

*“Yes, yes. I think both of us are more focused on being parents than being each others partners. Although we do talk about it* “ - Anna

2. Mediated Communication through Therapy and the TC Environment

In both sets of interviews, therapy, and by extension the TC setting, was described as a necessary translator between them. Structured sessions and the presence of a therapist created a safer space for emotional disclosure. One participant reflected that through therapy they were working on reducing defensiveness and reconnecting.

*“Since I’ve done the programme, things have improved. I speak about what bothers me both here* [the programme in general] *and in sessions* [the individual and family therapy sessions offered as an extension of the rehabilitation programme]*. I speak up in family therapy. I even opened up with my individual therapist. I’m not interested in attacking or hurting.”* - Frank

*"I'm going to bring it with to me with to [Family Therapist] because I have it. Where I talked about our relationship where, I need us to start. I need to try and open up more because Tom will say something I will not like what I hear, I'll end up snapping. I'll end up shouting. I'm sure [Family Therapist] is the only person who's seen me shouting. And getting angry like the... our last session, she said she's never seen me reacting that way and opening up more because for me, I don't hardly open up. I just tell them whatever.”* - Anna

The TC community model also indirectly supported communication by modelling direct, honest interaction and feedback. Participants internalised these principles and applied them outside the institutional setting.

*“The programme teaches you, to hold on to that which matters to you, and to put aside that which does not. Personally, I was not aware of these things before. You understand?”* - Frank

Over time, they reported a subtle shift from dependence on facilitated dialogue toward self-managed conversations, where they could use TC-derived tools..

*“Since I finished the programme, our relationship improved. I learned some things, worked on others, and as a result our relationship is much better... I knew that I needed to work on myself, and this led to further repair in our relationship “*- Frank

In one couple, the partner’s greater emotional fluency contrasted with the participant’s discomfort in open dialogue, creating moments of tension or withdrawal. Yet even these struggles were interpreted by participants as part of the growth process, showing evidence that the relationship was moving from pretending everything’s fine to facing it. In this sense, communication functioned not just as support but as a rehearsal for authenticity.

*“...like the other day, I told him. He was like, you are worried about going to America? I said yes, I am, I told him. Right. I said, all a month just with you? I told him, I am really really worried. At least here I do escape. “*- Anna

3. Behavioural Proof and the Slow Rebuilding of Trust

Trust was described almost exclusively through action. Avoiding abstract claims of being trustworthy, instead emphasising evidence-based reassurance. Keeping routines, transparency, accountability, and follow-through. Trust, they learned, was built not through promises but through repeated reliability under ordinary conditions. This process was incremental and, at times, exhausting. The ambiguity of recovery was frustrating. While they felt transformed, their partners remained cautious. Sometimes being interpreted as unfair.

*“Exactly! One of the reasons that... trust, ok, I know that it takes time to regain it back. Then, sometimes, she’ll find a bottle of beer, as I already mentioned, and she’ll tell me, see? I was right! And I’ll start wondering...”* - Frank

Importantly, the idea of “trust as behavioural proof” resonates with the ethos of the TC, where progress is tracked through action rather than declaration. The participant’s home environment becoming an extension of this principle. The couple functioned as a micro-community where accountability was both demanded and reciprocated.

4. Emerging Openness and Relational Reciprocity

As communication stabilised and trust accumulated, a new phase of openness began to emerge. Described as a shift from guarded coexistence to tentative emotional reciprocity. The ability to go through the everyday motions with each other without the constant hypervigilance synonymous with addiction. A shift in the relation seeing the couple tentatively going beyond just surviving each other.

*“Call me when you get there... and to pull her leg I tell her that I have used up all my credit. She sorted out my mobile so that I can call her anytime (laughing)* - Frank

*“*[Stopping the interview after hearing his wife praising him and the progress he had done in the rehabilitation programme] *She doesn’t tell me anything of the sort to my*

*face (laughing). She doesn't tell me. She just told me go back to the programme. She'll start going, what did you even learn from the programme? (laughing)"* - Frank

*"...like if I tell him, today we are having a date night. I should make sure it's done. Not to force him, but to make him as well realise we are working on this. Let's make, both make an effort"* - Anna

The participants spoke about the sense of "we" was being revisited more frequently. Shifting from an individual struggle witnessed by a partner to a joint emotional project. Participants expressed appreciation for being seen as a person again even when this was not necessarily happening on their terms. An acknowledgement that communication itself was becoming reparative. The couple's renewed dialogue represented not a return to the past but the creation of a new language, balancing honesty with empathy, and autonomy with interdependence.

*"Sometimes, he confuses me. You know?... Sometimes he's caring, then he's not. I don't know,* [interviewer partner]*, because now he said he could imagine me dead, and how is he going to explain to Paul, and... how... you know? ... I didn't know that's how he felt. I think we just need to talk more,* [interviewer]" - Anna

Summary

This theme demonstrates that in the wake of addiction, communication and trust operate as parallel processes of reconstruction. Early silence gave way to tentative speech, and mistrust evolved into practical reliability. The partner's cautious scrutiny, once resented, started serving as a moral guide, whereas the participant's transparency, once performative, became genuine. Through repeated interactions, both members of the couple co-created a relational space of testing and witnessing, where emotional risk-taking could coexist with safety. The TC context played an indirect yet vital role in this transformation. By modelling structured communication and peer accountability, it provided both the language and logic through which trust could be rebuilt at home.

Ultimately, this theme reveals that recovery was not proven through declarations of change but through communication that could withstand doubt, and through trust that could tolerate scrutiny.

**Superordinate Theme 4**

Power, Trauma, and the Negotiation of Autonomy in the Couple

This theme examines how the dynamics of power, control, and autonomy shaped both the recovery process and the couple's relational adjustment. For the programme participants, addiction had entailed not only the loss of control over substance use but also a broader erosion of their personal agency. Recovery, therefore, required reclaiming autonomy within relationships still marked by trauma, vigilance, and role reversal. Both couples navigated the tension between needing structure and seeking independence, protection and overprotection, care and constraint. Four subordinate themes capture this complexity:

*1. Control and Hypervigilance as Trauma Legacies*

Both participants and partners described patterns of control that were rooted not in dominance but in fear of recurrence. Partners' vigilance, such as checking phones, questioning absences, and monitoring routines, was interpreted by participants as a form of response to all that they had to endure throughout the phase of active addiction. A residue of years spent in crisis management. Early in recovery, this vigilance was often perceived as mistrust or infantilisation.

*"I took her some time... I used to go home when we had some hours during the weekend... she used to search through my stuff. Even the mobile, she'll access it, and go through it. There I'll feel like a young boy again, not trusted. You understand? She'll take away my strength, so to speak, you understand? I'll start thinking that I'm a boy again. I have to do everything as... shall I ask my mom?"* - Frank

Yet, as participants gained distance from addiction, there were moments of clarity where what was initially interpreted as control and punishment, became recognised as their significant other's attempt at protecting them. What was previously experienced as stifling, became reinterpreted as care, signalling that relational meanings could evolve alongside recovery.

*“...because she* [wife] *is the type of woman that ruminates about the future... and on a myriad of things... she worries a lot from way before, that’s why she would be afraid. You understand?”* - Frank

At a deeper level, hypervigilance functioned as a shared symptom with both members of the couple reacting to the unpredictability of past addiction. Participants often mirrored this vigilance toward themselves, internalising external control into self-monitoring.

*“I’m not embarassed to tell you... not going to be bothered... I’m not perfect! But I choose not to do some things. Because I know where they will lead me. Before I wouldn’t even think about it”* - Frank

This circular vigilance reflects how the couple moved into an ecosystem of mutual alertness, gradually learning to transform surveillance into transparency.

2. *Dependency and Role Reversal in the Caregiving Dynamic*

A striking feature across interviews was the blurring of caregiving roles. During active addiction, partners had often become parental figures. Managing crises, safeguarding the household, and absorbing emotional strain. In recovery, this dynamic persisted implicitly, even when the participant achieved stability. The shift from dependency to equality was therefore slow and emotionally charged.

*"...he knows I have savings. He doesn’t know how much, because we don’t discuss my money. His we discuss... I know it’s good to have financial security... Tom* [husband]*, I think, he thinks I’m stupid, but I am not”* - Anna

Participants oscillated between gratitude and frustration: grateful for survival yet frustrated by the infantilising undertone of care. Such tensions highlight how the desire for dignity and independence often coexisted with a lingering need for containment.

Both Frank and Anna reflected that their partners, too, struggled with this adjustment. Letting go of control risked reactivating their own anxiety. Holding on to it risked undermining the participant’s confidence. This double bind underscores the

interpersonal cost of long-term caregiving, where identity becomes tied to responsibility.

For participants, the rebalancing of power required small but symbolic acts. Anna who used to be very active in the management of the relationship, but had lost all interest during her time of being in active addiction, talks about how taking over practical tasks, initiating conversations, or managing emotions, is her way of reclaiming her status as a valid part of the couple dyad. These behavioural shifts signified that recovery was not simply about abstinence but about reclaiming the right to self-direct.

*“I’m the one who used to be like... Tom is not a very social person. I would always be the one, ejja! Let’s go! And let’s meet so and so. You know, I have always been like that... So, I think I need to take that, don’t know what to call it, that role a bit!”* - Anna

*3. Negotiating Autonomy and Shared Decision-Making*

As both members of the couple adapted to life without the presence of alcohol or substance mis-use, a delicate negotiation emerged around autonomy. Participants described learning to assert needs respectfully, while partners learned to tolerate uncertainty. This stage of recovery demanded mutual recalibration of boundaries. A shift from one-sided caretaking to collaborative agency.

*"She was still afraid, because for example when I started, when she came over, I told her I had an argument and so, and this happened, she went, come on, don’t leave! I told her I’m not going, I’m just telling you. Otherwise don’t come asking what happened. I’m not telling you to worry you or to frighten you, or because I’m coming back. I’m telling you, because you asked, and I’m answering. You understand?”* - Frank

*“I think before we go to that chapter, year, I think we have a bit of work to do, first... I think me as well. Still, I’m hurt and he might say things which as before, you heard when he said that, I said I can’t be bothered. So I just shut my door. So I’ll try... and listen to him more, ask questions more. That’s my plan, and that’s the reason I decided to give up work. We go away for a whole month. You understand? Just us. We’ll have more evening time.”* - Anna

Participants noted that partners' recognition of their competence functioned as validation. These moments restored parity and allowed intimacy to emerge from choice rather than dependence. Importantly, autonomy was not conceptualised as isolation; it coexisted with connection.

*"I believe that she did give me a push... not that I don't know that she always gives me a push, but... the boost she gives me, that I know how she is, and that she always remained there... so, that on its own was already enough. Imagine if she comes and tell me..."* - Frank

*4. Empowerment through Mutual Respect and Boundary-Setting*

The final stage in this progression was marked by a tone of mutual respect and empowerment. Participants and partners began to articulate clearer boundaries. Not as emotional walls, but as frameworks that sustained safety. These boundaries delineated where support ended and self-management began.

*"It's much less! Previously she used to do a whole scene if I go somewhere. Today she just says a couple of words and it stops there. Do you understand?... I feel good about it. I feel that the process moved forward. All the sacrifices I went through... that's what I wanted... it was a success!"* - Frank

Boundaries were discussed as both practical and emotional. Capturing the balance of autonomy and interdependence that defined mature recovery.

In this stage, both participants experienced recovery as a shared but differentiated journey. Each carried the residue of trauma, yet both were working on the development of the necessary emotional literacy to articulate needs and limits without reverting to old defensive roles. The reconfiguration of power thus became an act of healing rather than contestation. Authority was replaced by respect, and dependence by collaboration.

Summary

This theme demonstrates that recovery is inseparable from the negotiation of autonomy and power within the couple, especially when both carry the marks of addiction-related trauma. Control, once experienced as surveillance or infantilisation,

evolved into a relational safeguard; dependence, once a necessity, was gradually replaced by partnership.

Participants' growing ability to assert boundaries and make decisions reflected a reclaimed sense of self-agency, while partners' willingness to relinquish control signalled trust in the other's capability. This interplay of autonomy and containment echoes the therapeutic community's balance between structure and self-direction, suggesting that the recovery of agency is both intrapersonal and relational.

Ultimately, recovery culminated not in separation from the partner but in a redefinition of equality within connection. The couple's capacity to move toward mutual respect mirrors the essence of sustained sobriety. A balance between accountability and autonomy, dependence and dignity.

**Concluding reflections**

Across both couples, the findings show that recovery in a therapeutic community is not lived as an individual journey but as an ongoing relational negotiation. Participants' sense of progress was tied to how they interpreted their partner's support, how they made meaning of past harm, and how they re-entered their relationships with a developing sense of responsibility and autonomy. Viewed through the four superordinate themes, recovery emerges as a relationally mediated transformation shaped by identity, connection, and the emotional labour of rebuilding trust.

In the following chapter this research will connect these findings to broader theoretical perspectives on social support, attachment, and systemic change, and consider how these relational processes help sustain long-term recovery within and beyond the therapeutic community.

# Chapter 05: Discussion

## Introduction

This chapter discusses the study's findings in relation to attachment theory, systemic family theory, trauma-informed perspectives, and research on addiction and relational recovery. Using an IPA framework, the study explored how former residents of a Maltese TC made sense of their significant other's support during treatment, and how these relational processes shaped their recovery. The findings illuminated recovery as an evolving, relational, and dialogical process rather than an exclusively individual one.

Attachment and systemic theories provided the primary interpretative structure. Attachment theory helped clarify how proximity, emotional safety, and the regulation of fear shaped participants' meaning-making, while systemic theory highlighted the reciprocal interactional patterns and shifting roles within the couple. These frameworks, combined with IPA's emphasis on lived experience, allowed for a nuanced interpretation of how participants navigated intimacy, shame, responsibility, trust, and autonomy throughout their recovery.

The discussion proceeds theme by theme, followed by consideration of the Maltese sociocultural context, implications for therapeutic practice, methodological reflections, limitations, and recommendations for future research.

## Interpretation Through Theoretical and Empirical Lenses

Recovery was experienced as deeply relational and embedded within the emotional field shared between clients and their significant others. This aligns with research highlighting relational support, attachment security, and co-constructed meaning as core mechanisms of sustained recovery (Pettersen et al., 2019). Participants' accounts portrayed recovery as unfolding through cycles of rupture and repair, moral realignment, and the gradual restructuring of emotional and relational expectations. These are central processes within attachment theory (Mikulincer & Shaver, 2016) and systemic family frameworks (Carr, 2019).

The TC's structure reinforced these relational processes. Its communal environment demanded honesty, emotional regulation, and behavioural accountability, functioning as an external relational scaffold that participants internalised. This relational blueprint transferred into intimate partnerships, where similar expectations of accountability, transparency, and emotional availability became markers of progress (De Leon & Unterrainer, 2020).

Experiences were also shaped by Malta's sociocultural system, characterised by dense family networks, collective visibility, and relational expectations. The intersection of personal, relational, and cultural influences therefore provided a crucial backdrop for interpreting the four superordinate themes.

