

**“Ever-emerging meaning:  
An exploration into the way in which  
families and therapists position themselves  
in stories of drug misuse”**

**Professional Doctorate in Systemic Psychotherapy**

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## **Abstract**

This research study aims to explore the historical, social, political, economic and cultural origins of the drug misuse meaning through the way that Greek families and clinicians position themselves within their discourses about drug misuse.

The research question under which this research study has been conducted is the following:

"What are the stories constructed by family members and therapists around the drug misuse story within the family therapy context; how do family members and therapists position themselves, and how they are positioned within family stories of drug misuse?"

Data were collected through four semi-structured interviews with families with a drug misusing member that had already completed the drug misuse treatment, a focus group discussion meeting with five clinicians, and three semi-structured interviews with clinicians. The method of Foucauldian Discourse Analysis has been deployed for the analysis of my collected data. The analysis led to the identification of six discourses: (1) Family as an idealized transgenerational place of belonging (2) Family as a political and economic institution (3) Gender differences and familial leadership positions (4) 'Magkas' positioning as a choice of subversion (5) Drug misuse positioning (6) Drug misuse treatment and Greek 'ethos'.

The findings of this study depict the significance of the Greek family institution either as an idealized or as an economic and political unit in which the power and the rivalry embedded in the gender differences revives the boldness of the political figure of 'Magkas' and the 'cunningness' of the traditional patriarchal Greek family's oppressed woman. These re-emerging Greek political and social identities seem to be embraced by the drug misuse positioning that embodies a denial of submission and a cunning way of avoiding life's difficulties and oppressions. Although the drug misuse treatment is presented to offer a drug misuse resolution, it does not seem to address

the addictive mentality of 'magkia' and 'cunningness' which appears to remain unaffected within the ex-drug misusing family. Additionally, the mindset of 'magkia' and 'cunningness' is seen to be fueled by the historical, political, economic and social mechanisms that have also enabled the transgenerational Greek family with a drug misuse member to survive throughout the years.

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## **1. Introduction**

My clinical experience as a systemic clinician in a drug misuse treatment agency in Athens has introduced me early enough to the prevailing psychiatric discourse that constructs drug misuse as an incurable or chronic disorder, an idea supported by the DSM- V (2013) diagnostic criteria.

The percentage of drug misusers in a treatment agency for drug misuse resolution in Greece has been estimated at around 20% of the addicted population (Yfantis, 2017). Furthermore, the drug misusers are seen to contact these agencies only after their family's request or after the police and the prosecutors' command. Moreover, the families with a drug misusing member who are addressing the therapeutic agencies usually see the drug misuse as an individual problem with no way out, as a problem that has been negatively woven into their family's daily life.

Nonetheless, my systemic theoretical background has always offered me a more critical position concerning the individualistic approach to drug misuse treatment. As time went on, my clinical experience in the 'family therapy unit' of the agency, where I was also responsible for its effective running, has given me data on drug misuse as a symptom reflecting the pathology of a rigid family's relational interaction pattern (Jackson, 1957). It did not take me long to understand through my participation in the drug misuse resolution process as a family therapist that being born into a particular family and subsequently into a specific culture limits the number of stories that a family member can speak openly in the therapy room (Ugazio, 2013).

Although the family members were presented to share their stories concerning their daily interaction with their drug misusing members, other family stories remained unattainable or even forbidden to be told (Cronen and Pearce, 1982). So, when families with drug misusing members entered the therapy room, many of their possibly traumatic experiences were gradually becoming filtered down into marginal individual stories since drug misuse experiences carry greater 'authority' and sometimes even beyond the family members' awareness of this (Foucault, 1971).

On the other hand, through my participation in a multidisciplinary clinical team, I realized that the different clinical language we use, in our turn, as clinicians in the therapeutic relationship with these families also carries our historical, social, political and cultural traditions (Burr, 1995). So, the clinical language we use within the therapeutic context brings our personal and professional experiences with 'addiction' into the therapeutic relationship with these families. Therefore, as clinicians, I felt the responsibility we undertake through the way we position ourselves and the drug misusers in the therapeutic relationship since our language has the power to construct or de-construct drug misuse as an individual or a family disorder.

