

## **RESEARCH PROJECT**

### **TITLE OF PROJECT**

**Title: Experiential accounts of young men between the age of 20 to 29 in the UK who previously engaged in harmful levels of alcohol use but no longer do so.**

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## **STATEMENT OF ORIGINALITY**

I hereby declare that this submission is my own work, and no substantial proportion of material has been previously submitted for the award of any other degree or recognition at any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due references are made.

**Signed: Grace Njeri**

**Date: 10/06/2021**

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## **ABSTRACT**

**Title: Experiential accounts of young men between the age of 20 and 29 in the UK who previously engaged in harmful levels of alcohol use.**

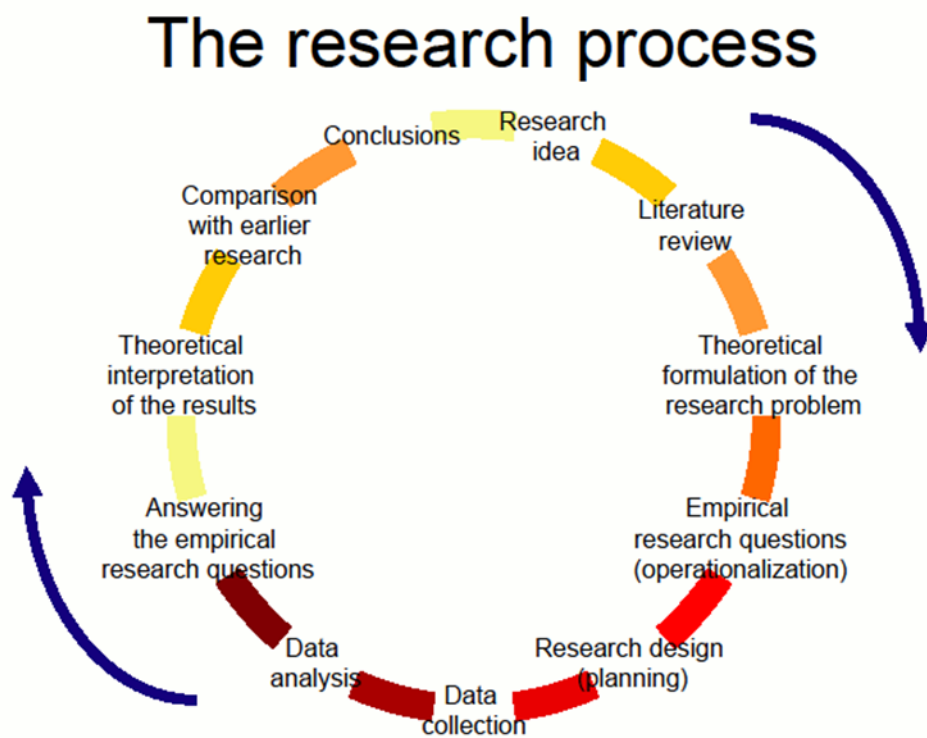
Evidence shows an increase of heavy drinking among young and emerging adults with alcohol-specific death rates for males more than double those of females. Lifelong patterns of alcohol consumption are established during this period of emerging adulthood, but evidence indicates that there is usually a window of two to four years before the initial risky behaviour turns into harmful drinking. If appropriate intervening measures are put in place, this two-year window can result in a significant turnaround although it is not yet clear what these interventions are. Many of the existing programmes tend to focus on recovery rather than prevention and few are age relevant.

This research project explored the experiential accounts of young men between the age of 20 to 29 in the UK who had previously engaged in harmful drinking but who had since quit. Interpretive Phenomenological Analysis was utilised as the research methodology and eight participants were consented and interviewed. They gave rich data about their lived experiences of having engaged in harmful drinking and eventually quitting. In my analysis, I identified eight themes namely: initial pathways to drinking; pro-change factors; culture of drinking; life transition; connectedness with self and other; relationship with the body and environment; mental health and well-being and spiritual transcendence.

My findings reveal a complex multidimensional vulnerability to harmful drinking in emerging adulthood and show that this issue, which is broad, complex, and multifaceted requires multi-focused solutions. I conclude that harmful drinking among emerging adulthood requires relevant interventions that are integrative, multi-focused and preventative. This study makes a substantive and meaningful contribution to knowledge that can inform development of future alcohol misuse prevention programmes for emerging adults who are both in and out of education.

The diagram below typifies the research process I followed.

Diagram 1



## SECTION 1 INTRODUCTION

### 1.1 RESEARCH QUESTION

**What are the experiential accounts of change for young men between the age of 20 to 29 in the UK who previously engaged in harmful levels of alcohol use (comparing before and after) and the meaning of quitting harmful drinking?**

This research investigated the experiential accounts of change for young men between the age of 20 to 29 in the UK who previously engaged in harmful levels of alcohol use. The study explored their experiences and the meaning and understanding they attributed to the experience of harmful drinking and quitting harmful drinking after previously engaging in such. The study also explored the application and possibility of relevant interventions as an outcome of the research; although this was contingent on the results obtained from the study.

To explore harmful drinking, the study adopted the definition offered by WHO for harmful drinking:

*“... a pattern of psychoactive substance use that is causing damage to health. The damage may be physical (e.g., hepatitis) or mental (e.g., depressive episodes secondary to heavy alcohol intake). Harmful use commonly, but not invariably, has adverse social consequences; social consequences in themselves, however, are not sufficient to justify a diagnosis of harmful use.” (WHO, 1992)*

There is evidence of increased harmful drinking among young and emerging adults (Karam, Kypri, & Salamoun, 2007). Lifelong patterns of alcohol consumption may be established during this period, also known as emerging adulthood (Bernusky et al., 2022; Maggs & Schulenberg, 2004; Arnett, 2000). However, there is also evidence which indicates that there is usually a window of two to four years between the first indications of risky behaviour and when it becomes fully established. This means that this window of two to four years can bring a significant turnaround if appropriate intervening measures are in place (National Research Council, 2009).



There is a call to develop efficient programmes, as many of the programmes that are already in place tend to focus on recovery and not prevention; and few are also age-relevant. Three main considerations are lacking in programmes that are already available, namely: age consideration (none are developed solely for emerging adults); early intervention (most of the programmes focus on recovery rather than early preventive intervention); and an exclusive integration of the existential approach is also lacking (although most of the programmes have adopted existential themes).

The findings from this study make a substantive and meaningful contribution to knowledge by providing insights from those within a population sample that had previously engaged in harmful levels of alcohol use, but no longer do so. One main strength of this study is that the data which was collected using interview questions were specifically designed to cover the 'seven-domain partition: material wellbeing, health, productivity, intimacy, safety, community, and emotional wellbeing' (Cummins, 1996), and these domains have been evidenced to be accurate and valid measures of a person's well-being.

Cummins' seven domains were developed from an appraisal of over 1,500 articles that focused on the topic of the quality of life (Cummins, 1993). Evidence has provided solid empirical and theoretical arguments for the application of these domains (Cummins, 1996; Cummins, McCabe, Romeo and Gullone, 1994). There is evidence to show that subjective well-being can be measured validly using these domains (Cummins, 1996). Moreover, the application of these domains in studies has been able to help identify external factors which may affect psychological buffers. For example, it has been found that although finance cannot buy happiness for a person, nonetheless it can lessen the effects of adverse environmental factors and therefore potentially reduce any negative impact and as a result preserve well-being (Cummins, 2000).

## **Male vulnerability**

Existing evidence shows that alcohol-specific deaths for males are more than twice as high those for females (ONS, 2021). Men tend to drink more alcohol than women; they also have a higher prevalence of alcohol dependence and harmful drinking compared to women (Ceylan-Isik, McBride & Ren, 2010). Men also tend to drink often and more heavily than females (White, 2020). Those aged 18 to 29 (also called emerging adults) have reported drinking the equivalent of a bottle of wine at a single occasion or over a single sitting (Room, 2017). And of all age groups, males aged 19 to 25 have the most heightened vulnerability to alcohol misuse compared to other age groups (Rosenberg et al., 2017; McNally et al., 2018). There is evidence which shows that male harmful drinking peaks at the age of 25 (Ceylan-Isik, McBride & Ren, 2010; Mäkela et al., 2006). Calls for help often happen after the age of 30 when harmful drinking is already established (Connor, Haber & Hall, 2016).

## **Emerging adulthood**

### **What is emerging adulthood?**

Existing evidence shows that determining precisely when a life stage begins, or the exact timing of a life stage transition has been challenging (Hochberg, 2009). For example, one such big challenge is understanding the transition between late adolescence and full-fledged adulthood, that is when one ends and the other begins (Hochberg & Konner, 2020; Arnett, 2000). However, there is now a consensus among specialists and developmental experts that the end of adolescence cannot quite be considered as adulthood (Hochberg & Konner, 2020). Hence the term 'emerging adulthood' has been adapted as a more appropriate term for this life stage (Arnett, 2014; Arnett, 2010). Additional evidence which has supported this argument has also been able to demonstrate that although at late adolescence a person may have attained an adult body size, nonetheless, brain maturation usually extends further until about the age of 25 (Hochberg & Konner, 2020; Blakemore, 2018). Arnett (2000) also conceptualises that this phase may be lengthier than thought, as young people are having to contend with many more new challenges than previous generations.

## **Harmful drinking in emerging adulthood**

Late adolescence and early twenties have been identified as the pivotal age range at which individuals at risk of substantial or problematic drinking can be identified (Bernusky et al., 2022; Coughlin et al., 2021; Casswell, Pledger & Pratap, 2002). Lifelong patterns of alcohol consumption are established during this period of emerging adulthood (Bernusky et al., 2022; (Coughlin et al., 2021); (Arnett, 2000) and (Maggs & Schulenberg, 2004). It has also been found that male alcohol misuse and harmful drinking peaks at the age of 25 and if interventions are not in place, this pattern can then continue into older age (Ceylan-Isik, McBride & Ren, 2010; Mäkela et al., 2006).

Gender differences have also been evidenced indicating higher alcohol consumption among males compared to females, with the former exhibiting a higher prevalence for alcohol misuse (ONS, 2021; White, 2020; Ceylan-Isik, McBride & Ren, 2010; Mäkela et al., 2006). Further exploration of this evidenced difference is vital for the understanding of the underlying pathways to harmful drinking so that relevant preventive measures can be developed and put in place (Erol & Karpyak, 2015).

## **1.2 AIMS AND OBJECTIVES**

The aim of this study was to investigate the experiences of young male adults between the age of 20 to 29 who grew up in communities where alcohol consumption is culturally accepted, and who had previously engaged in a harmful level of drinking alcohol but had now quit. The study aimed to explore their journey of alcohol misuse through to their recovery.

Although the study was focused on carrying out a phenomenological open-minded exploration of their experiences, nonetheless, I was curious to hear of pathways that may have led them into harmful drinking. I was also keen to hear if there had been interventions (if any), whether formal or informal, that had helped them quit harmful drinking. Evidence shows that effective early interventions for emerging adults are largely lacking and most of those that are in place are not age-relevant.

As a researcher, I also wanted to hear about other factors that may have influenced harmful drinking and consequent quitting – while keeping in mind that these young male emerging adults lived in a culture where drinking alcohol is not necessarily condemned (but rather is socially accepted). The UK has an over-permissive culture – a culture where both alcohol consumption and drunkenness are tolerated (HCHC, 2012).

Evidence shows that alcohol consumption usually begins during late adolescence and then increases into the twenties (Bernusky et al., 2022; Maggs & Schulenberg, 2004). Individuals in their twenties tend to drink large amounts of alcohol; a trend whose precursor is indicated by binge drinking which usually occurs between the age of 18 to 24 (Hill & Chow, 2002; Muthén & Muthén, 2000; Schulenberg et al., 1996). And since my participants were in this life stage (also known as emerging adulthood), I was eager to hear of their personal experiences of this as well.

As an existential therapist and researcher, I was keen to see what an effective intervention would look like. Existing evidence (Ceylan-Isik, McBride & Ren, 2010; Mäkela et al., 2006) shows that male alcohol misuse and harmful drinking peaks at the age of 25 and progresses into older life in the absence of interventions. Hence, I hoped that my research findings would make a contribution by informing the development of potentially relevant intervention(s) which may integrate existential phenomenological interventions with other proven psychological interventions.

### **1.3 LITERATURE REVIEW**

#### **The purpose of literature review**

The purpose of literature review within the educational process is to understand and comprehend existing research and debates in a specific area of study (Frank & Hatak, 2014). It is a fundamental component of the research process because it helps the researcher build further knowledge in their field or area of interest (Levy & Ellis, 2006). It helps the researcher identify where too much research exists and new research is required.

A literature review is crucial for the researcher to develop a research idea, form hypotheses, and frame a research question (Winchester & Salji, 2016). Another advantage is that one can attain skills and understanding in conducting research projects and presenting research findings. The process also helps the researcher learn about different research methods, crucial concepts they will use in their given field, and their application.

The researcher can also collate what is already known in the subject area to identify gaps and construe how more research could broaden or contribute to current understanding. A literature review enables the researcher to position their research in the field because they can identify research that supports their proposition and research that does not, which create a balance that reduces bias (Winchester & Salji, 2016). It sets the scene for the relevance of the research project.

The information gathered during the literature review also provides crucial reference points for the researcher's argument and discussion of their new findings (Levy & Ellis, 2006). Therefore, a literature review is not simply a summary of academic publications. Instead, through a rigorous process, information and knowledge are attained after critically evaluating each source and comparing and contrasting each source to other sources on the topic area.

## **Literature review process**

Hence, the purpose of carrying out a literature review was to explore and understand existing research findings on harmful drinking in emerging male adults. I knew this would provide me with a comprehensive background for understanding current and existing knowledge and help highlight and support the significance of my research project (Levy & Ellis, 2006). I also wanted to explore existing concepts and theories relevant to this area to have a firm theoretical context before proceeding with my research project (Templier & Paré, 2015).

I also looked for gaps in the existing literature and aimed to identify inconsistencies in the findings, which would further inspire and guide my research ideas.

I modeled my literature review through five steps, namely:

Step 1 – Collecting articles

Step 2 – Reading literature

Step 3 – Summarising state of research

Step 4 – Identifying gaps, relations, and discrepancies

Step 5 – Final steps

Additionally, I adopted a checklist of indices which I used as a guide through the review process. The key indices I used are as follows.

- ✓ Question formulation: I defined and refined my research question.
- ✓ Search strategy: I defined the review scope and search strings.
- ✓ Literature selection process: I defined inclusion and exclusion criteria.
- ✓ Strength of evidence: I defined what makes a high-quality paper.
- ✓ Analysis: I extracted the evidence from the selected papers.
- ✓ Synthesis: I structured the evidence to draw conclusions.
- ✓ Process monitoring: I ensured the process was repeatable and complete.

## **Step 1 - Collect articles.**

I started the literature review process by scrutinizing my specific area of study. I contemplated what interested me and what had interested other researchers in the same field. I also brainstormed and talked to my supervisors about my ideas, and finally, with their help, I came up with a narrow topic area.

I read recently published review articles, lecture notes, academic textbooks, and recent publications in the field. This first step was important because it helped me compile my keywords list. I was also able to identify what others had read and was able to identify areas that I needed to explore further.

I also defined and refined my research question and advanced my search literature, which was selective, representative, and purposeful (Xiao & Watson, 2019), and finally attained a collection of relevant literature.

## **Step 2 - Reading literature.**

Criteria for inclusion / exclusion

- The geographic location of study - The review only selected studies conducted in the United Kingdom.
- Participants - The review was restricted to studies and literature that focused on emerging male adults who had previously engaged in harmful consumption of alcohol.
- Exposure of interest - The review was interested in literature and studies that explored the recovery processes of emerging adults who had previously engaged in harmful drinking.
- Reported outcomes - The review was also interested in literature and studies exploring the efficacy of alcohol recovery and preventive programs.
- Language - Only literature published in the English language was selected.
- Theoretical relevance - The review also included all literature deemed to have theoretical relevance to the research question.

- Type of publication - The review was keen to search for recent original studies. The search excluded letters and editorials. However, it also included government reports and literature that provided facts and recent data on harmful drinking.
- Date - More recent literature was preferred, but the review also explored older literature with fundamental theoretical arguments.

During the search process, I used a selection of specific key search words and search strings such as harmful drinking, recovery from alcohol misuse, alcohol intervention programs for young people, alcohol, the culture of drinking, psychotherapeutic interventions in addiction, recovery from alcoholism, emerging adults' drinking habits, why people quit harmful drinking, can people stop harmful drinking without help, cost of harmful drinking, and what makes people stop drinking.

I searched journal articles from some of the best-recommended databases for psychology research, peer-reviewed articles, clinical and counseling psychology, public health research, and addiction and recovery studies. These databases included PsycINFO, PsycARTICLES, ScienceDirect, Scopus, and Web of Science, to name a few.

Then I engaged in active reading and note taking as I identified the most relevant literature. I also began a bibliography and recorded the references. In total, I read from more than fifty different sources. I ensured that I did not get bogged down by spending time with any reading material which was not relevant.

### **Step 3 - Summarising the state of research.**

I prepared a folder where I saved all selected relevant articles or material. I read the selected articles again thoroughly and further evaluated them. This process involved identifying experts in the field and their theoretical arguments, methodologies used in previous studies, assumptions, and conclusions made by those researchers.



#### **Step 4 - Identifying gaps, relations, and discrepancies.**

I organized my selected papers by looking for patterns, which helped me develop subtopics. I did this by noting both expected and contested findings. I identified common trends in existing research. I also identified theories that were most relevant to the topic and also those that were most influential in the area. I used a mind map and organized all my findings into categories. I then began to thematize my work into clear and logical subheadings carefully. I did this repetitively until I felt confident about what fit better under which heading or subheading and saved these in a prepared folder with sub-folders.

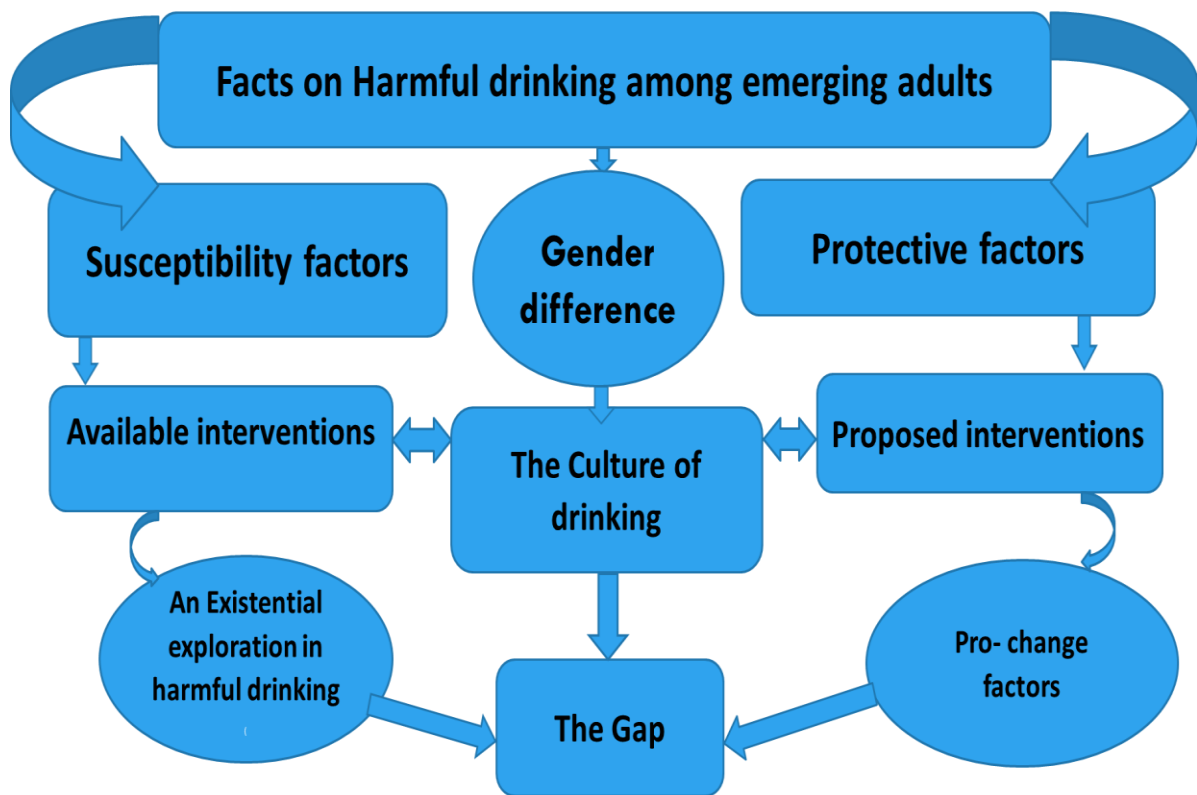
This approach facilitated a process through which I could organize and create a workflow chart that coherently informed my research question. It also helped me to stay focused and facilitated the process of developing a potential working thesis.

I found this exercise incredibly useful as I was able to create knowledge maps both at descriptive and evaluative levels (Frank & Hatak, 2014). I then accumulated arguments, which I built further using established knowledge.

#### **Step 5 - Final steps.**

Finally, I developed and established a discussion reflecting the main patterns and themes I had identified and formed a sound theoretical argument and discussion.

Diagram 2



**Reflection:** Carrying out my literature review was the first main challenge I faced in my research project. This was because although I had adopted a checklist of indices which I used as a guide for the review process, I still ended up with a huge amount of literature material which was quite overwhelming to work through. It required a lot of discipline to go through all the material without overriding the strategy I had decided to use. And this felt like a monstrous task as I read and re-read material (while at the same time taking notes). It also demanded a lot of diligence and hard work, but in the end I was glad that I had remained focused as it helped me to establish a solid foundation for my research project.

## Literature review

### Alcohol misuse among emerging adults

The issue of alcohol and drug misuse among emerging adults is complicated because of many intertwined factors, such as differences in ideologies and cultures, and developmental transformations (Hochberg & Konner, 2020; Arnett, 2014; Gilvarry, 2000; Spear, 2000). Harmful drinking is the most significant cause of health problems, death and disability for emerging adulthood. It also accounts for the fifth-biggest hazardous factor across all other age groups (Burton, Henn, Lavoie, O'Connor, Perkins, Sweeney & Musto, 2016). For example, globally, 5% of all deaths between the ages of 15 and 29 are alcohol-related (Foxcroft, Ireland, Lister-Sharp, Lowe & Breen, 2003).

Young adults tend not to have a consistent pattern in their drinking habits, but when they drink, they drink more excessively than any other group (ONS, 2018). This trend of engaging in spontaneous unregulated and excessive drinking episodes has been identified as harmful drinking. The trend has also been found to underlie and facilitate many critical consequences, such as the development of future drinking problems. The Government has therefore set new guidelines which arguably may influence new attitudes towards alcohol consumption. However, there is evidence that of all age groups, males aged 19 to 25 are less likely to be aware of low-risk alcohol drinking guidelines (LRDG) (Rosenberg et al., 2017; McNally et al., 2018).

There is heightened vulnerability to alcohol use during developmental transitions of adolescence and emerging adulthood because of many variables such as biological changes (Hochberg & Konner, 2020; Arnett, 2014; Chambers, Taylor, & Potenza, 2014; DeWit, Adlaf, Offord & Ogborne, 2014). This developmental transition from adolescence to adulthood can be stressful for many young adults. At this age, individuals are also undergoing significant developmental changes in specific brain regions such as the prefrontal cortex and limbic areas. There are also major developmental transformations on mesocortical and mesolimbic dopamine systems. These brain regions are responsible for decision-making, mood regulation and stress management.

This period, known as emerging adulthood, has been suggested as a distinct and unique period because it is embedded with complex and significant developmental transitions such as decision-making demands, new responsibilities, independence, and identity exploration (Arnett, 2014; Maggs & Schulenberg, 2004). Hence, the age group is vulnerable in a distinctive way. New evidence shows that the transition period for emerging adults has changed and lengthened as people are now settling down later in life than was the case for the previous generation (Arnett, 2000; Maggs & Schulenberg, 2004).

Evidence obtained from intervention studies shows that although in many cases the risk factors for later prognosis of behavioural deviance in young adults is evident earlier on, there is also evidence which indicates that there is usually a window of two to four years between the first indication of risky behaviour and when it becomes fully established. This means that this window of two to four years can bring a significant turnaround if appropriate intervention measures are in place (National Research Council, 2009).

# EXISTENTIAL PHILOSOPHICAL EXPLORATION INTO HARMFUL DRINKING AMONG EMERGING ADULTS

## THREE STAGES OF LIFE (KIERKEGAARD, 1845)

### 1. Aesthetic stage - transition period

From an existential perspective, one might conceptualise that emerging adulthood can be understood as a transition between the aesthetic and ethical stages of life. According to Kierkegaard (1845, 2013), there are three stages of life: he categorised these as the aesthetic person, the ethical person and the religious person.

The aesthetic stage is characterised by sensual and artistic preoccupation. The motivation at this stage is nothing but pleasure, and individuals at this stage may seem oblivious of the notion of right or wrong. It is also called a pre-moral stage. The individual is still trying to 'find themselves' and has not grasped or even understood existential truths such as 'existential isolation'; hence they may feel lonely and seek the company of fleeting and transitory relationships from peers.

### 2. Ethical stage

The second stage, known as the ethical stage, is characterised by a kind of pure reasoning that helps the individual to embrace order, values, principles and truths. It is achieved through an act of intentional subservience. The person is keen to follow the rules and laws set by society. The individual also awakens to the realisation that they cannot survive purely in a pre-moral, sensual and pleasure-seeking mode. Hence it is usually at this stage that an individual decides to commit to responsibilities such as occupation and non-transitory relationships. They realise there are consequences to all life decisions and choices.

### **3. Religious stage**

And finally, the third stage, the religious stage, is when a person moves above the two previous stages of life. The rationality of social norms no longer dictates their life, and they now transcend into a higher sphere of faith. The individual also experiences their life as profoundly unique and individual, and they can accept it as such.

Numerous interventions are proposed for emerging adults who wish to quit harmful drinking. However, there is still a need to develop evidence-based, effective, affordable and age-relevant alcohol intervention programmes for emerging adults. These must be acquired from collated evidence-based blueprints and insights to provide the best and most accurate relevant programmes. New evidence shows that the transition period for emerging adults has changed and lengthened as people are now settling down later in life than was the case for the previous generation (Arnett, 2000; Maggs & Schulenberg, 2004). Many of the programmes that already exist focus on recovery, and few are age-relevant.

Therefore, it appears important that future interventions ought to appreciate that developmental dynamics are not influenced by chronological age only. Other deeper existential phenomenological processes also play a role in the processes of maturation. Hence the three stages of life (Kierkegaard, 1845) show that the development of an authentic intrapersonal sense of self (meaning and purpose), interpersonal skills (relational connection with others) and transpersonal (existential transcendence) are equally important in developmental trajectory and therefore also ought to be nurtured (Gerson, 2018).

### **IDENTITY CONSTRUCTION**

Hence, an existential-phenomenological theory of human development does not only consider biological maturation, but also considers the development of consciousness and self-efficacy in a way that takes into account existential givens within an individual present lived experience. Factors that are also considered include the fact that human beings are creators and interpreters of their world; that all their observations have biases, and that their meanings are not independent but rather are influenced by other people (Adams, 2006).

However, young and emerging adults often tend to take on a construct and can begin to model their life around it sometimes without acknowledging that their construction has been shaped by many factors such as their associations, the culture around them or even ongoing trends. Hence Spinelli (2007:19) warns us that *“the world view about self is (just but) a construct, an artifice. It is not fixed and static, but only appears to be.”* As such, one may deduce that while self-construct is an important concept in the process of identity formation for young and emerging adults, it is also a concept created with both ‘the good and ugly’ essentials that may just be the product of their perception. Therefore, as a personal sentiment, it may not represent the authentic self.

This argument is expounded further by another phenomenological thinker (Franz Rosenzweig, 1921/1999) in this metaphorical example: Rosenzweig equated an individual’s sentiment or concept to a bowl filled with stream water which a person may take home to gaze at and admire in wonder; yet, he cautioned, it would be delusional for that person to believe they were gazing at the river itself (Rosenzweig in Bazzano, 2009). Rosenzweig’s metaphor highlights the importance of seeing the becoming as a phenomenological reality that shapes ideas and concepts on the process of becoming.

Hence, when we are thinking about or exploring the identity construction of a young and emerging adult, it is important that we look beyond their cognitive and affective representation of their own identity. This is because, as we have seen, an emerging adult’s construct of self is not a static singular conspicuous detached designation, but rather it is a transmuting formation which, though characterised by change, progression and motion, has been influenced by many other factors which the individual may be unaware of.

According to Adam (2006: 38), this is a life phase to be *“viewed as presently happening. There is no perspective or way of looking at it based on distance in time to see how it is...”* It is barraged by much unknowing and inundated by uncertainty and a forced choice to awaken to the human condition; the inevitability of life events which make up the human existence – birth, growth, conflict, temporality and change.

## CHANGE

Arguing from an existential perspective, Van Deurzen (1997); Van Deurzen (2003); Van Deurzen (2012) asserts that the human developmental paradigm is characterised by a long process of change and transformation. Emerging adulthood is argued to be a complex phase where biological, psychological and social changes happen in tandem. Hence the term emerging adulthood, as I have previously explained, was coined to capture this phase in life when an upsurge of transition and change is taking place. The individual can neither be called an adolescent nor an adult.

Adams (2014) also notes that although biological and technical terminologies such as evolving, building and maturing are often used when referring to human development, in the real sense these words don't seem true to experience. Adams (2014:38) adds that "phenomenologically, life is dynamic, continuing, in flux, permanently changing, constantly uncertain. Life is change".

It is clear that during this transition, an emerging adult comes face to face with imminent life demands and changes, such as having to look for a job, to make decisions about their career or educational progression, or even greater life responsibilities such as moving away from home, starting a family and many other challenges which they may not feel prepared for. The suddenness of these changes in events and demands on their life may unsettle them as their abruptness may appear unfair.

Hence, we can clearly see that emerging adults are already set up for complex dilemmas and internal struggles, which may cascade to into real problems if these individuals don't have the 'resources' they require to fathom this change. The ongoing transition also appears to shine more light on existential givens, such as existential anxiety (angst), ambiguity, absurdity, suffering, meaninglessness, temporality, uncertainty, just to name a few (Van Deurzen & Kenward, 2005; Van Deurzen, 1997).

However, Van Deurzen (2012, 2003, 1997) explains that although change is inevitable, nonetheless people's actions often reflect attempts to avoid it. There always seems to be an unconscious attempt to maintain the status quo. This can be



very true for many emerging adults who might fear the anxiety which freedom and responsibility demand. But, Van Deurzen adds, human beings' natural preference is for novelty over change; and therefore it should not be assumed that 'change' will always happen. For instance, Van Deurzen explains, in certain instances people's potent response in the face of challenges is simply to adopt a pessimistic outlook on life or to just conform to mediocrity.

For a young and emerging adult, they may simply get engulfed in a form of sleepwalking which could be typified by a sense of self-centredness about self and the life around them. However, Van Cappellen et al. (2016) submit that an existential awakening such as unsettling life events may lead them to embark on a search for the meaning of life and purpose. This can bring change, by broadening or deepening a person's viewpoint about self and the world at large.

However, Van Deurzen (2012, 2003, 1997) argues that choice in initiating change is also a powerful tool, and it is only when individuals come to appreciate the potency of choice that they get to realise that even the small choices they make can also have an impact on their life. Yet to reach that point, many people must first learn or be brought to the understanding that they ought to live intentionally instead of living by default. She explains that this can even be more challenging, especially when certain behaviours have already been established. However, she explains that although habits are difficult to break, nonetheless, it is important to know that change can also be initiated by force.

This existential argument provided by Van Deurzen (2012, 2003, 1997) also provides a profound insight and supports the existential therapeutic approach as a relevant approach for those working with emerging adults engaging in harmful drinking. It shows how initiated change, whether planned by an individual or even prompted by therapy or environments such as formal settings such as schools, can be an ideal and effective intervention for an emerging adult engaging in harmful drinking.

An existential therapeutic approach also highlights the importance of setting personal goals, having personal values and belief systems; the importance of making sense of complex situations, such as life crises and paradoxes or dilemmas; the importance of meaningful living, and the importance of identifying personal limitations and possibilities to enable authentic living. These are all important elements that can

facilitate the transitioning process which many emerging adults usually find challenging.

## **ESCAPISM**

During emerging adulthood, individuals experience rapid transitions into social contexts and these experiences include freedoms and new interactions. Although many of these are positive experiences, they can also bring new challenges such as those caused by greater interpersonal demands, social cultural demands, and peer negotiations; and some individuals may find them challenging (Gorman, 1994). Consequently, individuals without skills and resources to navigate through these new life predicaments may resort to different coping mechanisms such as embracing existential boredom so that they can escape from the reality of life.

Existential boredom, which is often characterised by withdrawal, indifference, apathy, emptiness and listlessness, has been identified as a preferred escape pathway for individuals who are yet to find purpose, meaning and fulfilment in their life (Svendsen, 2005). Most emerging adults find themselves in this category as they have yet to find out what to do next. LePera (2011) argues that existential boredom is also characterised by lack of thoughtfulness and focus, an argument also supported by Moynihan, Igou & van Tilburg (2021). According to Moynihan et al. (2021), such individuals are more likely to accept existing cultural ideologies as a way of compensating for 'a restless weariness and irritable feeling' (Svendsen, 2005) which Frankl (1946, 1985) called an existential vacuum.

Hence Barbalet (1999) adds that boredom can also be a type of anxiety, and identifying those prone to it may aid the delivery of early and relevant interventions. This is because an evidenced relationship has been found between boredom, meaninglessness and existential escapism such as harmful drinking and other forms of addictions (Gerritsen et al., 2014). This argument has also been supported by other studies which have shown how boredom may trigger harmful drinking; how excessive drinking can be a solution for boredom, and also how harmful drinking can be a form of escapism and negative coping strategy for dealing with tension (Stines, 2016; Toohey, 2011; Yokoyama et al., 1999).

Interestingly Wisman (2006) also makes a case for what he calls 'Dark Flow', which he also says is a form of existential escape. Wisman's (2006) concept on 'Dark Flow' is informed by Csikszentmihalyi (1990, 2000), who conceptualised the idea that when a person engages with an activity they enjoy or love, they can do it at all costs because of the gratification which the 'flow' and loss of self-consciousness experience offers them.

However, Wisman (2006), Dixon et al. (2019) and other researchers now argue that not all 'flow experiences' are necessarily beneficial and may actually have negative outcomes, although at first they tend to be enjoyable and may be highly absorbing and fascinating. Such experiences are typified by taking high risks, a lack of mindfulness and lack of self-reflection (Dixon et al., 2014). They are usually a way of coping with disquieting emotional experiences, and individuals such as emerging adults may engage in these dark flow experiences as a form of existential escape from existing pressures or emotional pain.

Examples of 'Dark Flow' experiences include risky gambling, betting or harmful drinking (Adams, 2021; Dixon et al., 2017). 'Dark Flow' experiences are also thought to be a form of existential boredom, except that it is a form that is not characterised by withdrawal, listlessness or apathy, but rather it is a hyper-boredom typified by an intense search for distraction (Healy, 1984).

## **HARMFUL DRINKING**

The world health organisation (WHO) defines harmful drinking as:

*"... a pattern of psychoactive substance use that is causing damage to health. The damage may be physical (e.g., hepatitis) or mental (e.g., depressive episodes secondary to heavy alcohol intake). Harmful use commonly, but not invariably, has adverse social consequences; social consequences in themselves, however, are not sufficient to justify a diagnosis of harmful use."* (WHO, 1992)

Hence this is the internationally accepted summary definition for harmful drinking: that it is a pattern of alcohol consumption which is likely to cause physical, mental and social, or health impairment (AUDIT assessment tool) (Babor et al., 2001).

There are two ways of measuring harmful drinking: the first is by the number of alcohol units consumed relative to alcohol-related harm; the second is through a

broader assessment known as an AUDIT assessment tool that shows to what extent drinking is causing problems (Babor et al., 2001).

Evidence shows that 10.8 million adults already have patterns of harmful drinking, and the highest prevalence of harmful drinking is for those aged between 25 and 34 (NHS Digital, 2016). Further evidence (Grant et al., 2015) indicates that those aged between 18 and 29 had the highest occurrences of heavy episodes of drinking compared with any other age group and had the highest prevalence of alcohol use disorder compared with any other group. They are also more likely to drink more units (ONS, 2017).

This was supported by another study which found that those aged 18 to 29 reported drinking the equivalent of a bottle of wine at a single occasion or over a single sitting (Room, 2017). Unfortunately, in most cases, little attention is paid to these patterns of harmful drinking and episodes of heavy drinking. Often, the first call for help usually happens after the age of 30, when alcohol use disorder (AUD) is already established (Connor, Haber & Hall, 2016).

Globally, the problem of episodic drinking is more common among young adults, with Europe having the highest prevalence of harmful drinking, with young adults accounting for the most significant alcohol-related problem burden (Foxcroft & Tsertsvadze, 2012). Although young adults tend to drink less during the week, when they drink, evidence shows that they tend to indulge in excessive risky drinking such as binge drinking (ONS, 2018).

Heavy episodic patterns of drinking pose a higher risk of injury and health harm than any other pattern of drinking (Rehm et al., 2009). There is an increased prevalence of alcohol use disorders in cultures where heavy drinking is tolerated (Connor et al., 2016). The culmination of availability and accessibility of alcohol; the culture of permissiveness drunkenness in everyday festivity; and the acceptability of heavy drinking as a social trend is a 'ticking health time bomb' (Mladovsky et al., 2009).

It has been suggested that emerging adults are also more vulnerable to the trap of the culture of heavy drinking than any other group. Developmental and transitional issues and challenges, such as leaving home for the first time, having to look for a job, deciding to advance academic goals or not, and deciding on relationships are

some of the critical factors which obviously compound their experience of transiting from youth to adulthood.

This culmination of transitional issues and an existential awakening to everyday real-life struggles may cause the emerging adult to engage in binge drinking, repetitive vicious cycles of harmful drinking or other pleasure-seeking activities as a form of 'hiding' and sleepwalking to avoid facing life challenges. It displays a lack of courage to take 'a leap of faith' and take on life daily demands despite the uncertainties that surround them. This argument is supported by a review of drinking motives which offer evidence that 'coping motives' are the main factor in harmful drinking and alcohol-related problems among young adults (Kuntsche, Knibbe, Gmel & Engels, 2005).

Hence it is possible that existentially modelled interventions adopted with other interventions might help the young adult to gain insight that existential givens are to be bravely borne, as exemplified by Camus's (1955) retelling of the myth of Sisyphus. Camus used the myth of Sisyphus as an epitome for meaninglessness and absurdity, which is engrained in what usually appears to be life's never-ending challenges. In this ancient Greek myth, Sisyphus rolls a boulder up the hill, reaches the top, lets the boulder roll down again, and when it is at the bottom, he begins to roll it back up with a smile on his face.

This story of Sisyphus is a metaphor for the actual act of living, which is characterised by accepting and engaging with the challenges of life; the act of choosing to walk through life's struggles, without hiding or sleepwalking or ever seeing giving up as an option. This can be achieved, for example, by making life-empowering choices such as pursuing life goals, something which might help build self-confidence, responsibility and resilience (Leung, Chan & Ho, 2020). It can also be achieved by opening up to self-development opportunities that might enable a young adult to attain crucial life skills which might help them to become more prepared to handle life dilemmas and contradictions in a positive manner.

Moreover, evidence shows that when individuals realise there are no potential benefits to their lifestyle choice, they tend to re-evaluate their life's values and make better choices (Blume, Schmalzing & Marlat, 2001). Thus, pathways to harmful drinking in emerging adults can be disrupted using psychosocial, educational

prevention intervention programmes. These could perhaps be developed using evidence-based psychotherapeutic integrated alcohol misuse prevention programmes, which could integrate existential-phenomenological interventions with other proven psychological interventions.

## **KEY FACTORS FOR UNDERSTANDING RISKS AND PROTECTIVE FACTORS IN HARMFUL DRINKING**

It has been suggested that different factors are responsible for harmful drinking and might also explain consequential quitting. Therefore, it has been argued that effective and relevant interventions can only be developed if risk and protective factors correlated with alcohol misuse are understood. However, these factors are still unknown.

The risk-focused approach is proposed as one of the best approaches, since it can help to expound on drug and alcohol misuse problems in a way that might help to designate and prioritise timely targeted interventions (Jenson & Howard, 1991; Litten et al., 2015). This approach, which was also adapted in the present study, attempts to capture the pre-occurrences (high risk factors) in a phenomenon and post occurrences of the same phenomenon. Unfortunately, few studies in harmful drinking tend to use this approach, and there is also limited research in this area.

Therefore, insight and information on what may account as significant predictors and protective factors to harmful drinking are still scanty and inconsistent (Stone et al., 2012; Hawkins, Catalano & Miller, 1992). Nonetheless, some of the factors identified by a few of these studies are briefly explored below.

## THE CULTURE OF DRINKING

There are multiple dimensions of variation in alcohol consumption, such as the collective norms, presiding alcohol policy, social status, the drinking group, the individual drinker, gender, family, personal, regularity of drinking, and the extent of intoxication. All these factors should be considered when elucidating what we mean by a drinking culture.

According to Pittman (1967), over time, patterns that evolve from these dimensions usually cluster into four primary drinking cultures: an abstinent culture (a culture with zero alcohol intake), an ambivalent culture (a culture with conflicting drinking values), a permissive culture (a culture where alcohol consumption is acceptable, but drunkenness is not), and an over-permissive culture (a culture where both alcohol consumption and drunkenness are tolerated).

It is the regularity of drink and the extent of intoxication that are reckoned to be the two key dimensions that provide the perfect framework for determining the cultural drinking position of any society. These two have been evidenced as the clearest fundamental dimensions in typologising the cultural position of drinking in any society (Room & Mäkelä, 2000).

For a long time, Britain had one of the lowest levels of alcohol intoxication in Europe and would have been classified as having a utilitarian attitude (drinking for personal interests and pleasure, such as medicinal drinking). However, this drinking culture gradually changed and transitioned to what the government declared to be a culture of alcohol misuse; an over-permissive culture, where both alcohol consumption and drunkenness were being tolerated (HCHC, 2012). Additionally, since 2000, a new trend has emerged which shows that more alcohol is now being consumed at home than in licenced premises (Foster & Ferguson, 2012).

The British government acknowledged that there is a problem, adding that "The availability of cheap alcohol has contributed to a culture of 'binge-drinking' and excessive drinking, with significant impacts on health and crime" (HCHC, 2012: 66). The national drinking culture has been challenged, and consequently this has been followed by the government's call to help "foster a culture of responsible drinking, which will help people to drink within guidelines" (HCHC, 2012: 17).

This new drinking culture appears to be a combination of utilitarian attitude (drinking for personal interests) and convivial drinking attitude – a mixed attitude such as drinking both for pleasure and drinking to fit in with or conform to the presiding drinking group or culture (Room & Mäkelä, 2000; Pittman, 1967), which is cause for serious attention because of the severe health and social problems that are related to it. It is not so much the case that binge drinking has reduced, but rather that an overlap of these two types of drinking attitudes, permeated by patterns of harmful drinking and episodes of heavy drinking, has seemingly produced a new pattern of alcohol misuse. The term binge drinking, then, on its own, does not quite capture the entire phenomenon. A more significant challenge is that there are varied meanings of binge drinking, which makes it hard to grasp what it really means (Herring, Berridge & Thom, 2008).

To understand the challenge of alcohol misuse, it is essential to explore experiential accounts of how people drink: e.g. the regularity of drinking, the extent of intoxication, and the collective social-cultural attitude towards drinking within which this happens.

It has been suggested that collective injunctive drinking norms modulate collective implicit drinking rules that then form a particular “cultural position of drinking” in the particular society (Ahern et al., 2008; Room and Mäkelä, 2000). Apart from the abstinent culture, once a specific culture of drinking is established, it becomes an acceptable group norm and has an influence on drinking patterns that then facilitate the outcome of alcohol consumption such as frequency, tolerance and misuse (Borsari and Carey, 2003).

Evidence from Ahern et al. (2008) shows that neighbourhoods with permissive drunkenness norms also tend to have higher levels of binge drinking and intoxication. They report that even though a person may hold a personal belief that it is acceptable to get drunk regularly if they live in a neighbourhood that has strong norms against drunkenness, that individual is unlikely to binge drink. This is similarly supported by evidence from Frankel & Whitehead (1981), which shows that if the social structure ascribes to a permissive culture of drinking, whether moderate or otherwise, the overall level of alcohol consumption will still be high.



It seems clear, then, that the culture of drinking is at some level characterised by a form of indifferent and pervasive attitude which facilitates collective mirror behaviour, whether adverse or otherwise. Factors in the social dimension, such as the societal norms, also seem to be the main factors which either moderate or maintain the culture of drunkenness.

## **FOUR WORLDS (VAN DEURZEN'S MODEL)**

According to Van Deurzen & Kenward (2005) and Van Deuzen (1997), an existential crisis can ensue if there is an over-emphasis in one dimension of the four worlds (the physical world, the social world, the personal /psychological world and the spiritual world). Serious problems can also arise when people get out of balance by ignoring any of the four worlds. These four dimensions are intricately intertwined, and one can only fully flourish if there is the right balance between them because they provide the existential matrix for lived experience (Van Deuzen, 1997). Thus, a complete sense of well-being can only be achieved when an individual has a balanced experience in all the four worlds.

### **The physical world (*Umwelt*)**

The physical world has to do with the physical environment, a person's lived space, the place they find themselves in, their relationship to things, possessions and material objects and physical sensations. *Umwelt* also has to do with a person's everyday living engagements such as work, daily chores and routines. This is how they also relate with their own body, their physical bodily needs, health or illness and the potent reality that they are temporal beings faced with their own mortality.

For an emerging adult full of ambition, vigour and energy, the realisation that one has natural limitations may facilitate authentic living; it may also provoke a sense of focus, a sense of self-care, and may also reduce impulsivity which often leads to risky behaviour. Great tension can also be released by recognising personal limitations (Van Deuzen, 1997; Van Deurzen, 2016).

### **The social world (*Mitwelt*)**

The social world has to do with a person's relationship with others: how they interact with the general population, colleagues at work or school, close relationships such as family, friends, romantic partners. It has to do with how they acknowledge and communicate with others their sense of belonging or rejection; how they negotiate the dynamic paradoxical polarities that may arise in these relationships, such as having to negotiate between love and hate, belonging and isolation or even acceptance and rejection. It also has to do with how a person responds to the culture around them.

Hence for the emerging adult, it means understanding that the choices they make regarding how the culture around them may mitigate potential pitfalls may be borne from peer pressure. An appreciation of the significance of the social world may also help the young person to appreciate that attitudes forged with their 'relationships' may bear either desirable or undesirable consequences.

### **The personal / psychological world (*Eigenwelt*)**

The personal world, or psychological world, has to do with how a person relates to themselves; their personal internal world; the story they tell themselves; their personal views about their own identity, freedom and life and how this engages with their history, memories, sense of self and their experiences and future possibilities. Hence in this dimension an emerging adult may begin to be confronted with the reality of their personal strengths and weaknesses. This may consequently cause feelings of disintegration and fear, yet at the same time the individual may realise the importance of courage and self-negotiation for them to be able to navigate through this contradiction if they are to 'create' the life they want. However, this may bring anxiety about being faced with choices, decisions or actions they must take to propel them forward in life or to maintain the status quo.

### **The spiritual world (*Überwelt*)**

And finally, the spiritual world has to do with how a person relates with the unknown; that individual's relationship with their sense of higher self, such as having a purpose and meaning in life; their ideology on what they may see as good or bad, meaning, purpose, their belief systems, worldview. In this dimension an individual is usually

faced by the tensions between hope and despair; purpose and absurdity; right and wrong; good and evil; truth and untruths; meaning and futility. Thus, for an emerging adult or any individual, it is important for them to realise that life is paradoxical; hence the reason why much of the challenges faced in life appear to have the essence of contradiction, dilemma and conflicts. Such problems may arise if an individual is not aware of these truths, or for an individual who does not have the skills to balance these polarities (Van Deurzen, 2016).

Thus, exploring the four worlds as conceptualised in existential therapy can be a powerful intervention through which emerging adults can obtain an in-depth holistic and balanced insight about life: such as the understanding that existence is multi-layered, and real problems can arise when people get out of balance by ignoring one of their four worlds (Van Deurzen, 2016; Van Deurzen & Adams, 2016).

Nonetheless, there is a need for further existential-phenomenological research to be conducted, such as in the areas of alcohol misuse, to provide further insight and to provide an offset to the existing research (Du Plock & Fisher, 2005).

## **RAPID TRANSITIONS INTO NEW SOCIAL CONTEXTS**

Arguably, across all forms of substance misuse, including alcohol misuse, problems usually appear to accelerate and peak during emerging adulthood – defined as the period from age 18 to age 26. One reason that this may be the case is that at this age young people are rapidly ushered into a world of new freedoms and new social contexts which they may have not experienced before. Social cultural factors, interpersonal influences and socioeconomic factors have been identified as some of the most potent risk factors to harmful drinking (Gorman, 1994).

Factors that appear to have relevant influence include demographics, drinking history, motives, family and peer influences, and stress and coping mechanisms (Ham & Hope, 2003). However, this is not necessarily the complete picture as sometimes effect and causation cannot be identified. Additionally, at other times several other factors appear closely intertwined or appear to be a significant predictor in certain situations (Stone et al., 2012). For example, studies exploring alcohol misuse in colleges have provided evidence which appears to indicate that

although individual difference, environment, coping mechanism, drinking attitudes and motives are key predictors in that specific setting, they may not be predictors in other settings or instances (Ham & Hope, 2003).

As such, drinking motives can appear to be associated with only some personality types and not others. Another example which demonstrates this complexity is that although harm avoidance and novelty seeking appear to have opposite effects, both are still evidenced as risk factors in the development of harmful drinking (Ham & Hope, 2003). It is suggested that appropriate intervention and protective programmes ought not to focus on individual differences but on other factors such as cognitive processes and environmental factors (Ham & Hope, 2003).

## **PSYCHOLOGICAL TRAJECTORIES IN EMERGING ADULTHOOD**

Mental health issues, such as depression, are some of the biggest concerns for emerging adults. As they begin to navigate through this developmental phase and begin to realise their newly found world of autonomy, independence and freedoms, they may also come face to face with new challenges such as a heightened and accelerated sense of isolation, loneliness, rejection and conflicts.

Evidence such as that provided by the diathesis model and other studies (Goldstein et al., 2000; Elliott & Lowman, 2015; Rioux et al., 2016) shows that predisposing environments and stressful life events, if not resolved in time with appropriate interventions, may propel unhealthy coping strategies such as harmful drinking.

Additionally, individuals who may not have developed essential skills during the adolescent stage, such as self-confidence, self-efficacy, positive coping strategies, problem-solving strategies, goal setting and planning skills, may begin to experience anxiety and fear, or even a sense of abandonment (Masten, Obradović & Burt, 2006; Luecken & Gress, 2010). It is also suggested that such individuals are at risk of engaging in destructive behaviour, such as harmful drinking, if support is not offered or mediating opportunities such as offering them 'second chances' that may help them to develop these life skills that are important for good mental health (Domagala-Krecioch & Majerek, 2013; Padilla-Walker & Nelson, 2017).

One significant example is evidence showing that self-esteem is a key protective factor against depression in emerging adulthood (Germani, Delvecchio & Mazzeschi, 2020). Other evidence indicates a causal linkage between alcohol misuse and depression (Boden & Fergusson, 2011), this appearing to suggest that the individual with better self-esteem would be protected from the risk of engaging in harmful drinking.

## **EXISTING VULNERABILITY**

In the course of demystifying harmful drinking amongst emerging adults, it has also been suggested that any existing vulnerability, such as exposure to adversity or trauma during upbringing and individual differences, must be explored and considered (Luecken & Gress, 2010; Skulborstad & Hermann, 2016). A study investigating the lived experiences of those engaged in alcohol misuse drinking found an association between alcohol misuse early in adolescence with the development of anger in later adolescence and at the beginning of emerging adulthood (Weiner, Pentz, Turner & Dwyer, 2001).

Evidence from another study (Leibsohn, Oetting & Deffenbacher, 1994) conducted on emerging adults showed that individuals (specifically males) with a higher anger temperament drank more regularly and experienced serious behavioural, physical and psychological, alcohol-related ramifications than those with low anger temperament.

Shame is another significant factor which has been considered to have a bidirectional causal relationship with alcohol misuse (Churchill & Farrell, 2017). Studies have found that individuals with a higher sense of shame are more likely to engage in negative drinking habits compared to individuals whose levels of shame are lower (Luoma et al., 2018).

Consequently, it has been found that because of the negative consequences of shame, individuals may tend to drink more to get rid of the negative sense of shame, leading to even more drinking in a vicious cycle which ends up becoming harmful drinking. It has been suggested that if such individuals can attain skills to help them

cope with shame or respond to shame adaptively (such as by having self-compassion), this vicious cycle can be broken (Sawer, 2016).

## **EASY ACCESSIBILITY AND AVAILABILITY OF ALCOHOL**

The UK has one of the highest alcohol consumptions globally, a trend which appears to be mainly caused by the ease of accessibility and availability of alcohol. One of the factors that appears to encourage the sale of alcohol is that it is often promoted in quantity deals as a marketing strategy.

Examples include “a never-ending vodka glass (purchase one glass of vodka and refill it as often as you like); free first drink for girls, buy one-drink and get one-free promotions, and cheap deals on popular drinks on particular nights of the week” (Booth et al., 2008: 82). Some of the promotions are also priced as low as 20p per UK unit, cheaper than the price of a pint of milk or loaf of bread, meaning that an individual can exceed the daily low risk by drinking for just £1 (Stockwell & Thomas, 2013).

There is also evidence indicating that individuals with a drinking problem buy more cheap alcohol compared with other groups. Hence some have argued that raising the price may be the most useful intervention. This proposal is supported by one study which found that there was immediate reduction in consumption; so the greatest behavioural change occurred for harmful drinkers when prices were controlled so that alcohol was less affordable (Holmes et al., 2014). However, while price controls appear promising, another study found a contrasting effect: that by increasing the price of alcohol, those already with alcohol problems would look for alternative substitutes such as cheaper alcohol, illicit and counterfeit alcohol or drugs and other illegal substances or turn to theft to fund the cost of their drinking lifestyle (O’May et al., 2016). This finding appears to suggest that simple solutions to harmful drinking do not necessarily achieve the desired outcome.