## Superordinate Theme 1: Family as Anchor: Motivation, Containment, and Shared Purpose

This theme highlighted the family, with a particular focus on the CSO, as a central motivational force, emotional anchor, and regulatory presence. Partners served simultaneously as safe havens and secure bases, providing both emotional comfort and behavioural expectations. This dual role reflects core attachment functions (Bowlby, 2005; Mikulincer & Shaver, 2016) and is strongly aligned with research demonstrating the importance of intimate relationships in sustaining recovery (Pettersen et al., 2019).

### *Attachment-Based Motivation and Relational Meaning-Making*

Participants described entering treatment and enduring challenges out of a desire to restore or protect their closest relationships. The findings showed that this motivation was not purely aspirational but deeply rooted in attachment fears, fear of disappointing loved ones, fear of abandonment, and fear of losing crucial attachment bonds. These processes are well documented in attachment literature, where the threat of relational loss activates proximity-seeking behaviours and motivates corrective action (Meis et al., 2013; Suomi et al., 2019).

In the Findings, the participants explicitly tied their perseverance to their partners and children, reflecting attachment-based meaning-making where closeness and

relational responsibility become the organising principles of recovery. The desire to preserve attachment bonds served not only as motivation but also as an emotional compass throughout rehabilitation.

*Relational Containment and Accountability*

Partners also played a key role in providing containment. A systemic concept referring to relational boundaries that support emotional regulation (Carr, 2019). In the Findings, containment manifested through vigilant behaviours such as questioning, checking whereabouts, or challenging inconsistencies. Initially perceived as intrusive or mistrustful, these actions were later reconstructed as expressions of concern rooted in fear and past trauma. This shift reflects social constructionist principles in which relational behaviour is reinterpreted as meaning changes (Gergen, 2009).

The TC environment further reinforced containment by normalising behavioural accountability and consistent feedback, creating congruence between institutional and relational expectations. Research similarly indicates that vigilant partner behaviours, though often stressful, can temporarily stabilise early recovery (Lander et al., 2013).

*Shared Purpose and Relational Renewal*

Over time, participants described a transition from individual responsibility to a shared project of relational renewal. Small, everyday gestures, such as checking in, initiating conversations,and  rebuilding routines, reflected collaboration and mutual investment. This resonates with systemic theory, which emphasises that changes in one member of a family system inevitably reverberate throughout the entire relational network (Bowen, 1978).

In a Maltese context where family cohesion and interdependence are culturally embedded, this evolution into a shared recovery narrative is particularly salient. Recovery was experienced not simply as self-improvement but as a relational transformation that restored roles, responsibilities, and emotional connection.

## Superordinate Theme 2: From Shame to Dignity: Rebuilding a Moral and Relational Self

This theme focused on participants' navigation of shame, guilt, moral injury, and self-alienation, and their gradual movement toward responsibility, honesty, and dignity. Participants' descriptions of shame as both relational and embodied are consistent with research conceptualising shame as a globalised sense of personal failure that damages self-worth and relational belonging (Gilbert, 2014; Snoek et al., 2021; Batchelder et al., 2022).

### *Shame as a Relational and Embodied Experience*

Participants described shame using visceral and relational language. Describing themselves as feeling small, sick, or unable to face others. In the Findings, shame blocked connection, inhibited eye contact, and created avoidance. These experiences were intensified by Malta's community visibility, where personal missteps can become widely known, amplifying shame within family networks (Clark, 2012). The systemic reverberations of shame across family relationships echo research on communal stigma and its relational consequences (Corrigan et al., 2006).

### *From Shame to Responsibility*

A turning point occurred when participants began distinguishing shame from guilt, allowing them to accept responsibility without collapsing into self-condemnation. This shift reflects literature on moral repair in recovery, highlighting the importance of transforming shame into actionable responsibility (Griffin et al., 2019). In the Findings, this evolution was visible in participants' growing willingness to name past harm and accept accountability.

The TC's emphasis on reflective feedback and accountability supported this differentiation, consistent with models suggesting guilt motivates reparative behaviour while shame increases relapse risk (Snoek et al., 2021). Partners played a critical role by witnessing remorse without withdrawing support, enabling participants to reconstruct a more balanced moral self-view (Scherer et al., 2012; Pettersen et al., 2019).

*Honesty as the Foundation for Dignity*

Honesty emerged as a central mechanism for restoring dignity. Initially instrumental, used to reduce conflict or avoid consequences, honesty gradually became internalised as a value and a core marker of integrity. Ordinary acts of transparency in the Findings (sharing routines, disclosing whereabouts, acknowledging vulnerabilities) served as micro-behavioural proof of change. This aligns with research on trust repair in couples, where consistency, accountability, and transparency are central mechanisms (Giacobbi & Lalot, 2024).

TC principles emphasising honesty and congruence further supported this development, enabling participants to experience themselves as reliable and worthy of trust (Perfas, 2019).

*Integrating Change into a Coherent Moral Identity*

The culmination of this process was the integration of past harm and present growth into a coherent moral identity. Participants reframed their histories as part of a narrative of resilience and relational repair, echoing research suggesting that sustained recovery involves reconstructing identity through meaning-making (McIntosh & McKeganey, 2000). Experiences such as “giving back” to partners or being recognised by children for positive change, reflected this deep moral transformation.

**Superordinate Theme 3: Communication and Trust: Rupture, Mediation, and Behavioural Proof**

Communication and trust emerged as central barometers of relational progress. The Findings illustrated how communication shifted from avoidance and secrecy to more open, reciprocal dialogue. These developmental processes are consistent with systemic views of communication as a mechanism for regulating closeness and relational safety (Carr, 2012).

*Communication as a Mechanism for Relational Safety*

During active addiction and early recovery, communication was dominated by avoidance, emotional shutdown, and conflict. The Findings showed how, especially through the various forms of therapy, participants began practising more open communication. This aligns with research indicating that communication improvements typically follow increased emotional safety and relational regulation (Johnson, 2019).

*Trust as Behavioural Rather Than Verbal Assurance*

Participants emphasised that trust was rebuilt through behaviour rather than promises. Daily routines, accountability, and predictable actions were essential markers of reliability. This behavioural model of trust aligns strongly with both TC principles (De Leon & Unterrainer, 2020) and wider recovery literature (Lander et al., 2013).

Partners' monitoring, which initially was perceived as intrusive, was later reframed as a trauma-informed response shaped by fear and past unpredictability, reflecting social constructionist meaning-making (Gergen, 2009).

*Rupture and Repair as Core Relational Processes*

Participants' narratives illustrated repeated cycles of rupture and repair. Attachment theory emphasises that relationship strength grows not from the absence of rupture but from the ability to repair ruptures effectively (Johnson, 2019). The Findings showed that participants gradually learned to tolerate conflict, communicate without withdrawal, and engage in repair processes.

*Communication as an Outcome of Relational Growth*

Communication was ultimately not simply a skill but an outcome of deeper relational shifts. Greater emotional regulation, increased trust, and a sense of partnership. The Findings showed that as participants felt more grounded in themselves, communication became more natural, open, and playful. This supports research indicating that durable communication changes emerge from underlying relational transformation (O'Farrell & Clements, 2012).

## Superordinate Theme 4: Power, Trauma, and the Negotiation of Autonomy in the Couple

This theme examined how trauma histories, relational instability, and caregiving dynamics shaped shifting patterns of power and autonomy. Participants' experiences reflected trauma-informed and systemic frameworks emphasising the interplay between safety, control, emotional regulation, and interdependence (Herman, 2022; Flanagan et al., 2016).

### *Trauma Histories and Power Dynamics*

Participants and their partners carried significant trauma histories, influencing patterns of hypervigilance, control, and emotional avoidance. The Findings highlighted how partner behaviours such as checking devices or questioning whereabouts were initially seen as infantilising but later reframed as protective responses shaped by previous instability. This ambivalence echoes trauma-informed relational models (Back et al., 2009; Ólafsdóttir, 2020).

As participants demonstrated increased consistency, these protective behaviours decreased, reflecting a gradual renegotiation of power grounded in evidence of safety.

### *Autonomy Within Interdependence*

Recovery required balancing autonomy with connection. Participants sought to reclaim agency after years dominated by addiction, while partners struggled to trust this autonomy, fearing relapse. Systemic theory suggests that relational patterns shift when both members experience new evidence of safety (Copello et al., 2010; O'Farrell & Fals-Stewart, 2000; Tremblay et al., 2018). The TC's structure, balancing strict boundaries with graded freedom, modelled regulated autonomy which participants later applied within their intimate relationships.

### *Renegotiating Roles and Reclaiming Equality*

The Findings showed how caregiving dynamics became blurred during active addiction, with partners assuming parental or crisis-management roles. During recovery, participants worked to reclaim equality and shared responsibility. Research

similarly identifies role renegotiation as a crucial component of relational recovery (Kimball et al., 2021). Small but symbolic behavioural shifts such as initiating plans, and contributing to decision-making, served to restore mutuality and partnership.

*Autonomy as a Relational Achievement*

Ultimately, autonomy emerged as relational rather than individual. Participants were able to act freely because relationships became safer, more predictable, and more respectful. This mirrors attachment perspectives emphasising that autonomy and intimacy develop together in secure relationships (Johnson, 2019). Recovery therefore became a systemic transformation involving both partners renegotiating power, safety, and emotional closeness.

Across the four superordinate themes, a clearer picture emerges of recovery as an ongoing, circular, and mutually influencing relational process rather than a linear progression through discrete stages. The movement from shame to responsibility created an emotional foundation that made open communication and trust-building possible. In turn, strengthened communication enabled couples to renegotiate roles and boundaries, allowing partners to gradually release hypervigilance as clients demonstrated consistent behavioural change.

As these relational patterns stabilised, clients experienced partners less as monitors and more as secure bases, reinforcing the motivational processes described in the first theme. This reciprocity meant that progress in one area generated momentum in another. Trust facilitated autonomy, autonomy reduced shame, and reduced shame supported further relational openness. The dynamics of attachment, communication, trust, and autonomy were therefore deeply entangled. Rather than representing four separate domains, the themes reflect interwoven strands of relational reconstruction that continually shaped one another. This systemic interplay underscores the idea that recovery unfolds not just within individuals but through the ongoing negotiation of meaning, safety, and connection within intimate relationships.

## The Maltese Context

Understanding participants' experiences required situating them within Malta's unique sociocultural landscape. Malta is characterised by dense family networks, strong intergenerational ties, and high community visibility. These dynamics strongly shaped how participants interpreted shame, support, responsibility, and relational change.

### *Family Centrality and Interdependence*

Family is a central organising structure in Maltese life, functioning as a primary source of identity, responsibility, and meaning (Scerri et al., 2023). Participants' emphasis on partners as anchors reflects this cultural framing. The Findings showed that clients' recovery narratives were intertwined with family obligations and relational roles, resonating with Maltese expectations of loyalty, reciprocity, and cohesion.

### *Community Visibility and Shame*

Malta's small size amplifies stigma and public visibility. Research participants described feeling judged or exposed within their communities, consistent with sociological research showing that shame in Malta is often relationally transmitted and publicly mediated (Scerri, 2023). Addiction-related stigma therefore extended beyond the individual, impacting the family unit and shaping participants' emotional responses.

### *Family Burden and Support Gaps*

Families in Malta often assume substantial emotional labour and caregiving responsibilities. Yet research highlights significant gaps in formal support for partners of people in recovery (Scerri et al., 2023). The Findings reflected this duality, where partners acted as stabilising forces but also carried histories of fear, exhaustion, and trauma themselves, often without adequate help.

*Meaning-Making Within a Cultural Frame*

Participants framed recovery as a means of restoring relational equilibrium and fulfilling family expectations. These interpretations align with Maltese research suggesting that families often make sense of hardship and change through relational narratives (Abela et al., 2017). The cultural context therefore shaped not only lived experience but also the meaning attributed to recovery.

An additional cultural consideration concerns how moral expectations, gender roles, and understandings of responsibility are shaped as a result of living in Maltese tight knit communities. Narratives often frame suffering, sacrifice, and moral repair in relational terms, emphasising duty and obligation toward family and community (Abela, 2009). Participants' language frequently echoed these themes, particularly when speaking about guilt, responsibility, and "making up" for past harms. This suggests that cultural narratives may subtly inform how clients understand personal failure and relational repair.

Moreover, one has to keeping in mind how Malta's small geography amplifies social interconnectedness, where neighbours, extended family, and community members often play silent roles in shaping how individuals perceive their reputations. As seen in the Findings, even brief encounters with acquaintances or neighbours carried emotional weight. These cultural dynamics heighten both the risks and resources present in recovery. While the potential for stigma increases, so does the relational scaffolding available through extended kinship networks. Understanding this context is crucial for interpreting how participants made sense of recovery as both an individual and collective endeavour.

## Implications for Therapeutic Practice

The relational orientation evident throughout the Findings suggests that therapeutic communities, particularly within the Maltese context, should integrate couples and families more explicitly into the rehabilitation process.

*Strengthening Family Involvement*

Participants repeatedly emphasised the centrality of partners throughout recovery. Structured family involvement, such as increased family meetings, psychoeducational sessions, and facilitated couple-focused conversations can help bridge the gap between the internal TC environment and clients' relational systems. Consistent with evidence showing that family participation enhances recovery outcomes (Hogue et al., 2022), these interventions can help partners feel better prepared, more informed, and more connected to the recovery journey.

*Supporting Partners' Emotional Needs*

Partners often carried trauma histories and significant emotional burden. Many of their monitoring behaviours were rooted in fear rather than control. Offering trauma-informed support groups, psychoeducation, and guidance for partners could help them manage hypervigilance, reduce relational tension, and better understand their own emotional responses. This approach aligns with research emphasising the benefits of addressing partners' needs to improve family functioning and reduce relapse risk.

*Enhancing Communication and Trust-Building*

Given the importance of communication and behavioural transparency in rebuilding trust, TCs could offer structured communication workshops grounded in attachment and systemic models. These might include emotionally focused communication strategies, guidance on navigating rupture and repair, and support for negotiating autonomy within relationships. Such approaches are consistent with evidence that communication improvements support resilience and relational stability (McCrady et al., 2019).

*Integrating Trauma-Informed Care*

Trauma-informed frameworks can enhance couple and family work by helping both clients and partners recognise trauma responses, understand triggers, and differentiate past fears from present realities (Herman, 2022). Integrating trauma-

informed practice within family sessions can reduce reactivity, deepen emotional understanding, and promote relational safety.

*Preparing Couples for Post-TC Transitions*

Transitions in and out of structured environments are known risk periods for relapse and relational rupture (Witkiewitz & Marlatt, 2004). Helping couples anticipate likely stressors, negotiate autonomy, and establish shared expectations can ease the transition. Incorporating structured pre-discharge planning and increased follow-up sessions supports continuity and preserves relational gains.

Taken together, attachment theory and systemic family theory offer a cohesive interpretative lens for understanding the relational processes identified in this study. Attachment theory clarifies the emotional underpinnings of recovery: how proximity, safety, fear, and repair shape participants' motivation and vulnerability, and how relational experiences support or threaten emerging stability. Systemic theory complements this by illuminating the interactional patterns, feedback loops, and role shifts that couples undergo as recovery progresses. While attachment accounts for the internal emotional logic guiding behaviour, systemic theory captures the relational choreography through which change is negotiated. The two frameworks together explain how clients and partners continually influence one another's sense of safety, autonomy, and trust, creating a relational ecosystem that can either reinforce or destabilise recovery. This dual-theory approach therefore provides a robust foundation for interpreting the relationally mediated pathways of change highlighted in the four themes.