Therefore, my research interest has been shaped by the research question:

"What are the stories constructed by family members and therapists around the drug misuse story within the family therapy context; how do family members and therapists position themselves, and how they are positioned within family stories of drug misuse?".

My research interest is focused on exploring the meaning that clinicians and family members construct in regards to 'drug misuse' within the context of drug misuse resolution treatment. By studying how family members and therapists position themselves through their discourses on drug misuse, I want to explore the causal laws that fuel the mechanisms that generate the phenomenon of drug misuse in the contemporary Greek family. I am interested in switching the research focus from drug misuse as a disorder to the historical, social, political, economic and cultural origins of its meaning that, according to Bhaskar, are seen as the causal mechanisms of drug misuse emergence. That's why I have decided to design my research study under a critical realist paradigm (Bhaskar, 1997) that had not yet been applied to explore the drug misuse phenomenon. Therefore, I decided to deploy the methodological tool of Foucauldian discourse analysis since it supports the exploration of the different historical, social, economic and cultural aspects of drug misuse by focusing on what people say about drug misuse and not the drug misusers themselves. So, my research aims to explore the way that Greek family members and clinicians think or feel about drug misuse (subjectivity), what they do concerning drug misuse (practices) and the material conditions within which drug misuse takes place in the present Greek society (Willig, 2008).

## **2. Literature Review**

### **2.1 Introduction**

In this chapter, I present theoretical concepts and research reviews linked to my research aim to explore the meaning, that is, the ideas people intend to convey through drug misuse, in the social, political and cultural context of the Greek family. Therefore, the literature search strategy I have followed is linked to drug misuse, systems theory, family system and drug misuse treatment. The theoretical chapter involves seven parts. The first part presents the substance misuse definition based on the Statistical Manual of Mental Disorders (DSM-5), the system theory's view on substance misuse and the linkage between attachment theory and drug misuse. The second part involves how the family is perceived by Friedrich Engels, Pierre Bourdieu, and the systemic clinician and social anthropologist Inga-Britt Krause since their writings are linked to the family system and its cultural construction. I have also included in this part the Greek family's cultural background as revealed by Michael Herzfeld, Françoise Dolto and Marie-Elizbeth Handman. The third part elaborates the power concept through Positioning theory and Foucault's ideas. The fourth part presents the different construction of meaning around substance misuse between Eastern and Western civilizations and the meaning attributed to substance misuse within the Greek social and cultural context. The fifth part shows the therapeutic context of substance misuse treatment in Greece. Finally, the sixth part illustrates relevant research publications on systemic theory and substance misuse treatment worldwide.

## **2.2. Drug misuse definition**

### **2.2.1 DSM-V substance misuse disorder criteria**

The American Psychiatric Association published in May 2013 the fifth edition of the Diagnostic Statistical Manual of Mental Disorders (DSM-5), which defines substance misuse as a 'disorder' associated with substance abuse for non-therapeutic or non-medical effects often involving maladaptive behaviours over a long time. DSM-5 supported that substance-related disorders often have a dual diagnosis. People are diagnosed with substance misuse and are given a psychiatric diagnosis, with the most common being major depression, personality disorder and dysthymia. The drugs that most often are associated with this term include alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, methaqualone and opioids. These drugs may lead to possible physical, social and psychological harm, but when such substances are unobtainable, the user suffers from withdrawal symptoms.

### **2.2.2 Systems theory on drug misuse**

Systems theory provides a model that focuses on the relationships between individuals and how they are connected to each other. Systemic thinking emphasizes that our actions are interrelated with other people's actions. This particular concept reflects that different parts constitute a system, and at the same time, they are a part of larger systems.

Based on Thomas Kuhn's ideas (1962), every systemic theorist, like all researchers, seems to be attracted to systems thinking either because of her desire to be helpful, the excitement of exploring new territory or the drive to test established knowledge. However, they must follow specific rules in any of these cases, which means a set of conceptual, theoretical and methodological commitments derived from the particular systems theory paradigm they represent.

