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**The Janus Influence and Discovering a Life:  
A Study of People Living With Coexisting Mental Health and  
Substance Use Disorders**

A thesis presented in fulfilment of the requirements for the degree of  
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# CONTENTS

<b>Abstract</b>	<b>ii</b>
<b>Acknowledgments</b>	<b>iv</b>
<b>Contents</b>	<b>v</b>
Self portrait by patient 'Mary'	1
<b>What's Past is Prologue</b>	<b>2</b>
<b>Chapter One: Introduction</b>	<b>4</b>
Coexisting Disorders - the Entity	4
Why a Study of the 'Dually Diagnosed'?	4
Refining the Topic	6
Aim of the Research	7
The Narrative Voice	8
Key Concepts	8
Multiaxial assessment	9
Schizophrenia	9
Mood disorders	10
Major depressive episode	10
Manic episode	10
Mixed episode (bi-polar disorders)	10
Anxiety disorders	11
Substance-related disorders	11
Substance abuse	11
Substance dependence	12
Coexisting disorders	12
Structure of the Thesis	13
<b>Chapter Two: Theory</b>	<b>18</b>
Introduction	18
Part One: The Basics of Grounded Theory	19
Pragmatism	19
Symbolic Interactionism	20
Second-level Theory	21
Part Two: The Epistemological Soup that Nourishes an Understanding of Coexisting Disorders:	23
Psychiatry and the Medical Model	24
The Genetic Model	24
The Neurochemical Model	25
The Biological Reinforcement Model	25
Theories of Temperament, Character and Personality	26
The 'People' Component	27

The Foucault Effect	27
The Philosophical Influence of Martin Heidegger	28
Recovery and the Influence of Carl Jung	29
Sociocultural Theories	30
Summary	31
Conclusion	33
<b>Chapter Three: Method</b>	<b>34</b>
Introduction	34
Truth	35
Researching Maori	36
Qualitative Research Methods	36
1. Rigorous techniques and methods for gathering high-quality data that is carefully analysed, with attention to issues of validity, reliability and triangulation	37
Strauss or Glaser?	43
2. The credibility, competence, and perceived trustworthiness of the qualitative researcher	44
3. A Belief in the Phenomenological Paradigm	46
Conclusion	47
<b>Chapter Four: An Audit Trail of the Research Process</b>	<b>48</b>
Introduction	48
Empirical Decisions	48
Ethical Considerations	48
Generating a Sample	49
Finding the numbers	49
Snowball Sampling	50
The 'participants'	51
2. The questions?	52
3. Recording the Data	53
4. Analysis of the Data - Nudist, NVIVO or No	54
Theoretical Decisions	55
Introduction	55
A Normal Life - (basic core category - working model No. 1)	55
A Normal Life - (basic core category - working model no. 2)	57
A Breakthrough?	57
Theoretical Memo - Dealing with the 'Staff' Data 26.06.01	61
Theoretical Memo - The Janus Reign - 26.06.01	62
Theoretical Memo - Recovering a Life 08.07.01	63
Theoretical Memo - Discovering a Life? 28.07.01	64
Theoretical Memo - The Janus Influence 23.07.01	65
Conclusion	65
<b>Chapter Five: The Field</b>	<b>66</b>
Introduction	66
1. Analysis of Mental Illness and Addiction as Medical Problems	68
Early 'Medical' Approaches to Mental Illness	68
The Medical Model Today	68

DSM IV	71
Mental Illness in the Pakeha New Zealand Context	72
Alcohol	74
Alcohol Consumption in New Zealand	74
Drugs in the New Zealand Context	75
Marijuana Use and Mental Illness	76
Summary	77
2. Analyses of Coexisting Disorders	77
Wright and Mattick's Categorisation	78
When Mental Illness is the Primary Problem	78
When Substance Abuse is the Primary Problem	78
Rejecting the Notion of Primacy for Treatment Purposes	79
Defining Coexisting Disorders - Diagnostic Language	79
Summary	79
3. Alternative Analyses	80
Alternative Analyses of Mental Health/Illness	80
Mental Illness as a Cultural Construct	80
Mental Illness as a Public Health Issue	81
Alternative Analyses of Addiction	81
Game Theory	81
Family Systems Theory	82
Addiction as a Problem of Decision-Making	83
Defining the Person with Co-existing Disorders -	
Alternative Language	83
Summary	84
4. Diagnosis	84
The Typical Dual Diagnosis Patient?	84
The Diagnostic Tools	85
Reliability and Validity	85
Cultural Assessment	86
The Methodology of Diagnosis	86
Prevalence	87
Summary	88
5. Treatment	89
Service Provision	89
Problems with Parallel and Sequential Approaches to Treatment	89
Integrated Service Provision	90
From Case Management to Care Management	91
Sub-populations	91
(a) The Homeless	91
(b) War veterans	92
Pregnant Women	92
Treatment Approaches	93
Transtheoretical Model of Change	93
Assertive Community Treatment	93
The Twelve Step Self-Help Model	94
Psycho-Education	94
Therapeutic Communities	95
Maori Models of Health	95