## Methodological Reflections

This study adopted IPA to explore how former residents made sense of their significant other's support. IPA's commitment to lived experience and interpretative depth aligned well with the relational and emotional complexity that characterises recovery in a therapeutic community. The use of two data-generating methods, the semi-structured interviews and a modified form of Interpersonal Process Recall (IPR), provided access to different layers of meaning-making. While the initial interview captured participants' retrospective narratives, the opportunity for the

participants to witness their partners' perspectives through video-recall conversations slowed the process down and facilitated attention to micro-moments of emotion, discomfort, and relational interpretation that often remain pre-reflective in conventional interviews. This combination enriched the phenomenological texture of the data and supported a more nuanced analysis of how clients interpret and internalise support.

The integration of IPR is relatively uncommon in addiction-focused IPA studies and introduced both opportunities and responsibilities. The method amplified relational vulnerability and brought forward embodied reactions, such as shifts in tone, pauses, hesitations, and expressions of shame, that were essential to understanding recovery as a relational process. At the same time, it required careful ethical and reflexive consideration, as participants were re-encountering emotionally charged material in the presence of a researcher who also held an insider role within the therapeutic community.

The researcher's dual position as TC professional and interviewer therefore required ongoing reflexivity. Insider familiarity supported rapport, contextual attunement, and the ability to recognise relational patterns that may have been overlooked by an outsider. However, it also demanded deliberate bracketing of assumptions and close attention to how power, expectations, and prior knowledge could influence both the interview process and the interpretation of the data. Drawing on attachment, systemic, and social constructionist perspectives provided a layered interpretative frame, but these theoretical commitments also needed to be held reflexively to avoid over-privileging particular explanations or reading participants' experiences through overly familiar clinical narratives.

## Limitations and Recommendations for Future Research

### Limitations

- **Small sample size** limits generalisability, though consistent with IPA's idiographic approach.
- **Dual role of researcher** introduces potential for bias.

- **Post-treatment reflections** may be influenced by retrospective interpretation or desire for coherence.
- **Video-recall interviews** may have introduced emotional reactivity.
- **Malta's sociocultural specificities** mean findings may not translate directly to other cultural contexts.

### Recommendations for Future Research

- **Longitudinal studies** following couples throughout treatment and post-discharge.
- **Inclusion of diverse family structures**, such as unmarried couples, same-sex couples, or extended family.
- **Partner-focused research** to deepen understanding of partners' emotional burdens and support needs.
- **Cross-cultural comparisons** to examine how cultural tightness influences recovery.
- **Studies on staff–family dynamics** within TCs.
- **Evaluation of family-focused interventions**, including communication workshops or trauma-informed psychoeducation.
- **Further exploration of video-recall** as a methodological tool in addiction research.

### Conclusion

This study explored how former residents of a Maltese therapeutic community made sense of their significant other's support and how these relational dynamics shaped their recovery. Recovery was revealed as a fundamentally relational process embedded within attachment needs, systemic patterns, trauma histories, moral reconstruction, and cultural expectations. The four themes demonstrated that sustained recovery requires emotional safety, behavioural accountability, reciprocal engagement, and the reconstruction of dignity and identity.

The TC provided a structured environment for emotional and behavioural regulation, but it was within intimate relationships that participants' growth found its fullest expression. Partners simultaneously stabilised, challenged, and co-created the recovery journey. The Maltese sociocultural context amplified experiences of shame and interdependence, highlighting both strengths and gaps within family systems.

Overall, this study underscores that long-term recovery is not an individual achievement but a relationally mediated transformation grounded in attachment, systemic processes, and shared meaning-making. Sustainable change emerges through repairing relationships, reclaiming autonomy, and creating narratives that honour both vulnerability and resilience.

# Chapter 06: Conclusion

## Introduction

This study set out to explore how former residents of a Maltese Therapeutic Community made sense of the support they received from their significant other. The aim was to enter the emotional world of clients who were rebuilding their lives while holding the presence of a partner who had lived through the consequences of their addiction. Using IPA allowed the study to remain close to the lived textures of these experiences. The emphasis was not only on what participants said but on how they made sense of what was happening between themselves and the people they loved.

Throughout this process, recovery emerged as an inherently relational journey. It was not experienced as an individual task. It was not a matter of willpower alone. Instead, it was shaped within conversations, within shared fears, within gentle reconciliations, and within moments of courage that were witnessed and acknowledged by another person. What unfolded was a picture of recovery that belonged both to the individual and to the relationship. It belonged to the emotional field created between them.

## Recovery as a Relational Transformation

Across the four themes, participants described recovery as something that grew through connection. The first theme, Family as Anchor, revealed how partners and children served as emotional stabilisers. They offered direction, purpose, and a sense of being held. Their presence also reminded clients of what could be lost. These moments captured the dual nature of attachment, where comfort and fear coexist. They echoed the idea that healing often begins in the presence of someone who remains, even when trust has been strained.

The second theme, From Shame to Dignity, highlighted the emotional labour of confronting moral injury. Shame was described in relational and bodily terms. It pulled clients inward and made them question their worth. Yet, as they practiced honesty and allowed themselves to accept responsibility without collapsing into self-condemnation, dignity began to return. This dignity was not given by the TC alone. It emerged when partners noticed change and offered small but significant

acknowledgements. These interactions helped participants reimagine themselves as capable of stability and care.

The third theme, Communication and Trust, showed how relationships shifted from guardedness toward emotional openness. Communication became possible only when safety had been rebuilt. Trust did not return as a feeling. It returned as a pattern of behaviour. Clients spoke about how consistency, transparency, and behavioural proof carried more meaning than verbal promises. Partners' vigilance, initially experienced as suffocating, later became understood as an expression of fear and history rather than control. Through these shifts, couples slowly formed a new relational rhythm.

The fourth theme, Power, Trauma, and Autonomy, revealed how trauma histories shaped relational negotiations long after substance use had ended. Clients were reclaiming agency while partners were learning to soften their protective grip. The move from parent–child relational dynamics to more equal partnership required patience and repeated reassurance. Autonomy was not experienced as independence. It became relational autonomy, where clients could act freely without severing connection. This echoed trauma informed relational models that suggest safety grows through co-regulation rather than detachment.

### The Maltese Sociocultural Landscape

These emotional and relational shifts were deeply embedded in the Maltese sociocultural context. Malta's close-knit communities, intimate family structures, and strong sense of reputation created both pressure and protection. Shame was not experienced privately. It extended into family networks and neighbourhoods. At the same time, the closeness of these systems gave participants a strong sense of belonging. Their narratives frequently reflected values such as loyalty, responsibility, and concern for family reputation. These cultural meanings enriched the way clients interpreted their own recovery and guided how they wished to behave going forward.

### Strengths of the Study

Several strengths emerged through the process of conducting this research. The use of IPA offered access to rich, layered accounts that captured how clients understood

themselves within their relationships. The combination of semi structured interviews and video recall facilitated a depth of reflection that would have been difficult to access otherwise. Participants were able to witness each other's words and respond intimately, revealing moments of meaning making that unfolded in real time.

Another strength lies in the study's contextual specificity. Exploring recovery within the Maltese environment allowed for the integration of cultural, familial, and community based meanings that are often underrepresented in local addiction research. The relational and cultural dimensions of recovery were not abstract. They were embedded in everyday life.

The researcher's familiarity with the TC setting also contributed to the study's depth. While this required careful reflexivity, it also supported rapport, comfort, and openness. Participants trusted that the researcher understood the emotional and practical realities of treatment, which encouraged more candid narratives.

**Limitations and Considerations**

This study remains idiographic and therefore cannot claim broad generalisability. The experiences of the two couples reflect specific relational histories, cultural backgrounds, and recovery trajectories. The dual role of the researcher required ongoing self-monitoring and reflection to reduce the risk of assumption. Although this was addressed through reflexive work, it nonetheless remains a limitation that must be acknowledged.

Retrospective accounts may also have been shaped by the desire to present recovery in a certain light. The relational intensity of video recall introduced its own emotional charge. This created valuable depth yet may also have influenced the way participants interpreted their experiences.

**Recommendations for Future Research**

The findings suggest several paths for future exploration. Longitudinal research following couples through the entire TC journey and into post discharge life could reveal how relational patterns shift over time. Studies focusing specifically on

partners' experiences, without the client present, would help identify unmet emotional needs and strengthen family inclusive practices.

Research involving diverse family structures would broaden understanding, especially since the Maltese context includes a range of relational arrangements not represented in this sample. Comparative studies across different cultural environments could also illuminate how cultural tightness and social visibility shape recovery.

Finally, there is room for empirical evaluation of couple focused or trauma informed interventions within TCs. Such work could help determine which approaches best support relational repair and long term stability.

**Post Research Reflexivity**

Engaging with this research deepened my personal and professional reflexivity in ways I did not fully anticipate at the outset. My work in the TC inevitably shaped my listening position. Years of sitting with clients, hearing recovery narratives, and holding space for families navigating addiction meant that I entered each interview with an attuned, relational stance. At the same time, my own emotional history with addiction and the people I have supported over the years travelled with me. These experiences influenced how I felt, what I noticed, and the moments in which I instinctively leaned forward or pulled back.

The video-recall interviews were particularly evocative. They brought the emotional weight of relational dynamics to the surface and often required me to hold the pain of both clients and partners at once. This was not always easy. I am deeply invested in relational work, and there were times when I could feel the tension between wanting to hold someone's experience with care and needing to maintain enough analytic distance to understand how they were making sense of it. This balancing act sharpened my awareness of the fine line between empathy and over-identification.

My cultural insider status added another layer to this reflexive process. Being Maltese, working within a local TC, and understanding the unspoken norms that shape our conversations meant that certain subtleties, such as turns of phrase, tones of guilt, or references to duty and family, were immediately recognisable to me.

This familiarity was a strength, allowing me to pick up on layers of meaning that might have been lost on an external researcher. Yet it also meant that meaning-making was inevitably co-constructed. I had to remain alert to the risk of assuming shared understandings or filling in gaps too quickly simply because the narrative felt familiar.

There were also moments when participants spoke about shortcomings within the rehabilitation system. Systems I have personally invested in for years. Hearing these experiences was sometimes uncomfortable, especially when they touched on areas I care deeply about. Holding a safe space for such disclosures required openness and humility, and a willingness to sit with critique rather than defend the work I am part of.

Emotionally, this research also intersected with themes that echo through my own life. Addiction, suicidal ideation, not feeling good enough, broken family bonds, shame, and the fear of stepping out of a familiar yet painful space are all areas I am still growing in. Listening to these narratives repeatedly and in depth stirred reflections on my own growth in these areas. At times, I felt the pull of recognition, and I had to consciously separate participants' meaning-making from my own. Yet these intersections also broadened my understanding of vulnerability and resilience. They reminded me that recovery, whether personal, relational, or communal, is always layered, and that the stories we tell about ourselves are never neutral. These stories are shaped by where we come from, who we have loved, and how we have been wounded.

Through this reflexive work, I became more aware of how I entered the analytic space and how I carried each participant's story. The process strengthened my capacity to slow down, to notice my responses, and to respectfully bracket my assumptions. Ultimately, it allowed me to remain open to the complexity of each narrative while acknowledging the presence of my own.

**Closing Reflection**

Ultimately, this study shows that recovery grows in the relational spaces where people risk vulnerability and hope. It grows when shame is met with compassion. It

strengthens when trust is slowly rebuilt through everyday behaviours. It takes shape in conversations that feel awkward at first and become honest over time. Recovery becomes sustainable when dignity returns, when autonomy is supported rather than feared, and when relationships shift from survival to connection.

What emerged from these narratives was not simply a story of substance use and abstinence. It was a story of relational healing. Of two people navigating fear, love, exhaustion, and resilience. Of families who remain connected even when hope becomes fragile. Of individuals who learn to hold themselves with more gentleness because someone they love believed they could.

Recovery, in this sense, becomes a shared act of courage. It becomes the slow rebuilding of a life that can hold both vulnerability and strength. And it becomes, most profoundly, a relational achievement.

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**Appendix 01: Request for permission to conduct research with Caritas / FSWS clients**

To whom it may concern,

My name is Miguel Buttigieg and I am a student at the University of Malta, presently reading for a Masters in Systemic and Family Therapy. I am presently conducting a research study for my Thesis titled "The role of perceived social support on recovery progress in an addiction therapeutic community ; with the following research question guiding this study: *How does a client's experience of their significant other's response to their therapeutic journey in an addiction therapeutic community in Malta affect their own progress in recovery?* This is being supervised by Ms. Mariella Zerafa. Below you will find information about the study and about what your involvement would entail, should you decide to take part

I am hereby seeking your permission to circulate an information letter with Agenzija Sedqa community team asking them to identify clients which might be eligible for this study. My data collection methods will involve three video recorded interviews with each participant. Two of these interviews will be carried out with the identified clients while the other interview will be carried out with the clients' significant other. The interpersonal process recall technique will be used during the third interview carried out with the agencies clients.

Participation will be entirely voluntary and participants will be free to withdraw at any point, without any repercussions. Data collected will be pseudonymised. Only my supervisor and I will have access to this data.

Should you require further information, please do not hesitate to contact me or my supervisor; both our contact details are provided below.

Thank you for your kind consideration of this request.

Sincerely,


Miguel Buttigieg

miguel.buttigieg.12@um.edu.mt

79591894

Mariella Zerafa

mzera05@um.edu.mt

99820704

**Appendix 02: Information Letter for Gatekeepers**

Dear Sir/Madam,

My name is Miguel Buttigieg and I am a student at the University of Malta, presently reading for a Masters in Systemic and Family Therapy. I am presently conducting a research study for my Thesis titled "The role of perceived social support on recovery progress in an addiction therapeutic community; with the following research question guiding this study: *How does a client's experience of their significant other's response to their therapeutic journey in an addiction therapeutic community in Malta affect their own progress in recovery?* This is being supervised by Ms. Mariella Zerafa. Below you will find information about the study and about what involvement would entail, should one decide to take part.

The aim of this study is to explore how the strengthening of a person's relationship with their social network can act as one of the pillars encouraging and motivating them to better engage with treatment once they are admitted to an addictions rehabilitation programme. This will be done through the effort undertaken by this study to better understand how people are influenced by how they understand what others are thinking about them and their own journeys, and how this in turn affects their progress. This study will be looking specifically at the direct impact the aforementioned process has on the person undergoing rehab as experienced by the client themself. Any raw data collected from this research will be used solely for purposes of this study.

Should a past client of a therapeutic program and their significant other choose to participate, they will be asked to attend separately for three video recorded interviews. The first two interviews will last between an hour to 90 minutes each, while the third interview will last from two to three hours. During the first interview the identified client will be asked about their addiction, what led them to rehab, how they felt that their significant others experienced all of this, and how their significant other's experience affected them. The second interview will be carried with the significant other where they will be asked about their experiences, thoughts, and feelings, around the addiction of the client, the decision to enter rehab, and the eventual stay in the programme. Before the second interview, consent will be sought from the significant other so that they are aware that their interview will be viewed and discussed in the third interview. In the third interview the identified client will be invited back for another interview during which they will be shown their significant other's interview and discuss how this viewing affects them.