Another factor worth considering in harmful drinking is the regularisation of alcohol as another ordinary consumer commodity. Questions have been raised about the full impact that an intoxicant can have on a community, especially if it is readily available like other commodities (Babor et al., 2010). For instance, although age limit rules are set for purchase of alcohol, these are found to have a minimal impact in the reduction of harmful drinking, especially among young and emerging adults, as they

may find other more accessible ways to purchase, such as from online sites where proof of age requirement may be less restrictive.

Another challenge is that while the government appears to have come up with numerous interventions, the public may resist intrusive interventions even when associated with a positive outcome. Ironically, the public seems to reject those which are effective and offer positive outcomes if they are too blatant. Hence, one suggestion is to work to make any effective interventions more acceptable to the public (Diepeveen et al., 2013).

## **RELATIONSHIPS**

### **Parenting**

The nature and quality of the relationship which an emerging adult has with others is undoubtedly another potent factor that should be explored to provide further insight into harmful drinking. There is evidence of gender-specific parenting pathways that may be associated with harmful drinking in emerging adulthood.

Findings from one study (Patock-Peckham & Morgan-Lopez, 2009), in which 225 male and 216 female college students (emerging adults) took part, found that males who perceived their fathers to be authoritarian had higher neuroticism than their female counterparts, and that their perception also predisposed them towards harmful drinking. As such, this evidence appears to provide significant insight on the role of gender-specific parenting pathways (Patock-Peckham & Morgan-Lopez, 2009).

Other factors such as parental neglect, abuse, antipathy including hostility, coldness, and scapegoating have all been evidenced as significant risk factors which may impact the developmental trajectory of a child and lead to subsequent maladjustment later in life (Infurna et al., 2016). It is suggested that the effects of emotional neglect in a child can cascade in later years and can lead to deprived resilience, low confidence, lack of trust in other people, and the development of anxiety disorders, all of which are precursors to self-destructive behaviour such as harmful drinking in later years (Schimmenti & Bifulco, 2015; Infurna et al., 2016).

Results from these studies indicate a complex multi-dimensional vulnerability to harmful drinking in emerging adulthood, with different factors interplaying. To be

specific, they provide evidence indicating that when it comes to understanding harmful drinking among emerging adults, even parenting styles and parent-child gender must be explored as potential indicative factors.

Parents should thus expect to offer continued stable support for their children during their 'emerging adult' stage, as while they may appear to be adults, they are of course in a volatile transitioning period. However, the parent's involvement should be on a sliding scale according to age and need, and not a distanced form of "helicopter parenting", so that their children can begin to feel more autonomous and independent as they transit into adulthood; essentially parents must continue to be there with advice and guidance (Parra et al., 2019). They need to be open and creative as to what resources might be needed to support their children as they navigate through emerging adulthood. It is self-evident that a secure parental attachment predicts positive psycho-social well-being and academic attainment; by contrast, low parental attachment inevitably predicts psychological maladjustments (Holt, Mattanah & Long, 2018).

There is still limited research on the concrete effects of positive parenting, and more needs to be done in this research area so that specific strategies can be studied for what is useful or not (Patock-Peckham & Morgan-Lopez, 2009).

## **Siblings**

Evidence from Scharf et al. (2005) shows that it is not only individual biological changes or psycho-social changes that occur in the life of an emerging adult, but relationships with significant others, such as siblings, also undergo a transformation. For instance, studies suggest that sibling relationships during late adolescence are largely egalitarian, and that the individual emotional attachment appears to remain moderately relevant (Cole & Kerns, 2001).

However, as the individual transitions into further emerging adulthood, this pattern then seemingly changes from the previous formation in which the individual may have had carefree interaction and decreased attention in the affairs of their siblings to an increased affinity – something which may be indicative of further maturation and sense of responsibility. The quality of the relationship at this stage is reported to



be less intensive but fonder, and the interactions are reported to be mature (Scharf et al., 2005).

### **Peers/ friends/ colleagues**

It is not only family relationships that influence emerging adulthood outcomes, but the nature of relationships with peers also plays a role in the outcomes of this development stage (Holt et al., 2018). Interestingly, it has been found that peer relationships have a greater influence than families, especially when it comes to encouraging negative behaviour (Ham & Hope, 2003). This finding is significant as it may provide insight into why peer pressure at this age seems formidable. For example, research findings show that peer pressure plays a significant role in the development of alcohol misuse and other behavioural problems (Ham & Hope, 2003).

Peer pressure may create an environment where drinking is normative, heavy drinking is tolerated, especially if close peers are also drinkers. Drinking biases are also associated with harmful drinking, since individuals who perceive that their friends drink more, or perceive them to be lenient towards heavy drinking even when this is not true, will tend to engage in more drinking. Thus, the role of a peer's influence cannot be underestimated if harmful drinking is to be thoroughly understood (Ham & Hope, 2003).

The importance of encouraging positive and supportive peer attachment, then, is crucial. Positive peer relations can assist emerging adults to develop emotional and social competencies through a process of partnership in which negotiation and self-efficacy skills can be learnt from and through peers. These life skills are vital for conflict resolution and relationship building (Seiffge-Krenke & Luyckx, 2014).

### **ECONOMIC EMPOWERMENT (employment and skills development)**

Economic empowerment is another factor that has been identified as important in fostering wellness in emerging adults. Evidence shows that financial capability can resolve economic adversity in a way that even social relationships cannot (Ranta, Punamäki, Chow & Salmela-Aro, 2020).

This study also found that if, at the age of 25, an emerging adult experienced financial hardships, they were also likely to succumb to depressive signs by the age of 28. This finding is crucial as it stresses the importance of economic empowerment to emerging adulthood; a need that could perhaps be met by providing relevant skills development and employment opportunities for the purposes of well-being (Ranta et al., 2020). Simply put, any financial difficulties at this early age could suggest future financial challenges.

Another study that investigated financial habits amongst emerging adults indicated that financial behaviour was better predicted by individual values than parental expectations. This finding appears to offer a priceless insight on the role of values and personal aspirations for emerging adults (Sinha, Tan & Zhan, 2018). Coupled with the findings above, financial hardships and instability will be a significant barrier to recovery (Elswick, Fallin-Bennett, Ashford & Werner-Wilson, 2018).

## **PHYSICAL HEALTH IMPLICATIONS AND OTHER COSTS**

Harmful drinking is costly, destructive, and is also a key cause of many serious health problems, such as the development of cancer and liver disease (Public Health England, 2021; Bagnardi, Blangiardo, La Vecchia, & Corrao, 2001). Some long-term risks for young people include liver damage, impact on brain development, and the risk of becoming heavy and problematic drinkers later in life. Short-term risks for young people include obesity, alcohol poisoning and moral vulnerability; they are in the midst of hormonal changes during this crucial stage of their developmental trajectory, and excessive alcohol could lead to unprotected sex if they fall into irrational decision-making (Ewing, Ryman, Gillman, Weiland, Thayer & Bryan, 2016).

Globally, harmful drinking accounts for three million deaths per year; for 20–39 year-olds, 13.5% of all deaths are alcohol-related (WHO, 2018). The alcohol-related mortality rate in England in 2018 was 46.5/100,000, equivalent to 24,720 deaths in total (Public Health England, 2019). In 2020, alcohol-specific deaths were 18.2% higher than the year before (ONS, 2021). Evidence also showed that in 2020 the alcohol-specific death rate for males was more than double that of females (ONS, 2021). In the UK, alcohol misuse costs the NHS an estimated £2.7 to £3.5 billion

annually (NHS, England, 2019; Craig & Shelton, 2008). Data for the year 2018/2019 in England show that 75,555 individuals were being treated for alcohol misuse problems (Public Health England, 2018). Hospital treatments have also taken an upward trajectory (Nuffield Trust, 2021), with admissions for alcoholic liver disease having increased by 61% over the last ten years (Public Health England, 2021; Public Health England, 2020).

The latest research in alcohol use has also found causation between certain illnesses and any level of alcohol consumption. Previously, it was thought that only high levels were harmful. However, the recent research found that there was a relationship between alcohol consumption and mouth cancer, throat cancer, breast cancer and bowel cancer. The implications of these findings, the results of a 15-year alcohol study, were so significant that they prompted new government guidelines for alcohol consumption, replacing the previous limits (Department of Health, 2016). The government's new alcohol guidelines now state that there is a risk to drinking any level of alcohol regularly, and there is evidence of increased risk of cancer with alcohol consumption (Department of Health, 2016); hence, no level of alcohol consumption has any benefit to health (Burton & Sheron, 2018). The guidelines state that while it was previously understood that some people could benefit from moderate drinking (Department of Health, 1995), there is no justification for such recommendations because the risks outweigh the benefits. The new guidelines state that "Evidence for drinking alcohol in small amounts to maintain good health is weaker than it was in 1995." The new guidelines recommend no more than 14 units per week for both men and women to keep health risks at a low level.

These new guidelines have been informed by a detailed review of the scientific evidence used for the guidelines in 1995. The review has been underway since 2013 and was led by a panel of experts in public health, behavioural science and alcohol studies (Department of Health, 2016). This review was also supported by evidence from the Committee on Carcinogenicity of Chemicals in Food, Consumer Products, and the Environment (COC, 2015); in a separate review, they found that drinking even a small amount of alcohol increases the risk of some cancers compared with the risk to people who do not drink at all.

In view of the harmful effects that drinking has on life, this is why national health fraternities and services medicalise harmful drinking as a health issue so that they can bring attention to its health implications. So, by categorising and recognising alcohol as a significant health issue, the problem can be understood better and resources for developing relevant 'treatment' plans can be secured. Additionally, expertise in disease, symptoms, aetiology, course, treatment options and prognosis ensures the involvement of public health authorities, agencies, and professionals in supporting those who need help (White, 2001).

### **Other factors that may help to explain the complexities and proliferation of harmful drinking in emerging adulthood**

#### **Insufficient data on harmful drinking among emerging adults**

One reason for the lack of proportionate data on harmful drinking may be that individuals engaging in such habits rarely participate in research studies or surveys on alcohol consumption (Livingston & Callinan, 2015). Also, when the data is finally captured, factors which lead to harmful drinking or may help in recovery are often not described sufficiently (O'May et al., 2016). This highlights the need for more studies to be carried out, describing those factors well enough to provide proper data on pre- and post-event instances of harmful drinking, including exploring the lived experiences of those who previously engaged in harmful drinking but no longer do so.

Another challenge, as previously demonstrated by the literature review, is that emerging adulthood is a phase of life which is characterised by its diversity: it has many disparities, such as patterns of developmental progression during emerging adulthood, multi-dimensional vulnerabilities such as previous or existing trauma, parenting styles, parent-gender factors, variation in drinking motives, and social-environmental factors, to name but a few (Patock-Peckham & Morgan-Lopez, 2009; Cohen et al., 2003). This shows how thoughtfulness and imagination are needed to be able to collect data accurately so that relevant alcohol intervention and prevention programmes can be developed for this age group (Holt et al., 2018).

## **Lack of effective prevention programmes for young and emerging adults**

There is a lack of effective prevention programmes for young and emerging adults. If these were present, they could help prevent or modify the escalation of alcohol misuse problems.

Additionally, evidence from quantitative scientific studies shows that available programmes are rarely effective. For example, Foxcroft, Lister-Sharp & Lowe (1997) did a systematic review of over 500 papers on alcohol misuse prevention programmes for young people to evaluate the quality of the methodology used in the studies. These 500 studies were sourced from electronic databases, manual searches, existing reviews and journals, and relevant mailshots from the relevant organisations, conferences and individuals. After a thorough verification by a review team, 33 studies were selected, which they concluded merited focus because they had either been carried out using experimental designs or quasi-experimental designs.

The review found that most of these studies had methodological flaws. There was also no distinguishable feature as evidence for the effectiveness of any of the programmes. Hence the team agreed that none of them could be recommended. Poor research designs were identified as a key limitation, and a proposal was made to develop better prevention programmes for young adults at risk of alcohol misuse.

Such evident shortcomings because of methodological concerns appear to suggest that perhaps using qualitative research methodology rather than quantitative methods in the area of harmful drinking among young people would possibly provide a better blueprint for informing more effective preventive programmes.

According to Comte (1975), social scientists, unlike natural scientists, deal with phenomena that are more complex; of which alcohol misuse is one. These can only be explored exhaustively using qualitative methodology. The assumption that harmful drinking can be objectified is misguided. Only qualitative methods can provide viable and valid results if the phenomena under investigation involve different population samples and cultures (Cattell and Cattell, 1973; Greenfield, 1997). Qualitative methodology seems to be the most feasible when it comes to exploring the meaning which young people attach to their drinking attitudes and

behaviour. This is crucial, because meaning is never without causal properties. In well-designed qualitative research studies, meaning can provide insight into causation (Maxwell, 2004).

Furthermore, young people grow up in different cultural contexts, and if this is overlooked, it no doubt undermines the deeper assumption of universality present in quantitative methodology. Evidence in a study by Popova, Rehm, Patra & Zatonski (2007) indicates that different patterns were observed in problematic drinking across different countries. The same difference in drinking patterns has also been identified between minority and majority cultures (He, Assanangkornchai, Cai & McNeil, 2016). This would seem to suggest that culture and all aspects embedded in it play a significant role in influencing alcohol consumption behaviour and attitudes. Thus, it is probable that research in alcohol-related problems should be person-specific, holistic, and culturally specific too (Plant, Martin and Miller, 2001).

Within this study, the interview questions were designed to cover 'seven-domain partition: material wellbeing, health, productivity, intimacy, safety, community, and emotional wellbeing' (Cummins, 1996); spirituality was added as an eighth domain to help explore the more significant issues of existence.

Spirituality is defined as identifying and establishing an authentic intrapersonal (meaning and purpose), interpersonal (relational connection with others), and transpersonal (existential transcendence) internalised system that can become a guiding compass for existence (Gerson, 2018; Van Deurzen, 2016; Van Deurzen & Kenward, 2005; Van Deurzen, 1997).

The participants were also allowed to define what they understood by the term 'heavy drinking' if they wished to do so. This in-depth exploration into their lived experience also provided rich insight into the philosophical, moral reasoning behind the choices they had made within their specific cultural settings.

## 1.4 THE GAP

### Challenges to emerging adults' alcohol intervention programmes

In the United Kingdom, evidence shows that young people drink more heavily than in other European countries, and the number of alcohol-related hospital admissions for them has increased compared to previous years (Alcohol Concern, 2016). Patterns of alcohol misuse, which are usually visible later in life, are established during this age between late adolescence/early twenties through to late twenties.

Globally, there is a call for integrated prevention and intervention programmes because of the overwhelming evidence of increasing heavy drinking among young adults (Karam, Kypri & Salamoun, 2007). The need to develop sustainable, cost-effective and easy to deliver population level-specific interventions for specific cohorts, such as young people, is urgent (Martineau et al., 2013).

However, one key challenge is that there is a lack of an established international register for preventive interventions, or even agreed criteria on safety, effectiveness and efficiency, which means that information is still sporadic (Nation et al., 2003). Nonetheless, the already published evidence (Newburn & Shiner, 2001) shows significant and useful information, such as the key variables identified as influential factors that shape alcohol use among young adults. These factors include culture, social trends, interpersonal factors, leisure and lifestyle factors, and market forces. But of great interest is the cultural variable, because evidence indicates that the culture of excessive drinking is a way of getting 'initiated' into group belonging, and it is now a growing problematic phenomenon (IAS, 2013).

Additionally, multi-focused and integrated programmes are proposed as the most effective early interventionist measures to address the vulnerability of young adults at risk of alcohol and drug misuse (Gilvarry, 2000). However, to be effective, it has been argued that these programmes must be developed from an evaluation of reviews across different areas and domains, and they have to be comprehensive, theory-driven, developmentally informed, evidence-based, evaluative and socio-culturally relevant (Nation et al., 2003).

Moreover, there is also a lack of a collaborative, collective, multi-disciplinary global call for the development of integrated preventive and intervention programmes.

Although structural interventions or integrative interventions can be effective, at times, they can stall over the definition of terminologies and power struggles while trying to draw concepts together. However, the adjustment, accommodation and new adaptation that are brought about by an integrative approach could be a powerful tool for breaking the status quo (Blankenship et al., 2006).

Such proposals are not unfeasible, but they need to be explored creatively so that effective programmes can be developed and put in place. Data collated from research studies carried out in this area may provide the required evidenced-based insight, but this also is missing. There are many existing psychological modalities which have useful components that can be adapted and integrated to develop easy to deliver preventive interventions. Two such examples include: *An Existential Perspective* (Rogers & Cobia, 2008) and *Alcoholics Anonymous* (Flores, 1988). These contrasting but complementary works can provide a pivotal framework for sustainable and cost-effective psycho-educational programmes with useful philosophical knowledge and insight regarding the four lived worlds (Johnson, Griffin-Shelley & Sandler, 1987).

Motivational Interviewing skills (MI) is a psychotherapeutic technique which can also be adopted. It is based on the principles of motivational strategies to mobilise a person's own change resource. It is also practical and useful in addressing developmental issues, such as decision-making and deductive reasoning (informed by myths, social discourse or knowledge that is already out there in the world) in relation to alcohol and substance use. Its proven scientific strategy has been found to affect behavioural change by triggering covert meta-cognitions such as sincerity, acceptance and decision-making. The technique has also been supported by various psycholinguistic theories (Miller & Rollnick, 2004).

Another modality that can be adapted and integrated is Cognitive Behavioural Therapy (CBT). CBT is a goal-oriented scientific-based model which theorises that correcting irrational thinking will consequently modify any dysfunctional behaviour (Beck, Rush, Shaw & Emery, 1979). The strength of CBT is that it is evidenced to have a better outcome for young adults, primarily because it uses cognitive strategies such as problem-solving and self-efficacy (Chen, Jordan & Thompson, 2006). Another strength of CBT is that goal setting is embedded as a core feature in



the practice and has been evidenced to provide structure and frameworks for emerging adults who may present a chaotic lifestyle.

And finally, internet-mediated Relapse Prevention Therapy (i-RPT) can also be adopted (Marlatt, Parks & Witkiewitz, 2002). RPT is an educative programme which helps individuals to maintain desired behaviour that they have already achieved. The programme has been credited for its emphasis on building emotional competence, such as emotional responsibility. The programme educates an individual on how they can remain true to themselves by rejecting disempowering labels such as alcoholic or addict.

Evidence obtained from a systematic review of studies of young people and alcohol shows that there is potential value for integrating culturally focused skills in preventive interventions for young people, because they can help them to explore myths, facts and trend beliefs about alcohol consumption. Yet even these, though seemingly promising, still require further development and appraisal (Foxcroft et al., 2003).

It must be noted that there are numerous programmes available, but many of them only focus on recovery, and few are age-relevant. Examples of some of the existing programmes are briefly discussed below.

### **Alcoholics anonymous 12 steps programmes** (Ferri, Amato & Davoli, 2006).

Alcoholics Anonymous (AA) is an independent international organisation which offers support to self-help groups whose members are individuals who are recovering from alcohol misuse problem. The 12 steps are the self-help groups' model of abstinence. The model is also known as the Twelve Step Facilitation (TSF). AA and other 12 steps model programmes hold the assumption that a drinking problem is a medical and spiritual disease that cannot be cured. All their programmes, even the model developed for young people, is curative, not preventive.

One major criticism is that there is insufficient research on this programme because of its great emphasis on the principle of anonymity (Center for Substance Abuse Treatment, 1999). Consequently, this continues to hamper the processes of reviews and feedback on the programme, and these systemic procedures are vital when evaluating a programme. In addition to this, it is arguable that the strong religious

and spiritual overtone in the programme might be a turn-off because it tends to undermine inclusion.

**The 5-step Method: Principles and practice** (Copello, Templeton, Orford & Velleman, 2010)

The 5-step Method argues that in most cases of substance misuse it is the affected family members who develop psychological and physiological ill-health symptoms. The critical principle in this programme is family interaction as an intervention measure. The model is based on a stress-strain-coping-support model which focuses on affected family members and does not necessarily focus on the individual. Arguably, this model takes away the power of responsibility from the individual who is misusing the substance, while the focus is placed on the family members. This approach is very dissimilar to the 12-step programme, which places responsibility centrally on the individual concerned.

However, one of the key advantages of the 5-step Method is that it has provision for the support of family members who have been affected by the crisis of the member who is misusing alcohol or other substances. The 5-step Method programme is thoughtfully designed and considers social support, stresses and coping strategies. The key elements of the programme are non-judgemental listening, provision of relevant information, exploring coping strategies, exploring social support, and exploring and establishing further options for help and support (Copello et al., 2010). Nonetheless, this method is also curative, not preventive. It is also not specifically designed for young adults.

**Psycho-educational group therapy for alcohol and drug dependence recovery** (Chandiramani and Tripathi, 1993)

Chandiramani and Tripathi's psycho-educational group therapy for alcohol comprises eight sessions over three weeks; it was developed for alcohol and drug dependency recovery in the early 1990s. The programme focuses on providing useful information to users, such as relapse, craving, medical complications, the treatment processes, family and social problems such as unemployment, and life skills, such as time management and goal setting. The programme is described as 'falling between minimal advice and intensive treatment programme' and is delivered only in a group

setting. It is not person-specific and does not bear any components that are useful as preventive measures. It is also not age-relevant and only focuses on recovery.

These are just a few examples of the programmes which are highly reputed, yet clearly there are three things which are lacking in all these programmes and others, namely:

- 1. An age consideration: None are exclusively developed for young adults, also known as emerging adults.**
- 2. Early intervention: Most of the programmes focus on recovery rather than early preventive intervention.**
- 3. An exclusive integration of the existential approach is lacking, although most of the programmes have adopted existential themes.**

## **RATIONALE OF THE STUDY**

It is clear that there is a lack of inclusion of young and emerging adults' personal experiences and therefore a lack of sufficient evidenced-based insight and findings that can be used to support the development of alcohol misuse prevention programmes for them. There is also inadequate research on alcohol and drug treatment outcomes for young people (Gilvarry, 2000).

Additionally, there is no established international register for preventive interventions, or even agreed criteria on safety, effectiveness and efficiency. Information is still sporadic. Moreover, there is little focus or no firm emphasis on the recommended integrative multi-focused prevention and interventionist programmes specifically designed for young adults at risk of alcohol misuse.

This lack of consistent support or focus for interventions that can target specific population-level groups such as schools, colleges and universities has resulted in wasted opportunities (Martineau et al., 2013). Education institutions are key access points where this population group can be easily targeted with interventionist measures. Thus, in their absence, it is evident that alcohol misuse problems will progress until alcohol recovery programmes are developed. The aftermath of having

to deal with an already established problem is costly, yet it can undoubtedly be mitigated by the proposed integrative multi-focused prevention programmes.

It is arguable that other possible reasons for lack of proactive incentives to develop intervention programmes for young adults is perhaps unwittingly or wittingly undermined by allowing the alcohol industry to have a role in national and global alcohol policies. One way in which they influence policy is that the alcohol industry continuously advocates collaborative research with health researchers, which they sometimes fund, and such incentives end up compromising the outcome of the studies (Jernigan, 2012). There is also evidence of conflicting discourse on alcohol issues between the political and financial strategists because of a conflict of interest (Thornton & Hawkins, 2017).

In addition to these factors, although there is evidence of support for policy-related alcohol-related interventions such as those aimed at sales, drink driving and taxation, some think-tanks which have a significant influence on social and health policies are also alcohol industry participants. These sometimes seemingly purport neutrality, yet propose strategies that can only undermine the social and health well-being of the community. A good example is a case where a think-tank proposed 'measures to enhance parenting as an alternative to minimum unit pricing' (Hawkins & McCambridge, 2014).

The purpose of this study was also validated by evidence from a systematic literature review of alcohol education programmes which was conducted with over 1,000 studies for a period of over 14 years (Dietrich, Rundle-Thiele, Schuster & Connor, 2016). The purpose of the systematic literature review (which screened 930 articles on multiple substance misuse programmes) was to explore how much these programmes included theory and audience research. From these 930 articles, 31 articles with 16 programmes which focused solely on alcohol misuse and consumption were selected, and an in-depth evaluation was carried out. Most of these programmes were universal.

The findings revealed that most of these programmes were developed from theory and were informed by short- to medium-term behavioural outcomes. The review also found that there was limited involvement of emerging people's opinions and

experiences in the development of many of the alcohol education programmes that were evaluated (Dietrich et al., 2016).

**Reflection:** As I continued working through my research project, I recognised that to be able to explore the enigma of harmful drinking, it was important for me to be able to tame my own opinions, bracket any assumptions, biases, or any form of stereotyping so that I could carry out my research project competently. Therefore, I suspended all the inside knowledge I had about harmful drinking which I had 'collated' from family history, past experiences and therapy work. I opened myself to the new knowledge I was attaining from the literature, and I adopted an open-minded stance so that I could obtain insight from existing literature on the area of harmful drinking. I also engaged in a continuous process of reflexivity which enabled me to identify my blind spots.

## **SECTION 2 RESEARCH METHOD**

### **2.1 QUALITATIVE RESEARCH**

Qualitative research has made enormous contributions to the fields of counselling, mental health, well-being, psychotherapy and general health (Harper & Thompson, 2011; Smith, 2007). It has made a significant contribution because it is a narrative which is firmly established and entrenched in everyday experience (McLeod, 2011). As a counsellor, therapist, or mental health practitioner, it is essential to understand psychological phenomena from an individualised perspective. This is important because making sense of an individual's personal lived experiences is crucial for the development and delivery of appropriate care and support (Harper & Thompson, 2011). All individuals have a uniquely rich account of their lived experience, and qualitative data collected from lived experiences can inform the development of relevant intervention programmes.

### **2.2 INTERPRETATIVE PHENOMENOLOGICAL APPROACH (IPA)**

Why an Interpretative Phenomenological Approach (IPA) was adopted over other methodologies.

#### **IPA's hermeneutic stance**

A phenomenological approach method was adopted for this research study since its theoretical origins are from hermeneutics and phenomenology philosophy (Creswell & Poth, 2017). IPA is fundamentally informed with key ideas from existential philosophers such as Husserl, Merleau-Ponty and Heidegger (Smith, 2007). The main focus in IPA is to explore personal meaning and sense-making in a particular context with specific experience. Hence, IPA methodology seemed more suitable for this study since it enabled the exploration of the 'lived experience' of participants who had previously engaged in harmful drinking.

The exploration of the participant's lived experiences from their own viewpoint, and the process which involves their personal reflection, is the principal strength in the phenomenological approach (Reid, Flowers & Larkin, 2005). IPA is not just interested in descriptions and highlights of experience, but it also seeks for meanings that are deeply rooted in those lived experiences (Reiners, 2012; Smith, 2011).

IPA is also known as an Experiential Psychological Approach. It adopts the idea of double hermeneutics so that the meaning-making process is a unique 'meeting of the horizons' between the participants and the researchers (Smith et al., 2017). Thus, as a phenomenological research approach, its main strength is that it is subjective and dynamic at the same time (Reiners, 2012).

This “hermeneutic circle” adds a significant dimension to research because it allows the process to become an endlessly enriching circle where the whole and the parts bear equal contributory power. The act of understanding is not merely an expression of the observer’s interiority, but also an apparent predetermined mode of relating to the world (Martin Heidegger, 1899-1976). For a researcher, then, hermeneutics is one of the most important components in IPA since it facilitates the process of analysis and understanding of the phenomenon.

### **Epistemological assumptions of IPA**

Hermeneutic philosophy is a social paradigm which is associated with the subjective interpretation of the information rather than the empirical (Kassai et al., 2017). The epistemology assumptions in IPA facilitate the interpretation of the phenomenon by focusing on people’s experiences of a particular phenomenon and their interpretation of those experiences (Langdridge, 2007; Lester, 1999). Epistemologically, it is based on a criterion of personal experience, knowledge, meaning-making and subjectivity. It is also interested in symbolic interaction between the individual, others and the world they live in and how these three influence the constructs of their realities (Smith et al., 2017).

All expressions, dialogue and interpretations about a phenomenon can only be understood within the context which they are made. Therefore, understanding and interpreting the phenomenon under investigation can only be obtained through shared knowledge and experiences that have been developed over time through personal and social-cultural contexts (Reiners, 2012). According to Heidegger, we also have a prior understanding, and therefore the process of inquiring demands understanding the whole; and understanding the whole demands that one must also understand the parts.

One other strength of IPA is that it also takes on board the researcher's point of view and interpretation regarding the phenomena. The researcher becomes a relevant and subjective actor who is also visible and interested in this process (Conrad, 1987; Lester, 1999; Plummer, 1983; Stanley & Wise, 1993). IPA allows the researcher to have a reflective attentiveness to the description of phenomena as experienced by the participants. And in research, this feature of 'a systematic reflection of consciousness and the phenomena' is a justified attempt to divulge the world as experienced by the participants (Farina, 2014; Zahavi, 2003). This attentiveness and systematic reflection is what enables the researcher to do an in-depth analysis, to identify and categorise key themes that can be combined into related or linked clusters while noticing similarities and divergences in every participant's experience and also across the whole pool of participants (Willig, 2013).

Additionally, the IPA sampling feature is also simple and straightforward. Participants are intentionally recruited to represent a homogeneous sample within a particular context with a specific experience which can be researched (Smith, 2017). The participants usually have a shared experience (Smith & Shinebourne, 2012). Data collection is also not sophisticated; the researcher can collect data using semi-structured interviews and then analyse the interview transcripts by looking for particular themes that support the research question (Pringle, Drummond, McLafferty & Hendry, 2011). The step-by-step procedure for analysis in IPA involves: reading for meaning; identifying themes; structuring themes, and producing a summary table integrating cases (Alase, 2017; Langdrige & Hagger-Johnson, 2009).

Existing literature has demonstrated that studies which have used IPA in this area have contributed to gathering rich and insightful information about the experiences of individuals who used to engage in addictive behaviour (Kemp, 2019; Kassai et al., 2017; Punzi et al., 2016). The IPA methodology was thus the preferable methodology for this research study.

Zakrzewski & Hector (2004) and Shinebourne & Smith (2009) provide insightful examples of research in this area. The IPA methodology was utilised to explore the lived experience of alcohol-related challenges. The studies demonstrated that by using a realist approach as co-researchers with participants, a researcher could gain deep insight from subjects' words to gain a deeper understanding of their world. IPA



is also recommended as an efficient methodology when doing research in healthcare (Biggerstaff & Thompson, 2008).

Adshead et al. (2019) is another good study example in which IPA was successfully used to investigate addictive behaviour and underlying factors that moderate or mediate recovery. The findings from the study provided evidence which showed that pain can be considered as a form of "human psychological suffering" characterised by rejection, abuse, betrayal, abandonment, loss, humiliation, non-approval, control, enforcing beliefs and expectations, and enmeshment.

Further research also suggests that IPA helps in understanding the motivating forces which have supported individuals during their journey to recovery (Wadman et al., 2017). Such information can be utilised for providing relevant interventions, support and services.

## **2.3 OTHER METHODS CONSIDERED FOR THIS STUDY BUT NOT USED**

### ***Grounded Theory Method***

Initially, two qualitative research methods were considered attractive options for this research study, namely IPA and Grounded Theory (Starks & Trinidad, 2007). A thorough comparison was needed, however, before a decision was made as to which was better suited to the purpose of the research questions. While both are effective research methods that explore phenomenology entailed in human situations and lived experiences (Smith, 2007), the two methodologies are, in fact, quite different (even though there are still a few similarities between them such as identifying and explicating themes from interview transcripts) (Willig, 2013).

One difference is that grounded theory aims to investigate social processes (Starks & Trinidad, 2007), quite different from the aim of this study, thus the methodology would not aid in answering my research question. Furthermore, the research questions which grounded theory works best with are questions in which there is 'a statement that identifies the phenomenon to be studied' (Strauss & Corbin, 1990: 30). Therefore, in grounded theory, assumptions come from the data itself through a robust, logical and systematic process from which meticulous categories emerge and evolve. Hence grounded theory is reputed as a methodology which can develop a hypothesis and offer explanation for social processes (Chesebro & Borisoff, 2007).

Its main strength lies in the fact that it can discover new theories and offer new understanding for a phenomenon (Willig, 2013).

Additionally, data collection and analysis are done after the initial first or second interview, which then informs the next step. Data collection ends when further insight cannot be obtained (McLeod, 2011; Strauss & Corbin, 1990). The coding and analysis processes in grounded theory are also complicated because they are integrated in the research process itself. The process is a continued interactive and comparative process of verification (Martin & Turner, 1986; Glaser, 1992). It also involves micro-analysis, word by word (Allan, 2003), which risks derailing or distracting the process from relevance, especially if the researcher does not have much experience. Hence the methodology is said to be a complex one (Dougherty, 2017) which did not suit this particular study.

### ***Quantitative methods***

Quantitative methods place emphasis on objective measurements and validity. They enable broader studies to be carried out and therefore make it possible for results to be generalised. Studies carried out using quantitative methods can also be easily replicated and compared with similar studies and their findings, if consistent, can be used to develop universal measures and tools (Bauer and Gaskell, 2000). In quantitative methods, the researcher is also able to remain objective when carrying out their investigations.

However, quantitative methods have some key disadvantages, such as the need for a large sample size, making them expensive and time-consuming. There are also increased chances that the reliability of the study could be questioned because quantitative methods tend to collect data through questionnaires that are structured with closed questions, akin to forced choice. It is also difficult to control the environment and timing. Quantitative methods place more emphasis on objective measurements and validity than on meaning (Bauer & Gaskell, 2000). On the other hand, the IPA method places emphasis on depth and quality rather than quantity of work (Langdrige, 2007; Lester, 1999).

### ***Mixed methods***

Mixed methods were also considered for this study, as there are some clear advantages to using this approach, such as the fact that with mixed methods more data could be collected; this combination of using data from a quantitative and qualitative method could also add strength and validity to the study.

However, the method was not ultimately used as it is both time-consuming and expensive. If chosen, it would be imperative to ensure that the methods completely complement each other, and expertise would be needed to do that. The vast amount of data could also become overwhelming and could risk complicating the study (Driscoll, Appiah-Yeboah, Salib & Rupert, 2007).

### ***Descriptive Phenomenology***

This is a form of constructionist inquiry which avoids certain reductionist tendencies. Instead, this method places emphasis on phenomenological 'intuition' and encourages bracketing of one's own assumptions regarding the phenomenon that is being investigated (Giorgi, 2009). The argument is that by doing this, the researcher is then able to appreciate and accept the descriptions offered by the participants without having to force the descriptive data into pre-defined categories. Thus, the approach is different from the IPA methodology, which allows the researcher to use evidence-based preconceived concepts and hypotheses as a starting point for their research project. These preconceived concepts might be obtained through a literature review or other sources (Harper & Thompson, 2011).

Second, the approach also argues that interpretation can only emerge from descriptions themselves, and therefore descriptive and interpretive moments must be attended in their own unique way. This demand on the researcher is complex and seems to assume objectivity as a critical component in a process that is already subjective. In this approach, the researcher's interpretative role is also suppressed.

Therefore, this method could not be utilised as it appears to be more interested in descriptions and not the lived experience of the participants, thus not aiding in answering the specific research question. By comparison, IPA offers an adaptable and accessible approach to phenomenology research, through which essential data can be obtained by inquiring into the lived experiences of the participants.

### ***Heuristic approach***

This method is a systematic exploration and discovery into psychological and sociological research. Its research process is to see dialogue as a specific form of exchange which can then provide qualitative data from which patterns, structure or structural changes and relations can be discovered. This method's primary goal, then, is to make a *discovery*, favouring systematic observations and experiments rather than hermeneutics or phenomenology.

The approach, therefore, focuses on several rules to optimise the chance for making a discovery, one of which is ensuring that all data is collected under maximum variation, such as different times, different cultures and different methods. Finally, analysis must focus on the discovery of similarities, which means that out of the complex, diverse data, the researcher should focus on extracting only that which is homogeneous (Kleining & Witt, 2000).

For this very reason, the heuristic approach was not useful for this study as the aim of the research is not to make any *discovery* but rather to explore the lived experiences of young people. Further, if all data have to be collected under maximum variation, such as different times, different cultures and different methods, then the process is costly and lengthy. An analysis approach which only focuses on what is homogeneous would undermine efforts to explore the rich and diverse meaning which can only be obtained by examining unique lived experiences.

**Reflection:** I decided to use IPA for my research project because its theoretical origins are from hermeneutics and phenomenology philosophy, and it is deeply embedded with key ideas from existential philosophers. I wanted to use a method that would focus on individuals' experiences of harmful drinking, and this was important to me because I felt it would provide rich and meaningful data on this topic. However, I knew that it would also provoke deep memories and sadness about family members who had passed on, or whose lives had been destroyed by harmful drinking. Therefore, I arranged the support of my therapist because I knew that I would need a safe space where I would be able to explore these feelings when they arose during the process of carrying out my research project.

## **SECTION 3 RESEARCH DESIGN**

IPA was utilised as the research methodology for this study. It is substantiated that the type of a research question for IPA is one which must aim to research the lived experience of an individual living in a specific phenomenon (Langdridge, 2007; Lester, 1999).

### **3.1 ETHICS APPROVAL**

Before conducting this project, an ethics application to carry out a research study with human participants was made. The application was reviewed and approved by the NSPC Ethics Committee and the Ethics Committee of Middlesex University. Prior to carrying out the actual interviews, practice interviews took place along with a pilot project, which gave constructive feedback.

### **3.2 SELECTION CRITERIA**

The initial selection and participation criteria that were set were as follows:

1. Males between the ages of 20 and 29 years old.
2. Must have lived and grown up in a community where alcohol consumption is culturally accepted. The researcher ensured that participants who had grown up in cultures where alcohol consumption was either prohibited or restricted did not take part (such as individuals who were born abroad and grew up in countries which have different alcohol restrictions to the UK; or those who had migrated to the UK as young and emerging adults).

There are four primary drinking cultures (Pittman, 1967) distinguished as: an abstinent culture (a culture with zero alcohol intake); an ambivalent culture (a culture with conflicting drinking values); a permissive culture (a culture where alcohol consumption is acceptable, but drunkenness is not); and, an over-permissive culture (a culture where both alcohol consumption and drunkenness is tolerated). The United Kingdom has an over-permissive culture, where both alcohol consumption and drunkenness are tolerated (HCHC, 2012).

3. Must have consumed alcohol in a harmful way at some point in their life, but no longer did so. (Participants had to self-identify with the lived experience of harmful drinking in the past. The World Health Organisation (WHO) defines

harmful drinking as a pattern of alcohol consumption which is likely to cause physical, mental and social impairment or harm (Babor et al.,2001).

Nonetheless, participants were allowed to explore and describe their own understanding and meaning of harmful drinking.

Only participants who said they had refrained from harmful drinking for at least one year were invited to take part in the study. Evidence from alcohol misuse studies affirms that one year is a key marker for identifying vulnerability, relapse and recovery in alcohol misuse (Brandon, Vidrine & Litvin, 2007).

**Reflection: Ethical concerns**

I was very sensitive to the possibility that the area of research I was conducting could potentially provoke anxiety in the research participants. Therefore, the first step I took was to ensure that I had strict selection criteria which ensured that participants taking part in the study had recovered from harmful drinking and had not engaged in any form of harmful drinking for a period of at least one year. I felt anxious about this and had to read more literature on markers of recovery until I identified reference to one-year abstinence as a key marker for evidencing recovery.

**3.3 RECRUITMENT OF PARTICIPANTS**

The methods of recruitment we used were advertisement and publicity inviting willing participants who had previously engaged in harmful drinking to take part in the RP1 research project. Electronic flyers and posters were prepared, which included details of the intended research study and invited participants to take part in the study.

These were circulated anonymously to different forums, groups, Facebook pages and other social platforms. Examples of forums and online social platforms and groups where recruitment invitations were sent include: THE SOBER FISH STORY, RECOVERED ALCOHOLICS, STUDENT SUPPORT FORUMS, MOTIVATION TO QUIT ALCOHOL, and BECOMING ALCOHOL-FREE.

The response was more positive than anticipated. Calls and emails were received from interested individuals; those which met the initial selection criteria were taken on as participants in the study. Participants were informed that if they had decided to

take part in the study, it had a two-part procedure to ensure they met the full criteria; only those who met the criteria would proceed to take a full part in the study.

### **3.4 PROCEDURE**

An information sheet was sent to participants (see Appendix 1). The participants' information sheet offered pertinent information such as the purpose of the study, why the study had Parts 1 and 2, what they would be asked to do, possible benefits of taking part, the length of the study, their unconditional and absolute 'right' of withdrawal at any time without giving any reason, and what could happen to the data if they chose to take part in the study. They were also informed that the interview would be done through Skype because of the Covid-19 pandemic.

The procedure used was as follows.

#### **3.5 Part 1 - *Brief informal interview***

- A brief informal interview was conducted with each participant, and personal insights on their lifestyle and general background were gathered. This took into consideration the age-range set for the study (20-29). It was imperative to ensure that prospective participants for the next part of the study did not have any distinctive, unusual or unique factors such as particular lifestyles or other circumstantial factors that could become a potential confounding factor in the study or that could risk derailing the focus of the study.
- Each individual was asked how long they had refrained from harmful drinking, and whether they still felt vulnerable to alcohol misuse. This was to ensure that participants taking part in the study were not vulnerable psychologically, as the questions asked during the study could act as cues that could bring about urges that would lead to a relapse.
- Finally, only participants who said they had refrained from harmful drinking for at least one year, and that they did not feel vulnerable to a return to alcohol misuse, were invited to take part in the study.

From these individuals, eight participants were selected who met the full criteria to proceed to Part 2 of the study. The consent form was sent to them (see Appendix 2) which they signed and returned. Participants who were not invited to Part 2 were

given a full debrief (see Appendix 3) during which the researcher repeated the selection process, which had been fully explained prior to the initial participation.

### **3.6 Part 2 – Main interview**

Part 2 of the research interview was scheduled with those participants suitable to proceed to Part 2 of the study. The date and time was agreed upon, as was the mode for the interview, that of Skype, as was previously used in Part 1 of the study.

- The interview was carried out through Skype because of the Covid 19 pandemic; the audio recording began when the interviewee felt ready to start. During this interview, the selected participants were asked open-ended questions which allowed them (each on their set day and scheduled time of interview) to describe their experiences of having previously engaged in harmful drinking. The interview scheduling was not prescriptive but rather open-ended questions were used, as were prompts to explore the participants' rich experience. The open-ended questions used for the semi-structured interview bore specific items to explore the 'seven-domain partition: material well-being, health, productivity, intimacy, safety, community, and emotional well-being' (Cummins, 1996); spirituality was also added as an eighth domain to help explore existential meaning.

During the interviewing process, the IPA "Idiographic" stance was adopted, which is concerned with understanding "the concrete, the particular, and the unique while maintaining the integrity of the person" (Bartoli, 2019). Thus, both as interviewer and therapist, I found that I had to be very vigilant so that I could be a good listener yet at the same time not fall into the trap of interviewing any participant using therapeutic techniques. I found this kind of intentional and 'objective' focus quite helpful, as it helped me to explore the issues participants brought up in a phenomenological way more suited to research than therapy work.

The right balance between asking a question, listening to responses and prompting participants further (or not) without interrupting the interview process was also sought. It gave a structure to the interview, and the participant was given ample time to talk about their experiences. In any case, IPA maintains that the participants are recruited because they are the experts in their phenomenon, and therefore they should be given sufficient time during an interview session.



With this in mind, I also reminded myself that the purpose of my listening was not just to focus on the descriptions of my participant's experience, but also the focus was to seek for meanings embedded in their lived experience (Reiners, 2012; Smith, 2011).

### Data collection

Data was collected using a free-flow interviewing strategy using a semi-structured questionnaire. This used open-ended questions, which allowed the participants to describe their experiences and facilitated open-ended inquiry, so that I was able to obtain rich and deep narration of the account of participants' lived experiences.

**Table I Questions used during the semi-structured interview**

	<b>Domains</b>	<b>Questions on the questionnaire</b>
<b>1</b>	<b>Material well-being (Finances)</b>	<ul style="list-style-type: none"> <li>– What did you feel about the cost of alcohol?</li> <li>– Did the cost of alcohol affect your drinking decisions in any way?</li> <li>– Have your financial goals and aspirations for your future been influenced by your decisions in any way?</li> </ul>
<b>2</b>	<b>Health</b>	<ul style="list-style-type: none"> <li>– What was it like to consume alcohol, and what was your experience of being in an alcoholic body?</li> <li>– How did you feel about your health?</li> <li>– What is it like for you not to consume alcohol the way you did before?</li> </ul>
<b>3</b>	<b>Productivity (Responsibility)</b>	<ul style="list-style-type: none"> <li>– Did alcohol consumption affect your sense of responsibility in any way?</li> <li>– Could you describe in what ways alcohol consumption affected your work?</li> <li>– What do you feel about the choice you have made not to drink?</li> </ul>
<b>4</b>	<b>Intimacy</b>	<ul style="list-style-type: none"> <li>– What were your intimate or close relationships like for you when you were drunk?</li> <li>– In what ways was your alcohol consumption influenced by your close relationships?</li> <li>– Do you feel that these relationships influenced your choice to not engage in harmful alcohol consumption?</li> </ul>
<b>5</b>	<b>Safety</b>	<ul style="list-style-type: none"> <li>– Can you tell me how you experienced your sense of safety or lack of it when you had consumed alcohol?</li> <li>– Can you describe how you feel about that now?</li> <li>– Do you feel your sense of safety has been influenced by your choice not to engage in harmful alcohol drinking?</li> </ul>

6	<b>Community</b>	<ul style="list-style-type: none"> <li>– What was the attitude of others towards you in the community when you consumed alcohol?</li> <li>– What was/is it like to live in a culture that embraces alcohol consumption?</li> <li>– In what ways do you think the community influenced your alcohol consumption back then?</li> <li>– In what ways do you think the community influences your lack of alcohol consumption now?</li> </ul>
7	<b>Emotional well-being</b>	<ul style="list-style-type: none"> <li>– How would you describe your emotional well-being during that period when you were consuming alcohol?</li> <li>– Can you tell me how alcohol consumption influenced/impacted your emotional well-being?</li> <li>– Has that changed in any way now?</li> </ul>
8	<b>Spirituality</b>	<ul style="list-style-type: none"> <li>– What meaning did you attach to consuming alcohol?</li> <li>– What was your understanding of the meaning of life then?</li> <li>– What is your understanding of the meaning of life now that you do not engage in harmful alcohol consumption?</li> <li>– Is there anything else you would like to tell me?</li> <li>– What has the experience of being interviewed felt like?</li> </ul>
	<b>Conclusion and Final Reflections</b>	<p>As you now already know, the aim of this study is to investigate lived experience of previously engaging in harmful levels of alcohol use. In your own opinion, what would you say consists of heavy drinking? How would you define it?</p>

**Reflection:** As a female researcher conducting a research project with male participants, I realised that there was a chance that participants were likely to be aware of the gender difference and that that itself already made me ‘an obvious outsider’ to them. I felt that this could probably influence how comfortable or not the participants would feel about disclosing some of the information to me. Thus, I intentionally pre-empted this tension by assuring them again that I had a non-judgemental stance and that the interview space was safe and confidential, just as I had stated in the participant information sheet. However, after further reflection, I also realised that it was possible that participants would perhaps even find it easier to work with someone whom they perceived as an ‘outsider’. And that is what happened. In the end, I was able to collect rich data and insightful data from them.

### 3.7 DEBRIEF

The interview session lasted approximately one hour and was followed by debriefing (see Appendix 3). The participants were also advised to seek further professional help if they felt that the experience of taking part in the study had caused any psychological distress. A list of relevant service providers was provided where they could seek help if they needed (see Appendix 4).

### 3.8 ETHICS AND HUMAN SUBJECTS ISSUES

Throughout this process, the British Psychological Society professional code of ethics was adhered to: that of respect, competence, responsibility and integrity, as was the Middlesex University research ethics requirements, and the code of ethics for carrying out research using human participants. Further, it was ensured that appropriate consideration was given to ethical and compliance issues pertaining to the research activities: *“to comply with the Middlesex University Code of Practice for Research: Principles and Procedures; to seek advice, ethics review and/or approval of my research and to conduct and manage my research activity in accordance with the professional/statutory/regulatory body Code of Conduct/Code of Ethics/Research Governance Framework”* (British Psychological Society, 2014).

**Reflection: Ethical concerns** - This was a very delicate process, but the support of my supervisors was very important as they encouraged me to check through to ensure that there was nothing that could potentially cause psychological harm to my participants. Hence, I ensured that I constantly checked with my participants to ensure they were happy to take part in the study. I also constantly explained to the participants that the study was voluntary and that they had the right to withdraw at any time should they wish to do so. I also carried out a debrief at the end of each interview session to ensure that the interviews had not had any negative psychological impact and that the participants were not distressed. At the end of the study, none of them was distressed or showed such concerns. However, I provided each of them with a list of relevant service providers where they could seek help if they needed.

**Reflection: COVID19 factor** - Although in the beginning I had been eager and excited about carrying out my research project, I must admit that this stage of my research project was incredibly stressful, especially because it was at the time when the news and the reality of Covid-19 was beginning to settle in. Social distancing rules were brought in and a national lockdown imposed. There was a lot of interruption and I felt discouraged and disheartened (as everyone did) as we all witnessed a negative global event unfold before our eyes. My hopes and plans for the research project and doctorate course felt uncertain, and perhaps in jeopardy. Nonetheless, I consistently stayed in touch with my supervisor and continued with supervisions which I found to be particularly helpful because he was incredibly supportive. Hence, I began to feel optimistic and encouraged about my work, albeit it was now evident that things would move at a different speed.

## **SECTION 4 DATA ANALYSIS**

### **4.1 DATA MANAGEMENT AND DATA TRANSCRIPTION**

Interviews were recorded on a digital voice recorder, and the files were transferred to an encrypted USB stick for storage; then the files from the recorder were deleted. This meant that all the information that was provided was only identifiable with project codes and stored on an electronic encrypted file.

The transcription was carried out manually and organised line by line, while special attention was paid to how things were said, such as tonality, speed, pauses and emphasis. It has been suggested that representation of audible data into written form is an interpretive process in itself, and therefore one must carry it out carefully since it is the first step in analysing data (Bailey, 2008). The participants' anonymity was ensured by the use of numbers to identify each individual. All other personal details were destroyed after the transcription process was completed and were not stored or accessible to others according to the UK Data Protection Act and the Freedom of Information Act.

### **4.2 DATA ANALYSIS**

The principles of interpretative phenomenological analysis (IPA) were utilised for this study in order to analyse transcribed data. IPA uses a philosophical, analytical style to analyse data (Smith, Jarman & Osborn, 1999), adopting a hermeneutic stance of meaning-making and enquiry (Smith, 2007). Hermeneutic stance offers deep insight into a phenomenon through the interpretation of the 'texts' of lived experience (Sloan & Bowe, 2014). The method is credited with having essential simplicity yet robust features which enable the researcher to analyse data by looking for particular themes that support the research question (Pringle, Drummond, McLafferty & Hendry, 2011). One advantage of the IPA methodology is that it permits the researcher to 'go with the flow' of the data, looking for links, relationships or connections or preliminary interpretation without disrupting or disturbing the process.

The step-by-step procedure for analysis in IPA involves reading for meaning, identifying themes, structuring themes and producing a summary table (Alase, 2017; Langdridge & Hagger-Johnson, 2009).

These steps were followed to analyse each participant's transcript and did not move to the next step until each individual step was fully completed. A master summary table showing the integrated cases of all participants (Alase, 2017; Langdrige & Hagger-Johnson, 2009) was compiled after all steps were completed.

### **Step 1 - Reading for meaning**

The transcript was read several times to facilitate familiarisation with the text. Notes regarding observations, thoughts and reflections about the meaning of the text were made on one side of the margin on the transcript.

### **Step 2 - Identifying themes**

The transcript was re-read once more, this time looking for significant statements and meaningful phrases which were highlighted. This helped to identify patterns and initial themes. I tried to remain open-minded at this stage, so that I was not imposing my own viewpoint. Instead, I decided to see things from my participant's point of view and made conceptual meaning from the text which I also recorded on the other side.

### **Step 3 - Structuring themes**

The themes identified from Step 2 of the analysis were listened to and organised tentatively. Links were sought, as were interrelationships or connections between themes, and different colour highlights were used to cluster together themes that were similar. The use of different colour highlighting was especially useful as it distinguished them and categorised different clustered themes in a neat visual way. From these clusters, the final identified themes could be structured into superordinate, subordinate and emergent themes.

### **Step 4 - Producing a summary table**

All themes, clusters and quotations from the transcript were organised into a summary table. See Table II for a detailed plan of each superordinate theme, its relating subordinate and emergent themes, as well as the quotations from the transcript.

After completing these steps for all the participants, a master summary table for all participants was produced.

Throughout the analysis stage, I made sure that I did not disrupt the process (Smith, 2015; Willig, 2013). I bracketed all my prior assumptions and ensured an interpretative phenomenological engagement with the text so that I could capture the essence of the participant's experience of engaging in harmful drinking and afterwards quitting harmful drinking. This was the analytical focus of the study (Willig, 2013). And finally, the findings from this analysis were collated: these constituted a co-construction between the participants and myself, because it emerged from my 'engagement with the data in the form of my participant's account' (Osborn and Smith, 1998: 67).

### 4.3 SUMMARY FINDINGS FOR EACH PARTICIPANT

The following are the summary tables (Tables I – IX) showing each participant's individual summary table of the superordinate and subordinate themes. After these I have also produced a master summary table (Table X) for all participants. Full transcriptions demonstrating the entire process of data analysis for all eight participants can be found in the Transcriptions section, pp. 176 - 273.

**Reflection:** The data analysis process was a very challenging step in my research project. Yet in the end it was the most fulfilling. After collecting the data, I ended up with a huge amount of raw data which I worked through meticulously, following all the steps advocated for IPA data analysis.