Prognosis	95
Policy	96
Summary	96
Conclusion	96
<b>The Results chapters</b>	<b>98</b>
Data Map	101
<b>Chapter Six: Intemperate Insanity</b>	<b>102</b>
Introduction	102
Participant Data - Positive Expressions of <i>Intemperate Insanity</i>	103
Connecting	103
Escaping	105
Coping	106
Surviving	107
Summary	108
Participant Data - Negative Expressions of <i>Intemperate Insanity</i>	109
Introduction	109
Destroying	111
Summary	113
Conclusion	114
<b>Chapter Seven: Naked in Woolworths - The Crisis</b>	<b>116</b>
Introduction	116
Participant Data	117
Building up	117
Introduction	117
Experimenting	118
Triggering	119
Summary	121
Overwhelming	121
Introduction	121
Being Exposed	121
Summary	122
Breaking down	122
Summary	123
Intervention	123
Introduction	123
Summary	126
Family	126
Conclusion	129
<b>Chapter Eight: Shedding The Armour - Recovery</b>	<b>131</b>
Introduction	131
Recovery as a concept	133
The Origins of Recovery	134
Participant Data	135
Taking Responsibility	135
Achieving Sobriety	137
Up-skilling	140

Incorporating	142
Conclusion	144
<b>Chapter Nine: Living Without the Armour - Maintaining</b>	<b>145</b>
Introduction	145
Participant Data	146
Daily Reminders	146
Human Connecting	148
Pushing the Boundaries	150
Giving Back	152
Conclusion	153
<b>Chapter Ten: Janus' Temple - Service Provision</b>	<b>155</b>
Introduction	155
Key Issues for Staff Participants	157
Integrated Care	157
Model conflict	159
Meeting Cultural Needs	162
Skills/Knowledge Base	164
Engagement	165
Conclusion	167
<b>Chapter Eleven: Literature Review</b>	<b>168</b>
Introduction	168
Recovery	169
Twelve Step, Self-Help and 'New Age' Philosophies	170
The Mental Health Service User Movement	172
From Psychiatric Rehabilitation to Recovery	174
Summary	176
A Comparison of Models and Model Effectiveness	176
The Essence of Recovery	178
Tools for Recovery	179
Recovery as a Process	180
Recovery is Not Rehabilitation	180
Recovery and Service Provision	181
Service Provision in the New Zealand Context	183
Introduction	183
Length of Treatment	184
Service Workers	184
The Role of Community in Service Provision	185
Professional Interest in Recovery	186
Barriers to Recovery and Empowerment	186
Recommendations of the Literature for Service Provision	188
Conclusion	189
<b>Chapter Twelve: Discussion</b>	<b>190</b>
Introduction	190
A Normal Life	190
The Lay View	191
Psychiatry	192

Psychoanalysis, Psychology and Sociological Concepts of Normality	194
Cultural Norms	196
Summary	197
Recovery	198
Recovery as a Component of 'Normal'	198
The Usefulness of a Twelve Step Approach in Coexisting Disorders Recovery	198
Limits of Recovery as a Concept	200
Recovery as a Community Concept.	201
Role Reclamation	201
Integrated Care	203
The Maintenance of Discovery	204
Discovery	205
Beyond the Maintenance Phase of Recovery	205
The Role of Myth in Discovering a Life	205
Discovery as a Paradigm Shift	208
Discovery as a Life-Long Journey	208
Discovery as a 'Present Moment'	209
Discovery and the Dilemma of the Health Services	209
Discovery and the Irrelevance of Discrimination	210
Summary of key original findings	211
1. A New Approach	211
2. New Possibilities	211
Conclusion	211
<b>Conclusion</b>	<b>215</b>
Findings	215
Recommendations	221
In Conclusion	225
<b>Epilogue</b>	<b>227</b>
<b>Appendices</b>	<b>229</b>
Appendix One: Participant Information Sheet	229
Appendix Two: Consent Form	230
Appendix Three: Participant Information Sheet for Health Workers	231
Appendix Four: Example of Patient Code of Rights	232
<b>References</b>	<b>233</b>



## ABSTRACT

This grounded study examines how people who are dually diagnosed with a major mental illness and substance use disorder 'recover' their lives from a past of *'intemperate insanity'* and discover a world in a rich and productive present. Thirty participants, including consumers, staff and families, took part in the study. Additional slices of data were retrieved from the analysis of six 'policy' documents and 72 hours of participant observation. All data were constantly compared and analysed using Glaser's emergent approach to grounded theory.