The paradigm is a successful model or pattern that directs the systemic scientific community's efforts to specify certain phenomena and theories within a particular

research tradition. However, within the context of an already established paradigm, the systemic theorist might restrict her vision by forcing their understanding of human relationships into the existing conceptual boxes since the phenomena that do not fit into the box are usually not seen at all (Kuhn, 1962).

Nevertheless, sometimes human relationships might exceed the boundaries of the paradigm-induced expectations that govern a particular paradigm. Thus, we see the blurring of the paradigm and the loosening of the rules for specific paradigm-based research. Therefore, although the world does not change, systemic theorists may see new and different perspectives of this world. However, they are looking in places they have already looked before, which induces new interpretations of human relationships and theory that need new vocabulary and concepts to analyze these newly observed events. Old terms, ideas and experiments seem to fall into previous understanding, and they cannot decipher new relationships. These are not isolated events but extended episodes that constitute a process that takes time by one or a few individuals to construct a new basis for the practice of systemic thinking. Since the new paradigm is born from the old one, during the transition period, there will be considerable but never complete overlap between the issues that can be answered by the old and by the new paradigm because there is a decisive difference in the modes of solution (Kuhn, 1962).

In its history, systemic thinking has consistently challenged the medical-psychiatric model and the diagnostic language that sees psychological symptoms as a disorder or pathology within individuals (Larner, Strong and Busch, 2013). The traditional general systems theory is known as "first-order cybernetics". This systemic paradigm argues that the rigid functioning of a family's interactional pattern might elicit a response within the family relations that could form a family member's symptoms, such as drug misuse (Jackson, 1957). In that way, drug misuse, which the psychiatric medical thinking had already categorized as predominantly residing within an individual's personality, came to be regarded in terms of the relational pattern of interaction and communication found within a family system. Accordingly, a systemic therapist in this paradigm is considered an objective expert who can resolve drug misuse by intervening through a linear way of thinking in the family's interactional pattern. The disappearance of the drug misuse symptom when the

family's relational pattern changes defines the treatment's termination. It was the only criterion for determining a successful outcome for the therapeutic process.

During the early 1980s, however, a new systemic paradigm advanced this linear way of exploring drug misuse within the family. The new paradigm is known as 'second-order cybernetics' or the 'cybernetics of cybernetics'. This new conceptual framework shifted the focus from 'thinking about systems' towards 'thinking systemically' through the perspective of a system participant, which involved the therapist's assumptions about drug misuse. Specifically, von Foerster (1992) argued that the therapist as an observer could not remain objective since everything involves an observer engaged reflexively on the observing system. Therefore, second-order cybernetics placed less emphasis on the 'realistic' assumption of the therapist's objectivity towards a 'normative' way of family functioning. Instead, it explored the meaning of familial relationships produced within the therapeutic relationship, a collaborative process between therapist and family members (Chard, 2014). This paradigm shift brought a groundbreaking change for systemic practice since a systemic therapist was not, anymore, the observer of the family system. Instead, she becomes part of the system that she influences, and she is also affected by this. Therefore, this paradigm shift introduced the clinician's subjectivity and thus the awareness that the clinician's perceived patterns of interactions within a family system depend on her assumptions concerning drug misuse and how family members should relate to each other. Therefore, within drug misuse treatment, the emphasis shifted from family members' mutual feedback upon an individual's drug misuse behaviour towards the substance misuse family system as a meaning-making system observed and influenced by the clinician within the therapy room. As a result, the previous version of the systemic model that supported a linear causality and the notion that the therapist could control a family system through her objective understanding of drug misuse came into question. Instead, the new paradigm emphasized that the personal beliefs of family members and clinicians shape their perception around 'drug misuse' within a family's interactional context. Thus, the therapeutic focus moved from the symptom of 'drug misuse' and the family's behavioural patterns that support its existence to systems of meaning around 'drug misuse'. Accordingly, systemic therapists placed less emphasis on their objectivity and expertise and more awareness on the importance of the therapeutic relationship. The therapist continually reflects

upon and questions their perceptions, rules, and prejudices around 'drug misuse'. Therefore, drug misuse treatment became a collaborative process that involves new ways of attributing meaning to 'drug misuse'.