I worked with the final data without disrupting the process and looked for links, relationships or connections and preliminary interpretation until I identified key themes which I then combined into relevant clusters (Smith, 2015; Willig, 2013). I also invented ways of making my data more manageable, such as the use of colour coding which I found to be exceptionally helpful. I also worked consistently to ensure that I did not lose the trail of my work, which helped me to continue from where I had left every time I returned to continue with my work.

**Table II – Participant 1 Summary table of superordinate and subordinate themes**

<b>Participant 1</b>			
<b>Superordinate themes</b>	<b>Subordinate themes</b>	<b>Emergent themes from data</b>	<b>Illuminatory quotes</b>
<b>Initial pathway into harmful drinking</b>	Affordability and accessibility of alcohol	affordability, accessibility, personal responsibility, blaming and choice.	<i>Alcohol is cheap. I think that is the main problem.</i> (Line 2)
	Indifferent and pervasive attitude to drinking alcohol	family influence, denial, self-control, choice, lack of social learning, death.	<i>I would go to my uncle's house, we would drink together and then we would go to the pub and drink some more and he would buy the drinks for me. We did this often, during weekends, sometimes during the week. When he died I still continued to drink. I should have learnt from his death.</i> (Lines 40-42)
<b>Spiritual transcendence</b>	Influence of belief system	aspirations, goals and self-motivation.	<i>I would say my aspirations. I want to be able to set goals and achieve them. Whatever they are.</i> (Line 7)
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on his lived space	lived space, embodiment, detached sense of selfhood.	<i>I would wake up in the morning dirty; having gotten into my bed with my shoes. Sometimes having thrown up on the floor and my room stinking.</i> (Lines 10-11)
	Reflecting on the impact of harmful drinking on his body	disassociation, embodiment, illness.	<i>It was horrible. I couldn't even shower. My body was an alcohol sponge. I just smelt alcohol. My body felt strange. I did not understand why I was getting migraines all the time. I was also getting tired.</i> (Lines 12-16)



<b>Pro-change factors</b>	Reflecting on what awakened him from harmful drinking	death, choice, change, freedom, responsibility,	<i>It didn't feel like my body. Then I went to see my doctor and he said I had diabetes. I did not want to die. I asked myself, "Do I want to continue living like this the rest of my life?"</i> (Lines 15-16)
	Role of employment in quitting harmful drinking	employment, grounding.	<i>My job has given me a kind of grounding and promise that I can achieve the goals I have for the future.</i> (Lines 25-26)
	Role of positive role model(s) in quitting harmful drinking	social learning, role models, absurdity, contradiction, and confusion.	<i>Well, I shouldn't blame anyone (Pause)..... but yeah..... You know when you are young, you look up to the older people and somehow you learn things from them. Some good some bad. I think that is what happened to me.</i> (Lines 72-74)
<b>Life transition</b>	Absence of sense of responsibility	lack of responsibility.	<i>It made me into a sort of careless person. I had no sense of responsibility at all.</i> (Line 21)
	Reflecting on maturation and developmental process	conflicted and confused way of being.	<i>I would become emotional and sometimes would cry for no reason. Then the following day people would ask why I had been crying the previous day but I would not remember a thing.</i> (Lines 82-83)
	Reflecting on maturation and developmental process	time, temporality, self-sabotage, responsibility, confidence, achievement, goals, dreams, change, self-motivation, maturation.	<i>I realise that I wasted a lot of time. I take everything seriously, I get things done, but when I used to drink, I was setting goals and achieving none. I then realised that my drinking was sabotaging my dreams. I couldn't go on living like a young lad.</i> (Lines 98-100)
<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	sleepwalking, paradox, contradiction, absurdity, hope, goals, future possibilities.	<i>Interestingly, I never missed work because of alcohol. I love my job... it is my first job since I graduated. I have a degree in engineering. I love my job.... (Pause) Yes, I do....Somehow; I didn't get sacked during that drinking period. It must have been by sheer luck that it didn't happen. My job has given me a kind of grounding and promise that I can achieve the goals I have for the future.</i> (Lines 23-26)
	Reflecting on normalised culture of drinking	culture, influence, awakening, role models, personal responsibility, choice, self-motivation.	<i>I think one of the biggest lessons I have learnt is that you might pick some negative behaviour or habit from the community but when it comes to bearing the consequence, you bear it alone. That is the</i>

			<i>rude truth. It becomes your own cross. So I think if you know that, you begin to understand individual responsibility.</i> (Lines 76-79)
<b>Connectedness with self and others</b>	Social learning from positive role models	choice, change, inspiration, self-motivation, better life, maturation, values, and positive role model.	<i>Well, I don't know. You would have thought I should have stopped drinking when my uncle died, yet I didn't. People would tell me that I needed to reduce my drinking but I never took it to much thinking. Then one day, a friend I hadn't seen for a long time invited me to his wedding. We had gone to school together. I found out that he had stopped drinking and now had bought a house and was wedding his long-time girlfriend. His life seemed so much in order. As he took his vows, I just stood there in admiration and in tears and said to myself. 'I will never drink again'. He really inspired me. That is how I stopped. More than two years down the line and I didn't miss any of that life which I lived.</i> (Lines 45-52)
	Drinking as a social identity	status, responsibility, self-identity, selfhood, detachment, choice, culture of drinking, family influence, change.	<i>I used to see consuming alcohol just as nothing more than social drinking. I also thought it gave you some social status. I never thought of the consequences.</i> (Lines 90-91)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	hallucinations, panic.	<i>On many occasions, I could not remember what had happened the previous night. I would have no recall. Sometimes I would feel like there were strange people in my room. I think I was hallucinating. Then I would panic. It was bad.</i> (Lines 55-57)
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	satisfaction, stable mood and a sense of psychological wellbeing.	<i>I sleep well. I don't hallucinate.</i> (Line 62)
	Reflecting on the impact of harmful drinking on his psychological world	moods and emotions.	<i>It made my mood unstable. It was crazy. I mean crying without any reason? That was really bad.</i> (Lines 85-86)

**Table III - Participant 2 Summary table of superordinate and subordinate themes**

<b>Participant 2</b>			
<b>Superordinate themes</b>	<b>Subordinate themes</b>	<b>Emergent themes from the data</b>	<b>Illuminatory quotes</b>
<b>Initial pathway into harmful drinking</b>	Indifferent and pervasive attitude to drinking alcohol	peer pressure, culture, loss, remorse.	<i>Yes, I would waste a lot of money in this group drinking. Then something horrible happened.</i> (Lines 7-8)
<b>Pro - change factor</b>	Reflecting on what awakened him from harmful drinking.	death, debt, bad faith, loss, impulsivity, shock, social learning and contradiction.	<i>It was the death of my friend. He was living large, taking us out, buying drinks for us, but suddenly he committed suicide. We didn't know he had gotten into so much debt. It was shocking.</i> (Lines 9-11)
	Reflecting on the decision to drink alcohol moderately or to abstain	change, health, lifestyle, abstinence, recovery, wellbeing.	<i>My ulcers are now cured and I have had to change my lifestyle and diet. I stopped drinking completely and I am now healthy.</i> (Lines 30-31)
	Reflecting on the decision to drink alcohol moderately or to abstain	control, sobriety, choice.	<i>I feel that I face life with sobriety. If anything happens, at least I know it wasn't because I was drunk.</i> (Lines 63-64)
	Reflecting on the advantages of abstinence	health, freedom, control.	<i>Yes, after you stop drinking, you become healthy and you live a life free of addiction. You also feel in control.</i> (Lines 107 -108)
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on his body	sleepwalking, self-deception, embodiment, illness, health.	<i>I thought it was fun, but it really wasn't. I would feel excited and kind of lively but I wasn't eating well and still I kept on drinking and my body changed too. I started getting stomach aches and the pains would be too bad. Sometimes unbearable.</i> (Lines 19-22)
	Reflecting on the impact of harmful	embodiment, sleepwalking, health, carefree, change, control, self-deception.	<i>I had always felt that I was a healthy person and so I thought I could get away with it. But then I developed stomach ulcers. It felt like it came from nowhere, but then I knew that if I didn't stop, things would</i>

	drinking on his body		<i>get out of hand. However, I didn't do anything and I didn't care much, so my ulcers got worse and then I got so ill and was admitted in hospital.</i> (Lines 24-27)
<b>Life transition</b>	Gaining independence	hope, choice, loss, responsibility, self-motivation.	<i>Yes, because I thought I cannot just live for a drink, always getting skint because I have used my money on drinking. It was mainly my pocket money which my parents had given me.</i> (Lines 14-16)
	Absence of sense of responsibility	loss, inconsistency, fatigue, embodiment, shame, hopelessness, dead-end.	<i>I could not concentrate in my lectures, so I lagged behind in my work. I would miss tuts and seminars because of the hangovers. I was ashamed to ask for any help, and so when the workload became too much I decided to drop out. There was no way I could keep up.</i> (Lines 38-41)
	Absence of sense of responsibility	anxiety, chaos, irresponsibility.	<i>I would lose my stuff, my phone, my wallet, It was just chaotic.</i> (Lines 60-61)
<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	peer pressure, relatedness.	<i>I had many friends. I think there was a lot of drinking, and so I hardly knew who my best friends were. We were a group. We drank together and just did silly stuff together. No one was particularly too close to me. I also didn't have a girlfriend.</i> (Lines 46-49)
	<i>Making sense of factors which maintained drinking habits</i>	peer pressure, identity, choice, influence.	<i>There was a lot of peer pressure and it was hard to say no. ... I feel that my closed relations actually influenced me into harmful drinking.</i> (Lines 52, 55-56)
	Making sense of factors which maintained the drinking habits	denial, influence, peer pressure, continuity, inauthenticity.	<i>Alcohol is expensive, but of course when you're taking it, you deny that fact, especially because friends who are also drinkers tend to buy for you. The problem comes when you have to buy for them. This is when I felt the financial pinch.</i> (Lines 2-5)
	Reflecting on normalised culture of drinking	sleepwalking, culture, numbness, collective behaviour.	<i>There was not much reaction in the community; I am not the only one who was getting drunk.</i> (Lines 70-71)
	Reflecting on normalised culture of drinking	culture, sleepwalking, numbness, collective behaviour.	<i>Not a nice place. No one seemed to particularly say anything about it. Many people engaged in alcoholism and bad behaviour related to drinking. It was normal.</i>

			(Lines 73-75)
	Reflecting on normalised culture of drinking	collectiveness, peer pressure, culture, collective versus individual agency.	<i>Peer pressure, bad company and as I have said it was normalised even when deep within myself I felt I needed to reduce or even stop my drinking.</i> (Lines 78-79)
<b>Connectedness with self and others</b>	Social learning from positive role models	change of environment, culture, role models, positive influence.	<i>I live in a different environment. I have good influences. None of my best friends drink.</i> (Lines 82-83)
	Consequences of excessive drinking on relationships	pride, irresponsibility, self-deception, relatedness.	<i>I was arrogant and I liked fighting with friends. It was bad banter, but sometimes I would get hurt.</i> (Lines 86 -87)
	Reflecting on the meaning of life	choice, the good life, freedom.	<i>Life is about choosing good friends and making sensible decisions. These make you free and welcomed by the society.</i> (Lines 104 -105)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	sad, pessimism, meaninglessness.	<i>It made me sad. I became a sad person as I said; I started lowering my expectations about life and became negative about many things. I was pessimistic. I did not see the point of anything.</i> (Lines 90 – 92)
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	happy, better mood.	<i>Yes. I feel lighter and happier.</i> (Line 94)
<b>Spiritual transcendence</b>	Awakening to the meaning of life	awakening, meaning, purpose, peer pressure, collectiveness, loss, social learning, death, sleepwalking.	<i>I thought life was about having friends and doing things together. I did not realise that I was a giving in to peer pressure and bad company. I lost a friend to suicide and I almost died of ulcers. These are different factors, but still I could link them all to alcohol. I was just lost.</i> (Lines 98 -101)

**Table IV - Participant 3 Summary table of superordinate and subordinate themes**

<b>Participant 3</b>			
<b>Superordinate themes</b>	<b>Subordinate themes</b>	<b>Emergent themes from the data</b>	<b>Illuminatory quotes</b>
<b>Initial pathway into harmful drinking</b>	Indifferent and pervasive attitude to drinking alcohol	sleepwalking, affordability, lack of future goals.	<i>...I never paid any attention to the implication of the cost of alcohol in relation to what I wanted in the future. (Lines 7-8)</i>
	Affordability and accessibility of alcohol	availability, accessibility, lack of personal responsibility.	<i>...the availability of drinks from the supermarkets which you just bought and took home. (Lines 76-77)</i>
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on his body	embodiment, vicious cycle.	<i>I did not care much about my health, but then I noticed that I had lost my appetite which led to drastic change in my weight. I also had frequent colds due to late nights out. And without alcohol my body felt weird, my hands would also shake but that would stop immediately I took alcohol again. (Lines 14-17)</i>
<b>Pro-change factors</b>	Role of positive role model(s) in quitting harmful drinking	embodiment, illness, sleepwalking, self-deception, denial.	<i>Yes, it did. I started getting ill. Then I remember one day I missed work because I was ill. I had hangover, and when I returned, my manager called me to the office and asked me if I had a drinking problem. I was shocked...so I said no. I did not know why he had gotten into that. I was also sort of in denial but I knew I was now treading the wrong path. (Lines 22-26)</i>
	Reflecting on the decision to abstain	choice, achievement.	<i>I am glad I made the decision to stop drinking. It was not an easy decision, but grateful for the achievements I am making with my life. (Lines 32-33)</i>
	Role of positive role model(s) in quitting harmful drinking	choice, change, self-efficacy role model, supportive friends, mentor.	<i>Yes but inadvertently, because it is only after dropping the bad company that I was able to stop. I have good supportive friends who are not drinkers, and one of them is far older than me but he connected me to a support group so that I could not relapse. I look up to him as my</i>

			<i>role model because he too told me he had a drinking problem when he was younger but he has now abstained for over 10 years. Having him as a close friend is really helpful. (Lines 45-51)</i>
	Reflecting on availability of interventions	support, role models, psycho education, rehabilitations.	<i>Support groups have been formed which have helped many alcoholics. Role models who offer guidance and counselling are always available to help. The laws on alcohol have some impact too. Rehabilitation centres have been put up to help those struggling with addiction, although these are expensive, but I guess most important is that people are beginning to see and talk about the effects of harmful drinking. (Lines 80-85)</i>
	Reflecting on the decision to abstain from drinking	choice, abstinence, wellbeing, relatedness, recovery.	<i>Quitting alcohol was the best decision I ever made in my life. The emotional torture is all gone, my finances have greatly improved, and relationships with family and friends are now stable. Alcoholism is a life prison; I am happy to have broken the chains and will live to share my story and journey to recovery. (Lines 115-119)</i>
<b>Connectedness with self and others</b>	Consequences of excessive drinking on relationships	loss and broken relationships.	<i>I had lost my job because of drinking absenteeism and now I was so broke, I couldn't fund my drinking sprees. It's like I had lost everything. I had no friends and my family didn't want anything to do with me. (Lines 91-93)</i>
<b>Spiritual transcendence</b>	Harmful drinking as escapism	self-deception, sleepwalking.	<i>Alcohol created false illusion that everything was okay; it acted as a consolation on the ever-demanding life issues. All these were temporarily forgotten and hence created a false sense of hope and security. (Lines 53-55)</i>
	Harmful drinking as escapism	self-deception, sleepwalking.	<i>Totally different. The sense of safety that I felt upon alcohol consumption was all a lie. (Lines 57-58)</i>
	Influence of belief system on decisions	future possibilities, change, hope.	<i>Yes, I am in a position to streamline my life at all angles for a better future. I have just started a new job. (Lines 61-62)</i>

	Reflecting on excessive drinking as escapism	self –deception, stress, suffering, absurdity, meaninglessness, denial.	<i>It was a stress reliever, and alcoholism was the only way of solving the never-ending problems.</i> (Lines 103-104)
	Awakening to the meaning of life	positive life stance, support, role models, values, wellbeing, values, hope, relationships.	<i>Life is precious. Focusing on the positive aspects of it is crucial to the emotional, physical, financial, psychological and spiritual development. A lot can be achieved through seeking help. Upholding key moral values has led to improved relationships at home, at work and hence a better understanding of the surroundings.</i> (Lines 109-113)
<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	culture, stress, meaninglessness, lack of motivation, influences, goals, confusion, indifferent and pervasive attitude to drinking, lack of personal responsibility.	<i>Living in a culture that embraced alcohol consumption was stressful; there was an emptiness that was characterised by the lack of motivation to pursue any life goals. Everyone was perhaps confused. Except that maybe they did not know. I wanted to stop but it was a culture where no one could help another.</i> (Lines 68-71)
	Reflecting on normalised culture of drinking	lack of good role models, poor parenting skills, influences.	<i>There was lack of role models, poor parenting skills; my parents were drinkers too and so were my brothers; there was also lack of counselling from the elderly, who were also drinkers</i> (Lines 74-76)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	depression, anxiety, anger, relatedness, loss.	<i>It was at its worst. I had severe depression, anger outbursts for no apparent reason, mood swings and was acting violent towards family members. It was the worst time of my life. I felt lonely and depressed too. I had lost my job.</i> (Lines 88-90)
	Reflecting on the impact of harmful drinking on his psychological world	anxiety, depression, control, antisocial, relatedness, wild.	<i>I had all the signs of anxiety and depression and I lacked any control from within. I became antisocial and wild.</i> (Lines 95-96)



	Pleased with the benefits which quitting harmful drinking has had on his psychological world	second chance, freedom, wisdom, self-forgiveness, role models, authenticity, wellbeing.	<i>Yes. I feel free. I am no longer depressed. I now have another job and I have learnt my lessons. I have decided there is no point in living the past. I had to get over it. I have decided that I can decide to live a clean life because even in the community there are people who don't drink. I want to join that criteria.</i> (Lines 98-101)

**Table V - Participant 4 Summary table of superordinate and subordinate themes**

<b>Participant 4</b>			
<b>Superordinate themes</b>	<b>Subordinate themes</b>	<b>Emergent themes</b>	<b>Illuminatory quotes</b>
<b>Initial pathway to harmful drinking</b>	Indifferent and pervasive attitude to drinking alcohol	constrained drinking.	<i>...I wouldn't drink as often as I would like because of financial constraints.</i> Lines 4-5
<b>Pro-change factors</b>	Reflecting on the consequences of lifestyle	choices, future.	<i>...the decisions you make in the present will determine your future.</i> (Lines 8-9)
	Reflecting on the decision to drink alcohol moderately or to abstain	self-efficacy, decision, risk, health, wellbeing.	<i>I feel I have made the right decision because drinking comes with a lot of baggage like rogue friends, high-risk sexual behaviour and risk of contracting alcohol-related health problems.</i> (Lines 28-30)
	Reflecting on availability of interventions	psycho education, influence.	<i>The community has influenced my lack of alcohol consumption because of civic education on the effects of alcohol.</i> (Lines 64-65)
	Role of positive role model in quitting harmful drinking	role model, choice, self-motivation, life transition, responsibility, abstinence, purpose.	<i>In my case, my younger brother finished college, got a job and later married. I neither had a job nor a wife. I felt challenged. He didn't say anything to me. I knew it was time to get a job, start saving and live life like a responsible adult. I decided my drinking was done. I needed purpose in life.</i> (Lines 82-85)
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on the body	Embodiment.	<i>...once intoxicated it is hard to focus on work, and also the body usually feels fatigued.</i> (Lines 22-23)

	Reflecting on the impact of harmful drinking on his body	irresponsible self-neglect.	<i>I was always dirty and unkempt.</i> (Line 26)
	Reflecting on consequences of harmful drinking on his health	health, irresponsibility, embodiment.	<i>Yes, they have. This is because I learned my lesson the hard way by contracting STDs through irresponsible behaviour.</i> (Lines 39-40)
<b>Connectedness with self and others</b>	Consequences of excessive drinking on relationships	culture, relatedness, irresponsible, unaccountability.	<i>The close relationships were intense because of the feel-good atmosphere while with the fellow alcoholics. I was also careless and prone to deceit.</i> (Lines 32-33)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	self-deception, delusions, sleepwalking, fantasy, unstable.	<i>I normally felt secure because of the hallucinations and false confidence, but in the real sense I was very much insecure both financially and physically.</i> (Lines 43-44)
<b>Culture of drinking</b>	Making sense of factors which maintained the drinking habits	culture, influence.	<i>Because with the drinking friends around there was always the certainty that I would get a drink even when I didn't have money.</i> (Lines 35-36)
	Reflecting on normalised culture of drinking	paradox, inconsistency, confusion, lack of personal responsibility.	<i>It is a confusing and difficult balancing act as some of the community members perceive alcohol-taking as part of their culture, especially during some festivals like Christmas or weddings.</i> (Lines 56-58)
	Making sense of factors which maintained the drinking habits	culture, influence, peer pressure.	<i>The community influenced my alcohol consumption by providing the same even when I didn't have money to buy, and some would even give it on credit.</i> (Lines 61-62)
<b>Spiritual transcendence</b>	Awakening to the meaning of life	lack of focus and meaning.	<i>My emotional well-being was affected by my alcohol consumption because I almost lost focus and purpose of life.</i> (Lines 68-69)
	Harmful drinking as escapism	denial, self-deception, sleepwalking.	<i>I was living in denial.</i> (Line 71)

	Influence of belief system on decisions	worthless, meaningless.	<i>It's not worth anything. It is of no value.</i> (Line 75)
	Awakening to the meaning of life	sobriety.	<i>Life is beautiful and enjoyable without alcohol or drugs.</i> (Line 77)
	Awakening to the meaning of life	awakening, destruction, irresponsible, sleepwalking, wasted life, purposelessness.	<i>If one is not careful, alcohol destroys you slowly; years go by and you achieve nothing.</i> (Line 81)

**Table VI - Participant 5 Summary table of superordinate and subordinate themes**

<b>Participant 5</b>			
<b>Superordinate themes</b>	<b>Subordinate themes</b>	<b>Emergent themes from the data</b>	<b>Illuminatory quotes</b>
<b>Initial pathway into harmful drinking</b>	Affordability and accessibility of alcohol	affordability.	<i>The cost of alcohol never worried me.</i> (Line 2)
	Affordability and accessibility of alcohol	availability, easy, accessibility, lack of self-awareness, sleepwalking.	<i>There is very cheap alcohol out there in the shops. So the cost had nothing to do with the decisions I made. So if I had some money I just bought a lot of alcohol and put it in my room.</i> (Lines 5-7)
<b>Pro-change factors</b>	Reflecting on his choice to drink moderately	choice, control, satisfaction, happiness, balance.	<i>I am happy with my choice. I drink moderately and that is only if I have to. I mean, I only drink during occasions and events. I feel fully in control. Alcohol no longer offers the thrill it used to.</i> (Lines 36-38)
	Reflecting on what awakened him from harmful drinking	being called out, self-reflection, mentor, role model, shame, provocation.	<i>Yes. I think I only stopped drinking when my mother got so stressed about it. It was my sister who said "Do you know, you're killing mum, she cries every day because of your drinking." I felt so ashamed. I think hearing it directly from my sister is what brought some sense.</i> (Lines 50-54)
	Role of skills development in quitting harmful drinking	change of environment, self-efficacy, goals, skills enhancement and career development, commitment, mentors and role models, absence of peer pressure.	<i>I am now focusing with my apprenticeship programme. I want to get my qualification so I cannot afford to joke around.</i> (Lines 84-85)
	Role of skills development in quitting harmful drinking	confidence, aspiration, opportunities.	<i>...the opportunity to do an apprentice provided another opportunity. I had failed my exams, my A level exams, and I think that had knocked my confidence. So I see this</i>

			<i>as a second chance. My self-esteem has come back and I can now aspire to something.</i> (Lines 92-95)
	Role of skills development in quitting harmful drinking	skills enhancement and career development.	<i>Doing the apprenticeship programme has given me a lot of self-confidence.</i> (Line 102)
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on his body	embodiment, confusion	<i>My body was numb. I don't know what that was about.</i> (Lines 15-16)
	Reflecting on the benefits of quitting harmful drinking on his body	health, embodiment, wellbeing.	<i>It has helped me to control my weight. At some point I feared I was getting overweight, but I am now in good shape.</i> (Line 21)
<b>Connectedness with self and others</b>	Social learning from positive role models	awakening, goals, sleepwalking, idling, joblessness, life transition, role models, social learning, aspiration, isolation, self-motivation.	<i>At first I did not take much notice, but then I started noticing that most of my mates were up to something: uni, or college or work. But for me, I was not working, I was just doing gym or just drinking ...most of the times I was drinking in the secrecy of my room...Then I would wake up and the cycle would go on and on. (Long pause) Those I had grown up with who were my age mates were aspiring to something... I started asking myself, why not me?</i> (Lines 23-29)
	Drinking as a social identity	peer pressure, sleepwalking, lack of personal responsibility.	<i>It just felt cool to get drunk.</i> (Line 47)
<b>Life transition</b>	Absence of sense of Responsibility	health, fatigue.	<i>I was not working...Because I was not working, I cannot answer that.... but what I can say is that slowly I also noticed that my stamina for the gym was going down. I would get tired and so I reduced my gym days.</i> (Lines 31-34)
	Reflecting on maturation and developmental process	attitude, dis-respective, remorse.	<i>I think I was just under-estimating danger. Or even trouble. I was also disrespecting my mum and I feel remorseful for that.</i> (Lines 63-64)

<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	culture of drinking, availability of alcohol, lack of personal responsibility, parenting, indifferent and pervasive attitude to drinking.	<i>It didn't feel like much, but now because I live far from home I realise that the community was toxic, really toxic, everything was so readily available. I think my mum should have also stopped me from bringing alcohol home. But she preferred when I drank at home than if I went out. She said, she didn't want me to get into trouble.</i> (Lines 74-78)
	Reflecting on the normalised culture of drinking	culture of drinking.	<i>Everything was normal. Drinking was never condemned, not at all. In fact, a local support centre was closed because nobody went in to ask for any help.</i> (Lines 80-81)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	anxiety, hopelessness.	<i>I had always been an anxious person and was always feeling hopeless.</i> (Lines 91-92)
	Reflecting on the impact of harmful drinking on his psychological world	low self-esteem, shame, problems, hiding.	<i>I had low self-esteem; I was also feeling a lot of shame, so my drinking was a camouflage of a lot of problems which I had. I was pretending that there was no big deal in failing my A levels, but my self-esteem had been knocked out by that. So I hid in the gym and in excessive drinking.</i> (Lines 97-100)
<b>Spiritual transcendence</b>	Harmful drinking as escapism	self-deception, shame, numb, denial, hiding.	<i>It was a soother. It would numb my shame and my anxiety about the future.</i> (Line 104)
	Awakening to the meaning of life	awakening, sleepwalking, goal, purpose.	<i>I feel alive now but I cannot say what exactly happened. Maybe it was a kind of awakening... I cannot say it is anything in particular, but a kind of awakening happened and I just woke up to the fact that I was just fluffing around with life. I had no goal. I had no purpose. I was just there.</i> (Lines 110-113)

**Table VII - Participant 6 Summary table of superordinate and subordinate themes**

Participant 6			
Superordinate themes	Subordinate themes	Emergent themes	Illuminatory quotes
<b>Initial pathway into harmful drinking</b>	Affordability and accessibility of alcohol	affordability.	<i>The cost of alcohol never bothered me. I think alcohol is affordable.</i> (Lines 2-3)
	Affordability and accessibility of alcohol	availability and accessibility.	<i>No...There was always some alcohol at home... (Long silence)</i> (Line 5)
<b>Pro-change factors</b>	Role of skills development in quitting harmful drinking	idling, sleepwalking, time, aspiration, skills enhancement and career development, commitment, better life.	<i>Yes, when I finished my A levels, I took a gap year but I did not commit myself to doing anything useful. So I was just idling around, doing nothing in particular, and then I started filling those gaps with drinking and gaming which in time got worse. When the time came to go to uni, I knew I had to get my act together. I needed to refocus and I felt that taking my studying seriously was going to help me. There was no more time to waste. I felt I had already wasted a year. My values changed and I started aspiring to a better life. Then, I stopped drinking.</i> (Lines 16-23)
	Role of skills development in quitting harmful drinking	skills enhancement and career development, opportunity.	<i>But I knew I wanted to stop since I wanted to advance on my studies. I was the first person in our family to get an offer to join uni. So this was big, and I was proud of it.</i> (Lines 41-42)
	Role of skills development in quitting harmful drinking	change, self-motivation, purpose and aspiration, positive influences, role models, self-efficacy, better life, focus, personal responsibility, parenting, skills enhancement and career development,	<i>However, I knew I had to stop drinking. I knew I couldn't go to uni like that and I could not keep on blaming my drinking on anyone. I wanted to stay focused and I wanted friends who would help me to stay focused...Those who had the lifestyle I had always desired. I also did not want a future like the one I had seen with my parents. None of them had any formal education. They were always fighting and arguing. I didn't like it. I wanted a different life and It was painful to</i>



		opportunity, change of environment, detachment.	<i>seek that change but I wanted it badly. (Pause) And so I did it. I went to uni and I changed my friends...it felt awkward dropping my friendship group but I knew I had to do it. I am now doing my postgraduate studies and my plan is to get a job in this town so that I can start my life. I don't want to return to my hometown. There is nothing to go back for.</i> (Lines 43-53)
<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	peer pressure, influence, parenting, indifferent and pervasive attitude to drinking, accessibility and availability of alcohol.	<i>My best friends at the time were all drinkers. At home my father was also a heavy drinker. My mother did not challenge my drinking; she only hated when I went out and drank with friends. She had no problem if I drank at home, My father only drank at home. So everyone in my closest circle was a drinker.</i> (Lines 33-37)
	Reflecting on normalised culture of harmful drinking	honesty, collective consciousness.	<i>There was a collective consciousness into drinking which I know sounds weird to admit.</i> (Lines 65)
<b>Connectedness with self and others</b>	Consequences of excessive drinking on relationships	peer pressure, anti-social behaviour, impulsivity, shame, estrangement, isolation.	<i>Everyone in my friendship group got drunk. It was normal. But one day we went down the pub and I caused some trouble. The police had to be called in. It was embarrassing. After that incident I lost some of my best friends. They didn't want to be associated with me.</i> (Lines 67-70)
		peer pressure, negative influence.	<i>I had grown up not taking much notice of the kind of influence family and friends could make. All my friends were drinking. I did not have any friend who did not drink.</i> (Lines 39-41)
<b>Life transition</b>	Reflecting on maturation and developmental process	selfhood, self-identity, change, self-efficacy, self-resolution, self-motivation, maturation.	<i>I think I want to be seen as a sensible person. I feel like I want to erase my past mistakes. I want to be seen as a different person.</i> (Lines 72-73)

<b>Mental health and well-being</b>	Pleased with the benefits which quitting harmful drinking has had on his psychological world	wellbeing.	<i>I feel that I sleep better. Before, especially when I was drunk, I kept waking up at night. Sometimes I would have bad nightmares. This has stopped now. (Lines 13-14)</i>
	Reflecting on the impact of harmful drinking on his psychological world	volatile, unpredictable.	<i>I was emotional and erratic. (Line 76)</i>
	Reflecting on the impact of harmful drinking on his psychological world	temperamental, changeable.	<i>I would feel high, but later my mood would come crushing down. (Line78)</i>
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	placid, calm.	<i>I feel more stable now. I feel stable, yes. (Lines 80)</i>
<b>Spiritual transcendence</b>	Awakening to the meaning of life	sobriety, freedom and responsibility, the good life.	<i>It is important to engage with life in a sober way. Then if something happens, you can take full responsibility. (Lines 87-88)</i>

**Table VIII - Participant 7 Summary table of superordinate and subordinate themes**

<b>Participant 7</b>			
<b>Superordinate themes</b>	<b>Subordinate themes</b>	<b>Emergent themes from data</b>	<b>Illuminatory quotes</b>
<b>Initial pathway into harmful drinking</b>	Indifferent and pervasive attitude to drinking alcohol	negative roles models, sleepwalking.	<i>It was difficult for any of my friends or relatives to challenge my drinking because most of them drank. Many of them drank anyway, so I had a don't care attitude, especially when drunk. (Lines 47-49)</i>
<b>Pro-change factors</b>	Reflecting on abstaining	abstinence, change.	<i>Abstaining from alcohol has changed my life in different ways. (Line 37)</i>
	Role of employment and skills development in quitting harmful drinking	career progression, promotion, commitment, self-motivation, focus, responsibility.	<i>I improved a lot in my career. I am now a supervisor at work and I am taking evening classes for my MBA. This could not have been possible if I was still drinking. My mind is clearer. I am also able to meet most of my financial obligations that I couldn't meet as a drinker. (Lines 38-41)</i>
	Role of positive role model(s) in quitting harmful drinking	change, role model, life transition, goals, purpose, responsibility, social learning, reduced peer pressure.	<i>Most of my former drinking mates who were also my age mates have gotten jobs; others have gone to university and some of them have become responsible parents; and so that pressure from close friends has somehow eased. Most of them seem quite engaged with life goals. (Lines 95-98)</i>
	Reflecting on the outcome of quitting harmful drinking	change.	<i>...When I quit drinking, things changed and became different. (Line 59)</i>
	Reflecting on the decision to abstain	health, empowerment, choice, decisions, self-efficacy, control.	<i>Since I stopped taking alcohol, my health has improved and I feel more empowered when making life-changing decisions with a sober mind. (Lines 127-128)</i>

<b>Culture of drinking</b>	Making sense of factors which maintained the drinking habits	family, friends, peers, culture of drinking, borrowing, cost, debt.	<i>Alcohol was very expensive and I used to spend a big proportion of my earnings to fund my drinking habits. When I didn't have money of my own, I would borrow from friends or relatives. I was always broke and in debt most of the times.</i> (Lines 2-4)
	Reflecting on normalised culture of drinking	sleepwalking, peer influence, social life, lack of focus, lack of commitment.	<i>Most of my money was spent on buying alcohol for my friends whom I used to socialize with in the pubs.</i> (Line 29)
	Making sense of factors which maintained the drinking habits	influence, peer pressure, lived space, self-deception, hiding, personal responsibility, choice, culture of drinking, odd, indifferent and pervasive attitude to drinking.	<i>I felt loved and appreciated by the drinking community. My comfort zone used to be in my drinking dens. Nobody ever raised a finger or gave me advice towards my drinking habits. We were all drinkers. Every drinking comrade used to find it normal to drink. There was also a culture of brotherhood between us all. Everyone looked after the other and those who didn't have a drink were given by those who had. It was strange.</i> (Lines 85-90)
	Making sense of factors which maintained the drinking habits	peer pressure, influence, personal responsibility, choice.	<i>Whenever I couldn't afford to buy alcohol, I would either be bought by friends (drinking mates) or they would loan me some money to spend on alcohol.</i> (Lines 92-93)
<b>Spiritual transcendence</b>	The influence of belief system on decision	decisions, debt, cost, shame.	<i>The element of the cost affected my decisions, because I was not able to save any money. I wanted to be out of debts and embarrassing situations of having to ask friends to buy for me a drink when I couldn't afford to buy one.</i> (Lines 6-8)
	Influence of belief system on decisions	aspiration, family, achievement.	<i>If I continued drinking, my aspiration of having a family wouldn't have been possible with my drinking habits. I now have a family and I am happy.</i> Lines 12-13
	Influence of belief system on decisions	focus, goals.	<i>.....I am more focused and goal oriented.</i> (Line 24)

	Harmful drinking as escapism	sleepwalking, hiding, self-confidence, self-worth, self-deception, denial.	<i>I had always felt that I was more comfortable when taking alcohol than when being sober. I also had a feeling then that I could not easily socialise without taking alcohol. My financial woes and worries about life would be minimised after getting drunk, but I would wake up to them the following day after sobering up.</i> (Lines 109-112)
	Harmful drinking as escapism	hiding, escapism, avoidance, sleepwalking, self-deception, denial, courage.	<i>... When I used to drink, I thought alcohol would help me to drown my sorrows, but strangely it was doing the opposite because I was living a meaningless life. It made things worse for me. Drinking only masked the real problems which I had. I now understand that in life you have to face issues. Some you solve, others you can't, but that is life.</i> (Lines 114-118)
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on his body	embodiment, fatigue, misery.	<i>I had always felt sick the following day after taking alcohol. The after-drinking hangover would also make me tired and miserable.</i> (Lines 15-16)
	Reflecting on the impact of harmful drinking on his body	embodiment, health, fatigue.	<i>I felt my health was being affected by my drinking because I was losing weight as I had poor appetite after drinking. I used to vomit after a drink and my body would feel weak and dehydrated.</i> (Lines 18-20)
	Reflecting on the benefits of quitting harmful drinking on his body	energy, health, embodiment.	<i>I feel my body to have changed a lot after stopping drinking as I am full of energy. And my eating habits have improved tremendously, and I am able to eat most of the foods that I couldn't eat when I was drinking alcohol</i> (Lines 22-23)
	Reflecting on the benefits of quitting harmful drinking on his lived space	responsibility, money, lived space, personal care.	<i>Yes it did, because I didn't have any savings, meaning I was not able to meet my financial obligations such as paying my bills, paying my house rent, supporting my elderly parents or even my own personal upkeep.</i> (Lines 26-28)

	Reflecting on the impact of harmful drinking on his body	sleepwalking, irresponsibility, risk-taking.	<i>I feel lucky. I used to live on the edge, taking risks especially when I was drunk, but now looking back I feel that the risks were not worth taking. I feel that it was just by sheer luck that I did not encounter any personal harm or accident during that drinking period. (Lines 67-70)</i>
	Reflecting on the benefits of quitting harmful drinking on his body	sleepwalking, irresponsibility, risk-taking, safety, sound judgement, anti-social behaviour, impulsivity, anger.	<i>Yes. I feel safe. I know danger lurks everywhere but I feel I have sound judgement. Before that most of the time I lacked proper judgement in safety assessment because of my excessive drinking habits. I used to drive when drunk, which was extremely dangerous. I was breaking the law and often got into trouble with the police. I could easily pick up brawls with anybody and I was always hot-tempered when drunk. My capacity for any risk assessment when drunk was zero. (Lines 72-78)</i>
<b>Life transition</b>	Absence of sense of responsibility	sleepwalking, irresponsibility, risk-taking, impulsivity.	<i>My personal security never bothered me when drunk and I would leave the drinking places late without caring about how I get home. Sometimes I would go through dark alleys without calculating the risk involved. My risk assessment was poor and sometimes I wonder how I used to get home after drinking till late hours. (Lines 61-65)</i>
<b>Connectedness with self and others</b>	Consequences of excessive drinking on relationships	family, peer pressure, mentors, influence, role model, wellbeing.	<i>My family was always hostile and unfriendly because they didn't like my excessive drinking habits which were affecting my financial, physical and social life in a big way, even though to me it had looked okay. My interactions were mainly with my drinking mates. (Lines 43-45)</i>
	Consequences of excessive drinking on relationships	rejection, loneliness, isolation, detachment, trust, contempt, estrangement, hurt, self-worth.	<i>I started feeling lonely, I realised that my family and friends could not trust me. They treated me with a lot of contempt, and nobody could take me seriously any more because I couldn't keep to my word even after making a promise. So I was left out in a lot of family</i>

			<i>issues and arrangements. I would feel hurt and it affected my sense of self-worth.</i> (Lines 54-58)
	Consequences of excessive drinking on relationships	poor social skills, relatedness, detachment, isolation.	<i>My social and interaction skills when drunk were poor. I couldn't engage in a meaningful discussion due to aggression and I always felt misunderstood by the community... My drinking mates were my best friends and companions.</i> (Lines 80-83)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	health, well-being, happiness, anger.	<i>My health was always bad due to poor eating habits. My physical, social and emotional being was also affected by my drinking. I was not happy. I had hot temper. I think I was frustrated.</i> (Lines 100-101)
	Reflecting on the impact of harmful drinking on his psychological world	impulsivity, aggression, anti-social behaviour.	<i>Excessive drinking had a negative impact on my emotions as I was anti-social and aggressive when drunk as I would raise arguments with friends or colleagues for no good reason</i> (Line 103-104)
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	well-being, responsibility, commitment.	<i>Since I stopped drinking, my well-being and my emotions have changed tremendously.</i> (Lines 106-107)
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	destruction, anxiety, avoidance, self-denial, self-deception, debt, change, family, purpose, happiness, goals, control.	<i>Excessive alcohol consumption can destroy one's life in various ways. For example, it makes one anxious about the future and because of that you try to avoid the future. It is almost a form of denial. So you pretend there is no future or you drink to stop thinking about the future. That is how I felt. I can confess that I didn't have any savings when I used to drink and I was always in debt. I now have a happy family and can be able to plan ahead as I am a sober person.</i> (Lines 120-125)

**Table IX - Participant 8 Summary table of superordinate and subordinate themes**

<b>Participant 8</b>			
<b>Superordinate themes</b>	<b>Subordinate themes</b>	<b>Emergent themes from data</b>	<b>Illuminatory quotes</b>
<b>Initial pathway into harmful drinking</b>	Affordability and accessibility of alcohol	accessibility, family, peers, choice, availability.	<i>I never quite thought about the cost. [Pause] My parents bought it. Sometimes friends would bring it in. [Pause] Our house was a booze joint. There was alcohol everywhere: in the fridge, in the cupboard, on the shelves... just everywhere.</i> (Lines 3-5)
<b>Pro-change factors</b>	Role of employment in quitting harmful drinking	pride, job, future, goals, hope, purpose.	<i>I feel proud. I have a job now and I have things to look forward to. I am also saving for future goals.</i> (Line 27)
	Role of positive role model in quitting harmful drinking	family, aggression, forgiveness, change, indifferent and pervasive attitude to drinking, anti-social behaviour, culture of drinking, influence, negative role models, shame, self-motivation, change of environment, role model, mentor, career progression, hope, focus, self- efficacy, choice.	<i>Yes, my parents. I realised I had to forgive my parents. I did not want to be like my parents. Both of them drank but I would say my father was alcoholic. He would drink and swear, He caused trouble all the time.... I had thought if I got drunk too, I could match him up. But it only made things worse. There was so much shame. People were now laughing at our family. I did not know what to do but I knew I had to do better. I had younger brothers.</i>  <i>...So I decided to move out. I went to my friend's house. He had a job and was not a drinker. I opened up my frustrations to him and he was patient. He didn't judge me. He just told me if I got a job I would get focused and would be able to create a different life from the one I had been brought up in. He helped me to get a job and I also stopped drinking. He also helped me to get my own place where I now live with my partner.</i> (Lines 39 -50)



<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	accessibility, choice, availability, personal responsibility, parenting.	<i>No, it did not. It was my parents who used to buy.</i> (Line 7)
<b>Life transition</b>	Absence of sense of Responsibility	self-sabotage, culture of drinking, procrastination, responsibility, motivation, sleepwalking, abandonment.	<i>Yes, I wanted to start working, but then I would pick job application forms but never got to filling them in. We would be drinking all night long and so I would procrastinate filling them in. Then I remember one time I somehow completed one form and sent it in and was called for an interview; but then I missed my interview appointment because somehow I forgot all about it.</i> (Lines 19-23)
	Sense of responsibility	personal responsibility, wellbeing, parents, placid.	<i>It has, I used to blame my parents for my drinking, but that anger has ceased now.</i> (Line 78)
<b>Connectedness with self and others</b>	Reflecting on the role of friends and family in harmful drinking	family, influence, negative role models, joblessness, health, indifferent and pervasive attitude to drinking.	<i>Things were okay. My parents used to drink a lot. Both of them were not working because of health issues and so their friends would come along and we would all spend the day drinking and eating.</i> (Lines 29-30)
	Consequences of excessive drinking on relationships	sleepwalking, indifferent and pervasive attitude to drinking.	<i>It felt normal to drink, but when I drank I would lose control over myself and would shout and want to start a fight. I didn't know why.</i> (Lines 34-35)
	Reflecting on the role of friends and family in harmful drinking	personal responsibility, self-identity, selfhood, detachment, choice, culture of drinking, family, change.	<i>It was pointless to keep comparing myself with others, especially my parents who drank almost daily.</i> (Line 88)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	selfhood, impulsivity, anger, anti-social behaviour, relatedness, self-control.	<i>Something strange would happen. I could not trust myself because I would get angry, especially towards my dad. At one point I thought he would punch me but he didn't. I had picked a fight with him. [Pause] I had thrown the remote control at him and almost hit him on the forehead. I feel in control.</i> (Lines 52-57)

	Pleased with the benefits which quitting harmful drinking has had on his psychological world	change, self-control, peace, courage, self-identity.	<i>...I don't want to fight anyone. I don't want trouble.</i> (Line 59)
	Reflecting on the impact of harmful drinking on his psychological world	anger, detachment, relatedness, frustrations, hopelessness, depression.	<i>I was a young man full of anger. I had anger towards my family and I also felt so angry for not getting an opportunity to further my studies. It was a mixture of many feelings, but they were negative feelings.</i> (Lines 71-73)
	Reflecting on the impact of harmful drinking on his psychological world	anger, detachment, relatedness, family, impulsivity, frustrations.	<i>I think my drinking made my anger worse. When I drank I would get so angry with everything and everyone. Especially my parents.</i> (Lines 75-76)
<b>Relationship with the body and environment</b>	Reflecting on the benefits of quitting harmful drinking on his lived space	choice, change, change of environment.	<i>Now I live in a different world where I know that people can make different choices.</i> (Line 66)
	Reflecting on the benefits of quitting harmful drinking on his lived space	choice, responsibility, change, change of environment.	<i>I live in a different community. It is a great neighbourhood. I haven't heard any shouting or swearing. People are busy living sensible lives.</i> (Lines 68-69)
<b>Spiritual transcendence</b>	Influence of belief system on decisions	goals, aspiration.	<i>I wouldn't say financial goals, but aspirations, yes.</i> (Line 9)
	Awakening to the meaning of life	self-efficacy, self-motivation, future, awakening.	<i>I used to believe that our life destiny is determined by all the factors that surround us when we are born;, now I see things differently.</i> (Lines 83-84)
	Awakening to the meaning of life	awakening, insight, opportunity, change, self-identity, self-hood, self-determination, choice, decisions, self-efficacy, authenticity.	<i>I now see life as a stack of clay. You can either trample over it or you can turn it into a mould and make something with it. Something that is original.</i> (Lines 86-87)



**Table X - Collated master summary table for all participants**

<b>THEMES</b>	<b>SOME QUOTES FROM INTERVIEWS</b>
<b>1. Initial pathway to harmful drinking</b>	
1.1 Affordability and accessibility of alcohol	<i>"Alcohol is cheap. I think that is the main problem."</i> <i>"There is very cheap alcohol out there in the shops."</i>
1.2 Indifferent and pervasive attitude to drinking alcohol	<i>"I would go to my uncle's house, we would drink together and then we would go to the pub and drink some more."</i> <i>"My parents bought it. Sometimes friends would bring it in...(Pause)... our house was a booze joint."</i>
<b>2.Pro-change factors</b>	
2.1 Reflecting on what awakened him from harmful drinking	<i>"It was the death of my friend. He was living large, taking us out, buying drinks for us but suddenly he committed suicide. We didn't know he had gotten into so much debt. It was shocking."</i> <i>"I went to see my doctor and he said I had diabetes. I did not want to die."</i>
2.2 Role of skills development in quitting harmful drinking	<i>"I felt that taking my studying seriously was going to help me...I stopped drinking."</i> <i>"the opportunity to do an apprentice provided another opportunity."</i>
2.3 Role of positive role model(s) in quitting harmful drinking	<i>"I went to my friend's house. He had a job and was not a drinker. I opened up my frustrations to him."</i> <i>"My younger brother finished college, got a job and later married. I neither had a job nor a wife. I felt challenged."</i>
2.4 Reflecting on the decision to drink alcohol moderately or to abstinence	<i>"My ulcers are now cured and I have had to change my lifestyle and diet. I stopped drinking completely."</i> <i>"I am happy with my choice. I drink moderately and that is only if I have to."</i>
2.5 Role of employment in quitting harmful drinking	<i>"My job has given me a kind of grounding and promise that I can achieve the goals I have for the future."</i> <i>"I have a job now and I have things to look forward to."</i>
2.6 Reflecting on availability of interventions	<i>"Support groups have been formed which have helped many alcoholics."</i> <i>"Because of civic education on the effects of alcohol."</i>
<b>3. Culture of drinking</b>	
3.1 Reflecting on normalised culture of drinking	<i>"I think all my close relationships influenced my drinking. My best friends at the time were all drinkers. At home my father was also a heavy drinker."</i> <i>"We were a group. We drank together and just did silly stuff together."</i>
3.2 Making sense of factors which maintained the drinking habits	<i>"Whenever I couldn't afford to buy alcohol, I would either be bought by friends or they would loan me some money to spend on alcohol."</i> <i>"There was a lot of peer pressure and it was hard to say no. ... I feel that my close relations actually influenced me."</i>
<b>4. Life transition</b>	
4.1 Absence of sense of Responsibility	<i>"I just didn't want to be answerable to anyone. I could not listen to anyone. I just wanted to be carefree. I thought it was cool."</i> <i>"So I got fired because I kept reporting to work late or I would not turn up for work."</i>
4.2 Reflecting on maturation and developmental process	<i>"I then realised that my drinking was sabotaging my dreams. I couldn't go on living like a young lad."</i>

	<i>"I would lose my stuff, my phone, my wallet, It was just chaotic."</i>
4.3 Gaining independence	<i>"I thought I cannot just live for a drink, always getting skint because I have used my money on drinking. It was mainly my pocket money which my parents had given me."</i>
	<i>"I think I want to be seen as a sensible person. I feel like I want to erase my past mistakes. I want to be seen as a different person."</i>
<b>5. Connectedness with self and others</b>	
5.1 Social learning from positive role models	<i>"I live in a different environment. I have good influences. None of my best friends drink."</i>
	<i>"...a friend I hadn't seen for a long time invited me to his wedding...I found out that he had stopped drinking. He really inspired me."</i>
5.2 Drinking as a social Identity	<i>"I also thought it gave you some social status."</i>
5.3 Consequences of excessive drinking on relationships	<i>"I started feeling lonely. I realised that my family and friends could not trust me."</i>
	<i>"After that incident I lost some of my best friends. They didn't want to be associated with me."</i>
5.4 Reflecting on the role of friends and family in harmful drinking	<i>"Everything was so readily available. I think my mum should have also stopped me from bringing alcohol home."</i>
	<i>"My parents used to drink a lot...their friends would come along and we would all spend the day drinking and eating."</i>
<b>6. Relationship with the body and environment</b>	
6.1 Reflecting on the impact of harmful drinking on lived space	<i>"I would wake up in the morning dirty, having gotten into my bed with my shoes, sometimes having thrown up on the floor and my room stinking."</i>
6.2 Reflecting on the impact of harmful drinking on the body	<i>"It was horrible. I couldn't even shower. My body was an alcohol sponge. I just smelt alcohol. My body felt strange."</i>
	<i>"I was always dirty and unkempt."</i>
6.3 Reflecting on the benefits of quitting harmful drinking on the body	<i>"It has helped me to control my weight. At some point I feared I was getting overweight, but I am now in good shape."</i>
	<i>"I feel my body to have changed a lot after stopping drinking as I am full of energy. And my eating habits have improved."</i>
6.4 Reflecting on the benefits of quitting harmful drinking on lived space	<i>"Yes, because I needed to save some money to attain my financial goals, like taking a mortgage and buying a nice car, but it wouldn't be possible."</i>
	<i>"Yes. I feel safe. I know danger lurks everywhere but I feel I have sound judgement."</i>
<b>7. Mental health and well-being</b>	
7.1 Reflecting on the impact of harmful drinking on psychological world	<i>"It made me sad. I became a sad person...I did not see the point of anything."</i>
	<i>"I would feel high, but later my mood would come crushing down."</i>
7.2 Pleased with the benefits which quitting harmful drinking has had on psychological world	<i>"Yes. I feel lighter and happier."</i>
	<i>"Since I stopped drinking, my well-being and my emotions have changed tremendously."</i>
<b>8. Spiritual transcendence</b>	
8.1 Harmful drinking as escapism	<i>"It was a stress reliever and alcoholism was the only way of solving the never-ending problems."</i>

	<i>"It was a soother. It would numb my shame and my anxiety about the future."</i>
8.2 Awakening to the meaning of life	<i>"I feel alive now but I cannot say what exactly happened. Maybe it was a kind of awakening."</i>
	<i>"When I used to drink I thought alcohol would help me to drown my sorrows...Drinking only masked the real problems."</i>
8.3 Influence of belief system on decisions	<i>"If I continued drinking, my aspiration of having a family wouldn't have been possible with my drinking habits."</i>
	<i>"Life is beautiful and enjoyable without alcohol or drugs."</i>

## SECTION 5 FINDINGS AND DISCUSSION

Eight main themes were identified from participants' testimonies.

### Theme 1: Initial pathway to harmful drinking

This theme is about what the participants felt were the initial pathways into harmful drinking. Affordability and accessibility of alcohol, and indifferent and pervasive attitude to drinking alcohol were identified as the main pathways which the participants talked about. Each of these is explored below.

#### 1.1 Affordability and accessibility of alcohol

Alcohol affordability and accessibility appeared to be a significant factor which the participants described as key factors which encouraged considerable drinking which then ended up becoming harmful drinking.

Some of the participants explained that because alcohol was readily available to them, it was difficult to say no to its lure. Others felt that the main problem that led them into harmful drinking was because alcohol is affordable. All the participants described alcohol as a readily available consumer product, but distanced themselves from any form of personal responsibility, instead choosing to place the blame on these factors. Below are some examples of their narratives:

*"Alcohol is cheap. I think that is the main problem." P1 (Line 2)*

*"...the availability of drinks from the supermarkets which you just bought and took home" P3 (Lines 76-77)*

*"The cost of alcohol never worried me." P5 (Line 2)*

*"...there is very cheap alcohol out there in the shops. So the cost had nothing to do with the decisions I made. So if I had some money I just bought a lot of alcohol and put it in my room." P5 (Lines 5-7)*

Studies like Booth et al. (2008), exploring the association between harmful drinking and alcohol promotions such as sales, alcohol deals and intense advertising, provide evidence that availability and easy accessibility of cheap and affordable alcohol significantly influence young people's drinking behaviour, often leading to harmful drinking. Evidence also indicates that young people and emerging adults are the main beneficiaries of much of the alcohol promotional deals because they make alcohol more accessible (Hastings et al., 2005). Consequently, adverse outcomes are also reported as this convenience to young and emerging adults usually

culminates in dangerous and excessive drinking as they try to take advantage of the deals (Booth et al., 2008).