Research and literature on those with coexisting disorders has been dominated by the 'medical model' with a focus on assessment, diagnosis, treatment and rehabilitation both in addiction and mental health settings. Whilst these aspects of 'management' of coexisting disorders are important, this acute phase of intervention represents only a small fragment of a person's life. These people are not their disease, and the coexisting disorders are not the totality of their being.

*'Discovering a life'* was an emergent theme that formed the basic core category. *Intemperate insanity, naked in Woolworths (the crisis), shedding the armour (recovery)* and *living without the armour (maintaining the change)* and *Janus' temple (service provision)* formed the theoretical codes which made up the entity *discovering a life*. There also emerged a further 'natural division', a critical juncture essential to *discovering a life* - sobriety. Without sobriety, participants' lives took a different path which linked them back to a past of *intemperate insanity*.

Literary images of the Roman God Janus are used as a metaphor throughout the thesis to elucidate aspects of the participants' lives. Janus was the God of endings and new beginnings, of youth and age, and is portrayed in historical texts with a double head, one looking backwards and the other forwards. It is this need to remind themselves of the past in order to imagine the future, a need to track the metaphorical trajectory from youth to age that informs the basis of 'wellness' in the present for my participants.

Service provision in the mental health and alcohol and drug fields is aimed at early intervention, the acutely ill and early phase rehabilitation. There are clearly ways of analysing and approaching the 'illness' at this initial point of the continuum that are efficacious and cardinal to the ultimate well-being of the

individual. What I am proposing here is not an alternative to this bio-psycho-social explication, but a second-level, substantive theory that offers an insight into the way a diversity of people with coexisting mental health and substance dependence disorders integrate their human imperfections into their lives. They have found a way of accepting, rather than transcending, the human condition. At the same time, this new paradigm has implications for the way we provide a service to people with coexisting disorders. Service providers are invited to participate in a way that shifts the emphasis of intervention from 'doing' (tasks and skills-related activities), to 'being' (with a focus on integrating coexisting disorders into identity of 'self'). A therapeutic emphasis on 'caring', not 'curing', creates an environment that allows consumers to realistically live rich and meaningful lives.

## ACKNOWLEDGMENTS

Undertaking a doctorate is at times an arduous, protracted and solitary task. For a person who prefers to work in a team, it seemed that for much of the time I was the only one 'on the case'. However, in my more sagacious moments, I knew that this was not so. In fact, this thesis has been a huge team effort. Some of you came into my life because of the thesis, while others were part of the journey that brought me to its inception. I would like to take this opportunity to thank you all.