Later on, postmodernism (Berger and Luckman, 1971) argues that an objective position traps people inside personalities and identities that are limiting for them and sometimes pathologized. In other words, since the family is the product of particular social processes, there cannot be any pre-given substances inside people that constitute a problem or pathology like 'drug misuse'. Postmodernism seems to share the assumptions of second-order cybernetics since both emphasize the idea that families are unique in their construction of meaning concerning the way they experience their family dynamics. However, therapy under a social-constructionist paradigm became a relational process of meaning-making in which language and its performative character became the entry point for meaning transformation instead of behaviour. The therapeutic conversation included social factors such as poverty, unemployment, education, gender division, sexuality and the dominant culturally shared views about family roles. Accordingly, drug misuse treatment required a sociological and political awareness of power issues and the impact of the dominant cultural discourses on 'drug misuse'. Since conversation is not a passive process but a way in which the self and identity are continually being formed (Foucault, 1975), every conversational moment in therapy seems to be an opportunity to deconstruct and reconstruct drug misuse reality. Therefore, the social constructionist paradigm highlights the necessity of the therapist's awareness concerning her assumptions about drug misuse since she can open up new possibilities by inviting clients into a particular conversation. Drug misuse treatment became a process of social construction, and the therapist is part of that process of construction (Rasera and Guanaes, 2006).

Social constructionism offers systemic practice, the knowledge of how language shapes our perceptions of the world within a particular historical and cultural context. Unfortunately, however, the relativism involved in this theory has sometimes been seen as threatening its legitimacy.

Therefore, Bhaskar's critical realism (1997) seems to partially transcend social constructionism's limits by considering the world and our knowledge of it as different dimensions. He argues that external reality is located outside our ideas about the world just as it is while our understanding of the world is socially constructed, historically and culturally situated (Pocock, 2013). The systemic practice under the influence of critical realism aims to explore the understanding of 'drug misuse' within a family system context in terms of its interacting forces, powers, mechanisms, and set of relationships that may produce it. Thus, following Bhaskar's (1997) ideas, the systemic clinician's practice under critical realism focuses on the measurable event called 'drug misuse' to explore the causal laws that fuel the mechanisms that produce its different meanings in different cultural and social contexts.

### **2.2.3 Attachment theory and drug misuse**

Attachment theory (Bowlby, 1969), a developmental theory of social regulation of emotions that refers to how a person relates to her significant others, has also contributed to our understanding of family processes and drug misuse.

John Bowlby supported that the infants' interactions with their primary caregivers – 'attachment figures'- get internalized over time as a representation ('inner working model') of themselves and their attachment figures. Therefore, a person's 'inner working models' seem to shape the pattern of their emotional regulation that moulds their close relationships (Lorenzini and Fonagy, 2013).

Dallos and Vetere (2009) argued that we all need a sufficient level of bonding in our relationships with significant others to feel securely attached to them. However, in cases of addiction, a person's need for emotional security is usually transformed by her attachment to substance misuse following her previous unsupportive experiences with her parents. So, based on attachment theory, substance misuse seems to be an act of medicating oneself since people try to counterbalance their lacking attachment strategies and replace significant relationships (Schindler, 2019).

Attachment theory describes different patterns formed by different experiences in attachment relationships that involve different security levels, different strategies of



coping with distressful experiences in close relationships and various means of expressing attachment needs. Therefore, a person's attachment strategies vary from extreme independence to extreme anxious enmeshment with others (Schindler, 2019; Dallos and Vetere, 2009).

When the attachment figures – parents – offer stability and safety to the infant during stressful moments, a feeling of 'secure base' is created in early attachment experiences that enables the child to regulate her emotions autonomously when facing fear or distress without depending on another person (Schindler, 2019). In this sense, secure attachment seems to be a liberating process that enables a safe adult to be an autonomous person who manages her feelings by herself or turns to others for emotional support when needed (Lorenzini and Fonagy, 2013).