While a semi-structured questionnaire will be used for the first and second interview, the Interpersonal Process Recall (IPR) technique will be used in the third interview. Data collected will be used by the researcher to understand what the client and the significant other were going through during these times, as well as to comprehend how all of this affected progress in rehab. Beyond the researcher, data collected from the interview will only be accessible to the supervisor. Otherwise, anything used in the presentation of the research, will be pseudonymised and will in no way lead to the interviewees. Throughout the whole research, pseudo names will be used whenever the researcher is referring to the participants.

Participation in this study is entirely voluntary; in other words, interviewees are free to accept or refuse to participate, without needing to give a reason. They are also free to withdraw from the study at any time before the processing of raw data would have started, without needing to provide any explanation and without any negative repercussions for them. Should they choose to withdraw, any data collected from their interviews will be erased as long as this is technically possible (before it is pseudonymised and processed), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in an pseudonymised form. If they choose to participate, please note that there are no direct benefits to them.

Since this might be a very sensitive subject for them, participants will be provided with a contact list of services that can support them overcome these triggers. Please also note that, as participants, they have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning them to be erased. All data collected will be stored on a password protected device, and it will be destroyed as soon as it will be possible to do so according to university procedures. A copy of this information sheet will be provided for them to keep and for future reference.

To be eligible for this study, both participants need to be 18 years of age and older; the identified client needs to have spent at least one year in a rehab setting in the past five years, while their significant other needs to have been present for the whole duration of that stay; the client needs to have spent at least one year living in the community after completing or leaving rehab, of which living a relatively stable life for the last six months; both the client and their chosen significant other need to be interested in participating in this study; the significant other needs to accept that their interview will be shown to the client where it will be processed as part of this research, and the client needs to accept sitting down for a viewing of their significant other's interview.

If you work with any clients who might be eligible for this research, it would be appreciated if you can extend this invitation to them. Should you have any questions or concerns, please do not hesitate to contact me by e-mail on miguel.buttigieg.12@um.edu.mt or by phone on 79591894; you can also contact my supervisor over the phone: 99820704 or via email: mzera05@um.edu.mt.

Thank you for your time and consideration.

Sincerely,

Miguel Buttigieg

miguel.buttigieg.12@um.edu.mt

79591894

Mariella Zerafa

mzera05@um.edu.mt

99820704

**Appendix 03: Information Letter for Identified Participant (Past client of TC)**

Dear Sir/Madam,

My name is Miguel Buttigieg and I am a student at the University of Malta, presently reading for a Masters in Systemic and Family Therapy. I am presently conducting a research study for my Thesis titled "The role of perceived social support on recovery progress in an addiction therapeutic community; with the following research question guiding this study: *How does a client's experience of their significant other's response to their therapeutic journey in an addiction therapeutic community in Malta affect their own progress in recovery?* This is being supervised by Ms. Mariella Zerafa. Below you will find information about the study and about what your involvement would entail, should you decide to take part.

The aim of this study is to explore how the strengthening of a person's relationship with their social network can act as one of the pillars encouraging and motivating them to better engage with treatment once they are admitted to an addictions rehabilitation programme. This will be done through the effort undertaken by this study to better understand how people are influenced by how they understand what others are thinking about them and their own journeys, and how this in turn affects their progress. This study will be looking specifically at the direct impact the aforementioned process has on the person undergoing rehab as experienced by the client themself. Any raw data collected from this research will be used solely for purposes of this study.

Should you choose to participate, you will be asked to attend for two video recorded interviews. During the first interview you will be asked about your addiction, what led you to rehab, how you feel that your significant other experienced all of this, and how your significant other's experience affected you. This will take between one hour to 90 minutes. In your second interview you will be invited by the researcher to view your significant other's video recorded interview and discuss how this affects you. This will take between two and three hours. Both interviews can be held in any private place convenient to you. In their interview, your significant other would have been asked questions about how your addiction and stay in rehab affected them in return.

Data collected will be used by the researcher to understand what you and your significant other were going through during these times, as well as to comprehend how all of this affected your progress in rehab. Beyond the researcher data collected from your interview will only be accessible to the supervisor. Otherwise, anything used in the presentation of the research, will be pseudonymised and will in no way lead to you.

Participation in this study is entirely voluntary; in other words, you are free to accept or refuse to participate, without needing to give a reason. You are also free to withdraw from the study at any time, without needing to provide any explanation and without any negative repercussions for you. Should you choose to withdraw, any data collected from your interview will be erased as long as this is technically possible (before it is pseudonymised and processed), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in

which case it shall be retained in an pseudonymised form. If you choose to participate, please note that there are no direct benefits to you.

Since this might be a very sensitive subject for you, you will be provided with a contact list of services that can support you in case it all becomes to challenging to handle. Please also note that, as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning you to be erased. All data collected will be stored on a password protected device, and it will be destroyed as soon as it will be possible to do so. A copy of this information sheet is being provided for you to keep and for future reference.

Thank you for your time and consideration. Should you have any questions or concerns, please do not hesitate to contact me over the phone: 79591894 or by e-mail on miguel.buttigieg.12@um.edu.mt ; you can also contact my supervisor over the phone: 99820704 or via email: mzera05@um.edu.mt

Sincerely,

Miguel Buttigieg

miguel.buttigieg.12@um.edu.mt

79591894

Mariella Zerafa

mzera05@um.edu.mt

99820704

**Appendix 04: Information letter for significant others**

Dear Sir/Madam,

My name is Miguel Buttigieg and I am a student at the University of Malta, presently reading for a Masters in Systemic and Family Therapy. I am presently conducting a research study for my Thesis titled "The role of perceived social support on recovery progress in an addiction therapeutic community; with the following research question guiding this study: *How does a client's experience of their significant other's response to their therapeutic journey in an addiction therapeutic community in Malta affect their own progress in recovery?* This is being supervised by Ms. Mariella Zerafa. Below you will find information about the study and about what your involvement would entail, should you decide to take part.

The aim of this study is to explore how the strengthening of a person's relationship with their social network can act as one of the pillars encouraging and motivating them to better engage with treatment once they are admitted to an addictions rehabilitation programme. This will be done through the effort undertaken by this study to better understand how people are influenced by how they understand what others are thinking about them and their own journeys, and how this in turn affects their progress. This study will be looking specifically at the direct impact the aforementioned process has on the person undergoing rehab as experienced by the client themself. Any raw data collected from this research will be used solely for purposes of this study.

Should you choose to participate, you will be asked to attend for a video recorded interview, which will take between one hour and 90 minutes, during which you will be asked about your experiences, thoughts, and feelings, around the addiction of your significant other, their decision to enter rehab, and their eventual stay in the programme. You will be also asked to give consent to the researcher so that your video recorded interview is shown to your significant other as part of this research. This interview shall be held in a private place that is convenient for you.

Data collected will be used by the researcher to both understand what you were going through during these times, as well as to process it together with your significant other to comprehend better how your lived experience affects them. Beyond the researcher and your significant other, data collected from your interview will only be accessible to the supervisor. Otherwise, anything used in the presentation of the research, will be pseudonymised and will in no way lead to you.

Participation in this study is entirely voluntary; in other words, you are free to accept or refuse to participate, without needing to give a reason. You are also free to withdraw from the study at any time, without needing to provide any explanation and without any negative repercussions for you. Should you choose to withdraw, any data collected from your interview will be erased as long as this is technically possible (before it is pseudonymised and processed), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in an pseudonymised form.

If you choose to participate, please note that there are no direct benefits to you. Since this might be a very sensitive subject for you, you will be provided with a contact list of services that can support you in case it all becomes to challenging to handle.

Please also note that, as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning you to be erased. All data collected will be stored on a password protected device, and it will be destroyed as soon as it will be possible to do so. A copy of this information sheet is being provided for you to keep and for future reference.

Thank you for your time and consideration. Should you have any questions or concerns, please do not hesitate to contact me by e-mail on miguel.buttigieg.12@um.edu.mt ; you can also contact my supervisor over the phone: 99820704 or via email: mzera05@um.edu.mt

Sincerely,

Miguel Buttigieg

miguel.buttigieg.12@um.edu.mt

79591894

Mariella Zerafa

mzera05@um.edu.mt

99820704

**Appendix 05: Ittra t' informazzjoni (għall-persuni li għandhom esperjenza fil-programm)**

Għażiż/a

Jiena, Miguel Buttiġieġ, student fl-Università ta' Malta, qiegħed nagħmel kors Masters f' terapija tal-familja u terapija sistemika. Fil-mument qiegħed nagħmel riċerka għat-teżi tiegħi, bl-isem ta: "The role of perceived social support on recovery progress in an addiction therapeutic community . Il-mistoqsija ċentrali f' dan l-istudju hi; *Kif, ir-rispons tal-partner li jesperjenza klijent li qiegħed jagħmel programm f' komunità terapewtika f' Malta, jaffetwa l-progress tal-irkupru ta' dan l-istess klijent?* Din l-istudju qiegħed ikun sorveljat minn Ms. Mariella Żerafa. Hawn taħt għandek issib informazzjoni dwar dan l-istudju u dwar xi jkun mistenni mill-involviment tiegħek jekk tiddeċiedi li tipparteċipa.

L-għan ta' dan l-istudju huwa li jesplora kif it-tisħiħ tar-relazzjonijiet li persuna għandu mar-relazzjonijiet ta' madwaru jista' jservi bħala sapport biex jinkoraġġixxi u jimmotiva l-persuna ħalli jimpenja iktar ruħu mal-kura li jkun qed jirċievi la darba jiġi ammess f' programm ta' rijabilitazzjoni mill-vizzjijiet. Dan ħa jsir permezz l-isforz ta' dan l-istudju biex jifhem aħjar kif in-nies ikunu influwenzati minn kif huma stess jifhmu li nies oħrajn qegħdin jaħsbu dwarhom u dwar il-vjaġġ tagħhom, u kif dan imbagħad jista' jkun iħalli xi forma ta' impatt fuq il-progress tagħhom. Dan l-istudju ħa jkun qiegħed iħares b' mod speċifiku kif l-impatt ta' dan il-proċess imsemmi hawn fuq hu esperjenzat mill-klijent tal-programm innifsu. Kwalunkwe materja prima miġbura minn din ir-riċerka ħa tkun użata biss għall-iskopijiet ta' dan l-istudju.

F' każ li titħajjar tipparteċipa inti ħa tkun qiegħed tiġi mistieden biex tattendi għal żewġ intervisti vidjo-rikordjati. Waqt l-ewwel intervista ħa tkun mistoqsi dwar il-vizzjijiet tiegħek, x' wasslek għall-programm, kif tħoss li l-partner tiegħek esperjenza dan kollu, u kif l-esperjenza tal-partner tiegħek affetwat lilek. Dan jieħu bejn 60 u 90 minuta. Fit-2ni intervista ħa tkun mistieden biex tara l-intervista li tkun saret mal-partner tiegħek u għal diskussjoni dwar kif dan jaffetwa lilek. Din it-tieni ntervista tieħu bejn sagħtejn u tlett siegħat. Iż-żewġ intervisti ħa jsiru f' data, ħin, u post li huma konvenjenti għalik. Fl-intervista tagħhom, il-partner tiegħek ħa jkunu mistoqsija dwar kif il-vizzju tiegħek u ż-żmien li inti qattajt fil-programm, affetwa lilhom.

Informazzjoni miġbura ħa tkun użata mir-riċerkatur biex jifhem aħjar minn xiex kontu għaddejjin inti u l-partner tiegħek fiż-żmien li inti kont fil-programm, kif ukoll jipprova jifhem kif dan kollu seta' affetwa l-progress tiegħek fil-programm. Minbarra r-riċerkatur, l-informazzjoni miġbura minn din l-intervista ħa tkun aċċessibli biss għas-superviżur. Lill hinn minn, kwalunkwe ħaġa li se tkun użata fil-preżentazzjoni ta' din ir-riċerka ħa tkun psewdonimizzata u bl-ebda mod m' hu se twassal għall-identita' tiegħek.

Il-parteċipazzjoni f' dan l-istudju hi purament volontarja. Fi kliem ieħor, inti liberu li taċċetta jew tirrifjuta li tipparteċipa, mingħajr il-bżonn li tipprovdi raġuni. Inti għandek il-liberta ukoll li tirtira minn dan l-istudju fi kwalunkwe ħin, mingħajr m' hemm bżonn li tati xi spjegazzjoni u mingħajr l-ebda riperkussjoni għalik. F' każ li tgħażel li tirtira mill-istudju, kwalunkwe nformazzjoni miġbura mill-intervista tiegħek ħa tkun imħassra sakemm dan ikun għadu teknikament possibli (qabel ma din l-informazzjoni tiġi psewdonimizzata u proċessata), u sakemm dan it-tħassir ma jostakolax jew irendi

mpossibli li titlesta din ir-riċerka. F’ dan il-każ din l-informazzjoni tinżamm xorta waħda f’ format psewdonimizzat. Nixtieq ngħarrfek li jekk tagħżel li tipparteċipa m’ hu se jkun hemm l-ebda benefiċċju dirett għalik.

Peress li dan is-suġġett jista’ jkun pjuttost sensittiv għalik, inti se tiġi mogħti lista ta’ kuntatti ta’ numru ta’ servizzi li jistgħu jkunu ta’ sapport għalik f’ każ li jibda jkollok xi diffikultajiet biex tkampa. Nixtieq ninfurmak ukoll, li bħala parteċipant, għandek id-dritt taħt l-Att tar-Regolazzjoni tal-Protezzjoni tal-Informazzjoni (GDPR) u taħt leġiżlazzjoni nazzjonali, li taċċessa, tamenda, u fejn possibli titlob li tiġi mħassra kwalunkwe nformazzjoni dwarek. Kull informazzjoni miġbura u merfgħuha b’ mod sigur, u ħa tkun imħassra hekk kif ikun possibli jsir dan. Kopja ta’ din l-ittra ħa tkun qed tiġi mogħtija lilek biex tkun tista’ żżommha u bħala referenza għall-futur.