This evidence is supported by the findings of this present study. The participants described from their own lived experiences how they felt alcohol was affordable and easily accessible. They described that these were some of the key factors which seemed to have exacerbated their alcohol consumption, which then culminated in harmful drinking.

There is evidence at both personal and community levels that excessive consumption of alcohol is the greatest cause of alcohol harm, compared to all other variants such as content (Sheron & Gilmore, 2016). Hence, one suggestion offered is that alcohol ought to be made unaffordable, to reduce the proliferation of harmful drinking (Sharma, Sinha & Vandenberg, 2017). For example, the Sheffield Model supports this approach, adding that with a Minimum Unit Price (MUP) of 45p, 344 deaths would be prevented; there would be 13,900 fewer hospital admissions; and 24,100 fewer alcohol-related crimes (Stockwell & Thomas, 2013; Brennan et al., 2008). However, while such an intervention appears promising, it is also hampered by continued conflicts of interests and lack of consensus between key stakeholders on which alcohol policies should be amended or adapted to target specific groups (Li, 2014).

Additionally, where government policy interventions on issues such as pricing and accessibility are in place, it is documented that those most accepted by the public are also less effective; and those that are effective are usually unwelcomed by the public, suggesting that perhaps more needs to be done to sensitise the public to the importance of embracing interventions that are effective (Diepeveen et al., 2013).

It would also seem that for any sustainable results to be achieved, a multi-disciplinary approach and collaboration are required to confront the proliferation of alcoholic beverages with new forms of engagement (McGil et al., 2016). Evidence shows that in the past, opportunities to effect available interventions successfully have been missed because local authorities did not engage other key stakeholders such as alcohol services, off-licence stores and other pertinent parties (McGil et al., 2016).



There is also evidence (Booth et al., 2008) from advertising research literature that there are no studies which have specifically focused on investigating priority groups such as emerging adults or harmful drinkers. Such a gap is worth paying attention to, something which this study has attempted to do. For example, if heavy drinkers buy more cheap alcohol than other groups (Casswell et al., 2014), then one can also deduce that cheap and easily accessible alcohol is both a pathway and a maintaining factor for harmful drinking.

## **1.2 Indifferent and pervasive attitudes to drinking alcohol**

Participants appeared to express a lack of thoughtfulness and a form of indifference as they began and continued to engage in harmful drinking. Their description exemplified an attitude of unresponsiveness and dismissiveness to the consequences of continued drinking.

*“I would go to my uncle’s house, we would drink together and then we would go to the pub and drink some more and he would buy the drinks for me. We did this often, during weekends, sometimes during the week. When he died I still continued to drink. I should have learnt from his death.” P1 (Lines 40-42)*

*“I never quite thought about the cost. (Pause) My parents bought it. Sometimes friends would bring it in. (Pause) Our house was a booze joint. There was alcohol everywhere: in the fridge, in the cupboard, on the shelves... just everywhere.” P8 (Lines 3-4)*

*“It was difficult for any of my friends or relatives to challenge my drinking because most of them drank. Many of them drank anyway, so I had a don’t care attitude, especially when drunk.” P7 (Lines 47-49)*

These descriptions appear to be characterised by little or no sense of agency. The narrations typify a form of sleepwalking depicted by lack of personal or individual responsibility. There also seemed to be a form of denial, as blame was indirectly placed on family and peer influences. Even where the consequences were obvious, such as loss and the death of a participant’s uncle, still there appeared to be little or no social learning. Their descriptions also portrayed limited inner resources at the time of engaging in harmful drinking.

It has been suggested that more should be explored to understand the lack of thoughtfulness which fosters lack of personal responsibility for emerging adults in harmful drinking. As investigated and explored by this study, its findings provide support to other findings identified during the literature review: that any emerging

adult who may not have built up a reservoir of personal resources, such as self-confidence, self-efficacy and resilience during the adolescent stage prior to entering emerging adulthood (Masten, Obradović & Burt, 2006; Luecken & Gress, 2010), or who may not have developed sufficient life skills, may find instances that call for such resources difficult to handle. Thus, such individuals are also at risk of engaging in destructive behaviour such as harmful drinking (Domagala-Krecioch & Majerek, 2013; Padilla-Walker & Nelson, 2017).

Another explanation offered is that emerging adulthood is a critical phase of life, one of heightened vulnerability due to developmental transitions and many biological changes. Emerging adults undergo significant developmental changes and transformations in specific brain regions such as the prefrontal cortex, limbic areas, mesocortical and mesolimbic dopamine systems; regions that are responsible for among other things decision-making (Chambers et al., 2014; DeWit et al., 2014). The findings from the participants' rich description in this study appear to support this argument and therefore offer explanations as to why the participants appear to have readily yielded to irrational drinking.

The apparent indifference and pervasive attitude to drinking alcohol can also be explained by drinking biases. There is evidence which indicates that drinking biases play a role in harmful drinking, since individuals who perceive others to drink more, or perceive them to be lenient to heavy drinking even when it is not true, will tend to engage in more drinking (Ham & Hope, 2003). Perhaps this might explain why the participants' descriptions give a picture of drinking because others were also drinking.

As such, the proposal to offer emerging adults opportunities to continue to develop vital life skills, such as confidence-building, positive coping strategies, problem-solving strategies, goal-setting skills and other life skills, is compelling (Domagala-Krecioch & Majerek, 2013; Padilla-Walker & Nelson, 2017). With such skills they would be able to make informed choices and enjoy their freedom while taking full personal responsibility for their individual decisions.

## **Theme 2: Pro-change factors**

This theme represents the positive factors which helped the participants to quit harmful drinking. Some of the key emergent themes were death, contradiction, confusion, choice, change, freedom, responsibility, social learning, bad faith, shame, provocation, shock, role models, absurdity, self-efficacy, health, well-being, skills/career development, employment, aspirations and opportunities. Each of the main subordinate themes which encapsulated these emerging themes is discussed below.

### **2.1 Reflecting on what awakened participants from harmful drinking**

Participants expressed significant concerns about their health and fear of mortality as some of their main concerns. For instance, according to one participant the main factor which provoked him to quit harmful drinking was mainly his ill health and the realisation that his embodied self was changing because of indulging in excessive drinking. He described his experience as follows.

*“...It didn't feel like my body. Then I went to see my doctor and he said I had diabetes. I did not want to die. I asked myself, “Do I want to continue living like this the rest of my life?” P1 (Lines 15-16)*

Clearly, for this participant, it seems that it was this personal encounter with ill health and a concern for the imminent predicament that led him to make a quitting decision. Clearly, in the midst of contradiction, personal reflection and confusion, he discovered choice.

The fear of death was also identified as another significant theme that seemed to have influenced change of behaviour. For example, although the first participant expressed his fear of dying, this same concern was also mirrored by another participant who narrated that the death of his friend was his turning point. His narration was as follows.

*“It was the death of my friend. He was living large, taking us out, buying drinks for us but suddenly he committed suicide. We didn't know he had gotten into so much debt. It was shocking.” P2 (Lines 9-11)*

The findings from the study appear to support existing evidence which show that alcohol consumption causes over 60 alcohol-related medical conditions and death (Burton et al., 2016). Thus, it looks probable that ill health and fear of dying were powerful pro-change factors, which facilitated change of behaviour as the

participants embraced the power of choice to effect change of lifestyle. Moreover, the participants' narrations also appear to support existing evidence, which indicates that some of the most effective interventions for initiating health behavioural changes include taking on doctor's advice, counselling and personal therapy (Jepson et al., 2010).

Nonetheless, although one of the participants sought help from his doctor because of his ill health, there is no evidence that the other received any help or counselling after the traumatic death of his friend. This raises a serious point about the importance of having service provision or medical health facilities that can holistically encompass services that are important for health needs of emerging adults. If such provisions were prioritised, it would enable individuals to access relevant help not only for their physical health but also for mental health needs. This would also make signposting or referrals for further specialist services such as therapy services easier (Charlet & Heinz, 2017).

**Reflection:** While thinking about the emerging adults' needs, I cannot but feel a deep sense of frustration because of the dichotomy which has been placed between physical health and mental health needs. I find myself reflecting on how this dualism has impeded the well-being of young people and am left wondering how this can be tackled. But one thing that is clear from my findings is that the needs of emerging adults are multi-layered and that isolated stand-alone provisions can only delay the much-needed interventions.

## 2.2 Role of skills development in quitting harmful drinking

Participants felt that opportunities for skills development, such as an apprenticeship or enrolment in university, played a vital role in helping them to quit harmful drinking. One participant described how an apprenticeship opportunity provided a second chance for skills development after failing his A-level exams. Another explained how joining university helped him to utilise his time well.

*"...the opportunity to do an apprentice provided another opportunity. I had failed my A level exams and I think that had knocked my confidence. So, I see this as a second chance. My self-esteem has come back and I can now aspire to something." P5 (Lines 92-95)*

*"Yes, when I finished my A levels, I took a gap year but I did not commit myself to doing anything useful. So, I was just idling around, doing nothing in particular, and then I started filling those gaps with drinking and gaming which in time got worse. When the time came to go to uni, I knew I had to*

*get my act together. I needed to refocus, and I felt that taking my studying seriously was going to help me. There was no more time to waste. I felt I had already wasted a year. My values changed and I started aspiring to a better life. Then I stopped drinking.” P 6 (Lines 16-23)*

This finding is crucial because it provides evidence on how skills development can help a person to quit harmful drinking. For example, it seems that opportunities such as those presented by apprenticeships or joining university can mitigate unfavourable circumstances such as failing exams. There is already existing evidence which indicates that effective educational settings have the potential to remedy adversity at home, such as problematic alcohol consumption or other problems. They can also combat any other adversity which individuals may experience outside school (Olsson et al., 2019). Thus overall, educational settings are fundamental for the life of young and emerging adults, both for developmental and educational outcomes (Kutsyuruba, Klinger & Hussain, 2015).

One contributory factor is that a good educational setting can offer routine, shared values and norms, which might be absent from the home setting. Perhaps this may help to expound one participant’s experience of *“just idling around, doing nothing in particular and then started filling those gaps with drinking and gaming which in time got worse”*, maybe because he did not have a set routine.

Other research also shows that academic achievement can predict a better and successful future for emerging adults (Ladhani et al., 2019). It is argued that lifelong learning, such as those encompassing life skills development, not only offer opportunities for career advancement, but counteract negative effects for those already struggling with psycho-socio maladjustments such as alcohol misuse. There is a call to have interventions that embed other essential skills training such as a life skills training programme (Foxcroft & Tsertsvadze, 2012). Moreover, it also seems important that further investigation should first be carried out to identify key barriers to academic progression and skills development for emerging adults (Ladhani et al., 2019).

It seems important that part of the skills development should also include psycho-education skills development encompassing philosophical existential ideas such as resilience and choice. Inclusion of these deep explorations would enable individuals to overcome obstacles brought about by life adversities and would give them the priceless insight put forth by Frankl (1985), that a person who discovers that he still

has choice has found the ultimate freedom – and it is this understanding which makes it is possible for a person to rise above any given circumstance.

### **2.3 Role of positive role model(s) in quitting harmful drinking**

Participants also talked of the role they felt was played by the people they perceived to be positive role models and expounded on how they may have helped them quit harmful drinking. They talked of supportive friends, mentors, and the role of self-efficacy in initiating the change they desired.

One participant expressed frustration and feelings of being trapped because he was living with his parents who had a drinking problem. Another expressed a feeling of shame because his younger brother was doing better than him, and another reflected on how seeing his friends live purposeful lives helped him in quitting harmful drinking. They all seemed to express strong feelings of shame and entrapment which were related to harmful drinking. However, they each also talked of what seemed to be a ‘final escape’ from their circumstances and situations, which was facilitated by what they saw as positive role model(s). Here are some examples of their narrations and descriptions of their lived experiences.

*“So I decided to move out. I went to my friend’s house. He had a job and was not a drinker. I opened up my frustrations to him and he was patient. He didn’t judge me. He just told me if I got a job I would get focused and would be able to create a different life from the one I had been brought up in. He helped me to get a job and I also stopped drinking. He also helped me to get my own place where I now live with my partner.” P8 (Lines 45-50)*

*“In my case, my younger brother finished college, got a job and later married. I neither had a job nor a wife. I felt challenged. He didn’t say anything to me. I knew it was time to get a job, start saving and live life like a responsible adult. I decided my drinking was done. I needed purpose in life.” P4 (Lines 82-85)*

*“Most of my former drinking mates who were also my age mates have gotten jobs, others have gone to university and some of them have become responsible parents and so that pressure from close friends has somehow eased. Most of them seem quite engaged with life goals.” P7 (Lines 95-98)*

These findings provide deep insight into the role that was played by significant others who became role models and helped to break the bind of harmful drinking. Insight obtained from the participants’ descriptions offers further deeper understanding of participants’ main challenges and why they may have felt trapped.

The findings also provide evidence which appears to suggest that although close relationships may fail because of different problems, the role that may be taken up by a positive role model or 'a significant other' (such as a friend) may provide an alternative option(s) which may moderate and significantly help to alleviate existing problems. It has been suggested that visible role models play a significant role in recovery (Elswick et al., 2018).

In the present study, one participant talked of the help he got from his friend, who gave him accommodation when he decided to move away from home. The participant also asserted that the opportunity to move away from home to live with a friend who was employed and who did not drink helped him to quit problematic drinking. He also explained that his friend helped him to get a job.

According to Aeby & Heath (2020), emerging adults experience significant problems as they negotiate such uncertainties as trying to find employment or get affordable housing. They explain that although these factors are not specific predictors of future employment and housing prospects, nonetheless in the immediate reality they can lead to other problems such as harmful drinking, relationship breakdowns, and may result in mental health problems, or may even influence critical decisions such as family formation.

Moreover, another insight provided is that problematic familial drinking patterns may be transmitted to emerging adults who may still be living at home with parents who have a drinking problem. Evidence (Karlsson et al., 2016) shows that this transmission can persist even when the consumption at home is low. The negative impact of parents who have drinking problems is evidenced by increased mental health problems, behavioural problems, criminality, lawlessness and poor academic attainment in young people brought up by parents with drinking problems (Olsson, Brolin Låftman & Modin, 2019). This is in comparison with young people with secure and consistent parental relationships and good peer attachment who tend to do better academically, socially, and who also tend to have a better sense of well-being (Holt, Mattanah & Long, 2018).

Conclusively, this finding appears to highlight the importance of positive role models, because they may offer stability through alternative empowering solutions in situations where risk is evidenced, or problems already exist. They may also

moderate the risk or progression of existing drinking problems or mental health problems.

**Reflection:** Writing on this theme has provoked strong feelings about the negative impact which my late father's drinking problem had on our family. I have found myself recalling my personal experiences as a young person: the life of poverty, the many struggles which we faced as a family. I cannot help but think of the many families whose progress is hampered by harmful drinking. I feel a deep feeling of sadness, but with it a glimmer of hope as I think of the contribution of role models and significant others, not only in my life but in the life of many others who need it.

## 2.4 Reflecting on the decision to drink alcohol moderately or to abstain

Participants reflected on the decision to drink alcohol moderately or to abstain. They spoke of their decisions and the satisfaction about the choices they had made and areas that had positively improved because of drinking moderately or abstaining. They also spoke of how these experiences had positively impacted them.

*"Quitting alcohol was the best decision I ever made in my life. The emotional torture is all gone, my finances have greatly improved, and relationships with family and friends are now stable. Alcoholism is a life prison; I am happy to have broken the chains and will live to share my story and journey to recovery." P3 (Lines 115-119)*

*"I am happy with my choice. I drink moderately and that is only if I have to. I mean, I only drink during occasions and events. I feel fully in control. Alcohol no longer offers the thrill it used to." P5 (Lines 36-38)*

*"I feel that I face life with sobriety. If anything happens, at least I know it wasn't because I was drunk." P2 (Lines 63-64)*

Evidently, drinking moderately or total abstinence appeared to be a significant milestone for the participants as they reflected on their previous lifestyle of engaging in harmful drinking. However, I did not feel I was able to obtain an in-depth insight as to the real motivation for the steps and decisions taken to drink moderately or for total abstinence. Deeper insight on these decisions seems important as they can help identify fundamental risk factors such as drinking attitudes and motives which are key predictors not only of alcohol misuse but also relapse. This is crucial because it has been suggested that although harm avoidance is evidenced as an inhibitor against frequent drinking or even drinking initiation, 'avoidance' is also a risk



factor to increased excessive uncontrolled drinking once the consumption has begun (Ham & Hope, 2003).

Evidence also indicates that individuals who accept no longer having control over their drinking habits are more likely to explore and accept lifelong alcohol abstinence, compared to those who perceive they still have self-control (Fiorentine & Hillhouse, 2001). This association is interesting, since it seems to suggest that acceptance or denial can influence a person's decision, such as partial quitting or total abstinence.

## **2.5 Role of employment in quitting harmful drinking**

Participants expressed the role which employment and career progression had played in helping them to quit harmful drinking. For example, one participant explained that it has helped them to feel grounded; another spoke of the advancement they had made at work. Participants also expressed greater hope for the future, which they felt was inspired by their employment. This anticipation appeared to result in further self-motivation, focus and a sense of responsibility. Employment also appeared to provide a space for social learning, where participants could learn from their own experiences and from others: something which consequently helped them to develop useful skills that enabled them to navigate through life.

*"My job has given me a kind of grounding and promise that I can achieve the goals I have for the future." P1 (Lines 25-26)*

*"I improved a lot in my career. I am now a supervisor at work and I am taking evening classes for my MBA. This could not have been possible if I was still drinking. My mind is clearer. I am also able to meet most of my financial obligations that I couldn't meet as a drinker." P7 (Lines 38-41)*

Hence the impact of employment or unemployment in the well-being of emerging adults cannot be underestimated, especially because of the social-cultural changes that have occurred in the last few decades.

**Reflection:** As I write this piece, I find myself wondering how much more these changes will advance, especially because of the Covid-19 pandemic. I begin to think about the young students I work with, and our own daughter who has had to make many adjustments to career expectations because of the sudden ways in which Covid-19 has impacted our lives.

In the recent past, the moratorium phase has mainly been between 18 and 30 years, a phase when emerging adults have usually completed education, taken up career paths and settled in intimate relationships (Harter, 2012; Facio and Resett, 2013). However, what used to be expected as a transitional phase for young people is now becoming even more uncertain as young people's employment prospects are hampered by social and economic global changes. Social and economic factors are also conceptualised as significant risk factors to alcohol misuse (Gorman, 1994).

However, to consider the serious ramifications these developments have on emerging adults, one has to see beyond the issue of financial empowerment into what this truly means for us all as human beings; specifically, that:

"...career choices faced by individuals inevitably raise the question of the meaning that they intend to give their lives. To choose their work or sector in which they want to evolve, to consider the purpose of their existence, the priorities (physical, spiritual, social, aesthetic, etc.) that they want to give, the choices that they wish to operate, the overall style of life that they wish to give themselves." (Bernaud, 2014: 36)

There are larger, more serious questions that have risen for this age group, such as the effects of zero-hour employment contracts and other unsustainable job arrangements. They have left many emerging adults with a sense of isolation, helplessness and despondence about the future (Maree & Twigge, 2016). There is evidence that alcohol-related deaths are higher in lower social-economic empowered populations for men than in higher social-economic classes (ONS, 2019). Results from other studies have indicated that financial problems are key barriers to advancement and therefore impede recovery (Elswick et al., 2018).

The findings in this study show that employment is not merely a source of monetary acquisition, but is also pivotal for well-being and for the development of a relational-moral self which yields a sense of responsibility and existential grounding and continuity (Dik et al., 2012). Surely more resources should be put in place to inform sustainable employment. This could mean having policies that facilitate counselling and coaching in the workplace. Evidence shows that such provisions can enable

emerging adults to understand existential rudiments such as accountability and responsibility, and may also give them a deeper meaning and appreciation about work (Adams, 2012). This would make work ethical and sustainable for emerging adults, and would also help all stakeholders, both employer and employee, to begin to experience fairness at work (Maree and Di Fabio, 2015).

## **2.6 Reflecting on availability of interventions**

Participants spoke of the interventions that were available to them. One participant spoke of the fact that rehabilitation as an intervention is expensive, but nonetheless said that its availability helped to sensitise people to the effects of harmful drinking. There was a sense that educational interventions were being appreciated.

*“Support groups have been formed which have helped many alcoholics. Role models who offer guidance and counselling are always available to help. The laws on alcohol have some impact too. Rehabilitation centres have been put up to help those struggling with addiction, although these are expensive, but I guess most important is that people are beginning to see and talk about the effects of harmful drinking.” P3 (Lines 80-85)*

*“...because of civic education on the effects of alcohol.” P4 (Lines 64-65)*

While it is already evidenced that multi-focused interventions might work to help with problematic drinking, even isolated interventions already have an impact. This is evidenced by the presence of rehabilitation, even if unaffordable, at least becoming a cue to encourage individuals to talk about the effects of harmful drinking. This must indicate that it is worth introducing free or affordable and easily accessible services.

Maybe a simplified, affordable approach to the development of interventions might encourage individuals to seek help. ‘Simplified’ does not necessarily mean ineffective, but rather having both interventions and service delivery venues that are inviting. For example, brief interventions have been evidenced to be as effective as long-term counselling (Kaner et al., 2009). Additionally, it has also been argued that basic interventions such as skills in psychological sensitivity and ability to identify emotional states by teachers and parents may act as effectual interventions (Domagala-Krecioch & Majerek, 2013). These basic skills may then help identify and support young people early, before they develop psychological problems such as alcohol misuse.

Yet, this does not mean abandoning the pursuit of multi-focused intervention; rather it highlights the importance of making the service flexible and relevant enough so that the appointed service provider can adapt it well enough to fit the needs of young people, by focusing on the relevant component(s) of the intervention and fitting them to the group and their circumstances.

### **Theme 3: Culture of drinking**

This theme is about participants' reflections on the culture of drinking. Key emergent themes included normative culture, influences, role models, goals, stress, meaninglessness, sleepwalking, paradox, hope, self-motivation, relatedness, choice, identity, peer pressure. The main subordinate themes summarising these are discussed below.

#### **3.1 Reflecting on normalised culture of drinking**

Societal and community practices are formidable and often lead to implicit normativity. Thus when behaviour is finally embedded and normalised, the individual may even find it difficult to detach themselves from their norms and may at some point even find it difficult to differentiate the personal from the collective. One good example from the present study is the one exemplified by these participants.

*"I think all my close relationships influenced my drinking. My best friends at the time were all drinkers. At home my father was also a heavy drinker. My mother did not challenge my drinking; she only hated when I went out and drank with friends. She had no problem if I drank at home. My father only drank at home. So everyone in my closest circle was a drinker." (P.6 Lines 33-37).*

*"I had many friends. I think there was a lot of drinking and so I hardly knew who my best friends were. We were a group. We drank together and just did silly stuff together. No one was particularly too close to me. I also didn't have a girlfriend." (P.2 Lines 46-49)*

It is worth pointing out that while the modern-day kind of lifestyle is perceived to be more personal and individualist, nonetheless – at a deeper level – it is important to appreciate that "acquiring behaviour is an interactive affair and certainly not the mere result of processes going on in the single organism alone" (Voestermans & Verheggen, 2013). It has been suggested that when seeking to understand harmful drinking, it is important to recognise any collective patterns of how people consume alcohol in their specific drinking cultures. This may include recognising the regularity of drinking, the extent of intoxication and the collective social-cultural attitude

towards drinking because collective injunctive drinking norms modulate collective implicit drinking rules that then form a particular “cultural position of drinking” in the society (Ahern et al., 2008; Room and Mäkelä, 2000).

It has been found that where heavy and excessive drinking is normative and tolerated, and close relations and peers are also drinkers, the outcome is unresponsiveness which often leads to harmful drinking (Barnes & Welte, 1986; Ham & Hope, 2003; Studer et al., 2014). This suggestion appears to be supported by the present study, as results indicated that because participants lived in a culture where excessive drinking was tolerated, their drinking habits finally culminated in excessive harmful drinking.

The population consumption theory explains that initial factors that lead to alcohol consumption are much the same for both heavy drinkers and low drinkers in any setting. However, with time, what makes the difference between these two kinds of drinkers is the amount of alcohol that is consumed. Consequently, harmful drinking is also correlated to the quantity consumed, both at individual and collective levels (Sheron & Gilmore, 2016). It seems that one of the clear benefits of such fundamental insight to the role of normalised collective culture of drinking is that it can help “foster a culture of responsible drinking” (HCHC, 2012: 17).

### **3.2 Making sense of factors which maintain drinking habits**

Participants talked about some of the factors which they thought maintained their drinking habits. One key significant factor was the role played by peer pressure and friends who would buy alcohol or loan money so that the participants could buy alcohol.

*“Whenever I couldn’t afford to buy alcohol, I would either be bought by friends (drinking mates) or they would loan me some money to spend on alcohol.” (P.7 Lines 92-93)*

*“There was a lot of peer pressure and it was hard to say no. (P.2 Line 52) ... I feel that my close relations actually influenced me into harmful drinking.” (P.2 Lines 55-56)*

Participants spoke of feeling pressured to take part in drinking alcohol and spoke of how getting out of the quandary was difficult because their friends would also buy them alcohol. There was almost no room for them to reflect on their behaviour even at home, because the same was happening. Clearly, the finding from this study shows that peer pressure is a major and significant factor in maintaining harmful

drinking. It has been suggested that the mediating factors in peer pressure are an environment where drinking is normative, heavy drinking is tolerated and close peers are also drinkers (Barnes & Welte, 1986; Ham & Hope, 2003; Studer et al., 2014).

Interestingly, although it is suggested that peer influence remains one of the strongest risk factors to maintaining problematic drinking, nonetheless, it is also argued that positive peer involvement may act as a protective factor against alcohol misuse (Studer et al., 2014). This finding is significant, as it may inform peer support interventions and other peer relevant interventions.

Another maintaining factor that was also identified was a false sense of feeling in control of drinking habits. There is evidence indicating that this false sense culminates in harmful drinking as individuals may not see the need to reflect on their drinking behaviour (Fiorentine & Hillhouse, 2001). And existing poor mental health is also identified as a maintaining factor for harmful drinking (Bell & Britton, 2014).

#### **Theme 4: Life transition**

This theme is about some of the changes that are experienced by emerging adults as they transition through this life phase.

It is important to explore and understand the specific changes experienced during this life phase, as it may offer insights that can inform future preventive and intervention programmes (Allem et al., 2013). Some of the emergent themes that were identified under this superordinate theme were: responsibility, lack of responsibility, conflict, temporality, self-sabotage, goals, dreams, self-motivation, chaos, attitudes, self-identity and risk-taking.

Subordinate themes are used below to encapsulate and explore the above mentioned themes.

##### **4.1 Absence of sense of responsibility**

The evidence obtained from the participants appeared to show that during this crucial life transition, the absence of a sense of responsibility and accountability significantly brought some serious ramifications. Here are some of these descriptions.

*“So I got fired because I kept reporting to work late or I would not turn up for work. Most of the work that had been delegated for me went unfinished and some of my colleagues started picking up much of it.” (P.3 Lines 28-30)*

*“Yes, I become irresponsible, it affected my common sense, I started lowering my expectation about life and I quit my studies. I was in the 3rd year of my degree. I just didn’t want to be answerable to anyone. I could not listen to anyone. I just wanted to be carefree. I thought it was cool.” (P.2 Lines 33-36)*

Studies (Basuil & Casper, 2012) show that emerging adulthood is a complex phase whose complexities cannot be resolved by a linear solution, but rather by a compound approach support system to enable the individual to attain well-rounded skills. Thus, the finding appears to suggest that during this transition period, participants appear to have difficulties in navigating a sense of balance in their life.

There should be a focus on helping emerging adults to attain life–work balance by offering them a deeper understanding about the four worlds (namely, the physical, social, spiritual, and psychological) and the responsibilities expected from living in each dimension. This would help them appreciate the complexities, the paradoxes and different levels of responsibility demanded for being at all life stages. Evidence suggests that emerging adults who attain the skill for work–life balance also tend to have a greater sense of responsibility and dedication to future family and work roles (Basuil & Casper, 2012). This is important and is supported by another study which found that the nature of successes or failures of any tasks taken during this developmental phase does contribute significantly to the sense of well-being or a sense of absence of the same (Schulenberg et al., 2004). For example, a successful admission into an employment opportunity can contribute to a sense of responsibility and can have positive effects, as it may provide opportunities for building confidence during this crucial passage of adulthood (Haase et al., 2012). In contrast, lack of a successful entry into employment may cascade into further problems.

#### **4.2 Reflecting on maturation and developmental process**

Emerging adulthood is a life phase where individuals are more likely to face multiple stressors such as those associated with education, development, or even those of social economic nature. The pressure and uncertainty present during this life transition could easily lead to maladaptive coping mechanisms (Allem et al., 2016).

Participants in the study capture this sentiment with narrations of personal reflections.

*“I realise that I wasted a lot of time. I take everything seriously, I get things done; but when I used to drink, I was setting goals and achieving none. I then realised that my drinking was sabotaging my dreams. I couldn’t go on living like a young lad.” (P.1 Lines 98-100)*

*“I could not concentrate in my lectures so I lagged behind in my work. I would miss tuts and seminars because of the hangovers. I was ashamed to ask for any help, and so when the workload became too much I decided to drop out. There was no way I could keep up.” P.2 (Lines 38-41)*

*“I would lose my stuff, my phone, my wallet, it was just chaotic.” (P.2 Lines 60-61)*

It is important that specific resources and support should be provided to help emerging adults to develop the ability to cope with this phase in which so many changes happen concurrently. Emerging adulthood is a life phase that appears to be characterised by many stressors that are directly correlated with alcohol misuse (Elliott & Lowman, 2015). The findings from this present study provide evidence to support this proposition.

Kierkegaard (1844, 1980) argued that meaninglessness and finding purpose are correlated with existential anxiety, and that it is upon this realisation of one’s ‘aloneness’, life paradoxes, life absurdities, own mortality and never-ending life challenges (Deurzen, 2009; Deurzen, 2003) that an individual becomes self-aware. This awareness brings with it a realisation that one has choice and one’s own life responsibility, something which often thrusts us into existential anxiety. Yet Deurzen (2003) adds that, instead of seeing this as a life hindrance, a person can engage with it and “learn to be anxious in the right way.” This means resisting the temptation to hide from life challenges and instead face them head on while taking personal responsibility for one’s decision-making (Deurzen, 2009).

### **4.3 Gaining independence**

Participants expressed great anxiety in their quest to find independence. The descriptions they gave appear to indicate deep internal negotiations as individuals attempted to transform themselves from late adolescence into an adult life in the quest to gain independence.



*“Yes, because I thought I cannot just live for a drink, always getting skint because I have used my money on drinking. It was mainly my pocket money which my parents had given me.” (P.2 Lines 14-16)*

*“I think I want to be seen as a sensible person. I feel like I want to erase my past mistakes. I want to be seen as a different person.” (P.6. Lines 72 -73)*

The evidence provided by this study shows that during this life phase, individuals may need support to empower them to transit successfully through this life phase. Individuals may need practical support to help them to begin to live independently as they reach adulthood (Allem et al., 2016).

Negative life events and lack of support can have significant negative impact later in life, with evidence suggesting that adverse life events during this phase are associated with lower income in adulthood (Swartz, McLaughlin & Mortimer, 2017). One key proposed intervention for helping emerging adults in this transitioning period is to offer them supported employment such as the ‘Individual Placement and Support’ model (IPS) whose efficiency is evidenced by job retention and further progression to higher education (Ellison et al., 2015).

Additionally, while exploring the practical interventions that may be useful to individuals in this life phase, more needs to be done to mitigate the impact of inconsistent intermediary housing, which is a real burden for emerging adults. Not enough is known about the true impact (Aeby & Heath, 2020). It is evident that for a true sense of well-being to be attained across this life phase, any support made must remain consistent and must be beneficial and salutary (Schulenberg et al., 2004).

However, in trying to help young adults gain independence, it is also important to help them stay grounded so that they can learn to manage their own expectations. Arnett (2000) conceptualises this age group as individuals who have not met the level of benefits and sureties of life that previous generations enjoyed. As such, the age group may be disconcerted that they now have to deal with new challenges that previous generations did not meet. According to Kierkegaard (1845, 2013), most human confusions are due to the entrapments of wanting absolutes in life. However, Kierkegaard argues that life is full of uncertainties, yet in the midst of it all we can also choose to flourish by “living the good life”, by realising that we have choices within our situations. This can only happen if we learn to surpass what he called the

dilemma of either/or (Deurzen, 2009). This proposition is captured in one of his most famous quotes: “that life is not a problem to solve, but rather a reality to be experienced”, something which young people may be encouraged to ponder.

## **Theme 5: Connectedness with self and others**

This theme is about the sense of connectedness with self and others which the participants experienced when they were engaging with harmful drinking. Emergent themes included: change, choice, inspiration, maturation, values, status, selfhood, influences and freedom, amongst others.

Emerging adulthood is a life stage when individuals experience rapid transitions into social contexts. These experiences include freedoms and new interactions because of new ventures, such as joining higher education, college or university, taking on a new job, trying new things, travelling and meeting new people, or taking on new responsibilities for the first time such as starting a family. However, while many of these are positive experiences, they can also bring new challenges such as those caused by greater interpersonal demands, social cultural demands, social economic demands, family and peer negotiations. All of these are said to be significant risk factors to alcohol misuse (Gorman, 1994), and findings within this study support these sentiments. Participants interviewed provided a deep narration of their lived experiences of a life phase characterised by both positive and negative social influences.

### **5.1 Social learning from positive role models**

Participants provided rich descriptions, which appeared to show that despite the challenges some of them had faced or were facing, positive role models provided an opportunity for social learning, enabling them to realise that despite the paradoxes, life also provided other options which they could explore.

*“I live in a different environment. I have good influences. None of my best friends drink.” (P.2 Lines 82-83)*

*“...Well, I don’t know. You would have thought I should have stopped drinking when my uncle died, yet I didn’t. People would tell me that I needed to reduce my drinking, but I never took it to much thinking. Then one day a friend I hadn’t seen for a long time invited me to his wedding. We had gone to school together. I found out that he had stopped drinking and now had bought a house and was wedding his long-time girlfriend. His life seemed so much in order. As he took his vows, I just stood there in admiration and in tears and said to myself. ‘I will never drink again’. He really inspired me. That is how I stopped. More than two years down the line and I don’t miss any of that life which I lived.” (P.1 Lines 45-52)*

Some of the options that participants spoke of included a change of environment and having new friends. This is an important finding, since it is already suggested that a drinking family poses a great risk factor to emerging adults. Therefore, it seems that a formation of other stronger bonds may alleviate negative predicaments. Cobb (1976) supports this proposition that social support is a moderator for stress and many psychosocial maladjustments such as alcohol misuse, and can also hasten recovery and facilitate therapeutic interventions. Emerging adults with more parental support also appear to have higher aspirations in life (Seiffge-Krenke et al., 2010).

## **5.2 Drinking as a social identity**

In this study, some of the participants also appeared to associate drinking with their social identity. Their narration gave insight into individuals who were still negotiating their identity formation.

*“I used to see consuming alcohol just as nothing more than social drinking. I also thought it gave you some social status. I never thought of the consequences.” (P.1 Lines 90-91)*

There is an argument that identity formation is a non-ending perpetual life process. However, in the context of the subject matter in this study, it is conceptualised as a developmental phase comprising different stages which are ‘finite’, and which require ‘completion’ if an individual is to experience a healthy holistic functioning.

The findings from this study showcase the lived experience of young people trying to make sense of their own behaviour in the light of their identity. Their narratives exhibit confusion as they try to find their identity. This argument is potent and supported by Baggio et al. (2017), whose study evidenced that when young people try to explore life without an established sense of identity, the consequences can lead to serious psychosocial maladjustments.

Additionally, studies have shown that drinking as a social identity which is often coupled with conformity motives can lead to further problems. Ham & Hope (2003) emphasise this, as most people tend to measure their drinking behaviour against that of their friends; often people think their friends drink more than they do, and therefore they end up drinking excessively. These social drinking biases, then, are clearly associated with harmful drinking.

### **5.3 Consequences of excessive drinking on relationships**

Participants spoke of the consequences they faced when harmful drinking impacted their relationships. Some described feelings of loneliness, a sense of distrust and consequent loss of friends because of harmful drinking. Others gave narrations of family estrangements which led to further problems.

*“I started feeling lonely, I realised that my family and friends could not trust me. They treated me with a lot of contempt and nobody could take me seriously any more because I couldn’t keep to my word even after making a promise. So I was left out in a lot of family issues and arrangements. I would feel hurt and it affected my sense of self-worth.” (P. 7 Lines 54-58)*

*“Everyone in my friendship group got drunk, it was normal. But one day we went down the pub and I caused some trouble. The police had to be called in... It was embarrassing. After that incident I lost some of my best friends. They didn’t want to be associated with me.” (P.6 Lines 67-70)*

The findings show how relationships are ruptured as excessive drinking appears to obliterate vital skills and understanding that are necessary for mutual and close relationships. They further complement existing evidence which shows that harmful drinking can hamper crucial skills, such as self-efficacy skills, which are important for conflict resolution and relationship building (Seiffge-Krenke & Luyckx, 2014). It is clear, then, that at the height of the drinking problem, the individual may suffer broken relationships, and without resources or support to enable them to rebuild them, the estrangements may cascade from bad to worse.

Yet other studies, for example Arpin et al. (2015), argue that there is also a complex association between alcohol consumption and other factors such as loneliness and the quality of relationships, which is also important to explore. Arpin adds that these factors also shape drinking behaviour; that, for example, solitary drinking is different

from social drinking, since both are behavioural responses to different factors and are also elicited by different motives.

It is clear that to understand harmful drinking, relational mediating and moderating factors and their unique pathways must also be considered.

#### **5.4 Reflecting on the role of friends and family in harmful drinking**

Participants reflected on the role of friends and family in harmful drinking. They spoke of their friends who they drank with and also spoke of family members who were also drinkers.

*“I think all my close relationships influenced my drinking. My best friends at the time were all drinkers. At home my father was also a heavy drinker. My mother did not challenge my drinking; she only hated when I went out and drank with friends. She had no problem if I drank at home. My father only drank at home. So everyone in my closest circle was a drinker.” P6 (Lines 33-37)*

*“I think my mum should have also stopped me from bringing alcohol home. But she preferred when I drank at home than if I went out. She said she didn’t want me to get into trouble.” (P. 5 Lines 74-78)*

*“Things were okay. My parents used to drink a lot. Both of them were not working because of health issues and so their friends would come along, and we would all spend the day drinking and eating.” (P.8 Lines 29-30)*

These descriptions give a picture of overt parental approval of excessive drinking and provide a picture of somewhat chaotic upbringing. It seems probable to argue that familial factors, especially growing up in a family that is lenient to unregulated drinking, may facilitate emerging adults’ drinking habits, which in the end could lead to harmful drinking (Moustafa et al., 2018).

Although there are very few studies which have explored parenting styles during this phase of life (Parra et al., 2019), available evidence shows that parental disregard of a young person’s needs could lead to significant problems such as low self-esteem, lack of trust, and an internalised mode of criticism (Schimmenti & Bifulco, 2015).

These agents are identified as risk factors to alcohol misuse.

Studies have continued to show the importance of continued parental support during emerging adulthood, i.e. offering warmth and affection. Parents are encouraged to offer pertinent advice and guidance to scaffold new learnings and positive discoveries, rather than setting rules and behavioural reproof and reprimand. They are advised to reduce their levels of control so that they can empower young people

to begin to take personal responsibilities (Parra et al., 2019). Emphasis is also placed on the importance of identifying specific resources that may contribute to positive functioning over this phase of life (Hawkins et al., 2011).

Yet, while evidence continues to show the importance of parental involvement and support during this transition period, it is also important to note that participants also spoke of their drinking friends and described how they felt these had played a role in the development of harmful drinking. This is important to highlight as peer-social influence is thought to be a greater predictor of harmful drinking than family influences (Ham & Hope, 2003). One essential component that could then be considered in interventions is to encourage emerging adults to evaluate their peer relations and friendships, as having friends who drink and parents who are lenient to drinking is highly associated with harmful drinking (Barnes & Welte, 1986).

### **Theme 6: Relationship with the body and environment**

This theme is about how the participants felt harmful drinking impacted their bodies and lived space. Participants spoke of living in unpleasant physical conditions, self-neglect, having health problems, detached sense of self, and fear of dying as part of their past lived experience when they engaged in harmful drinking. These themes are discussed below within their relevant subordinate theme.

#### **6.1 Reflecting on the impact of harmful drinking on lived space**

One participant seemed embarrassed and ashamed about the life he had previously lived, and seemed to hold vivid memories of that time when his sense of well-being and embodiment had been muddled by harmful drinking. He gave a rich description of how harmful drinking impacted his lived space.

*"I don't even want to go there (laughing). But I am over it now, so I think I can tell you...(Pause)... I would wake up in the morning dirty; having gotten into my bed with my shoes. Sometimes having thrown up on the floor and my room stinking." (P1 Lines 10-11).*

Finally, it was this sense of disordered living which appeared to have provoked a process of self-reflection, a process that led to quitting harmful drinking. Evidence (Babor et al., 2001) shows that one strong indicator of problematic drinking is the chaotic lifestyle which an individual may begin to show.

However, there are also some arguments suggesting that the chaotic lifestyle exhibited by individuals engaging with harmful drinking is not necessarily a consequence of the drinking, but rather a manifestation of the inner turmoil and mental health problems the individual might have already been going through long before they started harmful drinking. Arguments offered by developmental psychology suggest that what might appear to be a chaotic lifestyle due to drinking problems might just be indicative of childhood trauma which was never resolved, getting mirrored in adulthood (Moustafa et al., 2018).

However, all these arguments warrant further exploration, because if chaotic living is a key characteristic to harmful drinking, understanding it may provide useful insights that might contribute to effective interventions. Additionally, these arguments make for a strong case for the importance of offering timely support and interventions to individuals long before problems cascade into other difficulties.

## **6.2 Reflecting on the impact of harmful drinking on the body**

Participants spoke of the physical impact that harmful drinking had on them. One expressed a deep sense of disassociation and objectification and another expressed the fear of dying.

*“It was horrible. I couldn’t even shower. My body was an alcohol sponge. I just smelt alcohol. My body felt strange. I did not understand why I was getting migraines all the time. I was also getting tired.” P1 (Lines 12-16)*

*“I had always felt that I was a healthy person and so I thought I could get away with it. But then I developed stomach ulcers. It felt like it came from nowhere, but then I knew that if I didn’t stop, things would get out of hand. However, I didn’t do anything and I didn’t care much so my ulcers got worse; and then I got so ill and was admitted in hospital.” P2 (Lines 24-27)*

*“I was always dirty and unkempt.” (P.4 Line 26)*

The experiences captured by their descriptions are reflective of the health problems which are often caused by excessive drinking. This is consistent with evidenced health risks and problems synonymous with individuals who engage in harmful drinking. Key problems include weight gain, alcohol poisoning, diabetes, liver damage and serious mental health problems (Ewing et al., 2016).

### **6.3 Reflecting on the benefits of quitting harmful drinking on the body**

Participants reflected on the physical benefits of quitting harmful drinking. Some spoke of having better eating habits, and others said they were able to control their body weight.

*“It has helped me to control my weight. At some point I feared I was getting overweight, but I am now in good shape.” (P.5 Lines 14-21)*

*“I feel my body to have changed a lot after stopping drinking as I am full of energy. And my eating habits have improved tremendously, and I am able to eat most of the foods that I couldn’t eat when I was drinking alcohol” (P.7 Lines 18-20)*

There are significant health benefits when individuals give up on engaging with harmful drinking, such as weight loss, slowed progression of liver disease, recovery of cardio function, lower blood pressure to name a few (Charlet & Heinz, 2017).

There is also a general sense of embodied wellness.

This can be conceptualised using Merleau-Ponty’s concept of “embodied subjectivity”: the idea that we are involved with our world, and so for the person with serious psychosocial maladjustment or serious mental health problems, it can be said that they are living a disembodied form of existence. This is because like other forms of mental health problems, harmful drinking disrupts the interconnection between embodiment, meaning, action and the world around a person (Fusar-Poli & Stanghellini, 2009). The findings from this study support this argument by providing evidence that harmful drinking is a form of disengagement of both the inner and outer indwelling.

### **6.4 Reflecting on the benefits of quitting harmful drinking on lived space**

Participants were keen to talk about their experiences in their lived space after quitting harmful drinking. For example, one talked about attaining financial goals that had helped him get a mortgage, and another talked about a sense of safety.

*“Yes, because I needed to save some money to attain my financial goals, like taking a mortgage and buying a nice car, but it wouldn’t be possible.” (P.7 Lines 10-11)*

*“...I feel safe. I know danger lurks everywhere, but I feel I have sound judgement. Before that, most of the time I lacked proper judgement in safety assessment because of my excessive drinking habits. I used to drive when drunk, which was extremely dangerous. I was breaking the law and often got into*



*trouble with the police. I could easily pick up brawls with anybody and I was always hot-tempered when drunk. My capacity for any risk assessment when drunk was zero.” (P.7 Lines 72-78)*

According to Maslow’s (1943) hierarchy of needs, housing, or the need to have a home, is basic to our human being. It is a fundamental necessity which is crucial to our daily functioning, because it provides safety and security. It is also the spatial centre for a human being (Bollnow, 1961). However, although understanding the importance of human spaces is highlighted, nonetheless, there is limited literature that looks at it specifically.

Yet the insight offered by the theory of Lefebvre’s spatial triad and existential ideas on lived space provides crucial realisations that might help in understanding the participants’ descriptions about their lived spaces after quitting harmful drinking. According to Lefebvre (1991), a lived space is a fundamental necessity to life, but for spaces to be called lived spaces, they must reflect the purpose and reason as to why they have been called lived spaces in the first place. Lefebvre (1991) adds that having a spatial space is important for performing personal daily routines; this space holds our representations of other experiences as we subjectively experience them.

Unlike ‘lived spaces’ like homes, outer spaces represent abandonment and danger (Bollnow, 1961). Bollnow explains that it is in lived spaces that we ‘arrange’ and rearrange things when they get ‘disordered’ – a practice which is a metaphor for our subjective world. Consequently, it requires a continuous mode of creating and reordering, and it is this practice of routine reordering that we learn to gain space and preserve it (Bollnow, 1961).

Both these theories provide insight into why an individual with a serious mental health illness, or an individual engaging with harmful drinking, may have a lived space that often appears disordered; yet the same space may improve as soon as the individual has recovered. Binswanger expounds upon this, stating that our lived space is very crucial to our sense of well-being because it provides a sense of direction, since our lives unfold in a space-time orientation (Chamond, 2011). Our lived spaces are inclined, and they may therefore reflect a person’s current psychological disposition. This argument appears to be supported by accounts provided by recovered participants.

## **Theme 7: Mental health and well-being**

This theme is about how the participants felt their mental health and well-being was impacted by harmful drinking. Some of the emergent themes identified are: moods, emotions, sadness, pessimism, depression, anxiety, shame, hopelessness, impulsivity, anger, detachment, frustration, authenticity, and well-being, and these are discussed in the following encapsulating subordinate themes.

Participants also compared their experiences before and after quitting harmful drinking.

### **7.1 Reflecting on the impact of harmful drinking on psychological worlds**

To understand the impact of harmful drinking and subsequent quitting in emerging adults, it is crucial to appreciate that there seems to be a dynamic relationship between alcohol misuse and psychological disturbances (Kushner, Abrams & Borchardt, 2000). The participants provided insight into the nature of some of these disturbances.

*“On many occasions, I could not remember what had happened the previous night. I would have no recall. Sometimes I would feel like there were strange people in my room. I think I was hallucinating. Then I would panic. It was bad.” P1 (Lines 55-57)*

*“It made me sad. I became a sad person, as I said; I started lowering my expectations about life and became negative about many things. I was pessimistic. I did not see the point of anything.” (P.2 Lines 90-92)*

*“I was a young man full of anger. I had anger towards my family and I also felt so angry for not getting an opportunity to further my studies. It was a mixture of many feelings, but they were negative feelings.” P8 (Lines 71-73)*

*“I would feel high, but later my mood would come crashing down” (P.6 Line 76)*

One interesting explanation is that instead of being a causation factor, alcohol has a bi-directional causal relationship with other factors such as depression (Churchill & Farrell, 2017). However, other studies have also provided evidence which show causation, indicating that excessive alcohol misuse increases susceptibility to depression (Churchill & Farrell, 2017; Boden & Fergusson, 2011). Moreover, existing poor mental health is also a key factor in harmful drinking (Bell & Britton, 2014).

Crucially, these findings offer insight into some of the complexities faced in trying to demystify and understand harmful drinking amongst emerging adults whose psychological world is also undergoing a significant developmental transformation.

Thus, one proposal offered is that preventive programmes developed for young people should also include role transitions so that emerging adults can learn to cope with stress from the onset. Role transitions would also offer an opportunity to identify emerging adults vulnerable to substance misuse such as harmful drinking (Allem et al., 2016).

## **7.2 Pleased with the benefits which quitting harmful drinking has had on their psychological world**

Evidence shows that some of the obvious psychological benefits of quitting harmful drinking included a better sense of well-being and happiness. These benefits are captured in participants' accounts below.

*"Yes. I feel lighter and happier." (P.2 Line 94)*

*"I feel that I sleep better. Before, especially when I was drunk, I kept waking up at night; sometimes I would have bad nightmares. This has stopped now" P6 (Lines 13-14)*

*"Since I stopped drinking, my well-being and my emotions have changed tremendously." (P.7 Lines 103-107)*

This appears to replicate existing data from recovery studies, which show that individuals who recover from harmful drinking also report feeling lighter, happier, less anxious and less depressed. They also report having more self-esteem and a better quality of life (Charlet & Heinz, 2017) because they are able to engage with constructive coping strategies and proactive coping behaviour (Domagala-Krecioch & Majerek, 2013).

Evidence from resilience studies also shows that full recovery and benefits can be experienced by individuals if relevant support and resources to facilitate "a continuum of rehabilitation" are provided. For young and emerging adults, this may mean offering mentoring, counselling, safe spaces and other relevant interventions that might help them develop a strong sense of resilience so that they can nurture their new-found sense of well-being.

Perhaps, even more strategically, these could be offered as preventive measures and not merely as recovery interventions. They can be delivered online, in schools, learning institutions, community centres, sports halls, religious or other natural converging places for emerging adults for effective delivery. Evidenced outcomes for psychological wellness may involve self-reports of hope, optimism, resilience, feelings of joy and self-autonomy (Kumar & Singh, 2014).

## **Theme 8: Spiritual transcendence**

This theme is about how the participants experienced their spiritual transcendence during the period of alcohol misuse, and later when they recovered from harmful drinking. In this study, spirituality is defined as identifying and establishing an authentic intrapersonal (meaning and purpose), interpersonal (relational connection with others) and transpersonal (existential transcendence) internalised system that can become a guiding compass for existence (Gerson, 2018). Some key emergent themes that were identified included: self-deception, hiding, sleepwalking, stress, suffering, absurdity, values, hope, focus, courage, purpose, meaning and freedom. These are encapsulated and discussed in the main subordinate themes as follows.

### **8.1 Harmful drinking as escapism**

Participants gave their views and reasons as to why they thought they were drinking. One main view that was expressed is that harmful drinking became a form of escapism.

*“It was a stress reliever, and alcoholism was the only way of solving the never-ending problems.” (P.3 Lines 103-104)*

*“It was a soother. It would numb my shame and my anxiety about the future.” (P.5 Line 104)*

The findings within this study are supported by other conclusions which show that excessive drinking can be a form of escapism and negative coping strategy for dealing with tension (Yokoyama et al., 1999). Additionally, other studies have also identified shame as a significant factor, which is considered to have a bi-directional causal relationship with alcohol misuse (Churchill & Farrell, 2017). Research has thus found that individuals with a higher sense of shame are more likely to engage in negative drinking habits compared to individuals whose level of shame is lower (Luoma et al., 2018).

It is suggested that emerging adults with low self-esteem may also be susceptible to feelings of shame (Luoma et al., 2018), which is also a pathway to harmful drinking (Bilevicius et al., 2018). This highlights the importance of having ‘components’ in interventions that could empower emerging adults to become self-confident (Passanisi et al., 2015).

## **8.2 Awakening to the meaning of life**

One key finding from this research is that most of the participants admitted to suddenly becoming actively aware of a process of discontinuity, which was also characterised by feelings that new beginnings were taking place. This is captured in their descriptions below, which typify a form of awakening to the meaning of life.

*“I feel alive now, but I cannot say what exactly happened. Maybe it was a kind of awakening... I cannot say it is anything in particular, but a kind of awakening happened and I just woke up to the fact that I was just fluffing around with life. I had no goal. I had no purpose. I was just there.” (P.5 Lines 110-113)*

*“When I used to drink, I thought alcohol would help me to drown my sorrows, but strangely it was doing the opposite because I was living a meaningless life. It made things worse for me. Drinking only masked the real problems which I had. I now understand that in life you have to face issues. Some you solve, others you can’t, but that is life.” (P.7 Lines 114-118)*

Van Cappellen et al. (2016) posit that this form of awakening can happen when an individual suddenly becomes aware of a broadened and deepened view of their individual viewpoint and that of the world at large. The individual may suddenly find themselves going beyond a self-centred perspective about life and may begin to experience positive transcendent emotions such as gratitude, wonder, awe, peace and love.

Yet, this may not just happen in isolation, and interventions such as mentoring may assist individuals in the process of their meaning making; a process that might involve encouraging them to ask and explore life’s big questions, which might provoke critical thinking (Parks, 2011). There is evidence that individuals who finally embrace a grounded spiritual approach to existential issues also report higher levels of mental well-being (Kumar & Singh, 2014).

### 8.3 Influence of belief system on decisions

Participants reflected on different ways through which they felt 'belief systems' had influenced the decisions they had made.