On the other hand, when the caregiver's stance toward the child's needs involves inconsistency, the child develops either avoidant or anxious, insecure patterns of attachment that include negative internal working models of themselves and others and difficulties in managing their feelings on their own (Mikulincer and Shaver, 2003).

A parent's unresponsive behaviour towards their child's anxiety signals often leads to this child's construction of an avoidant identity processing style. It seems to be a relational pattern based on emotional shutdown where the individual denies any environmental threat and suppresses any thought that might evoke distress in adulthood. This strategy leads people to withdraw from close relationships and construct what Bowlby called 'compulsive self-reliance' (Dallos and Vetere, 2009; Lorenzini and Fonagy, 2013).

In the cases of anxious patterns, the child often tries to gain negative attention when feeling ignored as a self-amplifying process. In adulthood, the individual is seen as being stuck inside a loop of continually striving to avoid or achieve care by looking up for possible signs of disapproval or fear of potential abandonment. Hence, these individuals are likely to manifest compulsive care-seeking and over-dependency (Lorenzini and Fonagy, 2013)

Attachment theory suggests a developmental pathway from these insecure patterns to substance misuse, mainly during the transitional period of adolescence. The misuse of psychotropic substances usually begins in youth which involves the quest for autonomy from the 'secure family base' that a person tries to achieve. However, substance misuse affects an individual's attachment patterns since it might directly affect their mental processes. To become more specific, when a person misuses drugs, her capability for environmental exploration seems to be reduced or distorted, while risk-taking behaviour increases compared to moments of sobriety. Also, mentalization, the investigation of the inner mental world of oneself and others, is reduced. Therefore, non-mentalization and no perception of distress and painful memories might motivate substance misuse (Schindler, 2019).

On top of that, age-appropriate experiences in forming a close relationship are often skipped during a developmental process associated with drugs since psychotropic substances become attractive for someone to self-medicate specific forms of emotional distress and attachment needs. It appears that individuals with different attachment patterns tend to misuse different psychotropic substances to minimize social fears and manage to relate to others. For example, the misuse of stimulants appears to occur in more hyper activating closeness-seeking attached strategies, where the misuse of sedatives might be associated with deactivating-distancing processes (Schindler, 2019).

## **2.3 The family concept**

Understanding a family system will clarify the context in which a person's attachment strategies and drug misuse occur.

### **2.3.1 Friedrich Engels' view on family**

Thinking about the family, differences in family structure and the form of families dates back to the writing of Bachofen (1861), which I refer to because of its relevance to ancient Greece. So, Bachofen's theory argued that a generation could only be defined through the matrilineal kinship in ancient Greece since the mother was the

only visible parent of the new generation. Back then, matriarchy signified the dominance of women in the family as it consisted of mothers, their husbands, their children and the mother's relatives. The man was seen as settled in his wife's house as a 'son-in-law' who provided the food and tools he owned by hunting and fishing, but he remained a member of his own mother's genus. Therefore, the mother's part was the only possible traceability system concerning kinship, as they could not see the child's father. Furthermore, the principle of matrilineality involved the acknowledgement of maternity instead of paternity. As a result, it gave a great appreciation to the women or, to put it another way, to the mothers who eventually gained the dominant role within the familial context.

However, Marx's theory (1967) supports that the reproduction of life itself is not the only motive that ignites changes in human societies. Still, there is also the production of the means of life (food, clothing, housing, tools), which mainly refers to a man's power. So, Bachofen's theory supports that the progress of financial resources gave birth to private ownership in ancient Greece, which gradually led to the shift from the matrilineal to the patrilineal kinship system. This shift has been primarily reinforced by the women who were decisive to secure that their children would become the natural inheritors of their father's property. Historically, Bachofen supports that it was the moment that the ancient Greeks abolished the law of matrilineal descent since it blocked the children's right to inherit their father's material legacy. Therefore, the constitution of the patrilineal family intended to organize a new family system to secure the protection of the family material heritage.