Filwaqt li nirringrazzjak tal-ħin u konsiderazzjoni tiegħek, ninfurmak li f’ każ li għandek xi dubji jew xi mistoqsijiet, tista’ tagħmel kuntatt miegħi fuq mowbajl: 79591894 jew b’ e-mail: miguel.buttigieg.12@um.edu.mt . F’ każ ta’ bżonn tista’ anke tagħmel kuntatt mas-superviżur tiegħi fuq mowbajl: 99820704 jew permezz ta’ e-mail: mzera05@um.edu.mt

Dejjem Tiegħek,

Miguel Buttigieg

miguel.buttigieg.12@um.edu.mt

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Mariella Zerafa

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**Appendix 06: Ittra t' informazzjoni għall-persuna sinjifikanti magħżula mill-klijent identifikat**

Għażiż/a

Jiena, Miguel Buttiġieġ, student fl-Università ta' Malta, qiegħed nagħmel kors Masters f' terapija tal-familja u terapija sistemika. Fil-mument qiegħed nagħmel riċerka għat-teżi tiegħi, bl-isem ta: "The role of perceived social support on recovery progress in an addiction therapeutic community" . Il-mistoqsija ċentrali f' dan l-istudju hi; *Kif, ir-rispons tal-partner li jesperjenza klijent li qiegħed jagħmel programm f' komunità terapewtika f' Malta, jaffetwa l-progress tal-irkupru ta' dan l-istess klijent?* Din l-istudju qiegħed ikun sorveljat minn Ms. Mariella Żerafa. Hawn taħt għandek issib informazzjoni dwar dan l-istudju u dwar xi jkun mistenni mill-involviment tiegħek jekk tiddeċiedi li tipparteċipa.

L-għan ta' dan l-istudju huwa li jesplora kif it-tisħiħ tar-relazzjonijiet li persuna għandu mar-relazzjonijiet ta' madwaru jista' jservi bħala sapport biex jinkoraġġixxi u jimmotiva l-persuna ħalli jimpenja iktar ruħu mal-kura li jkun qed jirċievi la darba jiġi ammess f' programm ta' rijabilitazzjoni mill-vizzjijiet. Dan ħa jsir permezz l-isforz ta' dan l-istudju biex jifhem aħjar kif in-nies ikunu influwenzati minn kif huma stess jifhmu li nies oħrajn qegħdin jaħsbu dwarhom u dwar il-vjaġġ tagħhom, u kif dan imbagħad jista' jkun iħalli xi forma ta' impatt fuq il-progress tagħhom. Dan l-istudju ħa jkun qiegħed iħares b' mod speċifiku kif l-impatt ta' dan il-proċess imsemmi hawn fuq hu esperjenzat mill-klijent tal-programm innifsu. Kwalunkwe materja prima miġbura minn din ir-riċerka ħa tkun użata biss għall-iskopijiet ta' dan l-istudju.

F' każ li ħa titħajjar tipparteċipa, inti ħa tkun mistieden għal intervista vidjo-rikordjata, li tieħu bejn siegħa, u siegħa u nofs. Tul din l-intervista ħa tkun mistoqsi dwar l-esperjenzi, ħsiebijit, u emozzjonijiet tiegħek, rigward l-addiction tal-partner tiegħek, id-deċiżjoni tagħhom li jidħlu f' rehab, u l-perjodu li għamlu fil-programm. Din l-intervista ħa ssir f' post privat li hu komdu għalik. Ħa tkun mistoqsi ukoll biex tati kunsens lir-riċerkatur biex bħala parti minn din ir-riċerka, juri l-intervista tiegħek lill-partner tiegħek f' waħda mill intervisti li se jkollu miegħu.

Informazzjoni miġbura ħa tkun użata mir-riċerkatur biex jifhem aħjar minn xiex kontu għaddejjin inti u l-partner tiegħek fiż-żmien li inti kont fil-programm, kif ukoll jipprova jifhem kif dan kollu seta' affetwa l-progress tiegħek fil-programm. Minbarra r-riċerkatur, l-informazzjoni miġbura minn din l-intervista ħa tkun aċċessibli biss għas-superviżur. Lill hinn minn, kwalunkwe ħaġa li se tkun użata fil-preżentazzjoni ta' din ir-riċerka ħa tkun psewdonimizzata u bl-ebda mod m' hu se twassal għall-identita' tiegħek.

Il-parteċipazzjoni f' dan l-istudju hi purament volontarja. Fi kliem ieħor, inti liberu li taċċetta jew tirrifjuta li tipparteċipa, mingħajr il-bżonn li tipprovdi raġuni. Inti għandek il-liberta ukoll li tirtira minn dan l-istudju fi kwalunkwe ħin, mingħajr m' hemm bżonn li tati xi spjegazzjoni u mingħajr l-ebda riperkussjoni għalik. F' każ li tgħażel li tirtira mill-istudju, kwalunkwe nformazzjoni miġbura mill-intervista tiegħek ħa tkun imħassra sakemm dan ikun għadu teknikament possibli (qabel ma din l-informazzjoni tiġi psewdonimizzata u proċessata), u sakemm dan it-tħassir ma jostakolax jew irendi mpossibli li titlesta din ir-riċerka. F' dan il-każ din l-informazzjoni tinżamm xorta

waħda f’ format psewdonimizzat. Nixtieq ngħarrfek li jekk tagħżel li tipparteċipa m’ hu se jkun hemm l-ebda benefiċċju dirett għalik.

Peress li dan is-suġġett jista’ jkun pjuttost sensittiv għalik, inti se tiġi mogħti lista ta’ kuntatti ta’ numru ta’ servizzi li jistgħu jkunu ta’ sapport għalik f’ każ li jibda jkollok xi diffikultajiet biex tkampa. Nixtieq ninfurmak ukoll, li bħala parteċipant, għandek id-dritt taħt l-Att tar-Regolazzjoni tal-Protezzjoni tal-Informazzjoni (GDPR) u taħt leġiżlazzjoni nazzjonali, li taċċessa, tamenda, u fejn possibli titlob li tiġi mħassra kwalunkwe nformazzjoni dwarek. Kull informazzjoni miġbura u merfgħuha b’ mod sigur, u ħa tkun imħassra hekk kif ikun possibli jsir dan. Kopja ta’ din l-ittra ħa tkun qed tiġi mogħtija lilek biex tkun tista’ żżommha u bħala referenza għall-futur.

Filwaqt li nirringrazzjak tal-ħin u konsiderazzjoni tiegħek, ninfurmak li f’ każ li għandek xi dubji jew xi mistoqsijiet, tista’ tagħmel kuntatt miegħi fuq mowbajl: 79591894 jew b’ e-mail: miguel.buttigieg.12@um.edu.mt . F’ każ ta’ bżonn tista’ anke tagħmel kuntatt mas-superviżur tiegħi fuq mowbajl: 99820704 jew permezz ta’ e-mail: mzera05@um.edu.mt

Dejjem Tiegħek,

Miguel Buttigieg

miguel.buttigieg.12@um.edu.mt

79591894

Mariella Zerafa

mzera05@um.edu.mt

99820704

## Appendix 07: Identified Person (past rehab client) Consent Form

"The role of perceived social support on recovery progress in an addiction therapeutic community"

I, the undersigned, give my consent to take part in the study conducted by Miguel Buttigieg. This consent form specifies the terms of my participation in this research study.

1. I have been given written and/or verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected from me will be erased as long as this is technically possible (before it is pseudonymised and processed), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in an pseudonymised form.
3. I understand that I have been invited to participate in two, one to one interviews in which the researcher will be asking me questions to explore how people are influenced by how they understand what others are thinking about them and their own journeys while in a therapeutic community in Malta, and how this in turn affects their progress. I am aware that the video-recorded interviews will take between 3 to 4 hours in total to complete. I understand that the interview is to be conducted in a place and at a time that is convenient for me.
4. I understand that my participation entails the risk that I have a surge of emotions which might even become overwhelming when talking and thinking about my past experiences.
5. I understand that there are no direct benefits to me from participating in this study. I also understand that this research may benefit others as it can serve as a springboard from where future studies can explore further the impact of external factors on the clients within a rehabilitation program in a local context and address any arising issues.
6. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.
7. I understand that all data collected will be erased within 6 months of completion of the study.
8. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.
9. I am aware that, by marking the first-tick box below, I am giving my consent for this interview to be video recorded and converted to text as it has been recorded (transcribed).

**MARK ONLY IF AND AS APPLICABLE**

- ☐ I agree to this interview being video recorded.
- ☐ I do not agree to this interview being video recorded.

10. I am aware that extracts from my interview may be reproduced in these outputs, either in anonymous form, or using a pseudonym [a made-up name or code – e.g. respondent A]
11. I am aware that my data will be pseudonymised; i.e., my identity will not be noted on transcripts or notes from my interview, but instead, a code will be assigned. The codes that link my data to my identity will be stored securely and separately from the data, in an encrypted file on the researcher's password-protected computer, and only the researcher and their supervisor will have access to this information. Any hard-copy materials will be placed in a locked cabinet/drawer. Any material that identifies me as a participant in this study will be stored securely for 6 months after completion of the study and then will be destroyed.
12. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.
13. If I feel that the interview has distressed me in any way, I may make use of the support services information that Miguel Buttigieg will give me at the beginning of the interview. I am aware that this document comprises a list of free services. The document also includes fee-paying services which I understand I will have to pay for should I decide not to use free services.

I have read and understood the above statements and agree to participate in this study.

Name of participant: _____

Signature: _____

Date: _____


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79591894

Mariella Zerafa
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99820704

## Appendix 08: Significant Other's Consent Form

"The role of perceived social support on recovery progress in an addiction therapeutic community"

I, the undersigned, give my consent to take part in the study conducted by Miguel Buttigieg. This consent form specifies the terms of my participation in this research study.

1. I have been given written and/or verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected from me will be erased as long as this is technically possible (before it is pseudonymised and processed), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in an pseudonymised form.
3. I understand that I have been invited to participate in one, one to one interview in which the researcher will be asking me questions to explore how people are influenced by how they understand what others are thinking about them and their own journeys while in a therapeutic community in Malta, and how this in turn affects their progress. I am aware that this video-recorded interview will take between an hour and 90 minutes to complete. I understand that the interview is to be conducted in a place and at a time that is convenient for me.
4. I understand that my interview will be shown to my significant other as part of this study
5. I understand that my participation entails the risk that I have a surge of emotions which might even become overwhelming when talking and thinking about my past experiences.
6. I understand that there are no direct benefits to me from participating in this study. I also understand that this research may benefit others as it can serve as a springboard from where future studies can explore further the impact of external factors on the clients within a rehabilitation program in a local context and address any arising issues.
7. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.
8. I understand that all data collected will be erased within six months of completion of the study.
9. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.

10. I am aware that, by marking the first-tick box below, I am giving my consent for this interview to be video recorded and converted to text as it has been recorded (transcribed).

    **MARK ONLY IF AND AS APPLICABLE**

    ☐ I agree to this interview being video recorded.

    ☐ I do not agree to this interview being video recorded.

11. I am aware that extracts from my interview may be reproduced in these outputs, either in anonymous form, or using a pseudonym [a made-up name or code – e.g. respondent A]
12. I am aware that my data will be pseudonymised; i.e., my identity will not be noted on transcripts or notes from my interview, but instead, a code will be assigned. The codes that link my data to my identity will be stored securely and separately from the data, in an encrypted file on the researcher's password-protected computer, and only the researcher and their supervisor will have access to this information. Any hard-copy materials will be placed in a locked cabinet/drawer. Any material that identifies me as a participant in this study will be stored securely for 6 months after completion of study and then destroyed.
13. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.
14. If I feel that the interview has distressed me in any way, I may make use of the support services information that Miguel Buttigieg will give me at the beginning of the interview. I am aware that this document comprises a list of free services. The document also includes fee-paying services which I understand I will have to pay for should I decide not to use free services.

I have read and understood the above statements and agree to participate in this study.

Name of participant: _____

Signature: _____

Date: _____


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## Appendix 09: Formula ta' kunsens għall-persuna ddentifikata mis-servizzi ta' Caritas/Sedqa

“The role of perceived social support on recovery progress in an addiction therapeutic community”

Jien, hawn taħt iffirmat, ngħati l-kunsens tiegħi li nipparteċipa fl-istudju mmexxi minn Miguel Buttigieg. Din il-formula tispeċifika t-termini tal-parteċipazzjoni tiegħi f’ din ir-riċerka.

1. Jien ingħatajt informazzjoni bil-miktub u/jew bil-fomm dwar l-iskop ta’ dan l-istudju; jien kelli l-opportunità li nagħmel il-mistoqsijiet, u għal kwalunkwe mistoqsija li kelli tawni risposta li jien sodisfatt biha.
2. Nifhem li jien għandi l-libertà li nipparteċipa, jew nieqaf, jew nirrifjuta milli nipparteċipa fi kwalunkwe ħin mingħajr m’ għandi għalfejn ngħati raġun u mingħajr l-ebda konsegwenza. Jekk jien ngħażel li nipparteċipa, nista’ nirrifjuta li nirrispondi kwalunkwe mill-mistoqsijiet. Fil-każ li ngħażel li nirtira minn dan l-istudju, kwalunkwe nformazzjoni miġbura mingħandi ħa tkun imħassra sakemm dan ikun għadu possibli (qabel ma tiġi anonimizzata u proċessata). Dan jista’ jsir sakemm dan it-tħassir ma jimpattax severament l-għanijiet ta’ din ir-riċerka, f’ liema każ l-informazzjoni ħa tkun psewdonimizzata.
3. Nifhem li din l-istedina hi għal żewġ intervisti fejn ir-riċerkatur ħa jkun qiegħed jistaqsini mistoqsijiet biex jesplora kif in-nies jiġu nfluwenzati minn kif huma jifhmu li nies oħrajn qegħdin jaħsbu fuqhom u fuq il-vjaġġ tagħhom filwaqt li qegħdin jgħamlu programm ġewwa komunità terapewtika f’ Malta, u kif dan kollu imbagħad jaffetwa l-progress tagħhom stess. Nifhem li dawn l-intervisti ħa jkunu rreġistrati fuq vidjo u ħa jieħdu madwar 3 siegħat b’ kollox biex jitlestew. Nifhem li din l-intervista ħa ssir f’ post u ħin li hu konvenjenti għalija.
4. Nifhem li bil-parteċipazzjoni tiegħi qiegħed nieħu r-riskju li jitqanqluli emozzjonijiet, li jistgħu jkunu pjuttost tqal, waqt li qiegħed nitkellem u naħseb dwar l-esperjenzi tal-passat.
5. Nifhem li meta qed nipparteċipa f’ dan l-istudju, m’ hemm l-ebda benefiċċju dirett għalija. Nifhem li dan l-istudju jista’ jibbenefikaw nies oħra għax dan jista’ jservi bħala punt ta’ tluq għal iktar riċerka fuq fan is-suġġett.
6. Nifhem li bir-regoli tad-Data Protection (GDPR) u bil-liġijiet f’ dan ir-rigward, jien għandi dritt li naċċessa, nemenda, u fejn possibli nitlob li xi informazzjoni dwari tiġi mħassra.
7. Nifhem li kwalunkwe nformazzjoni miġburi dwari ħa tkun imħassra fi żmien 6 xhur mit-tlestija ta’ dan l-istudju
8. Jien ġejt mgħoti kopja tal-ittra tal-informazzjoni u nifhem li se nkun qiegħed ningħata kopja ta’ din il-formula ta’ kunsens.
9. Konxju li meta qed nimmarka l-ewwel kaxxa hawn taħt, jien qed nagħti kunsens li dan l-interview jiġi vidjo rrekordjat u kkonvertit f’ kitba fl-istess mod li kien irrekordjat (transkritt)

   **Immarka kif u jekk applikabbli**

   - Naqbel li dan l-interview jiġi rrekordjat permezz ta’ vidjo u transkritt

- Ma naqbilx li dan l-interview jiġi rrekordjat permezz ta' vidjo u transkritt

10. Konxju li siltiet mill-intervista tiegħi jista' jkun li jintużaw waqt il-proċess ta' transkrizzjoni, b' mod anonimu jew permezz ta' psewdonimu (isem fittizju jew b' kodiċi – eż parteċipant A)
11. Konxju li l-informazzjoni miġbura mingħandi se tiġi psewdonimizzata; i.e. l-identità tiegħi mhux ħa tkun mniżżla fl-ebda transkrizzjoni u fl-ebda nota. Minflok, ir-riċerka ħa tkun qed tagħmel użu minn kodiċi. Dawn il-kodiċi li jabbinaw l-informazzjoni mal-identità tiegħi ħa jkunu merfugħin b' mod sigur u separat mill-bqija tad-data, f' fajl kriptaġġat u protetti minn passwords. Ir-riċerkatur u s-supervisur biss ħa jkollhom aċċess għal din l-informazzjoni. Kwalunkwe materjal li jista' jiddentifikani bħala parteċipant f' dan l-istudju ħa jkun merfgħuh b' dan il-mod sigur sa 6 xhur wara mit-tlestija ta' dan l-istudju, imbagħad jiġi meqrud.
12. Konxju li l-identità tiegħi u l-informazzjoni personali tiegħi m' huma se jkunu mikxufin fl-ebda pubblikazzjoni, rapport, jew preżentazzjoni marbutin ma din ir-riċerka
13. Jekk inħoss li l-intervista ħolqitli xi forma ta' stress, jien nista' nagħmel użu mill-lista ta' servizzi ta' sapport li Miguel Buttiġieġ ħa jkun qed itini fil-bidu tal-intervista. Ngħaraf li f' dan id-dokument insib lista ta' servizzi li huma b' xejn u oħrajn li huma bil-ħlas.