*"...if I continued drinking. My aspiration of having a family wouldn't have been possible with my drinking habits. I now have a family and I am happy." (P.7 Lines 12-13)*

*"Life is beautiful and enjoyable without alcohol or drugs." (P.4 Line 77)*

One significant element which seemed to moderate their behaviour appeared to be the hope for a 'better tomorrow'. Thus, it seemed that having aspirations and personal goals became an intervention which redirected participants from harmful drinking. There is evidence (Bronk & Baumsteiger, 2017; Padilla-Walker & Nelson, 2017) to show that engaging with personal aspirations and setting personal goals may lead to purposive living, and that individuals who have a purpose in life tend to flourish better.

It is crucial to note, however, that emerging adulthood is a phase when many individuals also realise the fortune embedded in becoming the agents of the changes they desire. Thus, they may remain hopeful and optimistic about the future despite present challenges (Domagala-Krecioch & Majerek, 2013).

Further, emerging adulthood is a phase that offers new avenues for adopting new ideas as individuals begin to venture into worlds beyond their family values. They also begin to interrelate with 'other worlds' and people who may have a different set of beliefs and value systems, which may influence their own and even improve it (Barry & Abo-Zena, 2014). Belief systems help emerging adults to establish a coherent sense of self, and this consequently influences their decision-making processes (Gutierrez & Park, 2015).

It is arguable, then, that since spirituality captures the three interwoven dimensions, namely the intrapersonal (meaning and purpose), the interpersonal (relational connection with others), and the transpersonal (existential transcendence) and can predict resilience, then it may also be worth exploring as a valuable component that can be added to any relevant preventive programmes for emerging adults (Gerson, 2018).

Collectively, the findings from this study clearly show that even though the medical model appears holistic in exploring harmful drinking and alcohol misuse, it does not address fundamental concepts such as motivation, culture, freedom, responsibility or even spirituality, which have proved to be vital to understanding harmful drinking and consequent quitting. The themes which have been explored and expounded provide rich evidence that can inform new ideas for further improvements on already existing preventive programmes (Wurm, 2001).

## **SECTION 6 CONCLUSION**

Eight themes were clearly identified and evidenced from this study. The outcome confirmed that IPA was the appropriate methodology since the research question was answered. Rich data was also obtained from the participants who were able to discuss their lived experiences of having engaged in harmful drinking and eventually quitting. The eight themes that were identified and evidenced were: initial pathways to drinking; pro-change factors; culture of drinking; life transition; connectedness with self and others; relationship with the body and environment; mental health and well-being; and spiritual transcendence. The findings revealed that the issue of harmful drinking among emerging adulthood is broad, complex and multi-faceted and therefore requires complex solutions (O'May et al., 2016).

Additionally, the findings from this study offer evidence to show that there is no one clear intervention that was effectively responsible for quitting harmful drinking. In any case, from all the eight participants that were interviewed, only one mentioned the availability of an intervention programme in his community. Another only vaguely mentioned a support centre which had been set up but was closed because nobody sought help. Moreover, none of these were specifically aimed at or focused on emerging adults, raising serious questions about what is available for an age group whose drinking problems are recognised as the precursor to harmful drinking later in life. This study has thus provided evidence that there are limited, or insufficient, interventions for emerging adults.

As the present study was able to investigate a small population sample of previous harmful drinkers, it was able to capture a pre- and post-event phenomenon of harmful drinking, thus providing even broader insight on what can occur. This is a positive step forward in this research area, as evidence shows that individuals engaging with problematic drinking rarely take part in surveys or research studies that explore this (Livingston & Callinan, 2015).

Another crucial finding from this study is evidence for a complex multi-dimensional vulnerability to harmful drinking in emerging adulthood because of the interplay between familial factors, culture of normalised drinking, individual motivation, parenting styles and developmental factors which make it a multi-faceted challenge. The study exposes how intricate and multi-layered harmful drinking can be, thus



affording heightened thoughtfulness into any programmes that may be developed in the future. This study concludes, quite firmly, that harmful drinking is a complex problem, one which requires relevant interventions like the proposed integrative multi-focused prevention and interventionist programmes. These have been suggested to be the most effective for young and emerging adults at risk of alcohol and drug misuse (Gilvarry, 2000; National Research Council, 2009; Jackson et al., 2012).

## **SECTION 7 STRENGTH OF THE STUDY AND CONTRIBUTION IT COULD MAKE**

### **An argument for a multi-focused integrative intervention programme**

Multi-focused prevention programmes have been proposed as the most effective interventionist measures to address the vulnerability of young adults at risk of alcohol misuse. This is because the issue of alcohol misuse among young people is complex and undermined by many confounding factors such as trends, differences in ideology, and cultures in which the young people live (Gilvarry, 2000).

Evidence shows that alcohol and drug programmes for adults which use an integrated approach are more effective than those used as a stand-alone (Gilvarry, 2000). For example, the adult SMART Recovery 4-point programme, which is an integration of three different approaches, namely: behavioural, cognitive and motivational approaches, has been evidenced to be a powerful recovery tool. The programme's key strategies are: coping with urges, managing thoughts, feelings and behaviours, living a balanced life and building, and maintaining motivation. The programme also strongly advocates choice, hence those enrolled for the programme get to choose from the toolbox what they think works best for them (Steinberger, 2004). Unfortunately, these programmes are recovery-focused and are only developed for adults.

This research project proposes that the development of a multi-focused early intervention programme with four main psychotherapeutic integrative approaches would be beneficial. And, if these four approaches can be integrated, they can become effective interventions for alcohol misuse and of great benefit to emerging adults.

The four core psychotherapeutic approaches proposed to be integrated in the proposed programme are:

- Existential philosophical approach (Four Worlds)
- Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET)
- Cognitive Behavioural Therapy (CBT) - Cognitive-behavioural coping skills training & Compassion Focused Therapy (CFT)
- Relapse Prevention Therapy (RPT)

The development of my conceptualisation into a multi-focused programme acquired from the integration of these four approaches for the proposed alcohol misuse prevention programme for emerging adults is discussed further in this section.

### **Conceptualisation of the multi-focused integrative psychotherapy**

My conceptualisation for a multi-focused programme is driven by compelling evidence which shows that multi-focused prevention programmes, such as effective Alcohol Psycho-Social educational programmes for young adults, have been the most effective early interventionist measures to address the vulnerability of young adults at risk of alcohol and drug misuse (Gilvarry, 2000; National Research Council, 2009; Jackson et al., 2012). The findings within this study evidence that the issues and factors identified in harmful drinking among emerging adults are complex, and only multi-focused programmes can be viable and effective.

There is also little research on alcohol and drugs prevention and interventions for emerging adults, and most of the existing evidence has been obtained from a few countries. This means that the data are irrelevant and inapplicable in other countries (Stockings et al., 2016), marking an urgent call to develop age-relevant alcohol prevention programmes (Patton, 2014).

As mentioned within the literature review, it was noted that there are three considerations which are exclusively lacking in existing programmes: that they lack an age consideration, with none of them exclusively developed for young people; second, they do not focus on early intervention, but instead mostly focus on recovery when the problem has already developed and advanced; and third, most of them lack the exclusive integration of the existential approach (although most of these programmes have actually adopted existential themes such as the meaning of life, purpose and emotional responsibility).

Within the literature review, it was also noted that to have an effective intervention and preventive multi-focused programme, the 'seven-domain partition: material wellbeing, health, productivity, intimacy, safety, community, and emotional wellbeing' (Cummins, 1996) must be considered. And that adding spirituality as an eighth domain would help to explore the greater issues of existential meaning. The

interview questions within this thesis were thus carefully designed to capture these domains.

### **Specific contribution(s) from each approach**

- **Existential philosophical approach (Four Worlds)**

The exploration of the four worlds (the Physical dimension, the Social dimension, the Psychological dimension and the Spiritual dimension) could address the oversimplification of the human experience, which is usually the case in most approaches; they seem to ignore the diversity of the human experience, such as what it means to be at a certain stage or age in life.

This exploration can be used as a tool through which young people can be offered an opportunity to obtain insight into deeper philosophical issues, e.g. the absurdity of life, uncertainty and impermanence, which are key causes for anxiety (Angst). Evidence clearly shows that there is a close relationship between anxiety and alcohol misuse (Lai, Cleary, Sitharthan & Hunt, 2015; Kushner, Abrams, & Borchardt, 2000).

This exploration, which is not present in other approaches, is crucial because it can offer young adults a greater understanding of the world which we all encounter as human beings – a world that is complex because it is interwoven by these four dimensions that shape our lived experience (Van Deurzen, 2003; Van Deurzen, 1997). This specific component from the existential philosophical approach may have the potential to be a powerful intervention to help a young person expand their perspective on themselves; it can also facilitate the development of emotional responsibility and emotional resilience.

- **Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET)**

Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) are useful in addressing developmental issues such as decision-making and deductive reasoning (informed by myths, social discourse or knowledge that is already out there in the world) in relation to alcohol and substance use. Goal setting and motivation tools which are key components in MET can be used as part of the intervention.

Evidence shows that young adults with low self-image and low motivation are at heightened risk from deviant behaviours such as alcohol and substance misuse. Additionally, MET has been credited as having easy to use tools which are effective in resolving ambivalence, indecisiveness, and for helping to build a sense of identity and sense of responsibility, by allowing the young person to see the value of inductive reasoning, which is more based on well-thought subjectively processed information, also known as bottom-up logic. MET is highly effective as a brief intervention method, and significant impact can be made after only one to two sessions (Patton, 2014). The approach is also accredited as being cost-effective (Tanner-Smith & Lipsey, 2015).

- **Cognitive Behavioural Therapy (CBT) - Cognitive-Behavioural coping skills training & Compassion Focused Therapy (CFT)**

Firstly, Cognitive Behavioural Therapy (CBT) coping skills training can address cognitive processes that maintain maladaptive perception of life events which individuals might find or experience as unbearable (traumatic events), and this can be delivered through psycho education.

Secondly, cognitive behavioural intervention, specifically Compassion Focused Therapy (CFT), can be applied with an aim to address self-loathing emotions, such as shame, guilt and self-blame or self-criticism. These self-loathing emotions, also known as trans-diagnostic problems, are correlated to self-harming and risk-taking behaviours, because they are linked to the affect regulation system. The affect regulation system is responsible for our perception of reassurance, safeness and well-being (or lack thereof) in our inner and outer worlds (Gilbert, 2009). CFT is credited with helping individuals to develop internal compassion towards the self, which then replaces the self-loathing emotions which correlate with self-harming and risk-taking behaviours.

- **Relapse Prevention Therapy (RPT)**

The proposed programme can also integrate Relapse Prevention Therapy (RPT) (Marlatt, Parks & Witkiewitz, 2002). Evidence shows that addictive behaviours are acquired over time through an interaction of biological, social and psychological factors, which then form a 'cluster' of immediate enhanced pleasure. However, a RPT assessment tool, which is used to assess an individual's interpersonal,

intrapersonal, environmental and physiological risks in itself, can be used as a preventive measure because it can empower a young person to identify what their specific high-risk situations are. The strength of RPT is that it considers an individual's unique profile.

## **Theoretical arguments underpinning the conceptualisation of this multi-focused integrative psychotherapy**

### **1. Existential philosophical approach**

An existential philosophical approach is a phenomenological exploration of being-in-the-world (Barnett & Madison, 2012). The therapist's role is to help the client to become aware of their blind spots, assumptions and biases so that they can determine values and embrace authentic living. This is done through a phenomenological exploration of the client's lived experience by questioning, reflecting and clarifying.

Existential and phenomenological perspectives (Rogers & Cobia, 2008; Flores, 1988) can provide a pivotal framework for sustainable and cost-effective psycho-educational programmes with useful philosophical knowledge on fundamental issues such as choice, freedom and responsibility, death, meaninglessness, motivation, and spirituality to young people (Johnson, Griffin-Shelley & Sandler, 1987). These essential issues are usually not explored by the 'bio-psycho-social model' (Wurm, 2001 & 1997). Indeed, findings from a study which was based on Victor Frankl's work by Nam (1994) which had investigated alcohol misuse found that lack of meaning and purpose in life are significant predictors of problematic drinking.

Thus, the pre-alcoholism programmes that appear more promising as effective interventions are those developed from explored experiences of young people, focusing on empowering them to find meaning and purpose in life, while educating them about the power of their choices and consequences of their decisions. This would perhaps outweigh the present approach of trying to 'treat the disease' when the 'symptoms' become obvious and harmful drinking has progressed to an acute stage.

These pre-alcoholism programmes developed for young people, with emphases on self-efficacy, freedom and responsibility, will empower young adults through

informed choice and will offer an opportunity for them to understand that “only man can deprive himself of his humanity” (Heidegger, 1962), and that anxiety and uncertainty, despite their debilitations, also represent our possibility as human beings (Heidegger, 1962). This early provision of philosophical insight can become a matrix for the development of existential hope, which can then facilitate the development of emotional resilience and emotional responsibility.

An integration of the existential approach in an alcohol psycho-social educational programme will help emerging adults to understand that each one of us is responsible for our own life, and that responsibility grows capacity, and capacity allows the development of skills such as self-confidence that are needed for facing life dilemmas. This progressive awareness will also help them to understand that circumstances do not take away our responsibility. We are not bound by drivers, urges, cravings and dispositions. We all have a noetic dimension; we have a freedom ‘from what and to what’, and therefore none of us can hide away from our existential givens, nor can medicalising bad choices become a quick solution (Frankl, 2011: 59; Reitingier, 2015). What we see as problems and challenges should not be an excuse for running away from our responsibilities or freedom as human beings.

## **2. Motivational interviewing (MI)**

Motivational interviewing (MI) is a directive, simple and straightforward therapeutic style and has two main components: the relational (Empathy) and the technical component. However, its main strength is the use of differential evocation and reinforcement of the client’s self-change talk. Evidence shows that self-change talk is an effective psychological tool with issues of alcohol and drug misuse (Miller & Rose, 2009; Hettema, Steele & Miller, 2005). Arguably, many therapeutic approaches place little or no emphasis on client ‘change talk’. This psychotherapeutic technique is a scientifically proven strategy that has been found to effect behavioural change by triggering covert meta-cognitions such as sincerity, acceptance and decision-making. The technique has also been supported by various psycholinguistic theories (Miller & Rollnick, 2004).

Evidence shows that MI results in greater reduction in alcohol misuse compared to any other non-directive counselling approach (Miller & Rose, 2009). Additionally, there is more evidence which has indicated that brief intervention using MI

techniques can be an effective and quick intervention for college students at risk of alcohol misuse (Borsari & Carey, 2005).

MI appears to appreciate that the therapeutic process is shaped by a voluntary interchange of discourse and narration using language. Hence MI has been able to identify language as the very means through which intervention can be delivered by placing special emphases on change talk to evoke positive metacognition to facilitate the desired behavioural change (Amrhein, 2004).

### **3. CBT**

CBT is a goal-oriented, evidence-based, scientific-based model which theorises that correcting irrational thinking will consequently modify any dysfunctional behaviour (Beck, Rush, Shaw & Emery, 1979). According to CBT, change is possible in the here and now once the client realises that they have the power to break the vicious cycles of irrational thinking patterns which have impacted their behavioural outcomes (Joseph, 2010). Through self-efficacy and behavioural experiments, CBT is credited with facilitating behavioural change and with disrupting any maintaining factors so that the individual can overcome challenges, accomplish tasks, and attain their desired goals.

One key strength of CBT is that the approach appears to have a better outcome since it uses cognitive strategies, such as problem-solving, which is more effective (Chen, Jordan & Thompson, 2006). The use of medical language terminologies, such as depression, makes CBT more acceptable in government agencies than in any other approach (Hickes & Mirea, 2012). CBT has been credited for its evidence-based empirical support through research studies which have been carried out using both quantitative methods. Hence CBT prides itself on over four decades of quantitative research on objective evaluation of theory and practice (Beck, 1979; Hickes & Mirea, 2012).

### **4. Relapse Prevention Therapy (RPT)**

The proposed programme will also aim to integrate Relapse Prevention Therapy (RPT). RPT is an educative programme which helps individuals to maintain a desired behaviour that they have already achieved. The programme has been credited for its emphasis on emotional responsibility, and it is for this reason that it



has been chosen as part of an integrative programme since it mirrors and echoes some key themes already present in the other three mentioned approaches, such as responsibility. The programme educates an individual as to how they can remain true to themselves by rejecting labels such as alcoholic or addict. Evidence has also been able to show that RPT is more effective for alcohol misuse issues than any other substance misuse, and it is also effective for helping prevent relapse of misuse due to social pressure, a key problem for young people. RPT's main components include coping skills training, cognitive therapy and lifestyle modification (Irvin, Bowers, Dunn & Wang, 1999).

**Reflection:** Over the years I had noticed that most of those who engaged in harmful drinking died from alcohol-related causes or ended up with other unfavourable life outcomes, Nonetheless, in my observation and earnest longing to find out what exactly was going on for them, I had also realised that sometimes my observation was reversed by unexpected, almost paradoxical recovery. I wondered what facilitated those different outcomes and wondered whether and how several relevant formal interventions would be able to create a more holistic and structured therapeutic intervention.

## 7.1 PUBLIC HEALTH SIGNIFICANCE

I propose that the evidence collected from the research project will be able to evidence and justify the development of a multi-focused alcohol and substance misuse prevention psycho-educational programme for young and emerging adults. This programme will bear an integration of the four proposed psychotherapeutic approaches which have been found to be most effective interventions for alcohol misuse.

Jonathan Shedler (2010) affirms:

*“The goals of therapy include, but extend beyond, symptom remission. Successful treatment should not only relieve symptoms (i.e. get rid of something) but also foster the positive presence of psychological capacities and resources ... these might include the capacity to have more fulfilling relationships, make more effective use of one’s talents and abilities, maintain a realistically based sense of self-esteem, tolerate a wider range of affect, have more satisfying sexual experiences, understand self and others in more nuanced and sophisticated ways, and face life’s challenges with greater freedom and flexibility. Such ends are pursued through a process of self-reflection, self-exploration, and self-discovery that takes place in the context of a safe and deeply authentic relationship between therapist and patient.”*

Shedler (2010: 100)

## **SECTION 8 RESEARCH DISSEMINATION STATEMENT**

**Title of Research Project:** Experiential accounts of young men between the age of 20 to 29 in the UK who previously engaged in harmful levels of alcohol use

**Research Question:** What are the experiential accounts of change for young men between the age of 20 to 29 in the UK who previously engaged in harmful levels of alcohol use (comparing before and after) and their meaning of quitting harmful drinking?

### **Goal**

The aim of my research was to investigate the experiential accounts of young men between the age of 20 to 29 in the UK who previously engaged in harmful levels of alcohol use. The study explored their experiences and the meaning and understanding they attributed to that experience. The findings addressed the missing niche of the absence of multi-focused age-relevant alcohol misuse prevention programmes for young and emerging adults (20-29 years old). Many of the programmes that are already in place tend to focus on recovery and not prevention. Few are also age-relevant.

There is evidence for increased heavy drinking among young and emerging adults (Karam, Kypri & Salamoun, 2007). This age group is vulnerable in its own distinctive way. New evidence shows that the transition period for emerging adults has changed and lengthened as people are now settling down later in life than did the previous generation. Lifelong patterns of alcohol consumption are also established during this period of emerging adulthood (Arnett, 2000; Maggs & Schulenberg, 2004).

### **Dissemination objectives**

The intended impact and key benefits of my research output to the identified target audiences are briefly discussed.

### **Information sharing**

Research findings and knowledge are shared to provide insight and understanding on age of onset to problematic drinking, and the scope of alcohol misuse among young and emerging adults (20-29 years old). Currently, there is little focus on this age group, although lifelong patterns of alcohol consumption are established during

this period of emerging adulthood (Arnett, 2000; Maggs & Schulenberg, 2004). The research findings provide deep insight which could then help to identify the key moderating and mediating factors in alcohol misuse among young and emerging adults.

### **Awareness campaign**

An awareness campaign will be initiated to call for the development of relevant multi-focused alcohol misuse intervention and prevention programmes for young and emerging adults, which are currently lacking. There is limited involvement of young people's opinions and experiences in the development of many of the alcohol education programmes that already exist (Dietrich, Rundle-Thiele, Schuster & Connor, 2016). This awareness campaign will aim to influence key stakeholders to consider the proposed age-relevant multi-focused alcohol intervention programmes for young and emerging adults which have been proposed as the most effective (Gilvarry, 2000).

### **Action**

It is anticipated that the research findings will make a substantive and meaningful contribution to knowledge, since they will provide deep and meaningful insights obtained from a population sample that previously engaged in harmful levels of alcohol use but no longer do so. Consequently, it is proposed that the research findings can be used to inform the development of a cost-effective and easy to deliver multi-focused alcohol misuse prevention programme whose effectiveness can be measured and evaluated through a community pilot project. There is a call to develop sustainable, cost-effective, long-term effective preventive interventions and easy to deliver population-level specific interventions for particular cohorts such as young and emerging adults (Foxcroft, Ireland, Lowe & Breen, 2018; Martineau et al., 2013).

## **Key target audiences**

The key target audiences identified for this research dissemination are:

### 1. Alcohol intervention strategies groups, charities and organisations

This is one of the most significant audiences which I will aim to target with my research dissemination. Alcohol intervention strategies groups, charities and organisations play a big role in intervention strategies and planning. They have an ongoing interest in current and recent findings relevant in this field.

### 2. Higher education institutions

Colleges, academies, secondary schools and universities will also greatly benefit from my research findings. For example, if developed, multi-focused alcohol misuse prevention programmes can be used as part of the wider psycho-social education programmes. These can be easily integrated into specialist mentoring programmes or peer support training programmes.

### 3. Young and emerging adults

This is the key target audience at the centre of the research project. It is therefore expected that they will be the greatest beneficiaries of the research outcome; therefore, successful engagement with them as a target audience will positively influence the success and sustainability of the dissemination of the research findings.

### 4. Commissioning organisations

As a target audience, commissioning organisations such as clinical commissioning groups will also be crucial because they have key influence as local policy advocates. For example, clinical commissioning groups are responsible for the planning and undertaking of healthcare services in their local area. Hence, they can take the research findings and outcomes and initiate relevant action in the community.

### 5. Practitioners

I expect that practitioners such as general practitioners, youth workers, clinicians, social workers, educators, chaplains, psychotherapists, practitioners in the justice

system, counsellors, community workers, outreach workers, and other professionals who work with young and emerging adults will also be interested in the research findings because they are encountering young and emerging adults with alcohol misuse-related issues.

#### 6. The general public

I also expect that the wider community will be interested in my research findings. Globally, the problem of episodic drinking is more common among emerging adults, with Europe having the highest prevalence of heavy drinking, and young adults accounting for the biggest alcohol-related burden (Foxcroft & Tsertsvadze, 2012). Alcohol misuse is a national debate which the general public is eager to resolve. The cost of this epidemic is expensive to the public taxpayers.

#### 7. Funding bodies

Finally, funding bodies are crucial as a target audience, especially since they can enable further dissemination of the research findings.

### **Dissemination Plan and Strategy**

I will use ideas recommended by strategies for disseminating research findings (CIRA, 2001) and universal components of knowledge translation (KT) to inform my research dissemination, by focusing on key elements which include: main goal, audience, engagement, main message, implementation and impact evaluation (Grimshaw, Eccles, Lavis, Hill & Squires, 2012; Straus, Tetroe & Graham, 2009).

I plan to engage my targeted audience in the dissemination through conference participation, community meetings, local events, seminars, interactive workshops, networks, community outreach events and health fairs. The dissemination mediums I intend to use include: publishing in journals, reports, powerpoint, face-to-face, one-on-one, brochures, research posters and briefs, newsletters, flyers, electronic media, radio and television, and book publication.

I plan to work with research groups so that they can advise and support my research dissemination to the public. I will also identify and invite willing volunteers to assist in the dissemination activities.

### **Identified obstacle and how I plan to overcome this obstacle**

The main obstacle which I have identified in my dissemination plan is that my target audience is varied and diverse. I plan to overcome this obstacle by using various and different dissemination methods to accommodate relevant preferred forms of delivery. I will also tailor and package my message to facilitate functionality to ensure that my message suits the interest of each target audience.

### **SIGNIFICANT GAPS IDENTIFIED BY THIS PROJECT**

- Lack of inclusion of young and emerging adults' personal experiences in the development of early intervention programmes for alcohol misuse.
- Lack of an established 'common' register for preventive interventions, or agreed criteria on safety, effectiveness and efficiency, which means that information is still sporadic.
- Lack of recommended integrative multi-focused prevention and interventionist programmes specifically designed for young and emerging adults at risk of alcohol misuse.

### **KEY RECOMMENDATION**

The research findings from this study provide evidence-based, transferable, credible and confirmable data that can be used to inform the framework for the development of future alcohol misuse prevention programmes for emerging adults who are still in education and out of education.

## **SECTION 9 REFLEXIVITY**

Reflexivity is about a researcher's attempt to be open about the reasons and motivation behind their work. It is also about the researcher's openness about the processes of carrying out their research. Furthermore, all qualitative research methods are interested in triangulation, reflexivity and transparency (Schwartz-Shea, 2006). Hence, as a credible researcher, one must allow the research process to bear the key markers for excellent qualitative research such as transparency, credibility, resonance, significant contribution, ethics and meaningful coherence (Tracy, 2010).

As a researcher, I would like first and foremost to admit that despite the great interest I had in carrying out my research project, Covid-19 was perhaps one of the biggest challenges I faced during the project's duration. The pandemic significantly disrupted my well-planned timeline, and generally severed all arrangements. Consequently, I had to re-plan the timeline and develop personal flexibility and patience to ensure that the research project could continue, and obtain results.

However, prior to carrying out the research project, I had completed a practice interview and an RP1 project, which significantly aided me during the complexities surrounding writing this thesis during the Covid-19 pandemic. These two exercises gave me an opportunity to familiarise myself with interviewing via Skype, which became crucial, as it became clear that face-to-face interviews would no longer be an option.

Recruiting participants for the interviews was not as hard as I had initially anticipated, with an overwhelmingly positive response from possible participants. The interview schedule progressed well, due in part to previous practice exercises, where I was able to use my skills appropriately as a researcher, and therefore did not use any therapeutic techniques in my interview. Initially, I had worried that as a therapist, these skills would interfere with the research process, but I felt that I was able to find the right balance between good listening and asking the right questions without interrupting the interview process.

On transcribing the interviews, it became apparent that I had to make judgement calls regarding the appropriate level of detail that needed to be included: for example, whether to include greetings or not, etc.; while at the same time I had to



consider whether the transcription had captured key features of the interview, such as emphasis, tonality, speed and pauses, as all are critical when it comes to interpreting data. Further, when transcribing I broke up the texts into numbered lines, which proved particularly useful later during the analysis stage when I re-read and started looking for links, interrelationships or connections between themes. I also used colour highlighting to aid in visualisation and to mitigate confusion. Additionally, I also resisted any inclination or urge to force what I thought was interesting from my point of view, and therefore abandoned some of the highlighted sections when I re-read them and realised that they were not significant themes.

To overcome writer's block, and ensure that I was continually working, I carved out time each evening to read and write up findings. During the writing-up of findings, I used the Grammarly tool, an automated grammar checker and plagiarism detector, which aided me during final editing and proofreading. This was especially useful for me as a trilingual speaker.

Admittedly, I found juggling family responsibilities and focusing on my research project quite challenging, especially because of the pandemic. My daughter was in her final year at university, and we lost two family members to Covid-19. Towards the end of the final write-up, another close family member was also seriously ill in hospital.

However, though these experiences were very painful, and I was almost derailed from my research, I felt supported by my therapist and my supervisor. I also remained in contact with other fellow students who were also doing their research projects. We had formed a Whatsapp support group, and this became a great source of encouragement. I also kept a journal throughout this project which allowed me to continually reflect and evaluate my involvement in the research process.

### **Why I had interest in carrying out research in this area**

This research area was of great interest to me due to my curiosity surrounding how young adults experience life within communities where drinking alcohol is culturally accepted. It was also of interest to me to gain some understanding of those who at some point got into harmful drinking but no longer do so. A question which arose for me was why for some young adults this experience never develops into problematic

drinking; yet for others it becomes an overwhelming problem which overtakes them in life. It became apparent, then, that I was exploring the reality of those lived experiences of young adults, providing a holistic view of the issues they faced with alcohol.

This research subject is also a personal one: firstly because I grew up in a community where drinking alcohol was culturally accepted, where I witnessed the negative impact of alcohol consumption on my family; and secondly, because of an in-depth collation of insightful knowledge and experience which I have attained over time from diverse work experience and education. As a practitioner, I have also observed that alcohol-related problems among young emerging adults are a growing and persistent phenomenon.

### **Personal**

I was born and raised in a rough upbringing in the suburbs of Kenya's capital city, Nairobi, where alcohol consumption was culturally acceptable in our community. However, somehow from an incredibly early age, I recognised that I had a deep-seated curiosity and sadness that was related to alcohol consumption. I noticed that despite the government's regulations on alcohol, many people were still not able to 'regulate' their own personal consumption. Consequently, many of them descended into harmful drinking and were never able to recover from it.

Yet, in contrast, others were able to recover (despite their previous engagement in harmful levels of alcohol misuse). Sadly, my father was not one of those who recovered; he died due to alcohol-related health problems.

I now live in the UK, but over time I have come to realise that, just like in Kenya, there are some key similarities between the alcohol-related issues I witness here too. I am a teetotaler – something which I sometimes reflect was influenced by the sad fate of my father. Moreover, as a researcher who is a teetotaler, I am very much aware that I have my own biases about alcohol consumption.

Thus, while doing this project, I remained extremely aware of this personal bias; however, I feel that this self-awareness enabled me to engage with my research project in a reflective, constructive and meaningful way. Moreover, the idea that we are 'self-interpreting beings' is attractive to me (Taylor, 1985). I like to believe that we

can derive meaning from all our experiences. According to Heidegger, we have prior understanding, hence understanding and interpreting the phenomenon under investigation is obtained through shared knowledge and experience (Reiners, 2012). In this case, I feel that my biases and prior experience (of having a father who died due to harmful drinking) were significantly relevant to the purpose of engaging with my research project.

### **Work and placement experience**

Two significant places which gave me experiences relevant to my research project are my employment at a rehabilitation centre, and my current role in university.

My role at the rehabilitation centre included providing counselling to individuals regarding the use and effects of alcohol and drugs. This role was voluntary and the main interventions I used were an existential approach, and motivational interviewing technique.

At the university, I currently work with the students and provide them with safe therapeutic mentoring where they can explore the conflicts and paradoxes of their everyday life as emerging adults while pursuing their academic goals.

Within both of these roles, I observed that, as in other mental health matters, the issue of alcohol-related problems is a major concern.

It also became apparent that there were emerging similarities between those alcohol-related problems experienced in Kenya and the UK. A common factor was the age of the young adults; and in this instance, it was within the term of 'emerging adulthood' that most individuals had a shared or common experience related to alcohol misuse (Smith & Shinebourne, 2012). These similarities between the two countries intrigued me and informed my research. One such similarity is the fact that in both countries alcohol consumption is not illegal. In both countries there is a minimum legal drinking age, which in Kenya is 16 or 17 years old, if the beverage is with a meal and bought by an adult; in the UK the equivalent age is 18 years old. At the age of 19 in Kenya, but 18 in the UK, the age restriction is lifted. Despite these regulations, it is surprising that harmful drinking persists among emerging adults.

For example, in Kenya, the prevalence of alcohol misuse among young adults (aged 20-29) is significantly higher, at 50.7%; compared to a prevalence of 13.4% in the

UK (Atwoli et al., 2011). In Britain, alcohol-related hospital admissions for young people have increased compared to previous years (Alcohol Concern, 2016). Alcohol-related problems cost the NHS an estimated £2.7 to 3.5 billion every year (NHS, England, 2019; Craig & Shelton, 2008). There is evidence of escalating binge-drinking in the UK and other parts of the world (Measham & Brain, 2005; Pincock, 2003). But for my research project I decided to focus on UK-based participants, because it is my country of residence.

This posits the question of whether it is advantageous to try to understand the reality of those experiences of young adults, and whether the findings may inform the development of integrative multi-focused intervention. Indeed, in endorsement and perhaps in answer to my question, Jackson et al. (2012) suggest that an integrative multi-focused prevention and interventionist programmes are the most effective for young adults at risk of alcohol and drug misuse (Gilvarry, 2000; National Research Council, 2009 & Jackson et al. 2012).

### **Therapist–Researcher**

Doing this research project was perhaps one of the most challenging tasks in my academic and therapist careers. At first, I wondered how I would be able to alternate putting down my therapist's hat and taking on that of a researcher. I wondered how I would be able to navigate the level of 'objectivity' and non-judgemental stance I have when working in the therapy space. I wondered if any of my therapist's skills would be useful at some point.

Additionally, as I have mentioned above, I already knew that the topic area was very personal because of my own family history, and therefore I also wondered how I would handle any rattled emotions. Although I felt I had already talked and explored enough about this area to my personal therapist in the past, I still found myself feeling anxious.

At times I wondered if perhaps 'softening' the tone of my research topic would change how I felt...so that I did not have to ask the most important questions. However, I still realised that I had to do the work of confronting my own anxiety.

In the therapy space, with my therapist, I found that my anxiety was majorly linked to me being a teetotaler. Hence, we explored how as a therapist I worked or would be able to work with clients who had had a drinking problem and what my attitudes

really were as a teetotaler therapist. I explored what I felt may have been existing biases, and I also reflected on the skills I already had. I looked at my fears, what I felt were my personal biases, and together with my therapist explored how these could potentially impact my research work. Hence in appreciation of that, I knew that it was important to remain in therapy as I engaged with the process of conducting my research project.

I also thought deeply about how I would finally be able to contribute in this area as a researcher and a therapist. I felt that I wanted to produce good quality work in the area I was researching. I also wanted to attain new skills along the way. Therefore, I also engaged with the expertise of my supervisors, who were very supportive and whom I felt truly appreciated the significance of the research topic I was working on.

I also invested in notebooks and research journals and recorded everything that was going on for me. I knew that I wanted to undertake a research project in a way that I would finally make me feel that I had done a thorough job. In any case, it was a topic area that had been brooding in my thought processes for a lengthy period. I had seen it destroy so many of my family members and close friends while I had not been able to help them.

Hence as a therapist now researching in an area which I was passionate about made me feel like the trekker who must know how to read a map before they embark on a journey. I knew that if I was going to be a competent therapist who could work with people who might be struggling with a drinking problem, then I must know how to navigate my clients through that maze of harmful drinking.

The continuous process of reflexivity enabled me to reflect on what skills I was lacking that would be necessary when working therapeutically with any client who might have a drinking problem. The narration offered by the participants challenged most of my prior assumptions regarding harmful drinking and recovery. And finally, the findings unveiled for me many of the competencies and interventions I would need in order to work with clients who have a drinking problem. In the end, I found that the research process was enjoyable and that I learnt many new skills. I also felt that I had been able to make the right judgment as a researcher when I had encountered the temptation to take on a therapist's role while conducting my research project.

**(49768 words)**

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## TRANSCRIPTIONS

### Participant 1 – Transcription process

1. What did you feel about the cost of alcohol?

2. Alcohol is cheap. I think that is the main problem.

3. Did the cost of alcohol affect your drinking decisions in any way?

4. I wouldn't say it did. No, it didn't.

5. Have your financial goals and aspirations for your future been influenced by your decisions in

6. any way?

7. I would say my aspirations. I want to be able to set goals and achieve them. Whatever they are.

8. What was it like to consume alcohol, and what was your experience of being in an alcoholic body?

9. I don't even want to go there (laughing). But I am over it now so I think I can tell you...(Pause) -

10. I would wake up in the morning dirty; having gotten into my bed with my shoes. Sometimes having

11. thrown up on the floor and my room stinking. It was horrible. I couldn't even shower.

12. My body was an alcohol sponge. I just smelt alcohol.

13. How did you feel about your health?

14. My body felt strange. I did not understand why I was getting margarines all the time. I was also

15. getting tired. It didn't feel like my body. Then I went to see my doctor and he said I had diabetes.

16. I did not want to die. I asked myself, "Do I want to continue living like this the rest of my life?"

17. What is it like for you not to consume alcohol the way you did before?

18. My life has had a turn around. I'm glad I stopped drinking. I probably would be dead if I hadn't. I had

19. to stop completely, especially because of my health.

20. Did alcohol consumption affect your sense of responsibility in any way?

21. I think it did. It made me into a sort of careless person. I had no sense of responsibility at all.

22. Could you describe in what ways alcohol consumption affected your work?

23 Interestingly, I never missed work because of alcohol. I love my job... it is my first job since I

24. graduated. I have a degree in engineering. I love my job.... (Pause) yes I do....Somehow; I didn't get

25. sacked during that drinking period. It must have been by sheer luck that it didn't happen. My job has

26. given me a kind of grounding and promise that I can achieve the goals I have for the future.



27. What do you feel about the choice you have made not to drink?

28. It is a good choice, especially because of my health and my goals. I feel good about that decision.

29. What were your intimate or close relationships like for you when you were drunk?

30. My family didn't like my drinking. I remember once, it was Christmas, so I decided I hadn't seen my  
31. family for a long time. There was a family get together and when I got there, they couldn't recognise  
32. me. I was drunk, I had lost so much weight because of my drinking. My auntie even confused  
33. me for my older brother. Then she told me never to show up in her house when drunk. I felt rejected  
34. by my own family yet I still felt I needed to spend time with them (Pause) Yeah...it was bad, man,  
35. really bad.

36. In what ways was your alcohol consumption influenced by your close relationships?

37. One of my late uncles used to drink a lot and we were close. He was the warmest and funniest  
38. person in the family, so I used to like him a lot. He was also like a dad to me because my mum was  
39. a single mum. He was also wealthy and so kind of looked after us.... (long pause)  
40. I would go to his house, we would drink together and then we would go to the pub and drink some  
41. more and he would buy the drinks for me. We did this often, during weekends, sometimes during the  
42. week. When he died I still continued to drink. I should have learnt from his death.

43. Do you feel that these relationships have influenced your choice to not engage in harmful alcohol  
44. consumption?

45. Well, I don't know. You would have thought I should have stopped drinking when my Uncle died, yet I  
46. didn't. People would tell me that I needed to reduce my drinking but I never took it to much thinking.  
47. Then one day, a friend I hadn't seen for a long time invited me to his wedding. We had gone to  
48. school together. I found out that he had stopped drinking and now had bought a house and was  
49. wedding his long-time girlfriend. His life seemed so much in order. As he took his vows, I just stood  
50. there in admiration and in tears and said to myself. 'I will never drink again'. He really inspired me.  
51. That is how I stopped. More than two years down the line and I didn't miss any of that life which I  
52. lived.

53. Can you tell me how you experienced your sense of safety or lack of it when you had consumed  
54. alcohol?

55. On many occasions, I could not remember what had happened the previous night. I would have  
56. no recall. Sometimes I would feel like there were strange people in my room. I think I was  
57. hallucinating. Then I would panic. It was bad.

58. Can you describe how you feel about that now?

59. Things are okay now. All that is in the past.

60. Do you feel your sense of safety has been influenced by your choice not to engage in harmful

61. alcohol drinking?

62. Yes, I sleep well. I don't hallucinate.

63. What was the attitude of others towards you in the community when you consumed alcohol?

64. It was bad, people had an awkward and negative attitude towards me. It reached a point I

65. couldn't go out with my friends. They would tease me and say things like 'You forgot to have a

66. shower again? What's that smell?' [Pause] I knew that I had to change. My body had become an

67. alcohol sponge.

68. What was/is it like to live in a culture that embraces alcohol consumption?

69. It was confusing. You know, people would have the odd drink or two, but some of them didn't get

70. into a drinking problem. It is a mystery why I did. I still don't understand.

71. In what ways do you think the community influenced your alcohol consumption back then?

72. Well, I shouldn't blame anyone (Pause).... but yeah... You know, when you're young, you look up

73. to the older people and somehow you learn things from them. Some good, some bad. I think that is

74. what happened to me.

75. In what ways do you think the community influences your lack of alcohol consumption now?

76. I think one of the biggest lessons I have learnt is that you might pick some negative behaviour or

77. habit from the community, but when it comes to bearing the consequence, you bear it alone. That is

78. the rude truth. It becomes your own cross. So I think if you know that, you begin to understand

79. individual responsibility.

80. How would you describe your emotional well-being during that period when you were consuming

81. alcohol?

82. I would become emotional and sometimes would cry for no reason. Then the following day

83 people would ask why I had been crying the previous

83. day but I would not remember a thing.

84. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?

85. It made my mood unstable. It was crazy. I mean crying without any reason? That was really

86. bad.

87. Has that changed in any way now?

88. Oh yes. I aint crying now (laughing). I can't even remember the last time I cried (laughing).

89. What meaning did you attach to consuming alcohol?

90. I used to see consuming alcohol just as nothing more than social drinking. I also thought it gave you

91. some social status. I never thought of the consequences.

92. What was your understanding of the meaning of life then?

93. I just disregarded life and anything serious but now... (long pause)

94. My life has had a turn around. I now treasure my life. I'm glad I stopped drinking.

95. I'd probably be dead if I hadn't.

96. What is your understanding of the meaning of life now that you do not engage in harmful alcohol

97. consumption?

98. I realise that I wasted a lot of time. I take everything seriously, I get things done, but when I used to

99. drink, I was setting goals and achieving none. I then realised that my drinking was sabotaging my

100. dreams. I couldn't go on living like a young lad.

101. Is there anything else you would like to tell me?

102. No... just a big thanks.

103. What has the experience of being interviewed felt like?

104. I have loved it. It has helped me to take stock of my recovery and I am grateful.

<b>Subordinate Themes</b>	<b>Participant 1</b> Transcription of interviewer's questions (in red ink) and interviewee's answers (in black ink)	<b>Super-ordinate themes and emergent themes</b>
<i>Affordability and accessibility of alcohol</i>	<p>1. What did you feel about the cost of alcohol?</p> <p>2. Alcohol is cheap. I think that is the main problem.</p> <p>3. Did the cost of alcohol affect your drinking decisions in any way?</p> <p>4. I wouldn't say it did. No, it didn't.</p> <p>5. Have your financial goals and aspirations for your future been influenced by your decisions in any way?</p> <p>6. any way?</p>	<p><b>Initial pathway into harmful drinking</b></p> <p>Affordability, accessibility, personal responsibility, blaming and choice</p>
<i>Influence of belief system</i>	<p>7. I would say my aspirations. I want to be able to set goals and achieve them. Whatever they are.</p>	<p><b>Spiritual Transcendence</b></p> <p>Aspirations, goals and self-motivation</p>
<i>Reflecting on the impact of harmful drinking on his lived space</i>	<p>8. What was it like to consume alcohol, and what was your experience of being in an alcoholic body?</p> <p>9. I don't even want to go there (laughing). But I am over it now so I think I can tell you... (Pause)</p>	<p><b>Relationship with the body &amp; environment</b></p>
<i>Reflecting on the impact of harmful drinking on his body</i>	<p>10. I would wake up in the morning dirty; having gotten into my bed with my shoes. Sometimes having</p> <p>11. thrown up on the floor and my room stinking. It was horrible. I couldn't even shower.</p> <p>12. My body was an alcohol sponge. I just smelt alcohol.</p>	<p>Lived space, embodiment, detached sense of selfhood</p>
	<p>13. How did you feel about your health?</p>	<p><b>Relationship with the body &amp; environment</b></p>
	<p>14. My body felt strange. I did not understand why I was getting migraines all the time. I was also</p>	<p>Disassociation, embodiment, illness</p>

*Reflecting on what awakened him from harmful drinking*

15. getting tired. It didn't feel like my body. Then I went to see my doctor and he said I had diabetes.

16. I did not want to die. I asked myself, "Do I want to continue living like this the rest of my life?"

17. What is it like for you not to consume alcohol the way you did before?

18. My life has had a turn around. I'm glad I stopped drinking. I probably would be dead if I hadn't. I had

19. to stop completely, especially because of my health.

20. Did alcohol consumption affect your sense of responsibility in any way?

*Absence of sense of responsibility*

21. I think it did. It made me into a sort of careless person. I had no sense of responsibility at all.

22. Could you describe in what ways alcohol consumption affected your work?

*Reflecting on normalised culture of drinking*

23. Interestingly, I never missed work because of alcohol. I love my job... it is my first job since I

24. graduated. I have a degree in engineering. I love my job... (Pause) yes I do...Somehow, I didn't get

25. sacked during that drinking period. It must have been by sheer luck that it didn't happen. My job has

*Role of employment in quitting harmful drinking*

26. given me a kind of grounding and promise that I can achieve the goals I have for the future.

27. What do you feel about the choice you have made not to drink?

28. It is a good choice, especially because of my health and my goals. I feel good about that decision.

29. What were your intimate or close relationships like for you when you were drunk?

30. My family didn't like my drinking. I remember once, it was Christmas, so I decided, I haven't seen my

31. family for a long time. There was a family get-together and when I got there, they couldn't recognise

#### **Pro-change Factors**

Death, choice, change, freedom, responsibility

#### **Life transition**

Absence of sense of responsibility

#### **Culture of drinking**

Sleepwalking, paradox, contradiction, absurdity, hope, goals, future possibilities

#### **Pro-change factors**

Employment

32. me. I was drunk, I had lost so much weight because of my drinking. My auntie even confused

33. me for my older brother. Then she told me never to show up in her house when drunk. I felt rejected

34. by my own family, yet I still felt I needed to spend time with them (Pause) Yeah...it was bad, man,

35. really bad.

36. In what ways was your alcohol consumption influenced by your close relationships?

37. One of my late uncles used to drink a lot and we were close. He was the warmest and funniest

38. person in the family, so I used to like him a lot. He was also like a dad to me because my mum was

39. a single mum. He was also wealthy and so kind of looked after us... (Long pause)

40. I would go to my uncle's house, we would drink together and then we would go to the pub and drink some

41. more and he would buy the drinks for me. We did this often, during weekends, sometimes during the

42. week. When he died, I still continued to drink. I should have learnt from his death.

43. Do you feel that these relationships have influenced your choice to not engage in harmful alcohol

44. consumption?

45. Well, I don't know. You would have thought I should have stopped drinking when my uncle died, yet I

46. didn't. People would tell me that I needed to reduce my drinking, but I never took it to much thinking.

47. Then one day a friend I hadn't seen for a long time invited me to his wedding. We had gone to

48. school together. I found out that he had stopped drinking and now had bought a house and was

*Indifferent and  
pervasive attitude  
to drinking alcohol*

*Social learning  
from positive role  
models*

**Initial Pathway to harmful  
drinking**

Family influence, Denial,  
self-control, choice, social  
learning, death

**Connectedness with self  
and others**

Choice, change, inspiration,  
self-motivation, better life,

49. wedding his long-time girlfriend. His life seemed so much in order. As he took his vows, I just stood

50. there in admiration and in tears and said to myself, 'I will never drink again'. He really inspired me.

51. That is how I stopped. More than two years down the line and I didn't miss any of that life which I

52. lived.

53. Can you tell me how you experienced your sense of safety or lack of it when you had consumed

54. alcohol?

55. On many occasions, I could not remember what had happened the previous night. I would have

56. no recall. Sometimes I would feel like there were strange people in my room. I think I was

57. hallucinating. Then I would panic. It was bad.

58. Can you describe how you feel about that now?

59. Things are okay now. All that is in the past.

60. Do you feel your sense of safety has been influenced by your choice not to engage in harmful

61. alcohol drinking?

62. Yes, I sleep well. I don't hallucinate.

63. What was the attitude of others towards you in the community when you consumed alcohol?

64. It was bad, people had an awkward and negative attitude towards me. It reached a point I

maturity, values and positive role model

### Mental health & Wellbeing

Hallucinations, panic

### Mental health & Wellbeing

Satisfaction, stable mood and a sense of psychological wellbeing

*Reflecting on the impact of harmful drinking on his psychological world*

*Pleased with the benefits which quitting harmful drinking has had on his psychological world*

65. couldn't go out with my friends. They would tease me and say things like, You forgot to have a

66. shower again? What's that smell? (Pause)...I knew that I had to change. My body had become an

67. alcohol sponge.

68. What was/is it like to live in a culture that embraces alcohol consumption?

69. It was confusing. You know, people would have the odd one drink or two, but some of them didn't get

70. into a drinking problem. It is a mystery why I did. I still don't understand.

71. In what ways do you think the community influenced your alcohol consumption back then?

72. Well, I shouldn't blame anyone (Pause)... but yeah... You know, when you are young, you look up

73. to the older people and somehow you learn things from them. Some good, some bad. I think that is

74. what happened to me.

75. In what ways do you think the community influences your lack of alcohol consumption now?

76. I think one of the biggest lessons I have learnt is that you might pick some negative behaviour or

77. habit from the community, but when it comes to bearing the consequence, you bear it alone. That is

78. the rude truth. It becomes your own cross. So I think if you know that, you begin to understand

79. individual responsibility.

80. How would you describe your emotional well-being during that period when you were consuming

81. alcohol?

82. I would become emotional and sometimes would cry for no reason. Then the following day

*Role of positive  
role model(s) in  
quitting harmful  
drinking?*

*Reflecting on  
normalised culture  
of drinking*

*Reflecting on  
maturation and*

#### Pro-change factors

Social learning, Role models, absurdity, contradiction and confusion

#### Culture of drinking

Culture, influence, awakening, role models, personal responsibility, choice, self-motivation

#### Life transition



*developmental process*

83. people would ask why I had been crying the previous day, but I would not remember a thing.

84. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?

Conflicted and confused way of being

*Reflecting on the impact of harmful drinking on his psychological world*

85. It made my mood unstable. It was crazy. I mean, crying without any reason? That was really

86. bad.

87. Has that changed in any way now?

88. Oh yes. I aint crying now (Laughing). I can't even remember the last time I cried (Laughing).

89. What meaning did you attach to consuming alcohol?

**Mental health & Wellbeing**

Moods and emotions

*Drinking as a social identity*

90. I used to see consuming alcohol just as nothing more than social drinking. I also thought it gave you

91. some social status. I never thought of the consequences.

92. What was your understanding of the meaning of life then?

93. I just disregarded life and anything serious but now...(Long pause)

94. My life has had a turn around. I now treasure my life. I'm glad I stopped drinking.

95. I'd probably be dead if I hadn't.

96. What is your understanding of the meaning of life now that you do not engage in harmful alcohol

97. consumption?

**Connectedness with self and others**

Status, responsibility, self-identity, selfhood, detachment, choice, culture of drinking, family influence, change

*Reflecting on maturation and developmental process*

98. I realise that I wasted a lot of time. I take everything seriously. I get things done. But when I used to

99. drink, I was setting goals and achieving none. I then realised that my drinking was sabotaging my

**Life Transition**

Time, temporality, self-sabotage, responsibility,

100. dreams. I couldn't go on living like a young lad.

101. Is there anything else you would like to tell me?

102. No... just a big thanks.

103. What has the experience of being interviewed felt like?

104. I have loved it. It has helped me to take stock of my recovery and I am grateful.

confidence, achievement,  
goals, dreams, change,  
self-motivation, maturation

Participant 1			
Superordinate Themes	Subordinate themes	Emergent themes from data	Illuminatory quotes
<b>Initial pathway into harmful drinking</b>	Affordability and accessibility of alcohol	affordability, accessibility, personal responsibility, blaming and choice.	<i>Alcohol is cheap. I think that is the main problem.</i> (Line 2)
	Indifferent and pervasive attitude to drinking alcohol	family influence, denial, self-control, choice, lack of social learning, death.	<i>I would go to my uncle's house, we would drink together and then we would go to the pub and drink some more and he would buy the drinks for me. We did this often, during weekends, sometimes during the week. When he died I still continued to drink. I should have learnt from his death.</i> (Lines 40-42)
<b>Spiritual transcendence</b>	Influence of belief system	aspirations, goals, and self-motivation.	<i>I would say my aspirations. I want to be able to set goals and achieve them. Whatever they are.</i> (Line 7)
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on his lived space	lived space, embodiment, detached sense of selfhood.	<i>I would wake up in the morning dirty, having gotten into my bed with my shoes, sometimes having thrown up on the floor and my room stinking.</i> (Lines 10-11)
	Reflecting on the impact of harmful drinking on his body	disassociation, embodiment, illness.	<i>It was horrible. I couldn't even shower. My body was an alcohol sponge. I just smelt alcohol. My body felt strange. I did not understand why I was getting migraines all the time. I was also getting tired.</i> (Lines 12-16)
<b>Pro-change factors</b>	Reflecting on what awakened him from harmful drinking	death, choice, change, freedom, responsibility.	<i>...It didn't feel like my body, then I went to see my doctor and he said I had diabetes. I did not want to die. I asked myself, "Do I want to continue living like this the rest of my life?"</i>

			(Lines 15-16)
	Role of employment in quitting harmful drinking	employment, grounding	<i>My job has given me a kind of grounding and promise that I can achieve the goals I have for the future. (Lines 25-26)</i>
	Role of positive role model(s) in quitting harmful drinking?	social learning, role models, absurdity, contradiction, and confusion.	<i>Well, I shouldn't blame anyone (Pause)... But yeah... You know when you are young, you look up to the older people and somehow you learn things from them. Some good, some bad. I think that is what happened to me. (Lines 72-74)</i>
<b>Life transition</b>	Absence of sense of responsibility	lack of responsibility.	<i>It made me into a sort of careless person. I had no sense of responsibility at all. (Line 21)</i>
	Reflecting on maturation and developmental process	conflicted and confused way of being.	<i>I would become emotional and sometimes would cry for no reason. Then the following day people would ask why I had been crying the previous day but I would not remember a thing. (Lines 82-83)</i>
	Reflecting on maturation and developmental process	time, temporality, self-sabotage, responsibility, confidence, achievement, goals, dreams, change, self-motivation, maturation.	<i>I realise that I wasted a lot of time. I take everything seriously, I get things done. But when I used to drink, I was setting goals and achieving none. I then realised that my drinking was sabotaging my dreams. I couldn't go on living like a young lad. (Lines 98-100)</i>
<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	sleepwalking, paradox, contradiction, absurdity, hope, goals, future possibilities.	<i>Interestingly, I never missed work because of alcohol. I love my job... it is my first job since I graduated. I have a degree in engineering. I love my job.... (Pause) Yes, I do... Somehow I didn't get sacked during that drinking period. It must have been by sheer luck that it didn't happen. My job has given me a kind of grounding and promise that I can achieve the goals I have for the future. (Lines 23-26)</i>
	Reflecting on normalised culture of drinking	culture, influence, awakening, role models, personal responsibility, choice, self-motivation.	<i>I think one of the biggest lessons I have learnt is that you might pick some negative behaviour or habit from the community but when it comes to bearing the consequence, you bear it alone. That is the rude truth. It becomes your own cross. So I think if you know that, you begin to understand individual responsibility. (Lines 76-79)</i>

<b>Connectedness with self and others</b>	Social Learning from positive role models	choice, change, inspiration, self-motivation, better life, maturation, values and positive role model.	<i>Well, I don't know. You would have thought I should have stopped drinking when my uncle died, yet I didn't. People would tell me that I needed to reduce my drinking, but I never took it to much thinking. Then one day a friend I hadn't seen for a long time invited me to his wedding. We had gone to school together. I found out that he had stopped drinking and now had bought a house and was wedding his long-time girlfriend. His life seemed so much in order. As he took his vows, I just stood there in admiration and in tears and said to myself, 'I will never drink again'. He really inspired me. That is how I stopped. More than two years down the line and I didn't miss any of that life which I lived.</i> (Lines 45-52)
	Drinking as a social identity	status, responsibility, self-identity, selfhood, detachment, choice, culture of drinking, family influence, change.	<i>I used to see consuming alcohol just as nothing more than social drinking. I also thought it gave you some social status. I never thought of the consequences.</i> (Lines 90-91)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	hallucinations, panic.	<i>On many occasions, I could not remember what had happened the previous night. I would have no recall. Sometimes I would feel like there were strange people in my room. I think I was hallucinating. Then I would panic. It was bad.</i> (Lines 55-57)
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	satisfaction, stable mood, and a sense of psychological wellbeing.	<i>I sleep well. I don't hallucinate.</i> (Line 62)
	Reflecting on the impact of harmful drinking on his psychological world	moods and emotions.	<i>It made my mood unstable. It was crazy. I mean crying without any reason? That was really bad.</i> (Lines 85-86)

## Participant 2 - Transcription process

### 1. What did you feel about the cost of alcohol?

2. Alcohol is expensive, but of course when you are taking it, you deny
3. that fact, especially because
4. friends who are also drinkers tend to buy for you. The problem comes when
5. you have to buy for
4. them. This is when I felt the financial pinch.