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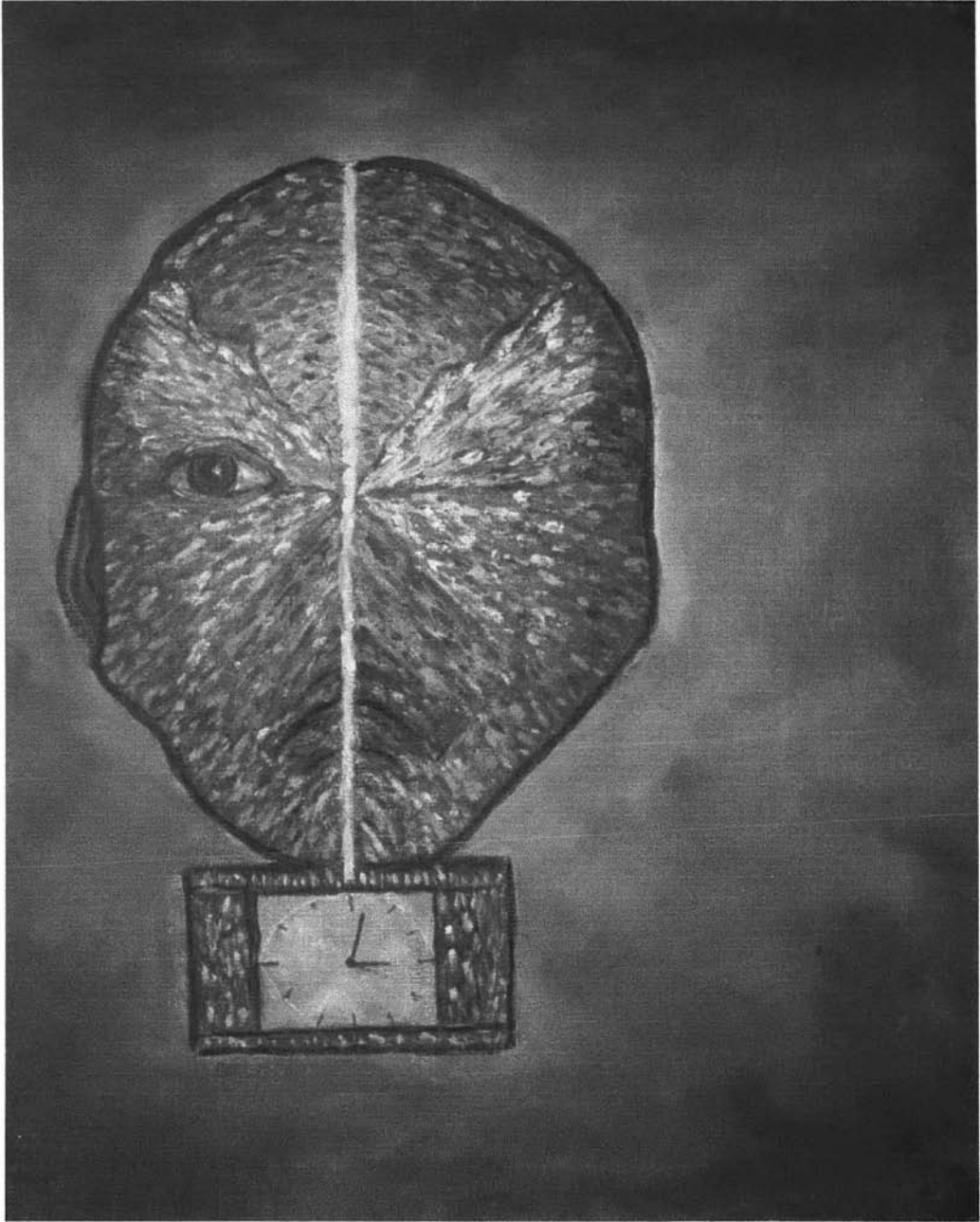
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Self portrait by patient Mary

## WHAT'S PAST IS PROLOGUE

(Chapter title a quote from Shakespeare, *The Tempest*, act 2, scene 1)

In 1983, Mary was in her early thirties and had been in and out of adult mental hospitals since the age of thirteen years. She had been given a diagnosis of schizophrenia and was considered to be entering the chronic phase of the 'disease'. Her life was dominated by visual and auditory hallucinations. Her perception of reality was distorted and she lived daily with the chronic, nagging, self-deprecating voices that were telling her to kill herself. They were intrusive and distressing and she found temporary relief in alcohol and cannabis. It was another ten years before the term 'dual diagnosis' would be coined.

In 1983, I was working as a nurse/counsellor in the Auckland Area Health Board's community based alcohol and drug services. It was located in the grounds of the regional psychiatric hospital and I was approached by one of the psychiatrists who wanted help with a patient, 'Mary', whose drinking and drug taking were interfering with *his* ability to manage *her* chronic mental illness. As a means of putting some of the distress outside of herself, and as a way of helping me understand her internal torment, Mary painted a self-portrait, the photograph of which accompanies this thesis. In it, I was drawn to the off-centred relationship of the face to the page, the 'hidden' eye, the missing ear, the thick black line surrounding the head, and the splintered, divided face. I interpreted this to indicate the 'off-centred' relationship she has with herself and others, a 'one-eyed' view of her world that restricts her vision of life and its possibilities, and the inability to hear all that is being said to her. The thick black line represents a rigid boundary that creates an image of 'normal' shape to the outsider and belies the chaos and fragmentation inside her head. Her sadness is evident in the down-turned mouth and the clock (set forever at 3.00am) represents her troubled relationship with sleep and distorted time.

It offered me another paradigm from which to view coexisting disorders - that of 'insider'. Previously, my only understanding had been as nurse and counsellor. The painting brought me as close as I could get to the lived experience of mental illness and substance use disorders. It shifted my thinking from the framework of health professional to consumer. I began to understand

on a visceral (rather than intellectual) level, the melancholia, fragmentation and despair that coexisting disorders can bring.

In a secular and 'Joycean' sense, this experience was an 'epiphanous moment'. Epiphany means "a manifestation" (Abrams, 1981:54) and was a term coined by early Christian thinkers to signify a "manifestation of God's presence." The Irish writer, James Joyce, adapted the term to non-religious experience to signify a "sense of radiance and revelation while observing a commonplace object...or scene" (Abrams, 1981:54). The 'epiphany' for me was a deeper and critical level of understanding that was to shift my thinking on psychiatry, substance dependence, people, and 'treatment'. It unleashed a train of thought, ideas and career decisions that has culminated in the writing of this thesis.