Jiena qrajt u fhimt id-dikjarazzjonijiet t' hawn fuq u naċċetta li nipparteċipa f' dan l-istudju

Isem il-parteċipant: _____

Firma: _____

Data: _____

_____ _____

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## Appendix 10: Formula ta' Kunsens għall-partner

"The role of perceived social support on recovery progress in an addiction therapeutic community"

Jien, hawn taħt iffirmat, ngħati l-kunsens tiegħi li nipparteċipa fl-istudju mmexxi minn Miguel Buttigieg. Din il-formula tispeċifika t-termini tal-parteċipazzjoni tiegħi f' din ir-riċerka.

1. Jien ingħatajt informazzjoni bil-miktub u/jew bil-fomm dwar l-iskop ta' dan l-istudju; jien kelli l-opportunità li nagħmel il-mistoqsijiet, u għal kwalunkwe mistoqsija li kelli tawni risposta li jien sodisfatt biha.
2. Nifhem li jien għandi l-libertà li nipparteċipa, jew nieqaf, jew nirrifjuta milli nipparteċipa fi kwalunkwe ħin mingħajr m' għandi għalfejn ngħati raġun u mingħajr l-ebda konsegwenza. Jekk jien ngħażel li nipparteċipa, nista' nirrifjuta li nirrispondi kwalunkwe mill-mistoqsijiet. Fil-każ li ngħażel li nirtira minn dan l-istudju, kwalunkwe nformazzjoni miġbura mingħandi ħa tkun imħassra sakemm dan ikun għadu possibli (qabel ma tiġi anonimizzata u proċessata). Dan jista' jsir sakemm dan it-tħassir ma jimpattax severament l-għanijiet ta' din ir-riċerka, f' liema każ l-informazzjoni ħa tkun psewdonimizzata.
3. Nifhem li din l-istedina hi biex nipparteċipa f' intervista fejn ir-riċerkatur ħa jkun qiegħed jistaqsini mistoqsijiet biex jesplora kif in-nies huma nfluwenzati b' dak li jifhmu li oħrajn qegħdin jaħsbu fuqhom u fuq il-mixja tagħhom waqt li qegħdin jgħamlu programm f' komunita terapewtika f' Malta, u kif dan imbagħad jaffetwa l-progress tagħhom. Konxju li din l-intervista ħa tkun vidjo-rikordjata, u ħa tieħu bejn siegħa u 90 minuta biex titlesta. Nifhem li din l-intervista ħa sseħħ f' post u f' ħin li hu konvenjenti għalija.
4. Nifhem, li bħala parti minn din ir-riċerka, din l-intervista tiegħi ħa tkun murija lill-partner tiegħi.
5. Nifhem li bil-parteċipazzjoni tiegħi qiegħed nieħu r-riskju li jitqanqluli emozzjonijiet, li jistgħu jkunu pjuttost tqal, waqt li qiegħed nitkellem u naħseb dwar l-esperjenzi tal-passat.
6. Nifhem li meta qed nipparteċipa f' dan l-istudju, m' hemm l-ebda benefiċċju dirett għalija. Nifhem li dan l-istudju jista' jibbenefikaw nies oħra għax dan jista' jservi bħala punt ta' tluq għal iktar riċerka fuq fan is-suġġett.
7. Nifhem li bir-regoli tad-Data Protection (GDPR) u bil-liġijiet f' dan ir-rigward, jien għandi dritt li naċċessa, nemenda, u fejn possibli nitlob li xi informazzjoni dwari tiġi mħassra.
8. Nifhem li kwalunkwe nformazzjoni miġburi dwari ħa tkun imħassra fi żmien 6 xhur mit-tlestija ta' dan l-istudju
9. Jien ġejt mgħoti kopja tal-ittra tal-informazzjoni u nifhem li se nkun qiegħed ningħata kopja ta' din il-formula ta' kunsens.

10. Konxju li meta qed nimmarka l-ewwel kaxxa hawn taħt, jien qed nagħti kunsens li dan l-interview jiġi vidjo rrekordjat u kkonvertit f' kitba fl-istess mod li kien irrekordjat (transkritt)

    **Immarka kif u jekk applikabbli**

    - ☐ Naqbel li dan l-interview jiġi rrekordjat permezz ta' vidjo u transkritt
    - ☐ Ma naqbilx li dan l-interview jiġi rrekordjat permezz ta' vidjo u transkritt
11. Konxju li siltiet mill-intervista tiegħi jista' jkun li jintużaw waqt il-proċess ta' transkrizzjoni, b' mod anonimu jew permezz ta' psewdonimu (isem fittizju jew b' kodiċi – eż parteċipant A)
12. Konxju li l-informazzjoni miġbura mingħandi se tiġi psewdonimizzata; i.e. l-identità tiegħi mhux ħa tkun mniżżla fl-ebda transkrizzjoni u fl-ebda nota. Minflok, ir-riċerka ħa tkun qed tagħmel użu minn kodiċi. Dawn il-kodiċi li jabbinaw l-informazzjoni mal-identità tiegħi ħa jkunu merfugħin b' mod sigur u separat mill-bqija tad-data, f' fajl kriptaġġat u protetti minn passwords. Ir-riċerkatur u s-supervisur biss ħa jkollhom aċċess għal din l-informazzjoni. Kwalunkwe materjal li jista' jiddentifikani bħala parteċipant f' dan l-istudju ħa jkun merfgħuh b' dan il-mod sigur sa 6 xhur wara mit-tlestija ta' dan l-istudju, imbagħad jiġi meqrud.
13. Konxju li l-identità tiegħi u l-informazzjoni personali tiegħi m' huma se jkunu mikxufin fl-ebda pubblikazzjoni, rapport, jew preżentazzjoni marbutin ma din ir-riċerka
14. Jekk inħoss li l-intervista ħolqitli xi forma ta' stress, jien nista' nagħmel użu mill-lista ta' servizzi ta' sapport li Miguel Buttiġieġ ħa jkun qed itini fil-bidu tal-intervista. Ngħaraf li f' dan id-dokument insib lista ta' servizzi li huma b' xejn u oħrajn li huma bil-ħlas.

Jiena qrajt u fhimt id-dikjarazzjonijiet t' hawn fuq u naċċetta li nipparteċipa f' dan l-istudju

Isem il-parteċipant: _____

Firma: _____

Data: _____

_____ _____

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79591894

Mariella Zerafa
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## Appendix 11: List of Support Services

Dear Participant,

Reg: Participation in the study: “The role of perceived social support on recovery progress in an addiction therapeutic community”

I would like to take this opportunity to thank you for your participation in this study. I appreciate your involvement and cooperation throughout this entire process. The interview questions were formatted in as a sensitive manner as possible. However, if your participation has led you to experience any distress or discomfort for whatever reason, below I have included some information about services that offer free and fee-paying professional support that you might find helpful.

Kindly do not hesitate to contact both me or my research supervisor, Ms. Mariella Zerafa, if you have any queries, require any additional information, or wish to report any concerns about this study.

Kind regards,

Miguel Buttigieg
miguel.buttigieg.12@um.edu.mt
79591894

Mariella Zerafa
mzera05@um.edu.mt
99820704

Free services:

| | |
|---|---|
| Foundation for Social Welfare Services (FSWS) – Agenzija Sedqa | tel: 23885110 |
| Aġenzija Sedqa offers a multitude of multi-disciplinary services all related to substance and behaviour addictions such as prevention services, community based rehabilitation programmes, residential rehabilitation services, therapeutic services, inpatient and outpatient medical services and also an opiate substitution treatment. | |
| Fondazzjoni Caritas Malta | tel: 22199000 |
| Fondazzjoni Caritas Malta offers rehabilitation of persons with drug abuse problems. Indeed, the Foundation offers new hope to persons with such problems though professional and competent rehabilitation, tailored on long-term experience in the drug rehabilitation, prevention and education fields | |
| The OASI Foundation | tel: 21563333<br>e-mail: info@oasi.org.mt |
| OASI's mission is that of treating people suffering from the disease of addiction due to toxic substances which include, but are not limited to, drugs and alcohol. | |
| FSWS – Supportline 179 | tel: 179 (24/7 service) |
| This is Malta's national helpline acting to provide support, information about local social welfare and other agencies, as well as a referral service to individuals who require support. It is also a national service to individuals facing difficult times or a crisis. Their primary mission is to provide immediate and unbiased help to whoever requires it. | |
| Kellimni.com | web: kellimni.com (24/7 service)<br>tel: 21244123 / 21335097 |
| An online support service in which trained staff and volunteers are available for support via email, chat and smart messaging. This service is managed by SOS Malta. | |
| Richmond Foundation | tel: 21224580 / 21482336 / 21480045<br>e-mail: info@richmond.org.mt |
| Supports both individuals who are experiencing mental health problems as well as those around them. Apart from supporting individuals by offering therapeutic help, Richmond Foundation also guides individuals by teaching the necessary skills to live and work independently. Their services include support groups, assisted living solutions, educational programs, as well as counselling services. | |
| Crisis Resolution Malta | tel: 99339966 (24/7 service)<br>e-mail: crisismalta@gmail.com |
| Offers immediate care, and crisis resolution. The team of volunteers which answer the phone are all professionals, and the consultation service is free. | |
| Crisis Intervention Mater Dei | tel: 25453950 |
| Supports in various crisis situations related to mental health. | |

Paid Professionals:

| | | |
|---|---|---|
| Family Therapists | Malta Association of Family Therapy and Systemic Practice (MAFT-SP) | maft.systemicpractice@gmail.com |
| Psychologists | Malta Chamber of Psychologists | mcp.org.mt |
| | Malta Psychology Profession Board | mppb.msfc@gov.mt |
| Counsellors | Malta Association for the Counselling Profession (MACP) | www.macpmalta.org |
| | Council for the Counselling Profession (CCP) | ccp.msfc@gov.mt |
| Psychiatrists | Malta Association of Psychiatrists | map.org.mt |
| Psychotherapists | | www.facebook.com/MaltaAssociationForPsychotherapy |

## Appendix 12: Lista' Servizzi ta' Sapport

**Lista ta' servizzi ta' sapport**

Għażiż parteċipant,

Nixtieq nieħu din l-opportunità biex nirringrazzjak tal-parteċipazzjoni tiegħek f' dan l-istudju. L-involviment u l-koperazzjoni tiegħek tul dan il-proċess huma apprezzati mmens.

Il-mistoqsijiet kienu mfasslin bl-iktar mod sensittiv possibli, pero f' każ li l-parteċipazzjoni tiegħek għal kwalunkwe raġuni, b' xi mod ikkawżatlek xi toqol fil-ħajja jew xi skumdita, hawn taħt qiegħed ngħaddilek informazzjoni dwar servizzi li jistgħu joffrulek support professjonali tul dawn l-episodji. F' din il-lista għandek issib servizzi li huma b' xejn u oħra li huma bil-ħlas.

Minn barra dan, nixtieq ninfurmak ukoll li f' każ li tħoss il-bżonn li tagħmel xi mistoqsijiet, titlob xi kjarifiki, jew tirrapporta dwar xi tħassib li jista' jkollok fir-rigward ta' dan l-istudju, tista' tagħmel dan billi tikkomunika direttament miegħi jew mas-superviżur tiegħi Ms. Mariella Zerafa.

Tislijiet,

Miguel Buttigieg
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79591894

Mariella Zerafa
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99820704

Servizzi Bla Ħlas:

| | |
|---|---|
| Foundation for Social Welfare Services (FSWS) – Agenzija Sedqa | tel: 23885110 |
| Aġenzija Sedqa offers a multitude of multi-disciplinary services all related to substance and behaviour addictions such as prevention services, community based rehabilitation programmes, residential rehabilitation services, therapeutic services, inpatient and outpatient medical services and also an opiate substitution treatment. | |
| Fondazzjoni Caritas Malta | tel: 22199000 |
| Fondazzjoni Caritas Malta offers rehabilitation of persons with drug abuse problems. Indeed, the Foundation offers new hope to persons with such problems though professional and competent rehabilitation, tailored on long-term experience in the drug rehabilitation, prevention and education fields | |
| The OASI Foundation | tel: 21563333<br>e-mail: info@oasi.org.mt |
| OASI's mission is that of treating people suffering from the disease of addiction due to toxic substances which include, but are not limited to, drugs and alcohol. | |
| FSWS – Supportline 179 | tel: 179 (24/7 service) |
| This is Malta's national helpline acting to provide support, information about local social welfare and other agencies, as well as a referral service to individuals who require support. It is also a national service to individuals facing difficult times or a crisis. Their primary mission is to provide immediate and unbiased help to whoever requires it. | |
| Kellimni.com | web: kellimni.com (24/7 service)<br>tel: 21244123 / 21335097 |
| An online support service in which trained staff and volunteers are available for support via email, chat and smart messaging. This service is managed by SOS Malta. | |
| Richmond Foundation | tel: 21224580 / 21482336 / 21480045<br>e-mail: info@richmond.org.mt |
| Supports both individuals who are experiencing mental health problems as well as those around them. Apart from supporting individuals by offering therapeutic help, Richmond Foundation also guides individuals by teaching the necessary skills to live and work independently. Their services include support groups, assisted living solutions, educational programs, as well as counselling services. | |
| Crisis Resolution Malta | tel: 99339966 (24/7 service)<br>e-mail: crisismalta@gmail.com |
| Offers immediate care, and crisis resolution. The team of volunteers which answer the phone are all professionals, and the consultation service is free. | |
| Crisis Intervention Mater Dei | tel: 25453950 |
| Supports in various crisis situations related to mental health. | |

Servizzi bil-ħlas:

| | | |
|---|---|---|
| Family Therapists | Malta Association of Family Therapy and Systemic Practice (MAFT-SP) | maft.systemicpractice@gmail.com |
| Psychologists | Malta Chamber of Psychologists | mcp.org.mt |
| | Malta Psychology Profession Board | mppb.msfc@gov.mt |
| Counsellors | Malta Association for the Counselling Profession (MACP) | www.macpmalta.org |
| | Council for the Counselling Profession (CCP) | ccp.msfc@gov.mt |
| Psychiatrists | Malta Association of Psychiatrists | map.org.mt |
| Psychotherapists | | www.facebook.com/MaltaAssociationForPsychotherapy |

## Appendix 13: Interview Guides

Questions for interviews

Questions for Caritas / Sedqa Identified Person – Interview 01

- From what you remember, what was your significant other's reaction when you informed them that you were going to commence your last rehab program?
- How did you experience your stay during your last program?
- In your opinion, what was your significant other's experience of your stay in your last program?
- How was your relationship with your significant other during your stay in rehab?
- In your opinion, and to your knowledge, what was your significant other going through while you were undergoing rehab in your last program?
- During your stay in rehab, how did you use to feel when you thought about your significant other?
- During your stay in rehab, do you think that your significant other affected your performance in any way?
- Was there anything that you would have liked for your significant other to do differently while you were in rehab?
- If you had to go back, is there anything that you would have done differently with your significant other while you were in rehab?
- Is there anything else you would like to add on this topic?