### 6. Did the cost of alcohol affect your drinking decisions in any way?

7. Yes, I would waste a lot of money in this group drinking. Then something
8. horrible happened.
9. It was the death of my friend. He was living large, taking us out, buying
10. drinks for us but suddenly he committed suicide. We didn't know he had
11. gotten into so much debt. It was shocking.

### 12. Have your financial goals and aspirations for your future been influenced

### 13. by your decisions in any way?

14. Yes, because I thought I cannot just live for a drink, always getting skint
15. because I have used my money on drinking. It was mainly my pocket money
16. which my parents had given me.

### 17. What was it like to consume alcohol, and what was your experience of being in

### 18. an alcoholic body?

19. I thought it was fun, but it really wasn't. I would feel excited and kind of lively,
20. but I wasn't eating well and still I kept on drinking and my body changed too. I
21. started getting stomach aches and the pains would be too bad. Sometimes
22. unbearable.

### 23. How did you feel about your health?

24. I had always felt that I was a healthy person and so I thought I could get
25. away with it. But then I developed stomach ulcers. It felt like it came from
26. nowhere, but then I knew that if I didn't stop, things would get out of hand.
27. However, I didn't do anything and I didn't care much so my ulcers got worse
28. and then I got so ill and was admitted in hospital.

29. What is it like for you not to consume alcohol the way you did before?

30. My ulcers are now cured and I have had to change my lifestyle and diet.

31. I stopped drinking completely and I am now healthy.

32. Did alcohol consumption affect your sense of responsibility in any way?

33. Yes, I become irresponsible, it affected my common sense. I started lowering

34. my expectation about life and I quit my studies. I was in the 3rd year of my

35. degree. I just didn't want to be answerable to anyone. I could not listen to

36. anyone. I just wanted to be carefree. I thought it was cool.

37. Could you describe in what ways alcohol consumption affected your work?

38. I could not concentrate in my lectures so I lagged behind in my work. I would

39. miss tuitions and seminars because of the hangovers. I was ashamed to ask for any

40. help and so when the workload became too much I decided to drop out. There

41. was no way I could keep up.

42. What do you feel about the choice you have made not to drink?

43. I am free and I feel healthy. It is the best decision I have ever made.

44. What were your intimate or close relationships like for you when you were

45. drunk?

46. I had many friends. I think there was a lot of drinking and so I hardly knew who

47. my best friends were. We were a group. We drank together and just did silly

48. stuff together. No one was particularly too close to me. I also didn't have a

49. girlfriend.

50. In what ways was your alcohol consumption influenced by your close

51. relationships?

52. There was a lot of peer pressure and it was hard to say no.

53. Do you feel that these relationships have influenced your choice to not engage

54. in harmful alcohol consumption?

55. No, I don't think so, I think it was the contrary. I feel that my close relations

56. actually influenced me into harmful drinking.

57. Can you tell me how you experienced your sense of safety or lack of it when

58. you had consumed alcohol?

59. There was no safety. I would always get a sense that things would go wrong.

60. And in many instances they did. I would lose my stuff, my phone, my wallet. It

61. was just chaotic.

62. Can you describe how you feel about that now?

63. I feel that I face life with sobriety. If anything happens at least I know it wasn't

64. because I was drunk.

65. Do you feel your sense of safety has been influenced by your choice not to

66. engage in harmful alcohol drinking?

67. Yes, I would say so.

68. What was the attitude of others towards you in the community when you

69. consumed alcohol?

70. There was not much reaction in the community; I am not the only one who was

71. getting drunk.

72. What was/is it like to live in a culture that embraces alcohol consumption?

73. Not a nice place. No one seemed to particularly say anything about it.

74. Many people engaged in alcoholism and bad behaviour related to drinking.

75. It was normal.

76. In what ways do you think the community influenced your alcohol

77. consumption back then?

78. Peer pressure, bad company and, as I have said, it was normalised even when

79. deep within myself I felt I needed to reduce or even stop my drinking.

80. In what ways do you think the community influences your lack of alcohol

81. consumption now?

82. I live in a different environment. I have good influences. None of my best

83. friends drink.

84. How would you describe your emotional well-being during that period when

85. you were consuming alcohol?

86. I was arrogant and I liked fighting with friends. It was bad banter, but

87. sometimes I would get hurt.

88. Can you tell me how alcohol consumption influenced/impacted your emotional

89. well-being?

90. It made me sad. I became a sad person, as I said; I started lowering my



91. expectations about life and became negative about many things. I was

92. pessimistic. I did not see the point of anything.

93. Has that changed in any way now?

94. Yes, I feel lighter and happier.

95. What meaning did you attach to consuming alcohol?

96. Fun, I thought drinking was fun.

97. What was your understanding of the meaning of life then?

98. I thought life was about having friends and doing things together. I did not

99. realise that I was giving in to peer pressure and bad company. I lost a friend

100. to suicide and I almost died of ulcers. These are different factors, but still I

101. could link them all to alcohol. I was just lost.

102. What is your understanding of the meaning of life now that you do not engage

103. in harmful alcohol consumption?

104. Life is about choosing good friends and making sensible decisions. These

105. make you free and welcomed by the society.

106. Is there anything else you would like to tell me?

107. Yes: after you stop drinking, you become healthy and you live a life free of

108. addiction. You also feel in control.

109. What has the experience of being interviewed felt like?

110. Good, excellent!

Subordinate themes	Participant 2 Transcription of interviewer's questions (in red) and interviewee's answers (in black)	Superordinate themes and emergent themes
<i>Making sense of factors which maintains the drinking habits</i>	<p>1. What did you feel about the cost of alcohol?</p> <p>2. Alcohol is expensive, but of course when you are taking it, you deny</p> <p>3. that fact, especially because</p> <p>4. friends who are also drinkers tend to buy for you. The problem comes when</p> <p>5. you have to buy for them. This is when I felt the financial pinch.</p>	<p><b>Culture of drinking</b></p> <p>Denial, Influence, Peer Pressure, Continuity, Inauthenticity</p>
<i>Indifferent and pervasive attitude to drinking alcohol</i>	<p>6. Did the cost of alcohol affect your drinking decisions in any way?</p> <p>7. Yes, I would waste a lot of money in this group drinking. Then something</p> <p>8. horrible happened.</p>	<p><b>Initial pathway into harmful drinking</b></p> <p>Peer Pressure, Culture, Loss, remorse</p>
<i>Reflecting on what awakened him from harmful drinking</i>	<p>9. It was the death of my friend. He was living large, taking us out, buying</p> <p>10. drinks for us, but suddenly he committed suicide. We didn't know he had</p> <p>11. gotten into so much debt. It was shocking.</p>	<p><b>Pro- change factor</b></p> <p>Death, Debt, Bad faith, Loss, impulsivity, Shock, Social learning and Contradiction</p>
<i>Gaining independence</i>	<p>12. Have your financial goals and aspirations for your future been influenced</p> <p>13. by your decisions in any way?</p> <p>14. Yes, because I thought I cannot just live for a drink, always getting skint</p> <p>15. because I have used my money on drinking. It was mainly my pocket money</p> <p>16. which my parents had given me.</p> <p>17. What was it like to consume alcohol, and what was your experience of being in</p> <p>18. an alcoholic body?</p>	<p><b>Life transition</b></p> <p>Hope, Choice, Loss, Responsibility, Self-Motivation</p>

*Reflecting on the impact of harmful drinking on his body*

19. I thought it was fun, but it really wasn't. I would feel excited and kind of lively,  
20. but I wasn't eating well and still I kept on drinking and my body changed too. I  
21. started getting stomach aches and the pains would be too bad. Sometimes  
22. unbearable.

23. How did you feel about your health?

*Reflecting on the impact of harmful drinking on his body*

24. I had always felt that I was a healthy person and so I thought I could get  
25. away with it. But then I developed stomach ulcers. It felt like it came from  
26. nowhere, but then I knew that if I didn't stop, things would get out of hand.  
27. However, I didn't do anything and I didn't care much, so my ulcers got worse  
28. and then I got so ill and was admitted in hospital.

29. What is it like for you not to consume alcohol the way you did before?

*Reflecting on the decision to drink alcohol moderately or to abstain*

30. My ulcers are now cured and I have had to change my lifestyle and diet.  
31. I stopped drinking completely and I am now healthy.

32. Did alcohol consumption affect your sense of responsibility in any way?

*Absence of sense of responsibility*

33. Yes, I become irresponsible, it affected my common sense. I started lowering  
34. my expectation about life and I quit my studies. I was in the 3rd year of my  
35. degree. I just didn't want to be answerable to anyone. I could not listen to  
36. anyone. I just wanted to be carefree. I thought it was cool.

37. Could you describe in what ways alcohol consumption affected your work?

*Absence of sense of responsibility*

38. I could not concentrate in my lectures so I lagged behind in my work. I would  
39. miss tufts and seminars because of the hangovers. I was ashamed to ask for any  
40. help, and so when the workload became too much I decided to drop out.

### **Relationship with the body and environment**

Sleep-walking, Self-deception, Embodiment, Illness, Health

### **Relationship with the body and environment**

Embodiment, Sleepwalking, Health, Carefree, Change, Control, Self-deception

### **Pro-change factors**

Change, Health, Lifestyle, Abstinence, Recovery, Well-being

### **Life transition**

Chaos, Pessimism, lost goals, irresponsibility, Carefree, unaccountability

Loss, inconsistency, Fatigue, Embodiment, shame, hopelessness, dead-end.

<p><i>Reflecting on normalised culture of drinking</i></p>	<p>41. There was no way I could keep up.</p> <p>42. What do you feel about the choice you have made not to drink?</p> <p>43. I am free and I feel healthy. It is the best decision I have ever made.</p> <p>44. What were your intimate or close relationships like for you when you were</p> <p>45. drunk?</p> <p>46. I had many friends. I think there was a lot of drinking and so I hardly knew who</p> <p>47. my best friends were. We were a group. We drank together and just did silly</p> <p>48. stuff together. No one was particularly too close to me. I also didn't have a</p> <p>49. girlfriend.</p> <p>50. In what ways was your alcohol consumption influenced by your close</p> <p>51. relationships?</p>	<p><b>Culture of drinking</b></p> <p>Peer Pressure, Relatedness</p>
<p><i>Making sense of factors which maintained drinking habits</i></p>	<p>52. There was a lot of peer pressure and it was hard to say no.</p> <p>53. Do you feel that these relationships have influenced your choice to not engage</p> <p>54. in harmful alcohol consumption?</p>	<p>Peer Pressure, Identity, Choice, influence</p>
<p><i>Making meaning on pathways to harmful drinking</i></p>	<p>55. No, I don't think so, I think it was the contrary. I feel that my close relations</p> <p>56. actually influenced me into harmful drinking</p> <p>57. Can you tell me how you experienced your sense of safety or lack of it when</p> <p>58. you had consumed alcohol?</p>	<p>Influence, Pressure</p>
<p><i>Reflecting on maturation and developmental process</i></p>	<p>59. There was no safety. I would always get a sense that things would go wrong.</p> <p>60. And in many instances they did. I would lose my stuff, my phone, my wallet. It</p> <p>61. was just chaotic.</p>	<p><b>Life transition</b></p> <p>Anxiety, Chaos, Irresponsibility</p>

<i>Reflecting on the decision to drink alcohol moderately or to abstain</i>	<p>62. Can you describe how you feel about that now?</p> <p>63. I feel that I face life with sobriety. If anything happens, at least I know it wasn't</p> <p>64. because I was drunk.</p> <p>65. Do you feel your sense of safety has been influenced by your choice not to</p> <p>66. engage in harmful alcohol drinking?</p> <p>67. Yes, I would say so.</p> <p>68. What was the attitude of others towards you in the community when you</p> <p>69. consumed alcohol?</p>	<p><b>Pro-change factors</b></p> <p>Control, Sobriety, Choice</p>
<i>Reflecting on normalised culture of drinking</i>	<p>70. There was no much reaction in the community; I am not the only one who was</p> <p>71. getting drunk.</p> <p>72. What was/is it like to live in a culture that embraces alcohol consumption?</p>	<p><b>Culture of drinking</b></p> <p>Sleepwalking, Culture, Numbness, Collective behaviour</p>
<i>Reflecting on normalised culture of drinking</i>	<p>73. Not a nice place. No one seemed to particularly say anything about it.</p> <p>74. Many people engaged in alcoholism and bad behaviour related to drinking.</p> <p>75. It was normal.</p> <p>76. In what ways do you think the community influenced your alcohol</p> <p>77. consumption back then?</p>	<p>Culture, Sleepwalking, Numbness, Collective behaviour</p>
<i>Reflecting on normalised culture of drinking</i>	<p>78. Peer pressure, bad company and, as I have said, it was normalised even when</p> <p>79. deep within myself I felt I needed to reduce or even stop my drinking.</p> <p>80. In what ways do you think the community influences your lack of alcohol</p> <p>81. consumption now?</p>	<p>Peer Pressure, Culture, Collective versus individual agency</p>
<i>Social learning from positive role models</i>	<p>82. I live in a different environment. I have good influences. None of my best</p> <p>83. friends drink.</p>	<p><b>Pro-change factors</b></p>

<p><i>Consequences of excessive drinking on relationships</i></p>	<p>84. How would you describe your emotional well-being during that period when you were consuming alcohol?</p>	<p>Change of environment, Culture, Role Models, positive Influence</p>
<p><i>Reflecting on the impact of harmful drinking on his psychological world</i></p>	<p>86. I was arrogant and I liked fighting with friends. It was bad banter, but sometimes I would get hurt.</p> <p>87. sometimes I would get hurt.</p> <p>88. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?</p>	<p><b>Connectedness with self and others</b> Pride, Irresponsibility, self-deception, Relatedness</p>
<p><i>Pleased with the benefits which quitting harmful drinking has had on his psychological world</i></p>	<p>89. well-being?</p> <p>90. It made me sad. I became a sad person, as I said; I started lowering my expectations about life and became negative about many things. I was pessimistic. I did not see the point of anything.</p> <p>91. expectations about life and became negative about many things. I was pessimistic. I did not see the point of anything.</p> <p>92. pessimistic. I did not see the point of anything.</p> <p>93. Has that changed in anyway now?</p>	<p><b>Mental health and well-being</b> Sad, Pessimism, meaninglessness</p>
<p><i>Awakening to the meaning of life</i></p>	<p>94. Yes, I feel lighter and happier.</p> <p>95. What meaning did you attach to consuming alcohol?</p> <p>96. Fun, I thought drinking was fun.</p> <p>97. What was your understanding of the meaning of life then?</p> <p>98. I thought life was about having friends and doing things together. I did not realise that I was giving in to peer pressure and bad company. I lost a friend to suicide and I almost died of ulcers. These are different factors, but still I could link them all to alcohol. I was just lost.</p>	<p>Happy, better mood</p>
		<p><b>Spiritual transcendence</b>  Awakening, meaning, purpose, Peer pressure, collectiveness, loss, Social learning, Death, sleepwalking</p>

102. What is your understanding of the meaning of life now that you do not engage

103. in harmful alcohol consumption?

*Reflecting on the meaning of life*

104. Life is about choosing good friends and making sensible decisions. These

105. make you free and welcomed by the society.

106. Is there anything else you would like to tell me?

*Reflecting on the advantages of abstinence*

107. Yes; after you stop drinking, you become healthy and you live a life free of

108. addiction. You also feel in control.

109. What has the experience of being interviewed felt like?

110. Good, excellent!

**Connectedness with self and others**

Choice, The good life, Freedom

**Pro-change factors**

Health, Freedom, Control, Well-being

Participant 2			
Superordinate themes	Subordinate themes	Emergent themes from the data	Illuminatory quotes
<b>Initial pathway into harmful drinking</b>	Indifferent and pervasive attitude to drinking alcohol	peer pressure, culture, loss, remorse.	<i>Yes, I would waste a lot of money in this group drinking. Then something horrible happened.</i> (Lines 7-8)
<b>Pro-change factor</b>	Reflecting on what awakened him from harmful drinking	death, debt, bad faith, loss, impulsivity, shock, social learning and contradiction.	<i>It was the death of my friend. He was living large, taking us out, buying drinks for us, but suddenly he committed suicide. We didn't know he had gotten into so much debt. It was shocking.</i> (Lines 9-11)
	Reflecting on the decision to drink alcohol moderately or to abstain	change, health, lifestyle, abstinence, recovery, well-being.	<i>My ulcers are now cured and I have had to change my lifestyle and diet. I stopped drinking completely and I am now healthy.</i> (Lines 30-31)
	Reflecting on the decision to drink alcohol moderately or to abstain	control, sobriety, choice.	<i>I feel that I face life with sobriety. If anything happens, at least I know it wasn't because I was drunk.</i> (Lines 63-64)
	Reflecting on the advantages of abstinence	health, freedom, control.	<i>Yes, after you stop drinking, you become healthy and you live a life free of addiction. You also feel in control.</i> (Lines 107 -108)
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on his body	Sleepwalking, self-deception, embodiment, illness, health.	<i>I thought it was fun, but it really wasn't. I would feel excited and kind of lively, but I wasn't eating well and still I kept on drinking and my body changed too. I started getting stomach aches and the pains would be too bad. Sometimes unbearable.</i> (Lines 19-22)
	Reflecting on the impact of harmful drinking on his body	embodiment, sleepwalking, health, carefree, change, control, self-deception.	<i>I had always felt that I was a healthy person and so I thought I could get away with it. But then I developed stomach ulcers. It felt like it came from nowhere, but then I knew that if I didn't stop, things would get out of hand. However, I didn't do anything and I didn't care much, so my ulcers got worse and then I got so ill and was admitted in hospital.</i>



			(Lines 24-27)
<b>Life transition</b>	Gaining independence	hope, choice, loss, responsibility, self-motivation.	<i>Yes, because I thought I cannot just live for a drink, always getting skint because I have used my money on drinking. It was mainly my pocket money which my parents had given me.</i> (Lines 14-16)
	Absence of sense of responsibility	loss, inconsistency, fatigue, embodiment, shame, hopelessness, dead-end.	<i>I could not concentrate in my lectures so I lagged behind in my work. I would miss tuts and seminars because of the hangovers. I was ashamed to ask for any help, and so when the workload became too much I decided to drop out. There was no way I could keep up.</i> (Lines 38-41)
	Absence of sense of responsibility	anxiety, chaos, irresponsibility.	<i>I would lose my stuff, my phone, my wallet. It was just chaotic.</i> (Lines 60-61)
<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	peer pressure, relatedness.	<i>I had many friends. I think there was a lot of drinking and so I hardly knew who my best friends were. We were a group. We drank together and just did silly stuff together. No one was particularly too close to me. I also didn't have a girlfriend.</i> (Lines 46-49)
	<i>Making sense of factors which maintained drinking habits</i>	peer pressure, identity, choice, influence.	<i>There was a lot of peer pressure and it was hard to say no. ... I feel that my close relations actually influenced me into harmful drinking</i> (Lines 52, 55-56)
	Making sense of factors which maintained the drinking habits	denial, influence, peer pressure, continuity, inauthenticity.	<i>Alcohol is expensive, but of course when you are taking it, you deny that fact, especially because friends who are also drinkers tend to buy for you. The problem comes when you have to buy for them. This is when I felt the financial pinch.</i> (Lines 2-5)
	Reflecting on normalised culture of drinking	sleepwalking, culture, numbness, collective behaviour.	<i>There was not much reaction in the community; I am not the only one who was getting drunk.</i> (Lines 70-71)
	Reflecting on normalised culture of drinking	culture, sleepwalking, numbness, collective behaviour.	<i>Not a nice place. No one seemed to particularly say anything about it. Many people engaged in alcoholism and bad behaviour related to drinking. It was normal.</i> (Lines 73-75)
	Reflecting on normalised culture of drinking	collectiveness, peer pressure, culture, collective versus individual agency.	<i>Peer pressure, bad company and, as I have said, it was normalised even when deep within myself I felt I needed to reduce or even stop my drinking.</i>

			(Lines 78-79)
<b>Connectedness with self and others</b>	Social learning from positive role models	change of environment, culture, role models, positive influence.	<i>I live in a different environment. I have good influences. None of my best friends drink.</i> (Lines 82-83)
	Consequences of excessive drinking on relationships	pride, irresponsibility, self-deception, relatedness.	<i>I was arrogant and I liked fighting with friends. It was bad banter, but sometimes I would get hurt.</i> (Lines 86 -87)
	Reflecting on the meaning of life	choice, the good life, freedom.	<i>Life is about choosing good friends and making sensible decisions. These make you free and welcomed by the society.</i> (Lines 104 -105)
<b>Mental health and wellbeing</b>	Reflecting on the impact of harmful drinking on his psychological world	sad, pessimism, meaninglessness.	<i>It made me sad. I became a sad person, as I said; I started lowering my expectations about life and became negative about many things. I was pessimistic. I did not see the point of anything.</i> (Lines 90 – 92)
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	happy, better mood.	<i>Yes. I feel lighter and happier.</i> (Line 94)
<b>Spiritual transcendence</b>	Awakening to the meaning of life	awakening, meaning, purpose, peer pressure, collectiveness, loss, social learning, death, sleepwalking.	<i>I thought life was about having friends and doing things together. I did not realise that I was giving in to peer pressure and bad company. I lost a friend to suicide and I almost died of ulcers. These are different factors, but still I could link them all to alcohol. I was just lost.</i> (Lines 98 -101)

### Participant 3 - Transcription process

1. What did you feel about the cost of alcohol?

2. Affordable, I always budgeted for it.

3. Did the cost of alcohol affect your drinking decisions in any way?

4. Not at all.

5. Have your financial goals and aspirations for your future been influenced by

6. your decisions in any way?

7. ...I never paid any attention to the implication of the

8. cost of alcohol in relation to what I wanted in the future.

9. What was it like to consume alcohol, and what was your experience of being in

10. an alcoholic body?

11. At first it was quite enjoyable, stress relaxing and problem solving. Being in an

12. alcoholic body created an exciting moment of tension reliever.

13. How did you feel about your health?

14. I did not care much about my health, but then I noticed that I had lost my

15. appetite which led to drastic change in my weight. I also had frequent colds

16. due to late nights out. And without alcohol my body felt weird, my hands

17. would also shake, but that would stop immediately I took alcohol again.

18. What is it like for you not to consume alcohol the way you did before?

19. It has really helped improve my focus on setting goals. My health has

20. greatly improved.

21. Did alcohol consumption affect your sense of responsibility in any way?

22. Yes, it did. I started getting ill. Then I remember one day I missed work because

23. I was ill. I had a hangover, and when I returned, my manager called me to the

24. office and asked me if I had a drinking problem. I was shocked...so I said no. I

25. did not know why he had gotten into that. I was also sort of in denial, but I

26. knew I was now treading the wrong path.

27. Could you describe in what ways alcohol consumption affected your work?

28. So I got fired because I kept reporting to work late or I would not turn up for

29. work. Most of the work that had been delegated for me went unfinished and

30. some of my colleagues started picking up much of it.

31. What do you feel about the choice you have made not to drink?

32. I am glad I made the decision to stop drinking. It was not an easy decision, but

33. I'm grateful for the achievements I am making with my life.

34. What were your intimate or close relationships like for you when you were  
35. drunk?

36. My relationships were always broken; they could not last long due to my irresponsible behaviour and lack of commitment.

37. At some point my family members disowned me.

38. In what ways was your alcohol consumption influenced by your close  
39. relationships?

40. Peer pressure. Free drinks from friends which were irresistible. I blame my

41. drinking woes to having friends who were alcoholics.

42. Do you feel that these relationships have influenced

43. your choice to not engage

44. in harmful alcohol consumption?

45. Yes, but inadvertently, because it is only after dropping the bad company that I

46. was able to stop.

47. I have good supportive friends who are non-drinkers and one of them is far

48. older than me, but he connected me to a support group so that I could not

49. relapse. I look up to him as my role model because he too told me he had a

50. drinking problem when he was younger but he has now abstained for over 10

51. years. Having him as a close friend is really helpful.

52. Can you tell me how you experienced your sense of safety, or lack of it, when  
you had consumed alcohol?

53. Alcohol created false illusions that everything was OK; it acted as a consolation

54. on the ever-demanding life issues. All these were temporarily forgotten, and

55. hence created a false sense of hope and security.

56. Can you describe how you feel about that now?

57. Totally different. The sense of safety that I felt upon alcohol consumption was

58. all a lie.

59. Do you feel your sense of safety has been influenced by your choice not to  
60. engage in harmful alcohol drinking?

61. Yes, I am in a position to streamline my life at all angles for a better future. I

62. have just started a new job.

63. What was the attitude of others towards you in the community when you

64. consumed alcohol?

65. Often indifferent, because what I was doing almost every other person was

66. doing it.

67. What was/is it like to live in a culture that embraces alcohol consumption?

68. Living in a culture that embraced alcohol consumption was stressful; there was

69. an emptiness that was characterised by the lack of motivation to pursue any

70. life goals. Everyone was perhaps confused. Except that maybe they did not

71. know. I wanted to stop, but it was a culture where no one could help another.

72. In what ways do you think the community influenced your alcohol

73. consumption back then?

74. There was lack of role models, poor parenting skills; my parents were drinkers

75. too and so were my brothers. There was also lack of counselling from the

76. elderly, who were also drinkers, and of course the availability of drinks from

77. supermarkets which you just bought and took home.

78. In what ways do you think the community influences your lack of alcohol

79. consumption now?

80. Support groups have been formed which have helped many alcoholics. Role

81. models who offer guidance and counselling are always available to help. The

82. laws on alcohol have some impact too. Rehabilitation centres have been put up

83. to help those struggling with addiction, although these are expensive, but I

84. guess most important is that people are beginning to see and talk about the

85. effects of harmful drinking.

86. How would you describe your emotional well-being during that period when

87. you were consuming alcohol?

88. It was at its worst. I had severe depression, anger outbursts for no apparent

89. reason, mood swings and was acting violently towards family members. It was

90. the worst time of my life. I felt lonely and depressed too. I had lost my job

91. because of drinking absenteeism, and now I was so broke, I couldn't fund my

92. drinking sprees. It's like I had lost everything. I had no friends and my family

93. didn't want anything to do with me.

94. Can you tell me how alcohol consumption impacted your emotional well-

being?

95. Frequent consumption had led to total addiction, and as a result, I had all the  
96. signs of anxiety and depression and I lacked any control from within. I became  
anti-social and wild.

97. Has that changed in any way now?

98. Yes, I feel free. I am no longer depressed. I now have another job and I have  
99. learnt my lessons. I have decided there is no point in living the past. I had to  
100. get over it. I have decided that I can decide to live a clean life because even in  
102. the community there are people who don't drink. I want to join that criterion.

102. What meaning did you attach to consuming alcohol?

103. It was a stress reliever, and alcoholism was the only way of solving the never-  
104. ending problems.

105. What was your understanding of the meaning of life then?

106. Life was simple, no struggle.

107. What is your understanding of the meaning of life now that you do not

108. engage in harmful alcohol consumption?

109. Life is precious. Focusing on the positive aspects of it is crucial to the  
110. emotional, physical, financial, psychological and spiritual development. A lot  
111. can be achieved through seeking help. Upholding key moral values has led to  
112. improved relationships at home, at work and hence a better understanding of  
113. the surroundings.

114. Is there anything else you would like to tell me?

115. Quitting alcohol was the best decision I ever made in my life. The emotional  
116. torture is all gone, my finances have greatly improved, and relationships with  
117. family and friends are now stable. Alcoholism is a life prison; I am happy to  
118. have broken the chains and will live to share my story and journey to  
119. recovery.

120. What has the experience of being interviewed felt like?

121. Quite relieving. It's also encouraging to note down the achievements and the  
122. progress I have made since I decided to quit alcohol.

<i>Subordinate themes</i>	<b>Participant 3</b> Transcription of interviewer's questions (in red) and interviewee's answers (in black)	<b>Superordinate themes and emergent themes</b>
<i>Indifferent and pervasive attitude to drinking alcohol</i>	<p>1. What did you feel about the cost of alcohol?</p> <p>2. Affordable, I always budgeted for it.</p> <p>3. Did the cost of alcohol affect your drinking decisions in any way?</p> <p>4. Not at all.</p> <p>5. Have your financial goals and aspirations for your future been influenced by</p> <p>6. your decisions in any way?</p> <p>7. ...I never paid any attention to the implication of the</p> <p>8. cost of alcohol in relation to what I wanted in the future.</p> <p>9. What was it like to consume alcohol, and what was your experience of being in</p> <p>10. an alcoholic body?</p> <p>11. At first it was quite enjoyable, stress relaxing and problem solving. Being in an</p> <p>12. alcoholic body created an exciting moment of tension reliever.</p>	<p><b>Initial pathway into harmful drinking</b></p> <p>Sleepwalking, affordability, Future goals</p>
<i>Reflecting on the impact of harmful drinking on his body</i>	<p>13. How did you feel about your health?</p> <p>14. I did not care much about my health, but then I noticed that I had lost my</p> <p>15. appetite, which led to drastic change in my weight. I also had frequent colds</p> <p>16. due to late nights out. And without alcohol my body felt weird, my hands</p> <p>17. would also shake but that would stop immediately I took alcohol again.</p> <p>18. What is it like for you not to consume alcohol the way you did before?</p> <p>19. It has really helped me improve focus on setting my goals. My health has</p>	<p><b>Relationship with the body and environment</b></p> <p>Embodiment, Vicious Cycle</p>

<i>Role of positive role model(s) in quitting harmful drinking</i>	<p>20. greatly improved.</p> <p>21. Did alcohol consumption affect your sense of responsibility in any way?</p> <p>22. Yes, it did. I started getting ill. Then I remember one day I missed work because</p> <p>23. I was ill. I had a hangover, and when I returned, my manager called me to the</p> <p>24. office and asked me if I had a drinking problem. I was shocked...so I said no. I</p> <p>25. did not know why he had gotten into that. I was also sort of in denial, but I knew</p> <p>26. I was now treading the wrong path.</p>	<p><b>Pro-change factors</b></p> <p>Embodiment, Illness, Sleepwalking, Self-deception, Denial</p>
<i>Absence of sense of responsibility</i>	<p>27. Could you describe in what ways alcohol consumption affected your work?</p> <p>28. So I got fired because I kept reporting to work late or I would not turn up for</p> <p>29. work. Most of the work that had been delegated for me went unfinished and</p> <p>30. some of my colleagues started picking up much of it.</p>	<p><b>Life transition</b></p> <p>Loss, Irresponsibility, Unaccountability</p>
<i>Reflecting on the decision to abstain</i>	<p>31. What do you feel about the choice you have made not to drink?</p> <p>32. I am glad I made the decision to stop drinking. It was not an easy decision, but</p> <p>33. I'm grateful for the achievements I am making with my life.</p>	<p><b>Pro-change factors</b></p> <p>Choice, Achievement</p>
<i>Consequences of excessive drinking on relationships</i>	<p>34. What were your intimate or close relationships like for you when you were</p> <p>35. drunk?</p> <p>36. My relationships were always broken; they could not last for long due to irresponsible behaviour and lack of commitment.</p> <p>37. At some point my family members disowned me.</p> <p>38. In what ways was your alcohol consumption influenced by your close</p> <p>39. relationships?</p>	<p><b>Connectedness with self and others</b></p> <p>Inconsistency, Irresponsibility, Lack of commitment, estrangement</p>



Factors that influenced drinking behaviour

40. Peer pressure. Free drinks from friends which were irresistible. I blame my

41. drinking woes to having friends who were alcoholics.

42. Do you feel that these relationships have influenced

43. your choice to not engage

44. in harmful alcohol consumption?

45. Yes, but inadvertently, because it is only after dropping the bad company that I

46. was able to stop.

Role of positive role models in quitting harmful drinking

47. I have good supportive friends who are non-drinkers, and one of them is far

48. older than me but he connected me to a support group so that I could not

49. relapse. I look up to him as my role model, because he too told me he had a

50. drinking problem when he was younger but he has now abstained for over 10

51. years. Having him as a close friend is really helpful.

52. Can you tell me how you experienced your sense of safety or lack of it when you had consumed alcohol?

Harmful drinking as escapism

53. Alcohol created false illusions that everything was OK; it acted as a consolation

54. on the ever-demanding life issues. All these were temporarily forgotten and

55. hence created a false sense of hope and security.

56. Can you describe how you feel about that now?

57. Totally different. The sense of safety that I felt upon alcohol consumption was

58. all a lie.

### Culture of drinking

Peer Pressure, Culture, Loss of individuality and selfhood, Lack of personal responsibility

### Pro-change factors

Choice, Change, self-efficacy

### Pro-change factors

Role Model, Supportive friends, Mentor

### Spiritual transcendence

Self-deception, Sleepwalking

Self-deception, Sleepwalking

Influence of belief system on decisions	<p>59. Do you feel your sense of safety has been influenced by your choice not to</p> <p>60. engage in harmful alcohol drinking?</p> <p>61. Yes, I am in a position to streamline my life at all angles for a better future. I</p> <p>62. have just started a new job.</p>	<p><b>Spiritual transcendence</b></p>
	<p>63. What was the attitude of others towards you in the community when you</p> <p>64. consumed alcohol?</p>	<p>Future possibilities, Change, Hope</p>
<i>Reflecting on normalised culture of drinking</i>	<p>65. Often indifferent because what I was doing almost every other person was</p> <p>66. doing it.</p>	<p><b>Culture of drinking</b></p>
<i>Lived experience of a community with normalised drinking</i>	<p>67. What was/is it like to live in a culture that embraces alcohol consumption?</p> <p>68. Living in a culture that embraced alcohol consumption was stressful; there was</p> <p>69. an emptiness that was characterised by the lack of motivation to pursue any</p> <p>70. life goals. Everyone was perhaps confused. Except that maybe they did not</p> <p>71. know. I wanted to stop, but it was a culture where no one could help another.</p>	<p><b>Culture of drinking</b></p> <p>Collective behaviour</p>
	<p>72. In what ways do you think the community influenced your alcohol</p> <p>73. consumption back then?</p>	<p><b>Culture of drinking</b></p>
<i>Reflecting on normalised culture of drinking</i>	<p>74. There was lack of role models, poor parenting skills; my parents were drinkers</p> <p>75. too and so were my brothers; there was also lack of counselling from the</p>	<p><b>Culture of drinking</b></p>
<i>Affordability and accessibility of alcohol</i>	<p>76. elderly, who were also drinkers, and of course the availability of drinks from</p> <p>77. supermarkets which you just bought and took home.</p>	<p><b>Culture of drinking</b></p> <p>Lack of good role models, poor Parenting skills, Influences</p>
	<p>78. In what ways do you think the community influences your lack of alcohol</p>	<p><b>Initial pathway into harmful drinking</b></p> <p>Availability, Accessibility, Personal responsibility</p>

Reflecting on availability of interventions

79. consumption now?

80. Support groups have been formed which have helped many alcoholics. Role  
81. models who offer guidance and counselling are always available to help. The  
82. laws on alcohol have some impact too. Rehabilitation centres have been put up  
83. to help those struggling with addiction, although these are expensive, but I  
84. guess most important is that people are beginning to see and talk about the  
85. effects of harmful drinking.

86. How would you describe your emotional well-being during that period when

87. you were consuming alcohol?

Reflecting on the impact of harmful drinking on his psychological world

88. It was at its worst. I had severe depression, anger outbursts for no apparent  
89. reason, mood swings and was acting violently towards family members. It was  
90. the worst time of my life. I felt lonely and depressed too. I had lost my job  
91. because of drinking absenteeism and now I was so broke, I couldn't fund my  
92. drinking sprees. It's like I had lost everything. I had no friends and my family  
93. didn't want anything to do with me

Consequences of excessive drinking on relationships

94. Can you tell me how alcohol consumption impacted your emotional well-being?

Reflecting on the impact of harmful drinking on his psychological world

95. Frequent consumption had led to total addiction, and as a result I had all the  
96. signs of anxiety and depression and I lacked any control from within. I became anti-social and wild.

**Pro-change factors**

Support, Role models, Psycho education, Rehabilitations

**Mental health and well-being**

Depression, Anxiety, Anger, Relatedness, Loss

**Connectedness with self and others**

Loss and broken relationships

**Mental health and well-being**

Anxiety, Depression, Control, Antisocial, Relatedness, Wild

97. Has that changed in any way now?

*Pleased with the benefits which quitting harmful drinking has had on his psychological world*

98. Yes, I feel free. I am no longer depressed. I now have another job and I have

99. learnt my lessons. I have decided there is no point in living in the past. I had to

100. get over it. I have decided that I can decide to live a clean life, because even in

101. the community there are people who don't drink. I want to join that criterion.

102. What meaning did you attach to consuming alcohol?

*Reflecting on excessive drinking as escapism*

103. It was a stress reliever, and alcoholism was the only way of solving the never-

104. ending problems.

105. What was your understanding of the meaning of life then?

106. Life was simple, no struggle.

107. What is your understanding of the meaning of life now that you do not

108. engage in harmful alcohol consumption?

*Awakening to the meaning of life*

109. Life is precious. Focusing on the positive aspects of it is crucial to the

110. emotional, physical, financial, psychological and spiritual development. A lot

111. can be achieved through seeking help. Upholding key moral values has led to

112. improved relationships at home, at work and hence a better understanding of

113. the surroundings.

114. Is there anything else you would like to tell me?

*Reflecting on the decision to abstain from drinking*

115. Quitting alcohol was the best decision I ever made in my life. The emotional

116. torture is all gone, my finances have greatly improved, and relationships with

### Mental health and well-being

Second Chance, Freedom, Wisdom, Self-Forgiveness, Role Models, Authenticity, Well-being

### Spiritual transcendence

Self –Deception, Stress, Suffering, Absurdity, Meaninglessness

### Spiritual transcendence

Positive Life Stance, Support, Role models, Values, Well-being, Hope, Relationships

Choice, Abstinence, Wellbeing, Relatedness, Recovery

117. family and friends are now stable. Alcoholism is a life prison; I am happy to

118. have broken the chains and will live to share my story and journey to

119. recovery.

120. What has the experience of being interviewed felt like?

121. Quite relieving. It's also encouraging to note down the achievements and the

122. progress I have made since I decided to quit alcohol.

Participant 3			
Superordinate themes	Subordinate themes	Emergent themes from the data	Illuminatory quotes
<b>Initial pathway into harmful drinking</b>	Indifferent and pervasive attitude to drinking alcohol	sleepwalking, affordability, lack of future goals.	<i>...I never paid any attention to the implication of the cost of alcohol in relation to what I wanted in the future. (Lines 7-8)</i>
	Affordability and accessibility of alcohol	availability, accessibility, lack of personal responsibility.	<i>...the availability of drinks from the supermarkets which you just bought and took home. (Lines 76-77)</i>
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on his body	embodiment, vicious cycle.	<i>I did not care much about my health, but then I noticed that I had lost my appetite which led to drastic change in my weight. I also had frequent colds due to late nights out. And without alcohol my body felt weird, my hands would also shake but that would stop immediately I took alcohol again. (Lines 14-17)</i>
<b>Pro-change factors</b>	Role of positive role model(s) in quitting harmful drinking	embodiment, illness, sleepwalking, self-deception, denial.	<i>Yes, it did. I started getting ill. Then I remember one day I missed work because I was ill. I had a hangover, and when I returned, my manager called me to the office and asked me if I had a drinking problem. I was shocked ... so I said no. I did not know why he had gotten into that. I was also sort of in denial, but I knew I was now treading the wrong path. (Lines 22-26)</i>
	Reflecting on the decision to abstain	choice, achievement.	<i>I am glad I made the decision to stop drinking. It was not an easy decision, but I'm grateful for the achievements I am making with my life. (Lines 32-33)</i>
	Role of positive role model(s) in quitting harmful drinking	choice, change, self-efficacy role model, supportive friends, mentor.	<i>Yes, but inadvertently, because it is only after dropping the bad company that I was able to stop. I have good supportive friends who are non-drinkers and one of them is far older than me; but he connected me to a support group so that I could not relapse. I look up to him as my role model, because he too told me he had a drinking problem when he was younger but he has now abstained for over 10 years. Having him as a close friend is really helpful. (Lines 45-51)</i>

	Reflecting on availability of interventions	support, role models, psycho education, rehabilitations.	<i>Support groups have been formed which have helped many alcoholics. Role models who offer guidance and counselling are always available to help. The laws on alcohol have some impact too. Rehabilitation centres have been put up to help those struggling with addiction, although these are expensive, but I guess most important is that people are beginning to see and talk about the effects of harmful drinking.</i> (Lines 80-85)
	Reflecting on the decision to abstain from drinking	choice, abstinence, wellbeing, relatedness, recovery.	<i>Quitting alcohol was the best decision I ever made in my life. The emotional torture is all gone, my finances have greatly improved, and relationships with family and friends are now stable. Alcoholism is a life prison; I am happy to have broken the chains and will live to share my story and journey to recovery.</i> (Lines 115-119)
<b>Connectedness with self and others</b>	Consequences of excessive drinking on relationships	loss and broken relationships.	<i>I had lost my job because of drinking absenteeism, and now I was so broke I couldn't fund my drinking sprees. It's like I had lost everything. I had no friends and my family didn't want anything to do with me.</i> (Lines 91-93)
<b>Spiritual transcendence</b>	Harmful drinking as escapism	self-deception, sleepwalking.	<i>Alcohol created false illusions that everything was OK; it acted as a consolation on the ever-demanding life issues. All these were temporarily forgotten and hence created a false sense of hope and security.</i> (Lines 53-55)
	Harmful drinking as escapism	self-deception, sleepwalking.	<i>Totally different. The sense of safety that I felt upon alcohol consumption was all a lie.</i> (Lines 57-58)
	Influence of belief system on decisions	future possibilities, change, hope.	<i>Yes, I am in a position to streamline my life at all angles for a better future. I have just started a new job.</i> (Lines 61-62)
	Reflecting on excessive drinking as escapism	self –deception, stress, suffering, absurdity, meaninglessness, denial.	<i>It was a stress reliever and alcoholism was the only way of solving the never-ending problems.</i> (Lines 103-104)

	Awakening to the meaning of life	positive life stance, support, role models, values, well-being, values, hope, relationships.	<i>Life is precious. Focusing on the positive aspects of it is crucial to the emotional, physical, financial, psychological and spiritual development. A lot can be achieved through seeking help. Upholding key moral values has led to improved relationships at home, at work and hence a better understanding of the surroundings.</i> (Lines 109-113)
<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	culture, stress, meaninglessness, lack of motivation, influences, goals, confusion, indifferent and pervasive attitude to drinking, lack of personal responsibility.	<i>Living in a culture that embraced alcohol consumption was stressful; there was an emptiness that was characterised by the lack of motivation to pursue any life goals. Everyone was perhaps confused. Except that maybe they did not know. I wanted to stop, but it was a culture where no one could help another.</i> (Lines 68-71)
	Reflecting on normalised culture of drinking	lack of good role models, poor parenting skills, influences.	<i>There was a lack of role models, poor parenting skills; my parents were drinkers too and so were my brothers; there was also lack of counselling from the elderly, who were also drinkers.</i> (Lines 74-76)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	depression, anxiety, anger, relatedness, loss.	<i>It was at its worst. I had severe depression, anger outbursts for no apparent reason, mood swings and was acting violently towards family members. It was the worst time of my life. I felt lonely and depressed too. I had lost my job.</i> (Lines 88-90)
	Reflecting on the impact of harmful drinking on his psychological world	anxiety, depression, control, antisocial, relatedness, wild.	<i>I had all the signs of anxiety and depression and I lacked any control from within. I became anti-social and wild.</i> (Lines 95-96)
	Pleased with the benefits which quitting harmful drinking has had on his	second chance, freedom, wisdom, self-forgiveness, role models, authenticity, well-being.	<i>Yes, I feel free. I am no longer depressed. I now have another job and I have learnt my lessons. I have decided there is no point in living in the past. I had to get over it. I have decided that I can decide to live a clean life</i>



	psychological world		<i>because even in the community there are people who don't drink. I want to join that criterion.</i> (Lines 98-101)

## Participant 4 - Transcription process

1. What did you feel about the cost of alcohol?

2. Alcohol is expensive

3. Did the cost of alcohol affect your drinking decisions in any way?

4. Oh yes. This is because I wouldn't drink as often as I would like because of

5. financial constraints.

6. Have your financial goals and aspirations for your future been influenced by your

7. decisions in any way?

8. Definitely, sure. This is because the decisions you make in the present will

9. determine your future.

10. What was it like to consume alcohol, and what was your experience of being in an

11. alcoholic body?

12. Consuming alcohol was initially enjoyable, but when the financial implications

13. started playing out, the effects were detrimental.

14. Although it will initially give you a feeling of solace in the company of fellow alcoholics.

15. How did you feel about your health?

16. Drinking affected my health because most of the time I would miss my meals

17. because there was no appetite.

18. What is it like for you not to consume alcohol the way you did before?

19. It is a personal gain, because you save your money and also there are no

20. high risks of getting alcohol-related diseases.

21. Did alcohol consumption affect your sense of responsibility in any way?

22. Yes, and very much. This is because once intoxicated, it is hard to focus on work;

23. and also the body usually feels fatigued.

24. Could you describe in what ways alcohol consumption affected your work?

25. Most of the time I was late for work. I was also permanently broke because I

26. couldn't save any money. I was always dirty and unkempt.

27. What do you feel about the choice you have made not to drink?

28. I feel I have made the right decision, because drinking comes with a lot of

29. baggage like rogue friends, high-risk sexual behaviour and risk of contracting

30. alcohol-related health problems.

31. What were your intimate or close relationships like for you when you were drunk?

32. The close relationships were intense because of the feel-good atmosphere

33. while with the fellow alcoholics. I was also careless and prone to deceit.

34. In what ways was your alcohol consumption influenced by your close relationships?

35. Because with the drinking friends around, there was always the certainty that I

36. would get a drink even when I did not have money.

37. Do you feel that these relationships have influenced your choice to not engage

38. in harmful alcohol consumption?

39. Yes, they have. This is because I learned my lesson the hard way by contracting

40. STDs through irresponsible behaviour.

41. Can you tell me how you experienced your sense of safety or lack of it when you

42. had consumed alcohol?

43. I normally felt secure because of the hallucinations and false confidence, but in the

44. real sense I was very much insecure, both financially and physically.

45. Can you describe how you feel about that now?

46. I feel I learned my lesson the hard way.

47. Do you feel your sense of safety has been influenced by your choice not to

48. engage in harmful alcohol drinking?

49. Yes, it has.

50. What was the attitude of others towards you in the community when you

51. consumed alcohol?

52. There was mixed reaction from a cross section of the community, because

53. some viewed me as a total man, while others perceived me as being naïve and

54. stupid.

55. What was/is it like to live in a culture that embraces alcohol consumption?

56. It is confusing and a difficult balancing act, as some of the community

57. members perceive alcohol as taking part in their culture, especially during

58. festivals like Christmas or weddings.

59. In what ways do you think the community influenced your alcohol

60. consumption back then?

61. The community influenced my alcohol consumption by providing the same,  
62. even when I didn't have money to buy, and some would even give it on credit.
63. In what ways do you think the community influences your lack of alcohol consumption now?
64. The community has influenced my lack of alcohol consumption because of  
65. civic education on the effects of alcohol.
66. How would you describe your emotional well-being during that period when you  
67. were consuming alcohol?
68. My emotional well-being was affected by my alcohol consumption, because I  
69. almost lost focus and purpose in life.
70. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?
71. I was living in denial.
72. Has that changed in any way now?
73. Yes.
74. What meaning did you attach to consuming alcohol?
75. It's not worth anything. It is of no value.
76. What was your understanding of the meaning of life then?
77. Life is beautiful and enjoyable without alcohol or drugs.
78. What is your understanding of the meaning of life now that you do not engage in  
79. harmful alcohol consumption?
80. Life is sacrosanct and the temple of the Lord for us believers.
81. If one is not careful, alcohol destroys you slowly; years go by and you achieve nothing.
82. In my case, my younger brother finished college, got a job and later married. I  
83. neither had a job nor a wife. I felt challenged. He didn't say anything to me; I  
84. knew it was time to get a job, start saving and live life like a responsible  
85. adult. I decided my drinking was done. I needed purpose in life.
86. Is there anything else you would like to tell me?
87. Not much.
88. What has the experience of being interviewed felt like?
89. Great.

<i>Subordinate themes</i>	<b>Participant 4</b> Transcription of interviewer's questions (in red) and interviewee's answers (in black)	Superordinate themes and emergent themes
<i>Indifferent and pervasive attitude to drinking alcohol</i>	<p>1. What did you feel about the cost of alcohol?</p> <p>2. Alcohol is expensive.</p> <p>3. Did the cost of alcohol affect your drinking decisions in any way?</p> <p>4. Oh yes. This is because I wouldn't drink as often as I would like because of</p> <p>5. financial constraints.</p> <p>6. Have your financial goals and aspirations for your future been influenced by your</p> <p>7. decisions in any way?</p>	<p><b>Initial pathway to harmful drinking</b></p> <p>Constrained drinking</p>
<i>Reflecting on the consequences of lifestyle</i>	<p>8. Definitely... sure. This is because the decisions you make in the present will</p> <p>9. determine your future.</p> <p>10. What was it like to consume alcohol, and what was your experience of being in an</p> <p>11. alcoholic body?</p>	<p><b>Pro-change factors</b></p> <p>Choices, Future</p>
<i>Reflecting on maturation and developmental process</i>	<p>12. Consuming alcohol was initially enjoyable, but when the financial implications</p> <p>13. started playing out, the effects were detrimental.</p>	<p>Bad Choice, Freedom and responsibility</p>
<i>Making sense of factors which maintained the drinking habits</i>	<p>14. Although it will initially give you a feeling of solace in the company of fellow alcoholics.</p> <p>15. How did you feel about your health?</p> <p>16. Drinking affected my health, because most of the time I would miss my meals</p> <p>17. because there was no appetite.</p> <p>18. What is it like for you not to consume alcohol the way you did before?</p>	<p><b>Culture of drinking</b></p> <p>Culture, Self-deception, Hiding</p>

	19. It is a personal gain you because you save your money and also there are no	
	20. high risks of getting alcohol-related diseases.	
	<b>21. Did alcohol consumption affect your sense of responsibility in any way?</b>	
<i>Reflecting on the impact of harmful drinking on the body</i>	22. Yes, and very much. This is because once intoxicated, it is hard to focus on work;	<b>Relationship with the body and environment</b>
	23. and also the body usually feels fatigued.	Embodiment
	<b>24. Could you describe in what ways alcohol consumption affected your work?</b>	
<i>Reflecting on the impact of harmful drinking on the body</i>	25. Most of the time I was late for work. I was also permanently broke because I	Embodiment
	26. couldn't save any money. I was always dirty and unkempt.	Irresponsible
		Self-neglect
	<b>27. What do you feel about the choice you have made not to drink?</b>	
<i>Reflecting on the decision to drink alcohol moderately or to abstain</i>	28. I feel I have made the right decision, because drinking comes with a lot of	<b>Pro-change factors</b>
	29. baggage, like rogue friends, high-risk sexual behaviour and risk of contracting	
	30. alcohol-related health problems.	Self-efficacy, decision, risk, Health, Well-being
	<b>31. What were your intimate or close relationships like for you when you were drunk?</b>	
<i>Consequences of excessive drinking on relationships</i>	32. The close relationships were intense because of the feel-good atmosphere	<b>Connectedness with self and others</b>
	33. while with the fellow alcoholics. I was also careless and prone to deceit.	Culture, Relatedness, Irresponsible, Unaccountability
	<b>34. In what ways was your alcohol consumption influenced by your close relationships?</b>	
<i>Making sense of factors which maintained the drinking habits</i>	35. Because with the drinking friends around, there was always the certainty that I	<b>Culture of drinking</b>
	36. would get a drink, even when I did not have money.	Culture, Influence
	<b>37. Do you feel that these relationships have influenced your choice to not engage</b>	
	<b>38. in harmful alcohol consumption?</b>	

*Reflecting on consequences of harmful drinking on his health*

39. Yes, they have. This is because I learned my lesson the hard way by contracting

40. STDs through irresponsible behaviour.

41. Can you tell me how you experienced your sense of safety or lack of it when you

42. had consumed alcohol?