Questions for interviews

Questions for Caritas / Sedqa IPs' significant other – Interview 02

- From what you remember, what was your reaction when your partner informed you that they were going to enter rehab?
- How was your life while your partner was in rehab?
- From what you remember, do you think your partner was concerned in any way about the life you were living outside while they were in rehab?
- In your opinion, what was your partner going through while they were undergoing rehab?
- How was your relationship with your partner during their stay in rehab?
- How did you use to feel when you thought about your partner while they were in rehab?
- Do you think that you could have affected your partner's progress in any way?
- Was there anything that you would have liked to do differently for your partner while they were in rehab?
- Is there anything that you would have liked your partner to do differently while they were in rehab?
- Is there anything else you would like to add on this topic?

Questions for interviews

Questions for Caritas / Sedqa identified person 2nd interview – Interview 03

In this section of the research process, the IP and the researcher will be viewing the interview carried out with the IP's significant other. During this viewing the researcher will be asking the IP questions about their experience while watching the interview. Using the IPR technique means that the researcher and the interviewee can stop the video at any given moment to reflect and discuss about what was going on in a particular moment. Thus, the questions asked in the third interview will be asked to explore the experience of the identified person around watching the second interview. These questions will be mostly focusing on thoughts and feelings as experienced in the moment. An interview guide will not be used, however below is a sample of questions that the researcher might use during this interview:

- How are you feeling viewing this particular segment?
- What are you thinking about in this particular moment of time while watching this interview?
- Are you learning anything new from this viewing?
- Is there anything that they said that was unexpected to you?
- With the knowledge that you know have, would you change any of your previous answers?
- If you knew what you know now, do you think that your performance during your last rehab program would have been any different?
- If you had the opportunity of sitting down for a similar interview while you were still in rehab, do you think that there could have been a different outcome?
- Is there anything else you would like to add?

## Appendix 14: Gwida għall-intervisti

Mistoqsijiet għall-intervisti

Mistoqsijiet għall-persuna ddentifikata minn naħa ta' Caritas / Sedqa – L-1el intervista

- Minn dak li tiftakar, x' kienet ir-reazzjoni tal-partner tiegħek meta nfurmajthom li se tidħol fl-aħħar programm li dħalt?
- Kif kienet l-esperjenza tiegħek f' dan l-aħħar programm?
- Fl-opinjoni tiegħek, il-partner tiegħek kif esperjenzaw iż-żmien li inti qattajt f' dan l-aħħar programm?
- Kif kienet ir-relazzjoni tiegħek mal-partner tiegħek waqt li inti kont fil-programm?
- Fl-opinjoni tiegħek u mill-għarfien tiegħek, minn xiex kienu għaddejjin il-partner tiegħek waqt li inti kont fl-aħħar programm tiegħek?
- Waqt li kont fl-aħħar programm tiegħek, kif kont tħossok meta kont taħseb fil-partner tiegħek?
- Waqt li kont qed tagħmel l-aħħar programm tiegħek, tħoss li l-partner affetwaw l-progress tiegħek b' xi mod?
- Kien hemm xi ħaġa li xtaqt li l-partner tiegħek jgħamlu differenti waqt li inti kont fil-programm?
- Li kieku kellek tmur lura, kien hem xi ħaġa li kieku inti kont tagħmel differenti mal-partner tiegħek waqt li inti kont qed tagħmel il-programm?
- Hemm xi ħaġa x' tixtieq iżżid fuq dan is-suġġett?

Mistoqsijiet għall-intervisti

Mistoqsijiet għall-partners – It-2ni intervista

- Minn dak li tiftakar, kif kienet ir-reazzjoni tiegħek meta ħadt l-aħbar li l-partner tiegħek se jibdew programm ta' rijabilitazzjoni?
- Kif kienet ħajtek meta l-partner kienu qegħdin jgħamlu l-programm?
- Minn dak li tiftakar, taħseb li l-partner kienu kkonċernati b' xi mod dwar il-ħajja li inti kont qed tgħix fuq barra filwaqt li huma kienu fil-programm?
- Fl-opinjoni tiegħek, minn xiex kienu għaddejjin il-partner tiegħek waqt li kienu qegħdin jgħamlu l-programm?
- Kif kienet ir-relazzjoni tiegħek mal-partner waqt li huma kienu fil-programm?
- Kif kont tħossok meta kont taħseb dwar il-partner tiegħek waqt li kienu qegħdin fil-programm?
- Taħseb li inti stajt taffetwa l-progress tal-partner tiegħek fil-programm b' xi mod?
- Kien hemm xi ħaġa li xtaqt li inti għamilt differenti waqt li l-partner tiegħek kienu fil-programm?
- Kien hemm xi ħaġa li xtaqt li l-partner tiegħek għamlu differenti waqt li kienu fil-programm?
- Hemm xi ħaġa oħra li tixtieq iżżid fuq dan is-suġġett?

Mistoqsijiet għall-intervisti

Mistoqsijiet għall-persuna ddentifikata minn naħa ta' Caritas / Sedqa – It-2ni intervista

F' dan l-istadju tar-riċerka, il-persuna ddentifikata minn naħa ta' Caritas / Sedqa, u r-riċerkatur ħa jkunu qegħdin jaraw l-intervista li saret mal-partner tal-persuna. F' dan il-mument ir-riċerkatur ħa jkunu qiegħed jistaqsi lill-persuna li għandha esperjenza fil-programm biex tirrifletti dwar dak li qed taħseb, tħoss, u tesperjenza waqt li qed tara r-recording tal-intervista mal-partner tagħhom. Dan ifisser li l-vidjo tat-2ni intervista ħa jkun imwaqqaf diversi drabi biex permezz ta' mistoqsijiet maħsubin biex jiffaċilitaw dan il-proċess, ikun jista' jsir dan ix-xogħol. Għal daqs tant, f' dan l-istadju, ir-riċerkatur mhux se jkun qiegħed juża gwida ta' mistoqsijiet imfasslin minn qabel, pero hawn taħt qiegħed iniżżel xi eżempji li jistgħu jindikaw x' tip ta' mistoqsijiet potenzjalment isiru:

- Kif qiegħed tħossok f' dan il-mument filwaqt li qegħdin naraw din il-biċċa partikolari?
- Dwar xiex qiegħed taħseb f' dan il-mument filwaqt li qegħdin naraw din l-intervista?
- Tħossok li tgħallimt xi ħaġa ġdida waqt li qegħdin naraw din l-intervista?
- Smajt jew rajt xi ħaġa waqt din l-intervista li ma kontx qed tistenna?
- Bl-għarfien li għandek issa wara li rajt din l-intervista, taħseb tibdel xi risposta minn dawk li tajtni fl-ewwel intervista?
- Li kieku fiż-żmien li kont fil-programm, kont taf dak li taf issa, taħseb li kien ikun hemm xi differenza fil-progress tiegħek?
- Li kieku kellek l-opportunita li tattendi għal intervista bħal din, imma waqt li kont għadek fil-programm, taħseb li kien ikun hemm xi differenza fir-riżultati li ksibt?
- Hemm xi ħaġa oħra li tixtieq iżżid?

**Appendix 15: Original Maltese Transcript**

| Theme | Quote in English | Original Quote in Maltese |
|---|---|---|
| 1 | “She [his wife] used to tell me, for example, you betrayed me for drugs. And it’s true. And that would hurt me. But I cannot do anything, you know how? For that reason I’ve been saying I want to enter [rehab]...” | “U kienet tgħidli (il-mara), eżempju, qlibtieli mad-droga. U veru. U kienet tweġġani ukoll. Imma, ma nista’ nagħmel xejn, taf kif? B’ hekk kont, ilni ngħid li rrid nidħol, irrid nidħol.” |
| | "[Frank stops the recording while Mary is talking about how she had her mind at ease knowing that Frank is in rehab] You would put her mind at ease by staying here, you understand? As I was telling you, previously she used to tell me, I’m fed up, I’ve had enough. As I told you, they suffer much more. You would be in another world. They would be living everything” | (Frank stops recording while Mary was talking about how she had her mind at ease knowing that Frank was at rehab) Ġifieri sserħilha iktar moħħha li inti tibqa’ hawn, fhimt? Għax kif qed ngħidlek, qabel kienet tgħidli, xbajt, u ddejjaqt. Kif għidtlek, għax huma jbatu iktar minnek. Għax inti tkun f’ dinja oħra, u huma qegħdin jgħixuha. |
| | “She would say... he’s lying. I used to lie so much that to this day she would ask... not just whether you are ok or not... and where are you? What have you done? With whom did you speak? You understand? To check whether she missed something.” | Le... eżatt! Għax tibda tgħidlek, mhux qed... qed jigdeb. Tant, kont nigdeb qabel, li għadha sal-lum il-ġurnata tgħidli... hi... tistaqsik, imma mhux inti ok biss... u fejn qiegħed? X' għamilt? Ma min tkellimt? Fhimt? Biex tara, timmisjax xi ħaġa. Qed tifhem? |
| | “Because I wanted to do the programme so much, and she [wife] wanted, like the children wanted, and my whole family wanted, that I do it. I do it for my own good, as well as for them. Like she said, the child is ashamed...” | Għax tant ridt nagħmlu, u hi, hi xtaqet (il-mara) , bħal ma xtaqu t-tfal u xtaqu l-familja tiegħi kollha, li nagħmlu ux. Nagħmlu għall-ġid tiegħi, u għax anke għalihom. Bħal ma qalet, qalet it-tifel jistħi... |
| | “What I’m doing for me, I am also doing for her [wife]. As I told her, and I keep telling her. If you | Eżatt! Li qed nagħmel għalija, qed ngħamlu għaliha ukoll. Kif għidtilha, u kif nibqa’ ngħidilha. Jekk inti kont tbati miegħi meta jien |

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| | suffered with me when I was in the wrong, aren't you now reaping the benefits with me? ...I know that it's [recovery] good for me and good for everyone. Do you understand? It will benefit all at home" | kont ħażin, allura issa qed tgawdi miegħi, le? ...Mhux hekk! Imma naf li, tajjeb għalija, u tajjeb għal kulħadd! Qed tifhem? Tajjeb għal tad-dar kollha |
| | "I call her myself, telling her, you didn't call today? ...we've been together for so long,<br>and she always kept the same routine... sometimes at 9am she goes to work. And<br>when she goes to work, at exactly 9am, after having opened the shop, she'll call<br>me... and when I see the clock, and I check the time... 9:15am... 9:30am... I'll call her<br>myself!" | Inċemplilha lura jien, ngħidilha, illum ma ċempiltx?! għax istra tant ilek, ara kemm ilna flimkien u baqgħet l-istess rutina li... ġieli fid-9am tmur ix-xogħol. U speċjalment meta tmur ix-xogħol, fid-disa' bumm, meta tiftaħ il-ħanut, iċċempilli. kif nara l-arloġġ, nara l-ħin, id-disa' u kwart, id-disa' u nofs... inċemplilha! |
| | "She still does it, yes, she still does it sometimes. Either because she starts thinking,<br>because of the fear she still carries, she starts thinking what... God forbid, can<br>happen... but it's much less now. Previously it was a whole show if I go somewhere.<br>Today she'll just tell me two words and stops." | Ġieli tagħmilhom, iva, ġieli tagħmilhom terġa. Imma jew għax tibda taħseb, b' tant għandha biża hi, li tibda taħseb x' jista... alla ħares qatt, jista' jinqala. ... Naqset ħafna! Is-soltu kienet tagħmilli storja jekk immur x' imkien. Illum żewġ kelmiet u tieqaf. |
| 2 | "She used to tell me, that is the guy I married. We have a photo frame of us... And that used to affect me a lot. Obviously, she's right. But... that's why I used to say I want to quit, I want to quit, I want to quit. But I used to come to my senses after I would have used. I would go buy, use, and then say to myself look what I have done,<br>I used again" | kienet tgħidli, jiena lil dak iżżewwiġt. Għandi frame tiegħi u tagħha. U kienet ittini ġewwa dik ġifieri fhimt. Ovvja, hekk, kif qed tgħid hi. Imma... għalhekk kont ngħid irrid nieqaf, irrid nieqaf, irrid nieqaf. Pero l-iktar li kont naqbad lili nnifsi, meta nieħu. Mort nixtri, u ħadt, u ngħid ara x' għamilt b' idi, ħadt. |
| | "[talking about a neighbour he had robbed some years prior] he is always ready to acknowledge me... looking at me, once, twice, three times, and I turn my head the | Hu jkun lest biex isellimli... jħares darba, tnejn, tlieta u jien indawwar wiċċi. *starts chuckling*. Mhux tad-daħk imma... *continues chuckling, and ends up rubbing his face in his* |