*Excessive drinking as escapism*

43. I normally felt secure, because of the hallucinations and false confidence, but in the

44. real sense I was very much insecure, both financially and physically.

45. Can you describe how you feel about that now?

46. I feel I learned my lesson the hard way.

47. Do you feel your sense of safety has been influenced by your choice not to

48. engage in harmful alcohol drinking?

49. Yes, it has.

50. What was the attitude of others towards you in the community when you

51. consumed alcohol?

*Indifferent and pervasive attitude to drinking*

52. There was mixed reaction from a cross section of the community, because

53. some viewed me as a total man, while others perceived me as being naïve and

54. stupid.

55. What was/is it like to live in a culture that embraces alcohol consumption?

*Reflecting on normalised culture of drinking*

56. It is confusing and a difficult balancing act, as some of the community

57. members perceive taking alcohol as part of their culture, especially during

58. festivals like Christmas or weddings.

**Relationship with the body and environment**  
Health, Irresponsibility, Embodiment

**Mental health and well-being**

Self-deception, Delusions, Sleepwalking, Fantasy, Unstable

**Culture of drinking**

Paradox, inconsistency, Lack of personal responsibility, indifferent and pervasive attitude to drinking

**Culture of drinking**

Paradox, inconsistency, Confusion, Lack of personal responsibility

<i>Making sense of factors which maintained the drinking habits</i>	<p>59. In what ways do you think the community influenced your alcohol consumption back then?</p> <p>60. consumption back then?</p>	<b>Culture of drinking</b>
	<p>61. The community influenced my alcohol consumption by providing the same</p> <p>62. even when I didn't have money to buy, and some would even give it on credit.</p>	Culture, Influence, Peer pressure
	<p>63. In what ways do you think the community influences your lack of alcohol consumption now?</p>	
<i>Reflecting on availability of interventions</i>	<p>64. The community has influenced my lack of alcohol consumption because of</p> <p>65. civic education on the effects of alcohol.</p>	<b>Pro-change factor</b>
	<p>66. How would you describe your emotional well-being during that period when you were consuming alcohol?</p>	
<i>Awakening to the meaning of life</i>	<p>68. My emotional well-being was affected by my alcohol consumption, because I</p> <p>69. almost lost focus and purpose in life.</p>	<b>Spiritual transcendence</b>
	<p>70. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?</p>	Lack of focus and Meaning
<i>Harmful drinking as escapism</i>	<p>71. I was living in denial.</p> <p>72. Has that changed in any way now?</p>	Denial, Self-deception
	<p>73. Yes.</p> <p>74. What meaning did you attach to consuming alcohol?</p>	
<i>Influence of belief system on decisions</i>	<p>75. It's not worth anything. It is of no value.</p>	Worthless, Meaningless
	<p>76. What was your understanding of the meaning of life then?</p>	
<i>Awakening to the meaning of life</i>	<p>77. Life is beautiful and enjoyable without alcohol or drugs.</p>	Sobriety



78. What is your understanding of the meaning of life now that you do not engage in

79. harmful alcohol consumption?

80. Life is sacrosanct and the temple of the Lord for us believers.

Awakening to the meaning of life

81. If one is not careful, alcohol destroys you slowly; years go by and you achieve nothing.

*Role of positive role model in quitting harmful drinking*

82. In my case, my younger brother finished college, got a job and later married. I

83. neither had a job nor a wife. I felt challenged. He didn't say anything to me. I

84. knew it was time to get a job, start saving and live life like a responsible

85. adult. I decided my drinking was done. I needed purpose in life.

86. Is there anything else you would like to tell me?

87. Not much.

88. What has the experience of being interviewed felt like?

89. Great.

### **Spiritual transcendence**

Awakening, Destruction, Irresponsible, Sleepwalking, Wasted life, purposelessness

### **Pro-change factors**

Role Model, Choice, Self-Motivation, Life Transition, Responsibility, Abstinence, Purpose

Participant 4			
Superordinate themes	Subordinate themes	Emergent themes	Illuminatory quotes
<b>Initial pathway to harmful drinking</b>	Indifferent and pervasive attitude to drinking alcohol	constrained drinking.	<i>...I wouldn't drink as often as I would like, because of financial constraints.</i> Lines 4-5
<b>Pro-change factors</b>	Reflecting on the consequences of lifestyle	choices, future.	<i>...the decisions you make in the present will determine your future.</i> (Lines 8-9)
	Reflecting on the decision to drink alcohol moderately or to abstain	self-efficacy, decision, risk, health, well-being.	<i>I feel I have made the right decision, because drinking comes with a lot of baggage, like rogue friends, high-risk sexual behaviour and risk of contracting alcohol-related health problems.</i> (Lines 28-30)
	Reflecting on availability of interventions	psycho education, influence.	<i>The community has influenced my lack of alcohol consumption because of civic education on the effects of alcohol.</i> (Lines 64-65)
	Role of positive role model in quitting harmful drinking	role model, choice, self-motivation, life transition, responsibility, abstinence, purpose.	<i>In my case, my younger brother finished college, got a job and later married. I neither had a job nor a wife. I felt challenged. He didn't say anything to me. I knew it was time to get a job, start saving and live life like a responsible adult. I decided my drinking was done. I needed purpose in life.</i> (Lines 82-85)
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on the body	embodiment.	<i>...once intoxicated it is hard to focus on work, and also the body usually feels fatigued.</i> (Lines 22-23)
	Reflecting on the impact of harmful drinking on his body	irresponsible self-neglect.	<i>I was always dirty and unkempt.</i> (Line 26)
	Reflecting on consequences of harmful drinking on his health	health, irresponsibility, embodiment.	<i>Yes, they have. This is because I learned my lesson the hard way by contracting STDs through irresponsible behaviour.</i> (Lines 39-40)

<b>Connectedness with self and others</b>	Consequences of excessive drinking on relationships	culture, relatedness, irresponsible, unaccountability.	<i>The close relationships were intense because of the feel-good atmosphere while with the fellow alcoholics. I was also careless and prone to deceit.</i> (Lines 32-33)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	self-deception, delusions, sleepwalking, fantasy, unstable.	<i>I normally felt secure, because of the hallucinations and false confidence, but in the real sense I was very much insecure, both financially and physically.</i> (Lines 43-44)
<b>Culture of drinking</b>	Making sense of factors which maintained the drinking habits	culture, influence.	<i>Because with the drinking friends around, there was always the certainty that I would get a drink, even when I didn't have money.</i> (Lines 35-36)
	Reflecting on normalised culture of drinking	paradox, inconsistency, confusion, lack of personal responsibility.	<i>It is confusing and a difficult balancing act, as some of the community members perceive taking alcohol as part of their culture, especially during festivals like Christmas or weddings.</i> (Lines 56-58)
	Making sense of factors which maintained the drinking habits	culture, influence, peer pressure.	<i>The community influenced my alcohol consumption by providing the same, even when I didn't have money to buy, and some would even give it on credit.</i> (Lines 61-62)
<b>Spiritual transcendence</b>	Awakening to the meaning of life	lack of focus and meaning.	<i>My emotional well-being was affected by my alcohol consumption because I almost lost focus and purpose in life.</i> (Lines 68-69)
	Harmful drinking as escapism	denial, self-deception, sleepwalking.	<i>I was living in denial.</i> (Line 71)
	Influence of belief system on decisions	worthless, meaningless.	<i>It's not worth anything. It is of no value.</i> (Line 75)
	Awakening to the meaning of life	sobriety.	<i>Life is beautiful and enjoyable without alcohol or drugs.</i> (Line 77)
	Awakening to the meaning of life	awakening, destruction, irresponsible, sleepwalking, wasted life, purposelessness.	<i>If one is not careful, alcohol destroys you slowly; years go by and you achieve nothing.</i> (Line 81)

## Participant 5 - Transcription process

### 1. What did you feel about the cost of alcohol?

2. The cost of alcohol never worried me.

### 3. Did the cost of alcohol affect your drinking decisions in any way?

4. It did not.

5. You see, there is very cheap alcohol out there in the shops. So

6. the cost had nothing to do with the decisions I made. So if I

7. had some money, I just bought a lot of alcohol and put it in my room.

### 8. Have your financial goals and aspirations for your future been

### 9. influenced by your decisions in any way?

10. My aspirations, maybe. I want a better life. That is what I

11. want. It doesn't necessarily mean having big money.

### 12. What was it like to consume alcohol, and what was your

### 13. experience of being in an alcoholic body?

14. I was like a living illusion. No fear, nothing, just doing things

15. without much thought; but I also felt flat and cold. My body

16. was numb. I don't know what that was about.

### 17. How did you feel about your health?

18. I did not worry about my health. I was strong and sportive, so I thought that is okay.

19. I went to the gym and did a lot of weightlifting.

### 20. What is it like for you not to consume alcohol the way you did before?

21. It has helped me to control my weight. At some point I feared I was getting overweight, but I am now in good shape.

### 22. Did alcohol consumption affect your sense of responsibility in any way?

23. At first I did not take much notice, but then I started noticing

24. that most of my mates were up to something: uni, or college

25. or work. But for me, I was not working; I was just doing gym or

26. just drinking ...most of the times I was drinking in the secrecy

27. of my room...Then I would wake up and the cycle would go on

28. and on. (Long pause) Those I had grown up with, who were my

29. age mates, were aspiring to something.... I started asking myself, why not me?

30. Could you describe in what ways alcohol consumption affected your work?

31. I was not working...because I was not working, I cannot

32. answer that. But what I can say is that slowly I also noticed

33. that my stamina for the gym was going down. I would get

34. tired, and so I reduced my gym days.

35. What do you feel about the choice you have made not to drink?

36. I am happy with my choice. I drink moderately and that is

37. only if I have to. I mean, I only drink during occasions and

38. events. I feel fully in control. Alcohol no longer offers the thrill it used to.

39. What were your intimate or close relationships like for you when you were drunk?

40. Strange. I would say I am a shy person, so I don't talk

41. much, but when I got drunk I would talk a lot to everyone in

42. the family. But my mother would not talk to me. I felt people

43. were avoiding me. Nobody wanted to engage with my chit

44. chat so I would go into my room and drink and sleep.

45. In what ways was your alcohol consumption influenced by your close relationships?

46. I don't think anyone in my family influenced my drinking. I

47. think I picked it from friends. I really can't say. It just felt cool to get drunk.

48. Do you feel that these relationships have influenced your

49. choice to not engage in harmful alcohol consumption?

50. Yes. I think I only stopped drinking when my mother got so

51. stressed about it. It was my sister who said, "Do you know you

52. are killing Mum? She cries every day because of your

53. drinking." I felt so ashamed. I think hearing it directly from my

54. sister is what brought some sense.

55. Can you tell me how you experienced your sense of safety or

56. lack of it when you had consumed alcohol?

57. I was overly confident. So I would return home late.

58. I would find my mum in the lounge sat waiting to see if I would

59. return home safely. She said nothing, but I knew she had been

60. worrying about my safety, but that didn't bother me; I told her I

61. was strong enough to look after myself.

62. Can you describe how you feel about that now?

63. I think I was just under-estimating danger. Or even trouble. I

64. was also disrespecting my mum and I feel remorseful for that.

65. Do you feel your sense of safety has been influenced by your

66. choice not to engage in harmful alcohol drinking?

67. Not particularly so. But I said I don't want my mum to have

68. sleepless nights because of my stupid decisions.

69. What was the attitude of others towards you in the community when you consumed alcohol?

70. I did not notice anything much, but of course there is gossip in

71. the community; but then because it is gossip you don't quite get

72. to know what was exactly said.

73. What was/is it like to live in a culture that embraces alcohol consumption?

74. It didn't feel like much, but now, because I live far from home, I

75. realise that the community was toxic, really toxic, everything

76. was so readily available. I think my mum should have also

77. stopped me from bringing alcohol home. But she preferred

78. when I drank at home than if I went out. She said she didn't want me to get into trouble.

79. In what ways do you think the community influenced your alcohol consumption back then?

80. Everything was normal. Drinking was never condemned, not at all.

81. In fact a local support centre was closed because nobody went in to ask for any help.

82. In what ways do you think the community influences your lack of alcohol consumption now?

83. I live in a different town and I love my new town. It is a

84. different community. I am now focusing on my apprenticeship programme.

85. I want to get my qualification, so I cannot afford to joke around.

86. There is something inspiring about this town. I haven't seen any of those idling corners.

87. Most of my friends now are also in the apprenticeship programme,

88. and a few have already finished and are working for the company which is also running my programme.

89. How would you describe your emotional well-being during that

90. period when you were consuming alcohol?

91. I had always been an anxious person and was always feeling

92. hopeless, but the opportunity to do an apprentice provided another

93. opportunity. I had failed my exams my A level exams, and I think that

94. had knocked my confidence. So I see this as a second chance.

95. My self-esteem has come back and I can now aspire to something.

96. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?

97. I had low self-esteem; I was also feeling a lot of shame, so my

98. drinking was a camouflage of a lot of problems which I had. I was

99. pretending that there was no big deal in failing my A levels, but my

100. self-esteem had been knocked out by that. So I hid in the gym and in excessive drinking.

101. Has that changed in any way now?

102. Yes, it has. Doing the apprenticeship programme has given me a lot of self-confidence.

103. What meaning did you attach to consuming alcohol?

104. It was a soother. It would numb my shame and my anxiety about the future.

105. What was your understanding of the meaning of life then?

106. I just thought life is not fair. I kept comparing myself with everyone

107. else whom I thought was doing better than myself, but the problem

108. with this is that the more I compared myself, the more I felt miserable about life.

109. What is your understanding of the meaning of life now that you do not engage in harmful alcohol consumption?

110. I feel alive now, but I cannot say what exactly happened.

111. Maybe it was a kind of awakening... I cannot say it is anything in

112. particular, but a kind of awakening happened and I just woke up to

113. the fact that I was just fluffing around with life. I had no goal. I had no purpose. I was just there.

114. Is there anything else you would like to tell me?

115. Not at all.

116. What has the experience of being interviewed felt like?

117. I have enjoyed the interview.

<i>Subordinate themes</i>	<b>Participant 5</b> Transcription of interviewer's questions (in red) and interviewee's answers (in black)	<b>Superordinate themes and emergent themes</b>
<i>Affordability and accessibility of alcohol</i>	<p>1. What did you feel about the cost of alcohol?</p> <p>2. The cost of alcohol never worried me.</p> <p>3. Did the cost of alcohol affect your drinking decisions in any way?</p> <p>4. It did not.</p>	<p><b>Initial pathway into harmful drinking</b></p> <p>Affordability</p>
<i>Affordability and accessibility of alcohol</i>	<p>5. You see, there is very cheap alcohol out there in the shops. So</p> <p>6. the cost had nothing to do with the decisions I made. So if I</p> <p>7. had some money, I just bought a lot of alcohol and put it in my room.</p>	<p>Availability, easy, accessibility, Lack of self-awareness, sleepwalking</p>
<i>Influence of belief system on decisions</i>	<p>8. Have your financial goals and aspirations for your future been</p> <p>9. influenced by your decisions in any way?</p> <p>10. My aspirations, maybe. I want a better life. That is what I</p> <p>11. want. It doesn't necessarily mean having big money.</p>	<p><b>Spiritual transcendence</b></p> <p>Purpose, Aspirations, Values, the good life, Self -Motivation</p>
<i>Reflecting on the impact of harmful drinking on his body</i>	<p>12. What was it like to consume alcohol, and what was your</p> <p>13. experience of being in an alcoholic body?</p> <p>14. I was like a living illusion. No fear, nothing, just doing things</p> <p>15. without much thought; but I also felt flat and cold. My body</p> <p>16. was numb. I don't know what that was about.</p> <p>17. How did you feel about your health?</p> <p>18. I did not worry about my health. I was strong and sportive, so I thought that is okay.</p> <p>19. I went to the gym and did a lot of weightlifting.</p>	<p>Sleepwalking, lack of personal responsibility</p> <p><b>Relationship with the body and environment</b></p> <p>Embodiment, Confusion</p>



*Reflecting on the benefits of quitting harmful drinking on his body*

20. What is it like for you not to consume alcohol the way you did before?

21. It has helped me to control my weight. At some point I feared I was getting overweight, but I am now in good shape.

22. Did alcohol consumption affect your sense of responsibility in any way?

23. At first I did not take much notice, but then I started noticing

24. that most of my mates were up to something: uni, or college

25. or work. But for me, I was not working; I was just doing gym or

26. just drinking ...most of the times I was drinking in the secrecy

27. of my room...Then I would wake up and the cycle would go on

28. and on. (Long pause) Those I had grown up with who were my

29. age mates were aspiring to something.... I started asking myself, why not me?

30. Could you describe in what ways alcohol consumption affected your work?

*Absence of sense of Responsibility*

31. I was not working...because I was not working, I cannot

32. answer that. But what I can say is that slowly I also noticed

33. that my stamina for the gym was going down. I would get

34. tired, and so I reduced my gym days.

35. What do you feel about the choice you have made not to drink?

*Reflecting on his choice to drink moderately*

36. I am happy with my choice. I drink moderately, and that is

**Relationship with the body and environment**

Health, Embodiment, Well-being

**Connectedness with self and others**

Awakening, Goals, Sleepwalking, idling, joblessness, Life transition, Role Models, Social learning, Aspiration, Isolation, Self-Motivation

**Life transition**

Health, Fatigue

**Pro -change factors**

37. only if I have to. I mean, I only drink during occasions and

Choice, Control, Satisfaction, happiness, balance

38. events. I feel fully in control. Alcohol no longer offers the thrill it used to.

39. What were your intimate or close relationships like for you when you were drunk?

40. Strange. I would say I am a shy person, so I don't talk

41. much, but when I got drunk I would talk a lot to everyone in

42. the family. But my mother would not talk to me. I felt people

43. were avoiding me. Nobody wanted to engage with my chit

44. chat, so I would go into my room and drink and sleep.

45. In what ways was your alcohol consumption influenced by your close relationships?

*Drinking as a social identity*

46. I don't think anyone in my family influenced my drinking. I

**Connectedness with self and others**

Peer pressure, Sleepwalking, lack of personal responsibility

47. think I picked it from friends. I really can't say. It just felt cool to get drunk.

48. Do you feel that these relationships have influenced your

49. choice to not engage in harmful alcohol consumption?

*Reflecting on what awakened him from harmful drinking*

50. Yes. I think I only stopped drinking when my mother got so

**Pro-change factors**

Being called out, self-reflection, mentor, role model, Shame, provocation

51. stressed about it. It was my sister who said, "Do you know you

52. are killing Mum, she cries every day because of your

53. drinking." I felt so ashamed. I think hearing it directly from my

54. sister is what brought some sense.

55. Can you tell me how you experienced your sense of safety or

56. lack of it when you had consumed alcohol?

57. I was overly confident. So I would return home late.

58. I would find my mum in the lounge sat waiting to see if I would

59. return home safely. She said nothing, but I knew she had been

60. worrying about my safety, but that didn't bother me; I told her I

61. was strong enough to look after myself.

62. Can you describe how you feel about that now?

63. I think I was just under-estimating danger. Or even trouble. I

64. was also disrespecting my mum, and I feel remorseful for that.

65. Do you feel your sense of safety has been influenced by your

66. choice not to engage in harmful alcohol drinking?

67. Not particularly so. But I said I don't want my mum to have

68. sleepless nights because of my stupid decisions.

69. What was the attitude of others towards you in the community when you consumed alcohol?

70. I did not notice anything much, but of course there is gossip in

71. the community; but then because it is gossip you don't quite get

72. to know what was exactly said.

73. What was/is it like to live in a culture that embraces alcohol consumption?

*Reflecting on maturation and developmental process*

**Life transition**

Attitude, Dis-respective, Remorse

*Reflecting on normalised culture of drinking*

74. It didn't feel like much, but now, because I live far from home, I

75. realise that the community was toxic, really toxic; everything

76. was so readily available. I think my mum should have also

77. stopped me from bringing alcohol home. But she preferred

78. when I drank at home than if I went out. She said she didn't want me to get into trouble.

79. In what ways do you think the community influenced your alcohol consumption back then?

*Reflecting on the normalised culture of drinking*

80. Everything was normal. Drinking was never condemned not at all.

81. In fact a local support centre was closed because nobody went in to ask for any help.

82. In what ways do you think the community influences your lack of alcohol consumption now?

*Role of skills development in quitting harmful drinking*

83. I live in a different town and I love my new town. It is a

84. different community. I am now focusing on my apprenticeship programme.

85. I want to get my qualification so I cannot afford to joke around.

86. There is something inspiring about this town. I haven't seen any of those idling corners.

87. Most of my friends now are also in the apprenticeship programme

88. and a few have already finished and are working for the company which is also running my programme.

89. How would you describe your emotional well-being during that

90. period when you were consuming alcohol?

### **Culture of drinking**

Culture of drinking, Availability of alcohol, Lack of personal responsibility, Parenting, indifferent and pervasive attitude to drinking

### **Culture of drinking**

Culture of drinking

### **Pro-change factors**

Change of environment, self-efficacy, goals, skills enhancement and career development, commitment, mentors and role models, absence of peer pressure.

*Reflecting on the impact of harmful drinking on his psychological world*

*Role of skills development in quitting harmful drinking*

*Reflecting on the impact of harmful drinking on his psychological world*

*Role of skills development in quitting harmful drinking*

*Harmful drinking as escapism*

91. I had always been an anxious person and was always feeling

92. hopeless.

92. The opportunity to do an apprentice provided another

93. opportunity. I had failed my exams, my A level exams, and I think that

94. had knocked my confidence. So I see this as a second chance.

95. My self-esteem has come back and I can now aspire to something.

96. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?

97. I had low self-esteem; I was also feeling a lot of shame, so my

98. drinking was a camouflage of a lot of problems which I had. I was

99. pretending that there was no big deal in failing my A levels, but my

100. self-esteem had been knocked out by that. So I hid in the gym and in excessive drinking.

101. Has that changed in any way now?

102. Yes, it has. Doing the apprenticeship programme has given me a lot of self-confidence.

103. What meaning did you attach to consuming alcohol?

104. It was a soother. It would numb my shame and my anxiety about the future.

105. What was your understanding of the meaning of life then?

106. I just thought life is not fair. I kept comparing myself with everyone

### **Mental health and well-being**

Anxiety,  
Hopelessness,

### **Pro-change factors**

Confidence,  
Aspiration

### **Mental health and well-being**

Low self-esteem,  
Shame, Problems,  
Hiding

### **Pro-change factors**

Skills enhancement  
and career  
development

### **Spiritual transcendence**

Self-deception,  
shame, numb, denial,  
hiding

107. else whom I thought was doing better than myself, but the problem

108. with this is that the more I compared myself, the more I felt miserable about life.

109. What is your understanding of the meaning of life now that you do not engage in harmful alcohol consumption?

*Awakening to the meaning of life*

110. I feel alive now, but I cannot say what exactly happened.

111. Maybe it was a kind of awakening... I cannot say it is anything in

112. particular, but a kind of awakening happened and I just woke up to

113. the fact that I was just fluffing around with life. I had no goal. I had no purpose. I was just there.

114. Is there anything else you would like to tell me?

115. Not at all.

116. What has the experience of being interviewed felt like?

117. I have enjoyed the interview.

**Spiritual  
transcendence**

Awakening,  
Sleepwalking, Goal,  
Purpose

Participant 5			
Superordinate themes	Subordinate themes	Emergent themes from the data	Illuminatory quotes
<b>Initial pathway into harmful drinking</b>	Affordability and accessibility of alcohol	affordability.	<i>The cost of alcohol never worried me.</i> (Line 2)
	Affordability and accessibility of alcohol	availability, easy, accessibility, lack of self-awareness, sleepwalking.	<i>There is very cheap alcohol out there in the shops. So the cost had nothing to do with the decisions I made. So if I had some money, I just bought a lot of alcohol and put it in my room.</i> (Lines 5-7)
<b>Pro-change factors</b>	Reflecting on his choice to drink moderately	choice, control, satisfaction, happiness, balance.	<i>I am happy with my choice. I drink moderately and that is only if I have to. I mean, I only drink during occasions and events. I feel fully in control. Alcohol no longer offers the thrill it used to.</i> (Lines 36-38)
	Reflecting on what awakened him from harmful drinking	being called out, self-reflection, mentor, role model, shame, provocation.	<i>Yes. I think I only stopped drinking when my mother got so stressed about it. It was my sister who said, "Do you know you are killing Mum, she cries every day because of your drinking." I felt so ashamed. I think hearing it directly from my sister is what brought some sense.</i> (Lines 50-54)
	Role of skills development in quitting harmful drinking	change of environment, self-efficacy, goals, skills enhancement and career development, commitment, mentors and role models, absence of peer pressure.	<i>I am now focusing on my apprenticeship programme. I want to get my qualification, so I cannot afford to joke around.</i> (Lines 84-85)
	Role of skills development in quitting harmful drinking	confidence, aspiration, opportunities.	<i>...the opportunity to do an apprentice provided another opportunity. I had failed my exams, my A level exams, and I think that had knocked my confidence. So I see this as a second chance. My self-esteem has come back and I can now aspire to something.</i> (Lines 92-95)
	Role of skills development in quitting harmful drinking	skills enhancement and career development.	<i>Doing the apprenticeship programme has given me a lot of self-confidence.</i> (Line 102)

<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on his body	embodiment, confusion.	<i>My body was numb. I don't know what that was about. (Lines 15-16)</i>
	Reflecting on the benefits of quitting harmful drinking on his body	health, embodiment, well-being.	<i>It has helped me to control my weight. At some point I feared I was getting overweight, but I am now in good shape. (Line 21)</i>
<b>Connectedness with self and others</b>	Social Learning from positive role models	awakening, goals, sleepwalking, idling, joblessness, life transition, role models, social learning, aspiration, isolation, self-motivation.	<i>At first I did not take much notice, but then I started noticing that most of my mates were up to something: uni, or college or work. But for me, I was not working; I was just doing gym or just drinking ...most of the times I was drinking in the secrecy of my room...Then I would wake up and the cycle would go on and on. (Long pause) Those I had grown up with who were my age mates were aspiring to something.... I started asking myself, why not me? (Lines 23-29)</i>
	Drinking as a social identity	peer pressure, sleepwalking, lack of personal responsibility.	<i>It just felt cool to get drunk. (Line 47)</i>
<b>Life transition</b>	Absence of sense of responsibility	health, fatigue.	<i>I was not working...Because I was not working, I cannot answer that.... But what I can say is that slowly I also noticed that my stamina for the gym was going down. I would get tired, and so I reduced my gym days. (Lines 31-34)</i>
	Reflecting on maturation and developmental process	attitude, disrespectful, remorse.	<i>I think I was just underestimating danger. Or even trouble. I was also disrespecting my mum and I feel remorseful for that. (Lines 63-64)</i>
<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	culture of drinking, availability of alcohol, lack of personal responsibility, parenting, indifferent and pervasive attitude to drinking.	<i>It didn't feel like much, but now, because I live far from home, I realise that the community was toxic, really toxic; everything was so readily available. I think my mum should have also stopped me from bringing alcohol home. But she preferred when I drank at home than if I went out. She said she didn't want me to get into trouble. (Lines 74-78)</i>
	Reflecting on the normalised	culture of drinking.	<i>Everything was normal. Drinking was never condemned, not at all.</i>



	culture of drinking		<i>In fact a local support centre was closed because nobody went in to ask for any help. (Lines 80-81)</i>
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	anxiety, hopelessness.	<i>I had always been an anxious person and was always feeling hopeless. (Lines 91-92)</i>
	Reflecting on the impact of harmful drinking on his psychological world	low self-esteem, shame, problems, hiding.	<i>I had low self-esteem; I was also feeling a lot of shame, so my drinking was a camouflage of a lot of problems which I had. I was pretending that there was no big deal in failing my A levels, but my self-esteem had been knocked out by that. So I hid in the gym and in excessive drinking. (Lines 97-100)</i>
<b>Spiritual transcendence</b>	Harmful drinking as escapism	self-deception, shame, numb, denial, hiding.	<i>It was a soother. It would numb my shame and my anxiety about the future. (Line 104)</i>
	Awakening to the meaning of life	awakening, sleepwalking, goal, purpose.	<i>I feel alive now, but I cannot say what exactly happened. Maybe it was a kind of awakening... I cannot say it is anything in particular, but a kind of awakening happened and I just woke up to the fact that I was just fluffing around with life. I had no goal. I had no purpose. I was just there. (Lines 110-113)</i>

## Participant 6 - Transcription process

1. What did you feel about the cost of alcohol?

2. The cost of alcohol never bothered me.

3. I think alcohol is affordable.

4. Did the cost of alcohol affect your drinking decisions in any way?

5. No...there was always some alcohol at home.

6. Have your financial goals and aspirations for your future been influenced by your decisions in any way?

7. Mummh, no, it hasn't.

8. What was it like to consume alcohol, and what was your experience of being in an alcoholic body?

9. It was great fun. I never paid much attention to it though. I would feel calm.

10. How did you feel about your health?

11. I never worried about my health.

12. What is it like for you not to consume alcohol the way you did before?

13. I feel that I sleep better. Before, especially when I was drunk, I kept

14. waking up at night; sometimes I would have bad nightmares. This has stopped now.

15. Did alcohol consumption affect your sense of responsibility in any way?

16. Yes, when I finished my A levels, I took a gap year but I did not commit

17. myself to doing anything useful. So I was just idling around, doing

18. nothing in particular, and then I started filling those gaps with drinking

19. and gaming, which in time got worse. When the time came to go to uni, I

20. knew I had to get my act together. I needed to refocus, and I felt that

21. taking my studying seriously was going to help me. There was no more

22. time to waste. I felt I had already wasted a year. My values changed and

23. I started aspiring to a better life. Then I stopped drinking.

24. Could you describe in what ways alcohol consumption affected your work?

25. Well, during the gap year, I did nothing. I gained so much weight, I was

26. even afraid of what people would think of me. Alcohol turned me into a lazy person.

27. What do you feel about the choice you have made not to drink?

28. I feel it is a good choice.

29. What were your intimate or close relationships like for you when you were drunk?

30. We would go out and fool around. Move from pub to pub and

31. sometimes would come home and finish it there.

32. In what ways was your alcohol consumption influenced by your close relationships?

33. I think all my close relationships influenced my drinking. My best friends

34. at the time were all drinkers. At home my father was also a heavy

35. drinker. My mother did not challenge my drinking; she only hated when I

36. went out and drank with friends. She had no problem if I drank at home.

37. My father only drank at home. So everyone in my closest circle was a drinker.

38. Do you feel that these relationships have influenced your choice to not engage in harmful alcohol consumption?

39. I had grown up not taking much notice of the kind of influence family

40. and friends could make. All my friends were drinking. I did not have any

41. friend who did not drink, but I knew I wanted to stop since I wanted to

42. advance my studies. I was the first person in our family to get an offer to join uni. So this was big...and I was proud of it.

43. However, I knew I had to stop drinking. I knew I couldn't go to uni like

44. that, and I could not keep on blaming my drinking on anyone. I wanted to

45. stay focused, and I wanted friends who would help me to stay

46. focused...those who had the lifestyle I had always desired. I also did not

47. want a future like the one I had seen with my parents. None of them had

48. any formal education. They were always fighting and arguing. I didn't like it.

49. I wanted a different life and it was painful to seek that change, but I

50. wanted it badly (Pause) and so I did it. I went to uni and I changed my friends...

51. It felt awkward dropping my friendship group, but I knew I had to do it.

52. I am now doing my postgraduate studies, and my plan is to get a job in

53. this town so that I can start my life. I don't want to return to my home town. There is nothing to go back for.

54. Can you tell me how you experienced your sense of safety or lack of it when you had consumed alcohol?

55. I was never concerned about my safety.

56. Can you describe how you feel about that now?

57. Well, I feel a bit more careful.

58. Do you feel your sense of safety has been influenced by your choice not to engage in harmful alcohol drinking?

59. Not at all.

60. What was the attitude of others towards you in the community when you consumed alcohol?

61. I did not notice any difference.

62. What was/is it like to live in a culture that embraces alcohol consumption?

63. At the time that was okay, but now that I am away from home in a

64. different environment, I know that it was not a healthy culture.

65. There was a collective consciousness into drinking, which I know sounds weird to admit.

66. In what ways do you think the community influenced your alcohol consumption back then?

67. Everyone in my friendship group got drunk, it was normal. But one day

68. we went down the pub and I caused some trouble. The police had to be

69. called in. It was embarrassing. After that incident I lost some of my

70. best friends. They didn't want to be associated with me.

71. In what ways do you think the community influences your lack of alcohol consumption now?

72. I think I want to be seen as a sensible person. I feel like I want to erase

73. my past mistakes. I want to be seen as a different person. I am not

74. naturally a violent person. I would want to prove that.

75. How would you describe your emotional well-being during that period when you were consuming alcohol?

76. I was emotional and erratic.

77. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?

78. I would feel high, but later my mood would come crashing down.

79. Has that changed in any way now?

80. I feel more stable now. I feel stable, yes.

81. What meaning did you attach to consuming alcohol?

82. I think I thought it was just a drink, like tea or water, but now I think I see it as a drug.

83. It would alter everything I knew about life temporarily. I started disliking it because of that.

84. What was your understanding of the meaning of life then?

85. I didn't take life seriously.

86. What is your understanding of the meaning of life now that you do not engage in harmful alcohol consumption?

87. It is important to engage with life in a sober way. Then if something

88. happens, you can take full responsibility.

89. Is there anything else you would like to tell me?

90. Thanks for this opportunity.

91. What has the experience of being interviewed felt like?

92. Nice. I feel the questions have helped me see how far I have come.

<i>Subordinate themes</i>	Participant 6 Transcription of interviewer's questions (in red) and interviewee's answers (in black)	Superordinate themes and emergent themes
<i>Affordability and accessibility of alcohol</i>	<p>1. What did you feel about the cost of alcohol?</p> <p>2. The cost of alcohol never bothered me.</p> <p>3. I think alcohol is affordable.</p>	<p><b>Initial pathway into harmful drinking</b></p> <p>Affordability</p>
<i>Affordability and accessibility of alcohol</i>	<p>4. Did the cost of alcohol affect your drinking decisions in any way?</p> <p>5. No...There was always some alcohol at home... (Long silence)</p> <p>6. Have your financial goals and aspirations for your future been influenced by your decisions in any way?</p> <p>7. Mummh, no, it hasn't.</p> <p>8. What was it like to consume alcohol, and what was your experience of being in an alcoholic body?</p> <p>9. It was great fun. I never paid much attention to it though. I would feel calm.</p>	<p>Availability and accessibility</p>
<i>Pleased with the benefits which quitting harmful drinking has had on his psychological world</i>	<p>10. How did you feel about your health?</p> <p>11. I never worried about my health.</p> <p>12. What is it like for you not to consume alcohol the way you did before?</p> <p>13. I feel that I sleep better. Before, especially when I was drunk, I kept</p> <p>14. waking up at night; sometimes I would have bad nightmares. This has stopped now.</p> <p>15. Did alcohol consumption affect your sense of responsibility in any way?</p>	<p><b>Mental health and well-being</b></p> <p>Wellbeing</p>

*Role of skills development in quitting harmful drinking*

16. Yes, when I finished my A levels, I took a gap year but I did not commit  
17. myself to doing anything useful. So I was just idling around, doing  
18. nothing in particular; and then I started filling those gaps with drinking  
19. and gaming, which in time got worse. When the time came to go to uni, I  
20. knew I had to get my act together. I needed to refocus and I felt that  
21. taking my studying seriously was going to help me. There was no more  
22. time to waste. I felt I had already wasted a year. My values changed and  
23. I started aspiring to a better life. Then, I stopped drinking.

24. Could you describe in what ways alcohol consumption affected your work?

25. Well, during the gap year, I did nothing. I gained so much weight, I was  
26. even afraid of what people would think of me. Alcohol turned me into a lazy person.

27. What do you feel about the choice you have made not to drink?

28. I feel it is a good choice.

29. What were your intimate or close relationships like for you when you were drunk?

30. We would go out and fool around. Move from pub to pub and  
31. sometimes would come home and finish it there.

32. In what ways was your alcohol consumption influenced by your close relationships?

### **Pro-change factors**

Idling, sleep-walking, values, aspiration, skills enhancement and career development, commitment, better life

*Reflecting on normalised culture of drinking*

### **Culture of drinking**

Culture of drinking

*Reflecting on normalised culture of drinking*

33. I think all my close relationships influenced my drinking. My best friends  
34. at the time were all drinkers. At home my father was also a heavy  
35. drinker. My mother did not challenge my drinking; she only hated when I  
36. went out and drank with friends. She had no problem if I drank at home.  
37. My father only drank at home. So everyone in my closest circle was a  
drinker.

38. Do you feel that these relationships have influenced your choice to not engage in harmful alcohol consumption?

*Indifferent and pervasive attitude to harmful drinking*

39. I had grown up not taking much notice on the kind of influence family  
40. and friends could make. All my friends were drinking. I did not have any  
41. friend who did not drink, but I knew I wanted to stop since I wanted to  
42. advance on my studies. I was the first person in our family to get an offer  
to join uni. So this was big...and I was proud of it.

*Role of skills development in quitting harmful drinking*

43. However, I knew I had to stop drinking. I knew I couldn't go to uni like  
44. that and I could not keep on blaming my drinking on anyone. I wanted to  
45. stay focused and I wanted friends who would help me to stay  
46. focused...those who had the lifestyle I had always desired. I also did not  
47. want a future like the one I had seen with my parents. None of them had  
48. any formal education. They were always fighting and arguing. I didn't like  
it.

*Role of skills development in quitting harmful drinking*

49. I wanted a different life and It was painful to seek that change but I

### **Culture of drinking**

Peer pressure, influence, parenting, indifferent and pervasive attitude to drinking, accessibility and availability of alcohol

### **Initial pathway to harmful drinking**

Peer pressure, influence

### **Pro-change factors**

Skills enhancement and career development, opportunity

### **Pro-change factors**

Change, self-motivation, purpose and aspiration, positive influences, role models, self-efficacy, better life, focus, personal responsibility, parenting, skills enhancement and career development, opportunity, change of environment, Detachment



50. wanted it badly (Pause) and so I did it. I went to uni and I changed my friends...

51. It felt awkward dropping my friendship group, but I knew I had to do it.

52. I am now doing my postgraduate studies and my plan is to get a job in

53. this town so that I can start my life. I don't want to return to my home town. There is nothing to go back for.

54. Can you tell me how you experienced your sense of safety or lack of it when you had consumed alcohol?

55. I was never concerned about my safety.

56. Can you describe how you feel about that now?

57. Well, I feel a bit more careful.

58. Do you feel your sense of safety has been influenced by your choice not to engage in harmful alcohol drinking?

59. Not at all.

60. What was the attitude of others towards you in the community when you consumed alcohol?

61. I did not notice any difference.

62. What was/is it like to live in a culture that embraces alcohol consumption?

63. At the time that was OK, but now that I am away from home in a

64. different environment I know that it was not a healthy culture.

*Reflecting on normalised culture of harmful drinking*

65. There was a collective consciousness into drinking which I know sounds weird to admit.

66. In what ways do you think the community influenced your alcohol consumption back then?

### **Culture of drinking**

Honesty, collective consciousness

*Consequences of excessive drinking on relationships*

67. Everyone in my friendship group got drunk. It was normal, but one day

68. we went down the pub and I caused some trouble. The police had to be

69. called in. It was embarrassing. After that incident I lost some of my

70. best friends. They didn't want to be associated with me.

71. In what ways do you think the community influences your lack of alcohol consumption now?

### **Connectedness with self and others**

Peer pressure, Anti-social behaviour, Impulsivity, Shame, Estrangement, Isolation

*Reflecting on maturation and developmental process*

72. I think I want to be seen as a sensible person. I feel like I want to erase

73. my past mistakes. I want to be seen as a different person. I am not

74. naturally a violent person. I would want to prove that.

75. How would you describe your emotional well-being during that period when you were consuming alcohol?

### **Life transition**

Selfhood, self-identity, Change, self-efficacy, self-resolution, self-motivation, Maturation

*Reflecting on the impact of harmful drinking on his psychological world*

76. I was emotional and erratic.

77. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?

### **Mental health and well-being**

Volatile, unpredictable

*Reflecting on the impact of harmful drinking on his psychological world*

78. I would feel high but later my mood would come crashing down.

79. Has that changed in any way now?

Temperamental, changeable

*Pleased with the benefits which quitting harmful drinking has had on his psychological world*

80. I feel more stable now. I feel stable, yes.

Placid, Calm

81. What meaning did you attach to consuming alcohol?

82. I think I thought it was just a drink, like tea or water; but now I think I see it as a drug.

83. It would alter everything I knew about life temporarily. I started disliking it because of that.

84. What was your understanding of the meaning of life then?

85. I didn't take life seriously.

86. What is your understanding of the meaning of life now that you do not engage in harmful alcohol consumption?

*Reflecting on the importance of engaging life with courage*

87. It is important to engage with life in a sober way. Then if something

**Spiritual transcendence**

88. happens, you can take full responsibility.

Sobriety, freedom and responsibility. The good life

89. Is there anything else you would like to tell me?

90. Thanks for this opportunity.

91. What has the experience of being interviewed felt like?

92. Nice. I feel the questions have helped me see how far I have come.

Participant 6			
Superordinate themes	Subordinate themes	Emergent themes	Illuminatory quotes
<b>Initial pathway into harmful drinking</b>	Affordability and accessibility of alcohol	Affordability.	<i>The cost of alcohol never bothered me. I think alcohol is affordable.</i> (Lines 2-3)
	Affordability and accessibility of alcohol	availability and accessibility.	<i>No...There was always some alcohol at home... (Long silence)</i> (Line 5)
<b>Pro-change factors</b>	Role of skills development in quitting harmful drinking	idling, sleepwalking, time, aspiration, skills enhancement and career development, commitment, better life.	<i>Yes, when I finished my A levels, I took a gap year but I did not commit myself to doing anything useful. So I was just idling around, doing nothing in particular; and then I started filling those gaps with drinking and gaming, which in time got worse. When the time came to go to uni, I knew I had to get my act together. I needed to refocus and I felt that taking my studying seriously was going to help me. There was no more time to waste. I felt I had already wasted a year. My values changed and I started aspiring to a better life. Then, I stopped drinking.</i> (Lines 16-23)
	Role of skills development in quitting harmful drinking	skills enhancement and career development, opportunity.	<i>But I knew I wanted to stop since I wanted to advance my studies. I was the first person in our family to get an offer to join uni. So this was big...and I was proud of it.</i> (Lines 41-42)
	Role of skills development in quitting harmful drinking	change, self-motivation, purpose and aspiration, positive influences, role models, self-efficacy, better life, focus, personal responsibility, parenting, skills enhancement and career development, opportunity, change of environment, detachment.	<i>However, I knew I had to stop drinking. I knew I couldn't go to uni like that and I could not keep on blaming my drinking on anyone. I wanted to stay focused and I wanted friends who would help me to stay focused...those who had the lifestyle I had always desired. I also did not want a future like the one I had seen with my parents. None of them had any formal education. They were always fighting and arguing. I didn't like it. I wanted a different life and it was painful to seek that change, but I wanted it badly (Pause) and so I did it. I went to uni and I changed my friends...It felt</i>

			<i>awkward dropping my friendship group, but I knew I had to do it. I am now doing my postgraduate studies and my plan is to get a job in this town so that I can start my life. I don't want to return to my home town. There is nothing to go back for.</i> (Lines 43-53)
<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	peer pressure, influence, parenting, indifferent and pervasive attitude to drinking, accessibility and availability of alcohol.	<i>My best friends at the time were all drinkers. At home my father was also a heavy drinker. My mother did not challenge my drinking; she only hated when I went out and drank with friends. She had no problem if I drank at home, My father only drank at home. So everyone in my closest circle was a drinker.</i> (Lines 33-37)
	Reflecting on normalised culture of harmful drinking	honesty, collective consciousness.	<i>There was a collective consciousness into drinking which I know sounds weird to admit.</i> (Lines 65)
<b>Connectedness with self and others</b>	Consequences of excessive drinking on relationships	peer pressure, anti-social behaviour, impulsivity, shame, estrangement, isolation.	<i>Everyone in my friendship group got drunk. It was normal. But one day we went down the pub and I caused some trouble. The police had to be called in. It was embarrassing. After that incident I lost some of my best friends. They didn't want to be associated with me.</i> (Lines 67-70)
		peer pressure, negative influence.	<i>I had grown up not taking much notice on the kind of influence family and friends could make. All my friends were drinking. I did not have any friend who did not drink</i> (Lines 39-41)
<b>Life transition</b>	Reflecting on maturation and developmental process	selfhood, self-identity, change, self-efficacy, self-resolution, self-motivation, maturation.	<i>I think I want to be seen as a sensible person. I feel like I want to erase my past mistakes. I want to be seen as a different person.</i> (Lines 72-73)
<b>Mental health and well-being</b>	Pleased with the benefits which quitting harmful drinking has	well-being.	<i>I feel that I sleep better. Before, especially when I was drunk, I kept waking up at night; sometimes I would have bad nightmares. This has stopped now.</i> (Lines 13-14)

	had on his psychological world		
	Reflecting on the impact of harmful drinking on his psychological world	volatile, unpredictable.	<i>I was emotional and erratic. (Line 76)</i>
	Reflecting on the impact of harmful drinking on his psychological world	temperamental, changeable.	<i>I would feel high, but later my mood would come crashing down. (Line78)</i>
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	placid, calm.	<i>I feel more stable now. I feel stable, yes. (Lines 80)</i>
<b>Spiritual transcendence</b>	Awakening to the meaning of life	sobriety, freedom and responsibility, the good life.	<i>It is important to engage with life in a sober way. Then if something happens, you can take full responsibility. (Lines 87-88)</i>

## Participant 7 - Transcription process

### 1. What did you feel about the cost of alcohol?

2. Alcohol was very expensive and I used to spend a big proportion of my
3. earnings to fund my drinking habits. When I didn't have money of my own
4. I would borrow from friends or relatives. I was always broke and in debt most of the time.

### 5. Did the cost of alcohol affect your drinking decisions in any way?

6. The element of the cost affected my decisions because I was not able to
7. save any money. I wanted to be out of debt and embarrassing situations
8. of having to ask friends to buy a drink for me when I couldn't afford to buy one.

### 9. Have your financial goals and aspirations for your future been influenced by your decisions in any way?

10. Yes, because I needed to save some money to attain my financial goals,
11. like taking a mortgage and buying a nice car, but it wouldn't be possible
12. if I continued drinking. My aspiration of having a family wouldn't have
13. been possible with my drinking habits. I now have a family and I am happy.

### 14. What was it like to consume alcohol, and what was your experience of being in an alcoholic body?

15. I had always felt sick the following day after taking alcohol. The after
16. drinking hangover would also make me tired and miserable.

### 17. How did you feel about your health?

18. I felt my health was being affected by my drinking because I was losing
19. weight as I had poor appetite after drinking. I used to vomit after a
20. drink and my body would feel weak and dehydrated.

### 21. What is it like for you not to consume alcohol the way you did before?

22. I feel my body to have changed a lot after stopping drinking as I am full
23. of energy. My eating habits have improved tremendously and I am
24. able to eat most of the foods that I couldn't eat when I was drinking alcohol. I am more focused and goal oriented.

### 25. Did alcohol consumption affect your sense of responsibility in any way?

26. Yes it did, because I didn't have any savings, meaning I was not able to
27. meet my financial obligations such as paying my bills, paying my house

28. rent, supporting my elderly parents or even my own personal upkeep.

29. Most of my money was spent in buying alcohol with my friends whom I used to socialize with in the pubs.

30. **Could you describe in what ways alcohol consumption affected your work?**

31. I used to be late at work if I had taken alcohol the previous day as I

32. wasn't able to wake up early. Even after getting to work I couldn't work

33. to my full capacity if I had taken alcohol the previous night. My

34. bosses were always telling me off for being lazy and incompetent.

35. I was never promoted nor given a pay rise, even though I was the most qualified. I was actually the only graduate.

36. **What do you feel about the choice you have made not to drink?**

37. Abstaining from alcohol has changed my life in different ways, because

38. I improved a lot in my career. I am now a supervisor at work and I am

39. taking evening classes for my MBA. This could not have been possible

40. if I was still drinking. My mind is clearer. I am also able to meet most of my

41. financial obligations that I couldn't meet as a drinker.

42. **What were your intimate or close relationships like for you when you were drunk?**

43. My family was always hostile and unfriendly because they didn't like my

44. excessive drinking habits which were affecting my financial, physical and

45. social life in a big way, even though to me it had looked OK. My interactions were mainly with my drinking mates.

46. **In what ways was your alcohol consumption influenced by your close relationships?**

47. It was difficult for any of my friends or relatives to challenge my drinking

48. because most of them drank. Many of them drank anyway, so I had a

49. don't care attitude, especially when drunk. I was bad-tempered when

50. drunk, which didn't go well with my relatives, friends and even my work

51. colleagues. But I think that was not exceptional because I thought they also drank.

52. **Do you feel that these relationships have influenced your choice to not engage in harmful alcohol consumption?**

53. Maybe yes, I'm not sure, but (hesitant) but maybe family, yes, and my best

54. friends...Yes, I started feeling lonely, I realised that my family and friends

55. could not trust me. They treated me with a lot of contempt and nobody



56. could take me seriously any more because I couldn't keep to my word,  
57. even after making a promise. So I was left out in a lot of family issues  
58. and arrangements. I would feel hurt and it affected my sense of  
59. self-worth. When I quit drinking, things changed and became different.

60. Can you tell me how you experienced your sense of safety or lack of it when you had consumed alcohol?

61. My personal security never bothered me when drunk. I would leave  
62. the drinking places late without caring about how I get home.  
63. Sometimes I would go through dark alleys without calculating the risk  
64. involved. My risk assessment was poor and sometimes I wonder  
65. how I used to get home after drinking till late hours.

66. Can you describe how you feel about that now?

67. I feel lucky. I used to live on the edge, taking risks, especially when I  
68. was drunk, but now looking back I feel that the risks were not worth  
69. taking. I feel that it was just by sheer luck that I did not encounter any  
70. personal harm or accident during that drinking period.

71. Do you feel your sense of safety has been influenced by your choice not to engage in harmful alcohol drinking?

72. Yes. I feel safe. I know danger lurks everywhere but I feel I have sound  
73. judgement. Before that, most of the time I lacked proper judgement in  
74. safety assessment, because of my excessive drinking habits. I used to  
75. drive when drunk, which was extremely dangerous. I was breaking the  
76. law and often got into trouble with the police. I could easily pick up  
77. brawls with anybody, and I was always hot-tempered when drunk.  
78. My capacity for any risk assessment when drunk was zero.

79. What was the attitude of others towards you in the community when you consumed alcohol?

80. My social and interaction skills when drunk were poor. I couldn't  
81. engage in a meaningful discussion due to aggression, and I always felt  
82. misunderstood by the community. I always found the community to be  
83. hostile to me when drunk. My drinking mates were my best friends and companions.

84. What was/is it like to live in a culture that embraces alcohol consumption?

85. I felt loved and appreciated by the drinking community. My comfort zone

86. used to be in my drinking dens. Nobody ever raised a finger or gave me

87. advice towards my drinking habits. We were all drinkers. Every drinking

88. comrade used to find it normal to drink. There was also a culture of

89. brotherhood between us all. Everyone looked after the other, and those

90. who didn't have a drink were given one by those who had. It was strange.

91. In what ways do you think the community influenced your alcohol consumption back then?

92. Whenever I couldn't afford to buy alcohol, I would either be bought one by

93. friends (drinking mates) or they would loan me some money to spend on alcohol.

94. In what ways do you think the community influences your lack of alcohol consumption now?

95. Most of my former drinking mates who were also my age mates have gotten

96. jobs, others have gone to university and some of them have become

97. responsible parents; so that pressure from close friends has

98. somehow eased. Most of them seem quite engaged with life goals.

99. How would you describe your emotional well-being during that period when you were consuming alcohol?

100. My health was always bad due to poor eating habits.

101. My physical, social and emotional being was also affected by my drinking. I was not happy. I had a hot temper. I think I was frustrated.

102. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?

103. Excessive drinking had a negative impact on my emotions as I was

104. anti-social and aggressive when drunk. I would raise arguments with friends or colleagues for no good reason.

105. Has that changed in any way now?

106. Since I stopped drinking, my well-being and my emotions have changed

107. tremendously. I even became a responsible family man and my social skills have really improved.

108. What meaning did you attach to consuming alcohol?

109. I had always felt that I was more comfortable when taking alcohol than

110. when sober. I also had a feeling then that I could not easily

111. socialise without taking alcohol. My financial woes and worries about

112. life would be minimised after getting drunk, but I would wake up to them the following day after sobering up.

113. What was your understanding of the meaning of life then?

114. I am not sure what to say, but perhaps I can say that when I used to  
115. drink I thought alcohol would help me to drown my sorrows; but  
116. strangely it was doing the opposite, because I was living a meaningless  
117. life. It made things worse for me. Drinking only masked the real  
118. problems which I had. I now understand that in life you have to face issues. Some you solve,  
others you can't, but that is life.

**119. What is your understanding of the meaning of life now that you do not engage in harmful alcohol consumption?**

120. Excessive alcohol consumption can destroy one's life in various ways.  
121. For example, it makes one anxious about the future; and because of  
122. that, you try to avoid the future. It is almost a form of denial. So you  
123. pretend there is no future, or you drink to stop thinking about the  
124. future. That is how I felt. I can confess that I didn't have any savings  
125. when I used to drink, and I was always in debt. I now have a happy family and can plan ahead as  
I am a sober person.

**126. Is there anything else you would like to tell me?**

127. Since I stopped taking alcohol, my health has improved and I feel more  
128. empowered when making life-changing decisions with a sober mind.

**129. What has the experience of being interviewed felt like?**

130. This has been a thought-provoking experience; I feel I have taken this  
131. opportunity to reflect on my past and how things have changed for the better.  
132. I feel proud of myself, and now I know how alcohol  
133. consumption can impact one's social, emotional and financial status.

<i>Subordinate themes</i>	Participant 7 Transcription of interviewer's questions (in red) and interviewee's answers (in black)	Superordinate themes and emergent themes
<i>Making sense of factors which maintained the drinking habits</i>	<p>1. What did you feel about the cost of alcohol?</p> <p>2. Alcohol was very expensive and I used to spend a big proportion of my earnings to fund my drinking habits. When I didn't have money of my own I would borrow from friends or relatives. I was always broke and in debt most of the time.</p>	<p><b>Culture of drinking</b></p> <p>Family, Friends, Peers, Culture of drinking, Borrowing, Cost, Debt</p>
<i>The influence of belief system on decision</i>	<p>5. Did the cost of alcohol affect your drinking decisions in any way?</p> <p>6. The element of the cost affected my decisions, because I was not able to save any money. I wanted to be out of debt and embarrassing situations of having to ask friends to buy me a drink when I couldn't afford to buy one.</p>	<p><b>Spiritual transcendence</b></p> <p>Decisions, Debt, Cost, Shame</p>
<i>Reflecting on the benefits of quitting harmful drinking on his lived space</i>	<p>9. Have your financial goals and aspirations for your future been influenced by your decisions in any way?</p> <p>10. Yes, because I needed to save some money to attain my financial goals, like taking a mortgage and buying a nice car, but it wouldn't be possible if I continued drinking. My aspiration of having a family wouldn't have been possible with my drinking habits. I now have a family and I am happy.</p>	<p><b>Relationship with the body and environment</b></p> <p>Goals, Aspiration, Better life, Self-resolution, self-motivation</p>
<i>Influence of belief system on decisions</i>	<p>14. What was it like to consume alcohol, and what was your experience of being in an alcoholic body?</p>	<p><b>Spiritual transcendence</b></p> <p>Aspiration, Family, achievement</p>

*Reflecting on the impact of harmful drinking on his body*

15. I had always felt sick the following day after taking alcohol.

16. The after-drinking hangover would also make me tired and miserable.

17. How did you feel about your health?

18. I felt my health was being affected by my drinking, because I was losing

19. weight. I had poor appetite after drinking. I used to vomit after a

20. drink and my body would feel weak and dehydrated.

21. What is it like for you not to consume alcohol the way you did before?

22. I feel my body to have changed a lot after stopping drinking as I am full

23. of energy. My eating habits have improved tremendously and I am

24. able to eat most of the foods that I couldn't eat when I was drinking

alcohol. I am more focused and goal-oriented.

25. Did alcohol consumption affect your sense of responsibility in any way?

26. Yes it did, because I didn't have any savings, meaning I was not able to

27. meet my financial obligations such as paying my bills, paying my house

28. rent, supporting my elderly parents or even my own personal upkeep.

29. Most of my money was spent on buying alcohol for my friends whom I

used to socialize with in the pubs.

30. Could you describe in what ways alcohol consumption affected your work?

31. I used to be late at work if I had taken alcohol the previous day as I

**Relationship with the body and environment**

Embodiment, Fatigue, Misery

**Relationship with the body and environment**

Embodiment, Health, Fatigue

**Relationship with the body and environment**

Energy, Health, Embodiment

**Spiritual transcendence**

Focus, Goals

**Relationship with the body and environment**

Responsibility, Money, Lived space, Personal care

**Culture of drinking**

Sleepwalking, Peer influence, Social life, Lack of focus, Lack of commitment

**Life transition**

*Reflecting on the benefits of quitting harmful drinking on his body*

*Reflecting on the benefits of quitting harmful drinking on his lived space*

*Culture of Drinking*

*Absence of sense of Responsibility*

	<p>32. wasn't able to wake up early. Even after getting to work I couldn't work</p> <p>33. to my full capacity if I had taken alcohol the previous night. My</p> <p>34. bosses were always telling me off for being lazy and incompetent.</p> <p>35. I was never promoted nor given a pay rise, even though I was the most qualified. I was actually the only graduate.</p>	<p>Responsibility, Commitment, Self-sabotage</p>
<p><i>Reflecting on the decision to abstain</i></p> <p><i>Role of skills development in quitting harmful drinking</i></p>	<p>36. What do you feel about the choice you have made not to drink?</p> <p>37. Abstaining from alcohol has changed my life in different ways because</p> <p>38. I improved a lot in my career. I am now a supervisor at work and I am</p> <p>39. taking evening classes for my MBA. This could not have been possible</p> <p>40. if I was still drinking. My mind is clearer. I am also able to meet most of my</p> <p>41. financial obligations that I couldn't meet as a drinker.</p>	<p><b>Pro-change factors</b> Abstinence, change</p> <p><b>Pro-change factors</b> Career progression, Promotion, Commitment, Self-Motivation, Focus, Responsibility</p>
<p><i>Consequences of excessive drinking on relationships</i></p>	<p>42. What were your intimate or close relationships like for you when you were drunk?</p> <p>43. My family was always hostile and unfriendly because they didn't like my</p> <p>44. excessive drinking habits which were affecting my financial, physical and</p> <p>45. social life in a big way, even though to me it had looked OK. My interactions were mainly with my drinking mates.</p>	<p><b>Connectedness with self and others</b></p> <p>Family, Peer pressure, Mentors, Influence, Role model, Well-being,</p>
<p><i>Indifferent and pervasive attitude to drinking alcohol</i></p>	<p>46. In what ways was your alcohol consumption influenced by your close relationships?</p> <p>47. It was difficult for any of my friends or relatives to challenge my drinking</p> <p>48. because most of them drank. Many of them drank anyway, so I had a</p>	<p><b>Initial pathway into harmful drinking</b></p> <p>Negative roles models, sleepwalking</p>

49. don't care attitude, especially when drunk. I was bad-tempered when  
50. drunk, which didn't go well with my relatives, friends and even my work  
51. colleagues. But I think that was not exceptional because I thought they  
also drank.

52. Do you feel that these relationships have influenced your choice to not  
engage in harmful alcohol consumption?

53. Maybe yes, I'm not sure (hesitant), but maybe family, yes, and my best  
54. friends...Yes I started feeling lonely, I realised that my family and friends  
55. could not trust me. They treated me with a lot of contempt and nobody  
56. could take me seriously any more because I couldn't keep to my word  
57. even after making a promise. So I was left out in a lot of family issues  
58. and arrangements. I would feel hurt and it affected my sense of  
59. self-worth. When I quit drinking, things changed and became different.

60. Can you tell me how you experienced your sense of safety or lack of it  
when you had consumed alcohol?

61. My personal security never bothered me when drunk. I would leave  
62. the drinking places late without caring about how I get home.  
63. Sometimes I would go through dark alleys without calculating the risk  
64. involved. My risk assessment was poor, and sometimes I wonder  
65. how I used to get home after drinking till late hours.

66. Can you describe how you feel about that now?

67. I feel lucky. I used to live on the edge, taking risks especially when I

*Consequences of excessive  
drinking on relationships*

*Reflecting on the outcome of  
quitting harmful drinking*

*Absence of sense of  
Responsibility*

*Reflecting on the impact of  
harmful drinking on his body*

### **Connectedness with self and others**

Influences, loneliness, Isolation, Detachment, Trust, Contempt, Estrangement, Hurt, Self-Worth

### **Pro-change factors**

Change

### **Life transition**

Sleepwalking, Irresponsibility, Risk-taking, impulsivity

### **Relationship with the body and environment**

*Reflecting on the benefits of quitting harmful drinking on his body*

68. was drunk, but now looking back I feel that the risks were not worth  
69. taking. I feel that it was just by sheer luck that I did not encounter any  
70. personal harm or accident during that drinking period.

71. Do you feel your sense of safety has been influenced by your choice not to engage in harmful alcohol drinking?

72. Yes. I feel safe. I know that danger lurks everywhere but I feel I have sound

73. judgement. Before that, most of the time, I lacked proper judgement in

74. safety assessment because of my excessive drinking habits. I used to

75. drive when drunk, which was extremely dangerous. I was breaking the

76. law and often got into trouble with the police. I could easily pick up

77. brawls with anybody, and I was always hot-tempered when drunk.

78. My capacity for any risk assessment when drunk was zero.

79. What was the attitude of others towards you in the community when you consumed alcohol?

80. My social and interaction skills when drunk were poor. I couldn't

81. engage in a meaningful discussion due to aggression, and I always felt

82. misunderstood by the community. I always found the community to be

83. hostile to me when drunk. My drinking mates were my best friends and companions.

84. What was/is it like to live in a culture that embraces alcohol consumption?

Sleepwalking, Irresponsibility, Risk-taking

**Relationship with the body and environment**

Sleepwalking, Irresponsibility, Risk-taking, Safety, Sound Judgement, Anti-Social behaviour, Impulsivity, Anger

**Connectedness with self and others**

Poor social skills  
Relatedness, Detachment, Isolation



*Making sense of factors which maintained the drinking habits*

85. I felt loved and appreciated by the drinking community. My comfort zone

86. used to be in my drinking dens. Nobody ever raised a finger or gave me

87. advice towards my drinking habits. We were all drinkers. Every drinking

88. comrade used to find it normal to drink. There was also a culture of

89. brotherhood between us all. Everyone looked after the other, and those

90. who didn't have a drink were given by those who had. It was strange.

91. In what ways do you think the community influenced your alcohol consumption back then?

92. Whenever I couldn't afford to buy alcohol, I would either be bought by

93. friends (drinking mates) or they would loan me some money to spend on alcohol.

94. In what ways do you think the community influences your lack of alcohol consumption now?

95. Most of my former drinking mates, who were also my age mates, have gotten

96. jobs; others have gone to university, and some of them have become

97. responsible parents and so that pressure from close friends has

98. somehow eased. Most of them seem quite engaged with life goals.

99. How would you describe your emotional well-being during that period when you were consuming alcohol?

### **Culture of drinking**

Influence, Peer pressure, Lived space, Self-deception, Hiding, Personal responsibility, Choice, Culture of drinking, Odd, Indifferent and pervasive attitude to drinking

### **Culture of drinking**

Peer Pressure, Influence, Personal responsibility, Choice

### **Pro -change Factors**

Change, Role model, Life transition, Goals, Purpose, Responsibility, Social learning, Reduced Peer pressure

*Role of positive role model(s) in quitting harmful drinking*

*Reflecting on the impact of harmful drinking on his psychological world*

100. My health was always bad due to poor eating habits.

101. My physical, social and emotional being was also affected by my drinking. I was not happy. I had a hot temper. I think I was frustrated.

102. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?

103. Excessive drinking had a negative impact on my emotions as I was

104. anti-social and aggressive when drunk. I would raise arguments with friends or colleagues for no good reason.

105. Has that changed in any way now?

106. Since I stopped drinking, my well-being and my emotions have changed

107. tremendously. I even became a responsible family man and my social skills have really improved.

108. What meaning did you attach to consuming alcohol?

109. I had always felt that I was more comfortable when taking alcohol than

110. when being sober. I also had a feeling then that I could not easily

111. socialise without taking alcohol. My financial woes and worries about

112. life would be minimised after getting drunk, but I would wake up to them the following day after sobering up.

113. What was your understanding of the meaning of life then?

114. I am not sure what to say, but perhaps I can say that when I used to

**Mental health and well-being**

Health, Well-being, Happiness, Anger, frustration

**Mental health and well-being**

Impulsivity, Aggression, Anti-social behaviour

**Mental health and well-being**

Well-being, Responsibility, Commitment

**Spiritual transcendence**

Sleepwalking, Hiding, Self-confidence, Self-worth, Self-deception, Denial

**Spiritual transcendence**

*Reflecting on the impact of harmful drinking on his psychological world*

*Pleased with the benefits which quitting harmful drinking has had on his psychological world*

*Harmful drinking as escapism*

*Harmful drinking as escapism*

115. drink, I thought alcohol would help me to drown my sorrows. But  
116. strangely it was doing the opposite, because I was living a meaningless  
117. life. It made things worse for me. Drinking only masked the real  
118. problems which I had. I now understand that in life you have to face  
issues. Some you solve, others you can't, but that is life.

Hiding, Escapism, Avoidance,  
Sleepwalking, Self-deception, Denial,  
Courage

119. What is your understanding of the meaning of life now that you do not  
engage in harmful alcohol consumption?

*Pleased with the benefits which  
quitting harmful drinking has had  
on his psychological world*

120. Excessive alcohol consumption can destroy one's life in various ways.  
121. For example, it makes one anxious about the future and because of  
122. that you try to avoid the future. It is almost a form of denial. So you  
123. pretend there is no future, or you drink to stop thinking about the  
124. future. That is how I felt. I can confess that I didn't have any savings  
125. when I used to drink and I was always in debt. I now have a happy  
family and can plan ahead as I am a sober person.

#### **Mental health and well-being**

Destruction, Anxiety, Avoidance, Self-  
Denial, Self-Deception, Debt,  
Change, Family, Purpose, Happiness,  
Goals, Control

126. Is there anything else you would like to tell me?

*Reflecting on the decision to  
abstain*

127. Since I stopped taking alcohol, my health has improved and I feel more  
128. empowered when making life-changing decisions with a sober mind.

#### **Pro-change Factors**

Better Health, Empowerment, Choice,  
Decisions, Self-efficacy, Control

129. What has the experience of being interviewed felt like?

130. This has been a thought-provoking experience; I feel I have taken this  
131. opportunity to reflect on my past and how things have changed for the  
better.

132. I feel proud of myself and now I know how alcohol

133. consumption can impact one's social, emotional and financial status.

Participant 7			
Superordinate themes	Subordinate themes	Emergent themes from data	Illuminatory quotes
<b>Initial pathway into harmful drinking</b>	Indifferent and pervasive attitude to drinking alcohol	negative roles models, sleepwalking.	<i>It was difficult for any of my friends or relatives to challenge my drinking because most of them drank. Many of them drank anyway, so I had a don't care attitude, especially when drunk. (Lines 47-49)</i>
<b>Pro-change factors</b>	Reflecting on Abstaining	abstinence, change.	<i>Abstaining from alcohol has changed my life in different ways. (Line 37)</i>
	Role of employment and skills development in quitting harmful drinking	career progression, promotion, commitment, self-motivation, focus, responsibility.	<i>I improved a lot in my career. I am now a supervisor at work and I am taking evening classes for my MBA. This could not have been possible if I was still drinking. My mind is clearer. I am also able to meet most of my financial obligations that I couldn't meet as a drinker. (Lines 38-41)</i>
	Role of positive role model(s) in quitting harmful drinking	change, role model, life transition, goals, purpose, responsibility, social learning, reduced peer pressure.	<i>Most of my former drinking mates who were also my age mates have gotten jobs; others have gone to university and some of them have become responsible parents. So that pressure from close friends has somehow eased. Most of them seem quite engaged with life goals. (Lines 95-98)</i>
	Reflecting on the outcome of quitting harmful drinking	change.	<i>...When I quit drinking, things changed and became different. (Line 59)</i>

	Reflecting on the decision to abstain	health, empowerment, choice, decisions, self-efficacy, control.	<i>Since I stopped taking alcohol, my health has improved and I feel more empowered when making life-changing decisions with a sober mind.</i> (Lines 127-128)
<b>Culture of drinking</b>	Making sense of factors which maintained the drinking habits	family, friends, peers, culture of drinking, borrowing, cost, debt.	<i>Alcohol was very expensive, and I used to spend a big proportion of my earnings to fund my drinking habits. When I didn't have money of my own, I would borrow from friends or relatives. I was always broke and in debt most of the time.</i> (Lines 2-4)
	Reflecting on normalised culture of drinking	sleepwalking, peer influence, social life, lack of focus, lack of commitment.	<i>Most of my money was spent on buying alcohol for my friends whom I used to socialize with in the pubs.</i> (Line 29)
	Making sense of factors which maintained the drinking habits	influence, peer pressure, lived space, self-deception, hiding, personal responsibility, choice, culture of drinking, odd, indifferent, and pervasive attitude to drinking.	<i>I felt loved and appreciated by the drinking community. My comfort zone used to be in my drinking dens. Nobody ever raised a finger or gave me advice towards my drinking habits. We were all drinkers. Every drinking comrade used to find it normal to drink. There was also a culture of brotherhood between us all. Everyone looked after the other, and those who didn't have a drink were given one by those who had. It was strange.</i> (Lines 85-90)
	Making sense of factors which maintained the drinking habits	peer pressure, influence, personal responsibility, choice.	<i>Whenever I couldn't afford to buy alcohol, I would either be bought it by friends (drinking mates) or they would loan me some money to spend on alcohol.</i> (Lines 92-93)
<b>Spiritual transcendence</b>	The influence of belief system on decision	decisions, debt, cost, shame.	<i>The element of the cost affected my decisions because I was not able to save any money. I wanted to be out of debt and embarrassing situations of having to ask friends to buy me a drink when I couldn't afford to buy one.</i> (Lines 6-8)
	Influence of belief system on decisions	aspiration, family, achievement.	<i>If I continued drinking, my aspiration of having a family wouldn't have been possible with my drinking habits. I now have a family and I am happy.</i>

			Lines 12-13
	Influence of belief system on decisions	focus, goals.	<i>....I am more focused and goal oriented.</i> (Line 24)
	Harmful drinking as escapism	sleepwalking, hiding, self-confidence, self-worth, self-deception, denial.	<i>I had always felt that I was more comfortable when taking alcohol than when being sober. I also had a feeling then that I could not easily socialise without taking alcohol. My financial woes and worries about life would be minimised after getting drunk, but I would wake up to them the following day after sobering up.</i> (Lines 109-112)
	Harmful drinking as escapism	hiding, escapism, avoidance, sleepwalking, self-deception, denial, courage.	<i>... When I used to drink, I thought alcohol would help me to drown my sorrows, but strangely it was doing the opposite because I was living a meaningless life. It made things worse for me. Drinking only masked the real problems which I had. I now understand that in life you have to face issues. Some you solve, others you can't, but that is life.</i> (Lines 114-118)
<b>Relationship with the body and environment</b>	Reflecting on the impact of harmful drinking on his body	embodiment, fatigue, misery.	<i>I had always felt sick the following day after taking alcohol. The after-drinking hangover would also make me tired and miserable.</i> (Lines 15-16)
	Reflecting on the impact of harmful drinking on his body	embodiment, health, fatigue.	<i>I felt my health was being affected by my drinking because I was losing weight. I had poor appetite after drinking. I used to vomit after a drink and my body would feel weak and dehydrated.</i> (Lines 18-20)
	Reflecting on the benefits of quitting harmful drinking on his body	energy, health, embodiment.	<i>I feel my body to have changed a lot after stopping drinking as I am full of energy. My eating habits have improved tremendously, and I am able to eat most of the foods that I couldn't eat when I was drinking alcohol</i> (Lines 22-23)
	Reflecting on the benefits of quitting	responsibility, money, lived space, personal care.	<i>Yes it did, because I didn't have any savings, meaning I was not able to meet my financial obligations such as</i>

	harmful drinking on his lived space		<i>paying my bills, paying my house rent, supporting my elderly parents or even my own personal upkeep. (Lines 26-28)</i>
	Reflecting on the impact of harmful drinking on his body	sleepwalking, irresponsibility, risk-taking.	<i>I feel lucky. I used to live on the edge, taking risks especially when I was drunk but now looking back I feel that the risks were not worth taking. I feel that it was just by sheer luck that I did not encounter any personal harm or accident during that drinking period. (Lines 67-70)</i>
	Reflecting on the benefits of quitting harmful drinking on his body	sleepwalking, irresponsibility, risk-taking, safety, sound judgement, anti-social behaviour, impulsivity, anger.	<i>Yes, I feel safe. I know that danger lurks everywhere, but I feel I have sound judgement. Before that most of the time I lacked proper judgement in safety assessment because of my excessive drinking habits. I used to drive when drunk, which was extremely dangerous. I was breaking the law and often got into trouble with the police. I could easily pick up brawls with anybody, and I was always hot-tempered when drunk. My capacity for any risk assessment when drunk was zero. (Lines 72-78)</i>
<b>Life transition</b>	Absence of sense of responsibility	sleepwalking, irresponsibility, risk-taking, impulsivity.	<i>My personal security never bothered me when drunk, and I would leave drinking places late without caring about how I got home. Sometimes I would go through dark alleys without calculating the risk involved. My risk assessment was poor, and sometimes I wonder how I used to get home after drinking till late hours. (Lines 61-65)</i>
<b>Connectedness with self and others</b>	Consequences of excessive drinking on relationships	family, peer pressure, mentors, influence, role model, well-being.	<i>My family was always hostile and unfriendly because they didn't like my excessive drinking habits which were affecting my financial, physical and social life in a big way, even though to me it had looked OK. My interactions were mainly with my drinking mates. (Lines 43-45)</i>
	Consequences of excessive drinking on relationships	rejection, loneliness, isolation, detachment, trust, contempt, estrangement, hurt, self-worth.	<i>I started feeling lonely. I realised that my family and friends could not trust me. They treated me with a lot of contempt, and nobody could take me seriously any</i>

			<i>more because I couldn't keep to my word even after making a promise. So I was left out in a lot of family issues and arrangements. I would feel hurt and it affected my sense of self-worth.</i> (Lines 54-58)
	Consequences of excessive drinking on relationships	poor social skills, relatedness, detachment, isolation.	<i>My social and interaction skills when drunk were poor. I couldn't engage in a meaningful discussion due to aggression and I always felt misunderstood by the community... My drinking mates were my best friends and companions.</i> (Lines 80-83)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	health, well-being, happiness, anger.	<i>My health was always bad due to poor eating habits. My physical, social and emotional being was also affected by my drinking. I was not happy. I had a hot temper. I think I was frustrated.</i> (Lines 100-101)
	Reflecting on the impact of harmful drinking on his psychological world	impulsivity, aggression, anti-social behaviour.	<i>Excessive drinking had a negative impact on my emotions as I was anti-social and aggressive when drunk. I would raise arguments with friends or colleagues for no good reason</i> (Line 103-104)
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	well-being, responsibility, commitment.	<i>Since I stopped drinking, my well-being and my emotions have changed tremendously.</i> (Lines 106-107)
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	destruction, anxiety, avoidance, self-denial, self-deception, debt, change, family, purpose, happiness, goals, control.	<i>Excessive alcohol consumption can destroy one's life in various ways. For example, it makes one anxious about the future and because of that you try to avoid the future. It is almost a form of denial. So you pretend there is no future, or you drink to stop thinking about the future. That is how I felt. I can confess that I didn't have any savings when I used to drink, and I was always in debt. I now have a happy family and can plan ahead as I am a sober person.</i> (Lines 120-125)



## Participant 8 - Transcription process

1. What did you feel about the cost of alcohol?

2. I did not think much about it.

3. I never quite thought about the cost. (Pause) My parents bought it.

4. Sometimes friends would bring it in. (Pause) Our house was a booze joint

5. with alcohol everywhere: in the fridge, in the cupboard, on the shelves... just everywhere.

6. Did the cost of alcohol affect your drinking decisions in any way?

7. No, it did not. It was my parents who used to buy.

8. Have your financial goals and aspirations for your future been influenced by your decisions in any way?

9. I wouldn't say financial goals, but aspirations, yes.

10. I want to live a different lifestyle from that of my parents.

11. What was it like to consume alcohol, and what was your experience of being in an alcoholic body?

12. There was something funny about it. I was always hot...Always sweating...I don't feel that any more.

13. How did you feel about your health?

14. I didn't worry about my health. No, I didn't.

15. What is it like for you not to consume alcohol the way you did before?

16. It has made me into a different person. When I go to visit my parents,

17. I don't even want to spend the night there. I cannot stand the stench of alcohol.

18. Did alcohol consumption affect your sense of responsibility in any way?

19. Yes, I wanted to start working; then I would pick up job application forms

20. but never got to filling them in. We would be drinking all night long and so I

21. would procrastinate filling them in. Then I remember one time I somehow

22. completed one form and sent it in and was called for an interview. But then I

23. missed my interview appointment, because somehow I forgot all about it.

24. Could you describe in what ways alcohol consumption affected your work?

25. Well, I never did anything. I was never up to anything useful.

26. What do you feel about the choice you have made not to drink?

27. I feel proud. I have a job now and I have things to look forward to. I am also saving for future goals.

28. What were your intimate or close relationships like for you when you were drunk?

29. Things were OK. My parents used to drink a lot. Both of them were not

30. working because of health issues, and so their friends would come along and we would all spend the day drinking and eating.

31. In what ways was your alcohol consumption influenced by your close relationships?

32. I was born in an alcoholic home and I was also living there, so this looked all

33. normal to me. I was always scornful when people criticised too much

34. drinking. It felt normal to drink, but when I drank I would lose control over

35. myself and would shout and want to start a fight. I didn't know why...(Pause)

36. I kept thinking everyone drinks and seems in control....then I realised that I

37. was actually hating the drinking and was angry with my parents.

38. Do you feel that these relationships have influenced your choice to not engage in harmful alcohol consumption?

39. Yes, my parents. I realised I had to forgive my parents. I did not want to be

40. like my parents. Both of them drank, but I would say my father was

41. alcoholic. He would drink and swear. He caused trouble all the time... I had

42. thought if I got drunk too, I could match him up, but it only made things

43. worse. There was so much shame. People were now laughing at our family.

44. I did not know what to do, but I knew I had to do better. I had younger

45. brothers. So I decided to move out. I went to my friend's house. He had a

46. job and was not a drinker. I opened up my frustrations to him and he was

47. patient. He didn't judge me. He just told me if I got a job I would get

48. focused and would be able to create a different life from the one I had been

49. brought up in. He helped me to get a job and I also stopped drinking.

50. He also helped me to get my own place where I now live with my partner.

51. Can you tell me how you experienced your sense of safety or lack of it when you had consumed alcohol?

52. Something strange would happen. I could not trust myself, because I would

53. get angry, especially towards my dad. At one point I thought he would

54. punch me, but he didn't. I had picked a fight with him. (Pause)

55. I had thrown the remote control at him and almost hit him on the forehead.

56. Can you describe how you feel about that now?

57. I feel in control. I love my dad. I don't think I could actually do anything silly like that to anyone.

58. Do you feel your sense of safety has been influenced by your choice not to engage in harmful alcohol drinking?

59. Maybe indirectly. I don't want to fight anyone. I don't want trouble.

60. What was the attitude of others towards you in the community when you consumed alcohol?

61. I think the people were used to seeing me drunk. Most of the neighbours came in for a drink.

62. What was/is it like to live in a culture that embraces alcohol consumption?

63. It was mad. Really mad and rough.

64. In what ways do you think the community influenced your alcohol consumption back then?

65. As I said, I think because nobody questioned it, then it was OK and so I assumed that was the way of life.

66. Now I live in a different world where I know that people can make different choices.

67. In what ways do you think the community influences your lack of alcohol consumption now?

68. I live in a different community. It is a great neighbourhood. I haven't heard

69. any shouting or swearing. People are busy living sensible lives.

70. How would you describe your emotional well-being during that period when you were consuming alcohol?

71. I was a young man full of anger. I had anger towards my family and I also

72. felt so angry for not getting an opportunity to further my studies. It was a

73. mixture of many feelings, but they were negative feelings.

74. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?

75. I think my drinking made my anger worse. When I drank would get so angry

76. with everything and everyone. Especially my parents.

77. Has that changed in any way now?

78. It has. I used to blame my parents for my drinking, but that anger has ceased now.

79. I now know that we all can make decisions for the better, and I did that.

80. What meaning did you attach to consuming alcohol?

81. I thought drinking alcohol was just normal, but no, it is not.

82. What was your understanding of the meaning of life then?

83. I used to believe that our life destiny is determined by all the factors that

84. surround us when we are born; but now I see things differently.

85. What is your understanding of the meaning of life now that you do not engage in harmful alcohol consumption?

86. I now see life as a stack of clay. You can either trample over it, or you can

87. turn it into a mould and make something with it. Something that is original.

88. So for me, I knew that it was pointless to keep comparing myself with others, especially my parents who drank almost daily.

89. Is there anything else you would like to tell me?

90. Not at all.

91. What has the experience of being interviewed felt like?

92. I have enjoyed it. Thanks.

<i>Subordinate themes</i>	<b>Participant 8</b> Transcription of interviewer's questions (in red) and interviewee's answers (in black)	Superordinate themes and emergent themes
<i>Alcohol accessibility</i>	<p>1. What did you feel about the cost of alcohol?</p> <p>2. I did not think much about it.</p> <p>3. I never quite thought about the cost. (Pause) My parents bought it.</p> <p>4. Sometimes friends would bring it in. (Pause) Our house was a booze joint.</p> <p>5. There was alcohol everywhere: in the fridge, in the cupboard, on the shelves... just everywhere.</p>	<p><b>Initial pathway into harmful drinking</b></p> <p>Accessibility, Family, Peers, Choice, Availability</p>
<i>Reflecting on normalised culture of drinking</i>	<p>6. Did the cost of alcohol affect your drinking decisions in any way?</p> <p>7. No, it did not. It was my parents who used to buy.</p> <p>8. Have your financial goals and aspirations for your future been influenced by your decisions in any way?</p>	<p><b>Culture of drinking</b></p> <p>Accessibility, Choice, Availability, Personal responsibility, Parenting</p>
<i>Influence of belief system on decisions</i>	<p>9. I wouldn't say financial goals, but aspirations, yes.</p> <p>11. What was it like to consume alcohol, and what was your experience of being in an alcoholic body?</p> <p>12. There was something funny about it. I was always hot...always sweating...I don't feel that any more.</p> <p>13. How did you feel about your health?</p> <p>14. I didn't worry about my health. No, I didn't.</p> <p>15. What is it like for you not to consume alcohol the way you did before?</p>	<p><b>Spiritual transcendence</b></p> <p>Goals, Aspiration</p>

16. It has made me into a different person. When I go to visit my parents,  
17. I don't even want to spend the night there. I cannot stand the stench of alcohol.

18. Did alcohol consumption affect your sense of responsibility in any way?

19. Yes, I wanted to start working; then I would pick up job application forms

20. but never got to filling them in. We would be drinking all night long and so I

21. would procrastinate filling them in. Then I remember one time I somehow

22. completed one form and sent it in and was called for an interview. But then I

23. missed my interview appointment because somehow I forgot all about it.

24. Could you describe in what ways alcohol consumption affected your work?

25. Well, I never did anything. I was never up to anything useful.

26. What do you feel about the choice you have made not to drink?

27. I feel proud. I have a job now and I have things to look forward to. I am also saving for future goals.

28. What were your intimate or close relationships like for you when you were drunk?

29. Things were OK. My parents used to drink a lot. Both of them were not

30. working because of health issues, and so their friends would come along and we would all spend the day drinking and eating.

31. In what ways was your alcohol consumption influenced by your close relationships?

*Absence of sense of Responsibility*

*Role of employment in quitting harmful drinking*

*Reflecting on the role of friends and family in harmful drinking*

**Life transition**

Self-Sabotage, Culture of drinking, Procrastination, Responsibility, Motivation, Sleepwalking, Abandonment

**Pro-change factors**

Pride, Job, Future, Goals, Hope, Purpose

**Connectedness with self and others**

Family, Influence, Negative role models, Joblessness, Health, Indifferent and pervasive attitude to drinking

*Consequences of excessive drinking on relationships*

32. I was born in an alcoholic home and I was also living there, so this looked all  
33. normal to me. I was always scornful when people criticised too much  
34. drinking. It felt normal to drink. But when I drank, I would lose control over  
35. myself and would shout and want to start a fight. I didn't know why. (Pause)  
36. I kept thinking everyone drinks and seems in control....then I realised that I  
37. was actually hating the drinking and was angry with my parents.

38. Do you feel that these relationships have influenced your choice to not engage in harmful alcohol consumption?

*Role of positive role model in quitting harmful drinking*

39. Yes, my parents. I realised I had to forgive my parents. I did not want to be  
40. like my parents. Both of them drank, but I would say my father was  
41. alcoholic. He would drink and swear. He caused trouble all the time.... I had  
42. thought if I got drunk too, I could match him up; but it only made things  
43. worse. There was so much shame. People were now laughing at our family.  
44. I did not know what to do, but I knew I had to do better. I had younger  
45. brothers. So I decided to move out. I went to my friend's house. He had a  
46. job and was not a drinker. I opened up my frustrations to him and he was  
47. patient. He didn't judge me. He just told me if I got a job I would get  
48. focused and would be able to create a different life from the one I had been  
49. brought up in. He helped me to get a job and I also stopped drinking.  
50. He also helped me to get my own place where I now live with my partner.

51. Can you tell me how you experienced your sense of safety or lack of it when you had consumed alcohol?

### Connectedness with self and others

Sleepwalking,  
Indifferent and pervasive attitude to drinking

### Pro-change factors

Family, Aggression, Forgiveness, Change, Indifferent and pervasive attitude to drinking, Anti-social behaviour, Culture of drinking, Influence, Negative role models, Shame, Self- Motivation, Change of environment, Role model, Mentor, Career progression, Hope, Focus, Self- Efficacy, Choice

*Reflecting on the impact of harmful drinking on his psychological world*

52. Something strange would happen. I could not trust myself because I would

53. get angry, especially towards my dad. At one point I thought he would

54. punch me, but he didn't. I had picked a fight with him. (Pause)

55. I had thrown the remote control at him and almost hit him on the forehead.

56. Can you describe how you feel about that now?

57. I feel in control. I love my dad. I don't think I could actually do anything silly like that to anyone.

58. Do you feel your sense of safety has been influenced by your choice not to engage in harmful alcohol drinking?

59. Maybe indirectly. I don't want to fight anyone. I don't want trouble.

60. What was the attitude of others towards you in the community when you consumed alcohol?

61. I think people were used to seeing me drunk. Most of the neighbours came in for a drink.

62. What was/is it like to live in a culture that embraces alcohol consumption?

63. It was mad. Really mad and rough.

64. In what ways do you think the community influenced your alcohol consumption back then?

65. As I said, I think because nobody questioned it, then it was OK and so I assumed that was the way of life.

### **Mental health and well-being**

Selfhood, Impulsivity, Anger, Anti-social behaviour, Relatedness

Self-control

Change, Self-control, Peace, Courage, Self-Identity

*Pleased with the benefits which quitting harmful drinking has had on his psychological world*



*Reflecting on the benefits of quitting harmful drinking on his lived space*

66. Now I live in a different world where I know that people can make different choices.

67. In what ways do you think the community influences your lack of alcohol consumption now?

*Reflecting on choice and change*

68. I live in a different community. It is a great neighbourhood. I haven't heard

69. any shouting or swearing. People are busy living sensible lives.

70. How would you describe your emotional well-being during that period when you were consuming alcohol?

*Reflecting on the impact of harmful drinking on his psychological world*

71. I was a young man full of anger. I had anger towards my family and I also

72. felt so angry for not getting an opportunity to further my studies. It was a

73. mixture of many feelings, but they were negative feelings.

74. Can you tell me how alcohol consumption influenced/impacted your emotional well-being?

*Reflecting on the impact of harmful drinking on his psychological world*

75. I think my drinking made my anger worse. When I drank would get so angry

76. with everything and everyone. Especially my parents.

77. Has that changed in any way now?

*Sense of responsibility*

78. It has. I used to blame my parents for my drinking, but that anger has ceased now.

79. I now know that we all can make decisions for the better, and I did that.

80. What meaning did you attach to consuming alcohol?

81. I thought drinking alcohol was just normal, but no, it is not.

### **Relationship with the body and environment**

Choice, Change, Change of environment

### **Relationship with the body and environment**

Choice, Responsibility, Change, Change of environment

### **Mental health and well-being**

Anger, Detachment, Relatedness, Frustrations, Hopelessness, Depression

Anger, Detachment, Relatedness, Family, Impulsivity, Frustrations

### **Transition**

Well-being, Personal responsibility, Parents, Placid)

*Awakening to the meaning of life*

82. What was your understanding of the meaning of life then?

83. I used to believe that our life destiny is determined by all the factors that

84. surround us when we are born; now I see things differently.

85. What is your understanding of the meaning of life now that you do not engage in harmful alcohol consumption?

86. I now see life as a stack of clay. You can either trample over it, or you can

87. turn it into a mould and make something with it. Something that is original.

*Awakening to the meaning of life*

*Reflecting on the role of friends and family in harmful drinking*

88. So for me I knew that it was pointless to keep comparing myself with others, especially my parents who drank almost daily.

89. Is there anything else you would like to tell me?

90. Not at all.

91. What has the experience of being interviewed felt like?

92. I have enjoyed it. Thanks.

### **Spiritual transcendence**

Self-Efficacy, Self-motivation, Future, Awakening

### **Spiritual transcendence**

Awakening, Insight, Opportunity, Change, Self-Identity, Self-hood, Self-Determination, Choice, Decisions, Self-efficacy, authenticity

### **Connectedness with self and others**

Personal responsibility, Self-Identity, Selfhood, Detachment, Choice, Culture of drinking, Family, Change

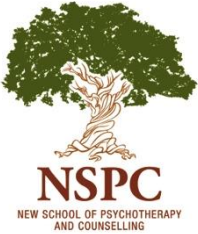
Participant 8			
Superordinate themes	Subordinate themes	Emergent themes from data	Illuminatory quotes
<b>Initial pathway into harmful drinking</b>	Affordability and accessibility of alcohol	accessibility, family, peers, choice, availability.	<i>I never quite thought about the cost. (Pause) My parents bought it. Sometimes friends would bring it in. (Pause) Our house was a booze joint. There was alcohol everywhere: in the fridge, in the cupboard, on the shelves... just everywhere.</i> (Lines 3-5)
<b>Pro-change factors</b>	Role of employment in quitting harmful drinking	pride, job, future, goals, hope, purpose.	<i>I feel proud. I have a job now and I have things to look forward to. I am also saving for future goals.</i> (Line 27)
	Role of positive role model in quitting harmful drinking	family, aggression, forgiveness, change, indifferent and pervasive attitude to drinking, anti-social behaviour, culture of drinking, influence, negative role models, shame, self-motivation, change of environment, role model, mentor, career progression, hope, focus, self- efficacy, choice.	<i>Yes, my parents. I realised I had to forgive my parents. I did not want to be like my parents. Both of them drank, but I would say my father was alcoholic. He would drink and swear. He caused trouble all the time.... I had thought if I got drunk too, I could match him up, but it only made things worse. There was so much shame. People were now laughing at our family. I did not know what to do, but I knew I had to do better. I had younger brothers. ...So I decided to move out. I went to my friend's house. He had a job and was not a drinker. I opened up my frustrations to him and he was patient. He didn't judge me. He just told me if I got a job I would get focused and would be able to create a different life from the one I had been brought up in. He helped me to get a job and I also stopped drinking. He also helped me to get my own place where I now live with my partner.</i> (Lines 39 -50)
<b>Culture of drinking</b>	Reflecting on normalised culture of drinking	accessibility, choice, availability, personal responsibility, parenting.	<i>No, it did not. It was my parents who used to buy.</i> (Line 7)

<b>Life transition</b>	Absence of sense of Responsibility	self-sabotage, culture of drinking, procrastination, responsibility, motivation, sleepwalking, abandonment.	<i>Yes, I wanted to start working, but then I would pick up job application forms but never got to filling them in. We would be drinking all night long and so I would procrastinate filling them. Then I remember one time I somehow completed one form and sent it in and was called for an interview; but then I missed my interview appointment because somehow I forgot all about it.</i> (Lines 19-23)
	Sense of responsibility	personal responsibility, well-being, parents, placid.	<i>It has. I used to blame my parents for my drinking, but that anger has ceased now.</i> (Line 78)
<b>Connectedness with self and others</b>	Reflecting on the role of friends and family in harmful drinking	family, influence, negative role models, joblessness, health, indifferent and pervasive attitude to drinking.	<i>Things were OK. My parents used to drink a lot. Both of them were not working because of health issues, and so their friends would come along and we would all spend the day drinking and eating.</i> (Lines 29-30)
	Consequences of excessive drinking on relationships	sleepwalking, indifferent and pervasive attitude to drinking	<i>It felt normal to drink. But when I drank, I would lose control over myself and would shout and want to start a fight. I didn't know why.</i> (Lines 34-35)
	Reflecting on the role of friends and family in harmful drinking	personal responsibility, self-identity, selfhood, detachment, choice, culture of drinking, family, change.	<i>It was pointless to keep comparing myself with others, especially my parents who drank almost daily.</i> (Line 88)
<b>Mental health and well-being</b>	Reflecting on the impact of harmful drinking on his psychological world	selfhood, impulsivity, anger, anti-social behaviour, relatedness, self-control.	<i>Something strange would happen. I could not trust myself because I would get angry, especially towards my dad. At one point I thought he would punch me, but he didn't. I had picked a fight with him. (Pause) I had thrown the remote control at him and almost hit him on the forehead. I feel in control.</i> (Lines 52-57)
	Pleased with the benefits which quitting harmful drinking has had on his psychological world	change, self-control, peace, courage, self-identity.	<i>...I don't want to fight anyone. I don't want trouble.</i> (Line 59)

	Reflecting on the impact of harmful drinking on his psychological world	anger, detachment, relatedness, frustrations, hopelessness, depression.	<i>I was a young man full of anger. I had anger towards my family, and I also felt so angry for not getting an opportunity to further my studies. It was a mixture of many feelings, but they were negative feelings.</i> (Lines 71-73)
	Reflecting on the impact of harmful drinking on his psychological world	anger, detachment, relatedness, family, impulsivity, frustrations.	<i>I think my drinking made my anger worse. When I drank, would get so angry with everything and everyone. Especially my parents.</i> (Lines 75-76)
<b>Relationship with the body and environment</b>	Reflecting on the benefits of quitting harmful drinking on his lived space	choice, change, change of environment.	<i>Now I live in a different world where I know that people can make different choices.</i> (Line 66)
	Reflecting on the benefits of quitting harmful drinking on his lived space	choice, responsibility, change, change of environment.	<i>I live in a different community. It is a great neighbourhood. I haven't heard any shouting or swearing. People are busy living sensible lives.</i> (Lines 68-69)
<b>Spiritual transcendence</b>	Influence of belief system on decisions	goals, aspiration.	<i>I wouldn't say financial goals, but aspirations, yes.</i> (Line 9)
	Awakening to the meaning of life	self-efficacy, self-motivation, future, awakening.	<i>I used to believe that our life destiny is determined by all the factors that surround us when we are born; now I see things differently.</i> (Lines 83-84)
	Awakening to the meaning of life	awakening, insight, opportunity, change, self-identity, self-hood, self-determination, choice, decisions, self-efficacy, authenticity.	<i>I now see life as a stack of clay. You can either trample over it, or you can turn it into a mould and make something with it. Something that is original.</i> (Lines 86-87)



## ETHICS APPLICATION



*The Department of Health and Social Sciences  
Middlesex University  
Hendon  
London NW4 4BT*



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### Appendix 1 Participant Information sheet

Date:

**Title:** Experiential accounts of young men between the ages of 20 and 29 in the UK who previously engaged in harmful levels of alcohol use.

**Research question:** What are the experiential accounts of change for young men between the age of 20 to 29 in the UK who previously engaged in harmful levels of alcohol use (comparing before and after) and their meaning of quitting harmful drinking?

#### Invitation paragraph

I would like to invite you to take part in a research study. Before you decide, you need to understand why the research is being done and what it would involve for you. Please take the time to read the following information carefully. You are welcome to ask any questions if anything you read is not clear or you would like more information on it. Take time to decide whether or not to take part.

#### What is the purpose of the research?

The aim of this study is to investigate the experiences of young male adults between the age of 20 and 29 who grew up in places where alcohol consumption is culturally accepted and who have previously engaged in a harmful level of drinking alcohol but no longer do so. Thus the overall aim of the study will be to explore the experience of quitting harmful drinking after previously engaging in harmful drinking.

It is expected that the research findings will make a substantive and meaningful contribution to knowledge, since it will provide deep and meaningful insights obtained from a population sample that previously engaged in harmful levels of alcohol use but no longer do so. The findings can be used to inform the development of a cost-effective and easy to deliver multi-focused alcohol misuse prevention programme. There is a need to develop sustainable, cost-effective, long-term effective preventive interventions and easy to deliver population level specific interventions for specific cohorts such as young and emerging adults. The findings will therefore hope to address the missing niche of the absence of multi-focused age-relevant alcohol misuse prevention programmes for young and emerging adults (20-29 years old).

### Why have I been chosen?

You have been invited to take part in this study because you meet the initial selection and participation criteria, which were set as follows:

1. Males between the ages of 20 and 29 years old.
2. Have lived and grown up in a community where alcohol assumption is culturally accepted. There are multiple dimensions of variation in alcohol consumption, such as the collective norms, presiding alcohol policy, social status, the drinking group, the individual drinker, gender, family, personal, regularity of drinking and the extent of intoxication. These usually cluster into four primary drinking cultures distinguished as:
  - An abstinent culture (a culture with zero alcohol intake).
  - An ambivalent culture (a culture with conflicting drinking values).
  - Permissive culture (a culture where alcohol consumption is acceptable, but drunkenness is not)
  - An over-permissive culture (a culture where both alcohol consumption and drunkenness are tolerated and accepted).

Britain is clustered in the last category.

All these factors are important for the purpose and aim of informing this research and that is why I am only selecting people who grew up in areas where alcohol consumption is more accepted, to ensure that only participants who have been exposed or have experienced these aspects are interviewed.

3. Can self-identify with the lived experience of harmful drinking in the past but no longer do so. Harmful drinking is defined as a pattern of alcohol consumption which is likely to cause physical, mental and social or health impairment or harm. This definition of harmful drinking is provided by the World Health Organisation. However, you will also be allowed to explore your own definition of harmful drinking.

If you decide to take part in the study, please note that the study has a two-part procedure to ensure participants meet the full criteria, and only those who meet this will proceed to take part in the study.

#### **Part 1 - Brief informal interview**

The purpose of this brief interview process will be:

1. To mitigate for differences with the age boundary set for participants, to ensure that there are no vast differences such as lifestyle or other circumstantial factors among the selected participants.
2. So that the researcher can ask you in confidence for how long you have refrained from harmful drinking.
3. To ensure that you are not vulnerable psychologically to the extent that questions asked during the study would act as cues that might bring about urges that may lead to a relapse.

Participants who meet the three criteria will be invited to take in Part 2 of the study.

Selected willing participants will then be provided with the consent form which they will sign and return.

#### **Part 2 – Main interview**

In this second part of the interview, participants will be asked questions from a semi-structured questionnaire which will have open-ended questions to allow you to describe your experience in order



to facilitate an open-ended inquiry so that the researcher can obtain rich and deep narration of the account of your lived experience.

#### Do I have to take part?

No. There is no obligation for you to participate. However, it is possible that you will find this an interesting and insightful experience. Should you decide to participate and then change your mind, you are also free to withdraw at any time, without giving a reason.

#### What will happen to me if I take part?

You will be required to commit approximately an hour and a half of your time to participate in the research. As a participant, you will be interviewed by me using a semi-structured questionnaire. The research will be done through Skype because of the Covid-19 pandemic. The interview will be at a time of your convenience.

Afterwards, the anonymised information from this interview will be combined with the information from other participants for analysis. I will use a qualitative research method to extract the main themes from what you and other people who take part in the study have told me, with the intention of helping us better understand this experience from the perspective of young men of this age group.

#### What are the possible disadvantages to taking part?

A possible disadvantage is that distress may arise from recollecting unpleasant memories and feelings. If this happens after or during the research, you will be signposted to appropriate support services available for you to access if further support is required. You will also have a right to withdraw should you wish to do so.

#### What are the possible advantages of taking part?

You will not directly benefit if you take part in this study. However, you may find the study insightful and a useful experience of reflection. Additionally, evidence obtained from the study may provide insight and understanding of the underlying pathways to harmful drinking and/or quitting so that relevant preventive measures can be developed and put in place in the future.

#### Consent

You will be given a copy of this information sheet for your personal records, and if you agree to take part, you will be asked to sign the attached consent form before the study begins. Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part, you may withdraw at any time without giving a reason.

#### Who is organising and funding the research?

I am conducting this research as a student of NSPC/MDX, who share responsibility with me for the appropriate conduct of the research.

#### What will happen to the data?

I will be recording the interview on a digital voice recorder, and will transfer the files to an encrypted USB stick for storage, deleting the files from the recorder. All of the information that you provide me will be identified only with a project code and stored on an electronic encrypted file. Participants'

anonymity will be ensured and only numbers will be used in writing up. The anonymised interview data will be stored for ten years in a secure, encrypted environment. Your personal details will be destroyed after the transcription process and will not be stored or be accessible to others. If my research is published, I will make sure that neither your name nor other identifying details are used. Data will be stored according to the UK Data Protection Act and the Freedom of Information Act.

#### Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC Ethics Committee and the Ethics Committee of Middlesex University have reviewed this proposal.

Thank you for reading this information sheet.

If you have any further questions, you can contact me at: [gn187@live.mdx.ac.uk](mailto:gn187@live.mdx.ac.uk)

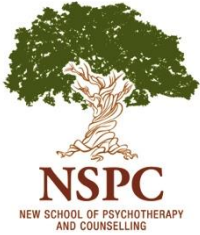
If you have any concerns about the conduct of the study, you may contact my supervisors on the following email: [office@nspc.org.uk](mailto:office@nspc.org.uk)

#### **The Principal**

NSPC Ltd.

61-63 Fortune Green Rd, London NW6 1DR

Tel: 020 3515 0223



*The Department of Health and Social Sciences  
Middlesex University  
Hendon  
London NW4 4BT*



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## Appendix 2 Informed consent

Title: **Experiential accounts of young men between the age of 20 and 29 in the UK who previously engaged in harmful levels of alcohol use.**

**Research question: What are the experiential accounts of change for young men between the age of 20 to 29 in the UK who previously engaged in harmful levels of alcohol use (comparing before and after) and their meaning of quitting harmful drinking?**

Researcher: **Grace Njeri**

Supervisors: **Professor Simon DuPlock and Dr Chloe Paidoussis-Mitchell**

- I have understood the details of the research as explained to me by the researcher and confirm that I have consented to take part in this study as a participant.
- I have been given contact details for the researcher in the information sheet.
- I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.
- I further understand that the data I provide may be used for analysis and subsequent publication, and I provide my consent that this may occur.

\_\_\_\_\_

Print name

\_\_\_\_\_

Sign name

Date: \_\_\_\_\_

**To the participant:** Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Health and Education Ethics Committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: \_\_\_\_\_



*The Department of Health and Social Sciences  
Middlesex University  
Hendon  
London NW4 4BT*



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### **Appendix 3 Debriefing**

**Title: Experiential accounts of young men between the age of 20 and 29 in the UK who previously engaged in harmful levels of alcohol use.**

**Research question: What are the experiential accounts of change for young men between the age of 20 to 29 in the UK who previously engaged in harmful levels of alcohol use (comparing before and after) and their meaning of quitting harmful drinking?**

Researcher: **Grace Njeri**

Supervisor: **Professor Simon DuPlock and Dr Chloe Paidoussis-Mitchell**

Thank you for taking part in this research and making a valuable contribution towards the aims of the study. This debrief is your opportunity to talk about your experience of being interviewed. If you feel you would like to talk more about the issues which have arisen in the interview process, or any difficult feelings you have experienced in relation to this, I will provide you with a list of organisations from which you may be able to access support.

Additionally, if you have concerns or would like to make a complaint, please contact my supervisors through the following contact details:

office@nspc.org.uk

or

**The Principal**

NSPC Ltd.

61-63 Fortune Green Rd,

London NW6 1DR

Tel: 020 3515 0223

## **Appendix 4. LIST OF ALCOHOL MISUSE SERVICE PROVIDERS**

### **TURNING POINT**

29 RECTORY RD, OXFORD OX4 1BU

OXFORDSHIRE.

TEL: 01865 261690

### **DRINKLINE**

TEL: 0300 123 1110

### **THE LEY COMMUNITY**

SANDY CROFT, SANDY LANE, YARNTON OX5 1PB

OXFORDSHIRE.

TEL: 01865 371777

### **BRISTOL DRUGS PROJECT**

#### **FREE ALCOHOL & DRUG SUPPORT**

ONLINE SUPPORT & TELEPHONE SUPPORT

TEL: 0117 987 6000

### **SWANSWELL ALCOHOL AND DRUG RECOVERY SERVICE**

TEL: 0300 003 7025

### **RESTORE**

MANZIL WAY, COWLEY ROAD, OXFORD, OX4 1YH

OXFORDSHIRE.

TEL: 01865 455821

### **ACTION ON ADDICTION:**

TEL: 0300 330 0659

[WWW.ACTIONONADDICTION.ORG.UK](http://WWW.ACTIONONADDICTION.ORG.UK)

### **SMART DRUG & ALCOHOL SERVICES**

BUILDING B, KIRTLINGTON BUSINESS CENTRE, KIRTLINGTON, KIDLINGTON OX5 3JA

OXFORDSHIRE.

TEL: 01869 350028

### **AL-ANON FAMILY GROUPS:**

TEL: 0800 0086 811

[WWW.AL-ANONUK.ORG.UK](http://WWW.AL-ANONUK.ORG.UK)

**ALCOHOL CHANGE UK:**

[WWW.ALCOHOLCHANGE.ORG.UK](http://WWW.ALCOHOLCHANGE.ORG.UK)

**ALCOHOLICS ANONYMOUS (AA)**

TEL: 0800 9177 650

[WWW.ALCOHOLICS-ANONYMOUS.ORG.UK](http://WWW.ALCOHOLICS-ANONYMOUS.ORG.UK)

**CHANGE GROW LIVE**

[WWW.CHANGEGROWLIVE.ORG](http://WWW.CHANGEGROWLIVE.ORG)

**RECOVERY FOCUS**

TEL: 020 7697 3300

[HTTP://WWW.RECOVERYFOCUS.ORG.UK](http://WWW.RECOVERYFOCUS.ORG.UK)

**RICHMOND FELLOWSHIP**

TEL: 020 7697 3300,

[WWW.RICHMONDFELLOWSHIP.ORG.UK](http://WWW.RICHMONDFELLOWSHIP.ORG.UK)

**SALVATION ARMY:**

TEL: 020 7367 4500,

[WWW.SALVATIONARMY.ORG.UK](http://WWW.SALVATIONARMY.ORG.UK) - RUNS HOMES FOR THE TREATMENT OF ALCOHOLICS AND DRUG ADDICTS