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| | other way. [starts chuckling] This is not a laughing matter but... [continues chuckling and ends up rubbing his face in his hands] ... not a laughing matter. Crazy... I ask myself, if the person knows what is going to happen, would he still do these things? ... For shame! What is this? He should be the one turning away, not I" | *hand* mhux tad-daħk eh. ... ġenn tal-moħħ, ara l-ġenn tal-moħħ fejn jieħdok. Nibda ngħid, kieku l-bniedem ikun jaf x' ħa jiġri, jgħamilhom dawn l-affarijiet? ... Mistħija. Għarukaża! X' biċċa xogħol hi din? Dan hu għandu jdawwarli wiċċu, mhux jien indawwarlu wicci |
| | "[stops recording while wife is talking on possible impact on children] You would be embarrassing them. You would be embarrassing them. I'm sorry. What else can you do besides feel sorry? You feel uncomfortable." | *stops recording while Maureen is talking about how all of this possibly impacted, especially their children* Tkun qed twaqqalgħhom wiċċhom l-art. Twaqqgħalhom wiċċhom l-art. Jiddispjaċini! Mhux jiddispjaċik? Tħossok skomdu! |
| | "I'm telling you, we never experienced such things. Either because of how I was... in another world. You understand? But, we never used to speak like this. She [wife] comes and speak about everything, where she's going, what she is going to do... I don't! ... Today I do tell her!" | Qed ngħidlek, dawn l-affarijiet qatt m' għaddejna minnhom. Issa jew qabel jien kont... mhux kont... f' dinja oħra. Fhimt? Imma, qatt ma konna nitkellmu hekk.Hi tiġi tgħidli kollox ta eżempju, fejn sejra u x' ħa tagħmel, u dan... Le jien ma ngħidilix! Le, illum ngħidilha! |
| | "I don't want to lie. I want to be in peace with myself. Before I used to be very creative with lies... how do you expect to be trusted if you lie?" | Ma rridx nigdeb. Irrid inħoss il-paċi miegħi. Qabel kont nivvintah il-gideb. Allura kif trid il-fiduċja jekk trid tigdeb? |
| | "She [wife] took some time... I used to go home for example and she would search me. Even the mobile. She would open it and search through it. There I used to feel like a child, not trusted... Trust, now I know, it takes time to regain it" | Damet naqra. ... kont immur d-dar eżempju, kienet tfittixli ħafna. Anke sempliċiment il-mowbajl, tiftaħuli, toqgħod tiċċekja. U hemm niġi qisni tifel żgħir jien, mhux fdat. il-fiduċja, ok, naf li bil-mod biex iġġib il-fiduċja. |
| | "I didn't stop at my needs. She has done so much for me, I think it's about time I give her something in return" | Għax ma rajtx il-pass tiegħi biss. Ara kemm għamlet miegħi, naħseb about time li ntiha xi ħaġa lura |

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| | “My son, I think I already told you this, came to family therapy. And I used to go out [while in rehab] during the weekends, and he told her [the wife], is this our father? How was he one way, and is now another?” | Għax it-tifel, naħseb għidtlek jekk mhux sejjer żball, kien ġie family therapy. U kont immur bil-verifika. u qallha, dan id-daddy? Speċi, kif kien mod u ġie ieħor? |
| 3 | “I used to invent the lies. I used to go to work daily; what did you do with the money? Oh, it’s because that guy... and the other one has some work to do next week, and he’ll write me one cheque. I used to invent everything... And go home without money. Knowing that I was doing something wrong... but...” | Kont immur għax-xogħol kuljum. “Iva fejn għamilthom il-flus?”, “Uuuu għax dak hekk” u “l-ieħor għax għandu biċċa xogħol il-ġimgħa d-dieħla u ħa jgħamilli ċekk wieħed”. Nivvintah . U mmur bla flus id-dar. U naf li mhux qed nagħmel tajjeb... imma.. |
| | “Since I’ve done the programme, things have improved. I speak about what bothers me both here [the programme in general] and in sessions [the individual and family therapy sessions offered as an extension of the rehabilitation programme]. I speak up in family therapy. I even opened up with my individual therapist. I’m not interested in attacking or hurting.” | kemm ilni li għamilt hawnhekk, u dana, iktar irranġaw l-affarijiet... Nitekkelm fuqha, hawn, anke fis-session. Anke fil-family therapy nitkellem fuqha Iva, iva, iva! Mat-terapista ġieli tkellimt ukoll. ... Mhux biex nattakka jew inweġġa, imma... |
| | “The programme teaches you, to hold on to that which matters to you, and to put aside that which does not. Personally, I was not aware of these things before. You understand?” | |
| | “Since I finished the programme, our relationship improved. I learned some things, worked on others, and as a result our relationship is much better... I knew that I needed to work on myself, and this led to further repair in our relationship “ | U r-relazzjoni tagħna ġiet iktar illum, meta lestejt il-programm. Ġifieri, tgħallimt ċertu affarijiet, ħdimt fuq affarijiet, u b’ hekk ir-relazzjoni qiegħed ħafna aħjar. Jien naħseb taf x’ inhi? Jiena kont naf, fis-sens, mhux ħa ngħidlek ovvja, imma naf x’ għandi. Naf li rrid naħdem fuqi nnifsi, u b’ hekk, tranġat ħafna r-relazzjoni tagħna. |
| | “Exactly! One of the reasons that... trust, ok, I know that it takes time to regain it back. Then, sometimes, | Eżatt! U waħda mir-raġunijiet li... il-fiduċja, ok, naf li bil-mod biex iġġib il-fiduċja. Imbagħad xi kultant |

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|---|---|---|
| | she'll find a bottle of beer, as I already mentioned, and she'll tell me, see? I was right! And I'll start wondering..." | issibli xi bott birra bħal ma ġieli għidtlek, u tgħidli mela sewwa bdejt naħseb jien. U nibda ngħid imma... |
| | "Call me when you get there... and to pull her leg I tell her that I have used up all my credit. She sorted out my mobile so that I can call her anytime (laughing) | isma, kif tasal, ċempilli... u jien biex niċċajta magħha ngħidilha spiċċatli l-card. Għamlitli l-mowbajl li nċemplilha b' xejn (starts laughing) |
| | "[Stopping the interview after hearing his wife praising him and the progress he had done in the rehabilitation programme] She doesn't tell me anything of the sort to my face (laughing). She doesn't tell me. She just told me go back to the programme. She'll start going, what did you even learn from the programme? (laughing)" | Għax lili ma tgħidlix hekk. *laughing*. Għax lili ma tgħidlix hekk. Lili għadha kemm qaltli erġa ibda mur il-programm. Tibda tagħmilli, x' ħadt mill-programm? |
| 4 | "I took her some time... I used to go home when we had some hours during the weekend... she used to search through my stuff. Even the mobile, she'll access it, and go through it. There I'll feel like a young boy again, not trusted. You understand? She'll take away my strength, so to speak, you understand? I'll start thinking that I'm a boy again. I have to do everything as... shall I ask my mom?" | Damet naqra... kont immur bil-verifika d-dar... qabel kienet tfittixli ħafna. Anke sempliċiment il-mowbajl, tiftaħuli, toqgħod tiċċekja. U hemm niġi qisni tifel żgħir jien, mhux fdat. Fhimt? U tnaqqasli dak iċ-ċertu saħħa, biex ngħid hekk, fhimt? Li moħħi jerġa jaħseb li tifel jien. Irrid nagħmel kollox kif... ngħid il-mummy? |
| | "...because she [wife] is the type of woman that ruminates about the future... and on a myriad of things... she worries a lot from way before, that's why she would be afraid. You understand?" | dik tip ta' mara li taħseb ħafna fit-tul... U f' ħafna affarijiet. ...Ġifieri hi taħseb ħafna minn qabel, b' hekk tkun imbeżża' hi. Fhimt? |
| | "I'm not embarassed to tell you... not going to be bothered... I'm not perfect! But I choose not to do some things. Because I know where they will lead me. Before I wouldn't even think about it" | Ismagħni, ma nistħix ngħidlek ... mhux ħa niddejjaq ngħidlek... m' inix perfett... imma ċertu affarijiet ngħażel li ma nagħmilhomx. Għax naf fejn ħa jwassluni. Imma |

| | | |
|---|---|---|
| | | qabel lanqas kienu jaħbtuli ma moħħi. |
| | "She was still afraid, because for example when I started, when she came over, I told her I had an argument and so, and this happened, she went, come on, don't leave! I told her I'm not going, I'm just telling you. Otherwise don't come asking what happened. I'm not telling you to worry you or to frighten you, or because I'm coming back. I'm telling you, because you asked, and I'm answering. You understand?" | Xorta kellha l-biża hi, għax imbagħad meta nibda eżempju, meta tiġi, u ngħidilha, kelli argument, u kelli hekk, u ġara hekk, tgħidli u ejja, titlaqx. Ngħidilha le mhux ħa nitlaq, imma qed ngħidlek. Inkella toqgħodx tiġi tistaqsini x' ġara u ma ġarax. Li mhux qed ngħidlek biex inwerwrek jew biex inbeżżak, jew għax ġej. Qed ngħidlek x' ġara, inti qed tistaqsini, u jien qed ngħidlek. Fhimt? |
| | "I believe that she did give me a push... not that I don't know that she always gives me a push, but... the boost she gives me, that I know how she is, and that she always remained there... so, that on its own was already enough. Imagine if she comes and tell me..." | Nemmen li kienet timbuttani naqra... mhux għax ma nafx li ttini mbuttatura imma... Il-boost li ttini, li jien naf kif inhi, u naf li baqgħet hemm... ġifieri, dak diġa huwa biżżejjed! Aħseb u ara kieku tiġi u tgħidli... |
| | "It's much less! Previously she used to do a whole scene if I go somewhere. Today she just says a couple of words and it stops there. Do you understand?... I feel good about it. I feel that the process moved forward. All the sacrifices I went through... that's what I wanted... it was a success!" | le! Naqset ħafna! Is-soltu kienet tagħmilli storja jekk immur x' imkien. Illum żewġ kelmiet u tieqaf . Qed tifhem?... Inħossni tajjeb ux. Inħoss li l-proċess mexa ux. It-tbatija li għaddejt minnha... dak li xtaqt... eżatt, irnexxa |

L-Università ta' Malta
Faculty for Social Wellbeing

# FREC Feedback Sheet

## Part 1: Applicant and project details

| | |
|---|---|
| **Name and Surname** | Miguel Buttigieg |
| **REDP Application ID** | SWB-2023-00679 |
| **Course** | Master in Family Therapy and Systemic Practice |
| **Supervisor** | Mariella Zerafa |
| **Co-Supervisor** | N/A |
| **Title of Research Project** | THE ROLE OF PERCEIVED SOCIAL SUPPORT ON RECOVERY PROGRESS IN AN ADDICTION THERAPEUTIC COMMUNITY |

## Part 2: Self-assessment

*Numbers on the REDP Form labelled as Yes or Unsure are marked with* **x** *here*

| | | | |
|---|---|---|---|
| **1. Risk of harm to participants** | **x** | **12. Data collected from animals** | |
| **2. Physical intervention** | | **13. No written permission from data controller** | |
| **3. Vulnerable participants** | **x** | **14. Live animals, lasting harm** | |
| **4. Identifiable participants** | | **15. Live animals, harm** | |
| **5. Special Categories of Personal Data (SCPD)** | | **16. Source of dead animals, illegal** | |
| **6. Human tissue/samples** | | **17. Cooperating institution** | **x** |
| **7. Withheld info assent/consent** | | **18. Risk to researcher/s** | |
| **8. 'opt-out' recruitment** | | **19. Risk to environment** | |
| **9. Deception in data generation** | | **20. Commercial sensitivity** | |
| **10. Incidental findings** | | **21. Other potential risks** | **x** |
| **11. Data collected from human participants** | | **22. Official statement** | **x** |

## Detailed evaluation

*Are more elaborate answers provided for the numbers ticked in the self-assessment checklist? Are the answers of the Research Ethics and Data Protection (REDP) Form following the recommendations provided by the **Research Code of Practice** and the **Research Ethics Review Procedures**?*

| **Reviewer's comments** |
|---|
| All feedback addressed |

| **Attached documents** (**x** *indicates that it was attached to student's application)* | |
|---|---|
| **Do ALL consent forms, recruitment letters and/or information sheets follow the Research Code of Practice and other UREC requirements?** | **X** |
| **If Number 17 is ticked, did the researcher include the draft letters of request ahead of sending to cooperating institutions?** | |
| **Are the full trails of emails provided? (Ideally as PDF format, indicating email addresses, dates and entire correspondences)** | **X** |
| **Does the researcher provide the guiding questions/questionnaires/any tests that are to be carried out?** | **X** |

| **Additional comments** |
|---|
| |

| After being reviewed by FREC, this research application has been: | | |
|---|---|---|
| **Approved** | **X** | **Approved on condition (Mental Health Ethics Committee approval)** |
| **Approved on condition (minor changes AND/OR gatekeepers' permissions)**<br>**The supervisor needs to ensure that the requested changes have been made AND/OR the gatekeepers' permissions are sought and uploaded with the application and confirms so via email to research-ethics.fsw@um.edu.mt.** | | |
| **Conditionally Approved** | | **Refused** |
| **Please note that conditional approval at any stage of submission of the research application to FREC does not indicate automatic subsequent acceptance of the proposal. Each submission is appraised individually and is considered as distinct from any previous submissions.** | | |
| **Upon being approved, this research application needs to go to UREC** *(***x** *indicates YES)* | | |
| **Upon being approved, the approval of the Mental Health Ethics Committee needs to be obtained** *(***x** *indicates YES)* | | |

| Date | | |
|---|---|---|
| 19 | 04 | 2024 |

Foundation for Social Welfare Services
Here for you

Foundation for Social Welfare Services
212, Cannon Road,
Santa Venera SVR 9034

21st December 2023

26a, Margherita
Triq Patri Wistin Born
Marsascala

To whom it may concern

Miguel Buttigieg's request to conduct research within the services of the Foundation for Social Welfare Services has been reviewed. The research aims to explore "The relationship between a client's interpretation of their available support network, and their own progress in recovery."

After reviewing this request, the Research Office has given approval for the researcher to conduct interviews.

Although the Research Office has approved the research, the service providers and participants still retain the right to refuse any research request.

It is very important for the applicant to keep in mind that the views expressed by research participants during interviews might not necessarily reflect the FSWS' official position on the topic in question, and this needs to be made very clear in the published study.

Regards,

Ronald Balzan

Ronald Balzan
*Senior Research Executive*

***Section to be completed by FSWS Research Review Panel ONLY***

We have examined the above proposal and advise

**Approval** **Conditional Acceptance** **Refusal**

For the following reason/s if any:
Approval is being given for the applicant to conduct interviews with three (3) individuals who have experienced living in a drug addictions therapeutic community and with their significant other. Approval is being given for two interviews to be conducted with each of the 3 addictions therapeutic community service user and one interview with each of the service users' significant other.

Ronald Balzan

Signature Date: 21st December 2023

Note: If conditionally accepted, the recommended changes must be confirmed with the Research Office before the research can proceed.

***Section to be completed by the Research Office for Conditionally Accepted Research ONLY.***

The recommended changes stipulated by the Conditional Acceptance have not been implemented and these changes have not been confirmed by the Research Office. As a result of these changes the research is now **Refused**. . ☐

The recommended changes stipulated by the Conditional Acceptance have been implemented and these changes have been confirmed by the Research Office. As a result of these changes the research is now **Approved**. . ☐

Signature Date

***If Accepted/Conditionally Accepted to whom the study will be directed***:

The Unit/s:
Komunita' Santa Marija
Addictions Community Team

| The person/s referred | Contact details |
|---|---|
| Mr Brian Camilleri – Operations Manager, Rehabilitation Services, Sedqa | brian.camilleri@gov.mt |
| Mr Mike Orland – Operations Manager, Community Services, Sedqa | mike.orland@gov.mt |

**Foundation for Social Welfare Services**
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