In Greece within the context of the patrilineal structure of the family, the man is in charge of securing the family's living in terms of food, tools and clothing. Thus, he has taken a dominant position within the Greek family system. This new family functioning under the father's leadership resulted in the loss of the public character that the family had under the maternal law before being transformed into a private institution with specific but limited dealings with society. Furthermore, this kind of family's modification restricted the woman's position in fulfilling only duties within this new private family business and being excluded from all social work and the opportunity to participate in social affairs and the production of the means of life anymore.

Engels suggested that the subversion of matrilineal descent seems to be a significant turnaround of womankind. The women since then surrendered themselves in childbearing and the preservation of the family functioning to secure the paternity of the children and thus their legal right to become his natural heirs. However, the male dominance over women seems to launch the idea of conflict between men and women, which never existed before in the unified matrilineal family system. This new patrilineal family dominance and its views of gender conflict and private ownership have introduced in Modern Greece a new era where people try to secure their happiness and growth through the oppression of others (Engels, 1902).

### **2.3.2 Pierre Bourdieu's view on family**

According to Engels (1902), although the kinship system may 'freeze' for long periods, the family is an active system that follows social developments. So, under the patrilineal structure of the family, which is the dominant system for tracing kinship in Greece, we see that new forms of family bonds have emerged nowadays. Following Bourdieu (1998), the family system today is described "as a set of related individuals linked either by alliance (marriage) or by adoption (legal relationship) living under the same roof (cohabitation)" (p. 64). However, he supports that these series of newly emerged forms of family bonds motivate us to explore the way people construct family through language instead of taking for granted that we all mean the same thing.

Bourdieu (1998) argues that the concept of the family represents a united body that acts as 'a collective subject' that takes decisions concerning child-rearing, education, marriage, employment, etc., rather than a group of different individuals with different thoughts, feelings and acts regarding their lives. Thus, the family unit seems to be a separate social unit with a sacred mission and an ideal function that exists isolated from the external world in the name of protecting its members. However, not all families and even not all members of the same family conform to this way of functioning.

The family seems to be the most natural social category that acts in habitus, which means in a "subjective but not individual system of internalized structures, schemes of

perception, conception and action common to all members of the same group or class” (Bourdieu, 1977, p. 86). However, although the family is regarded as the main principle for constructing social reality, Bourdieu (1998) suggests that it has also been socially made by the state, the principal agent of creating people's social reality in modern societies. Thus, we can see that the state supports a certain kind of family organization by equating it to normality to empower people to conform to it since it functions as the backbone of every other social functioning. In that way, the state constructs specific family discourses that are given the power to verify their superiority and, therefore, their ever-lasting existence.

The modern family is seen by Bourdieu (1998) as a social artefact that has been designed according to the state's rule of homogeneity that has finally become every family's policy. To be more specific, the family as a standardized and stable social body aims to establish the devotion and solidarity among its members under the value of 'family love' without leaving any space for the expression of differentiated individual feelings, thoughts and actions of its different members. In that way, the family maintains the social order through social and biological reproduction that secures the already existing structure of the social space and social relations. Within that context, the most common reproduction strategies of the social order used by the family institution are the transmission of the family name and the material heritage between the generations, primarily through the construction of family business alliances to secure the economics mainly in favour of the family members (Bourdieu, 1998).

### **2.3.3 System's theory view on family**

Through the system's theory lens, Bertrando (2000) supports that every family constructs its distinctive ethos, which denotes a set of beliefs, ideas, and values formed by its cultural tradition, social status, and social relationships. So, each family's ethos should be explored through the clinicians' preliminary acceptance of ignorance of it. Additionally, Krause (2009) argues that although 'family' is considered socially and culturally constructed in post-modernism, systemic therapists usually look into the relations between family members, and sometimes they lose sight of the social and cultural construction of individuality. When families come to

therapy, the family members might not always express their meaning construction around their family relations explicitly through their words since individuals participate in cultural implications they might be unaware of (Krause, 2002). Since some meanings seem to be conscious while others remain unconscious, each family member might construct her meaning about family based on her present and past relationships with other family members.

Since the meaning of family is socially and culturally constructed, both clients and therapists bring into the therapy room their specific assumptions regarding family based on their diverse cultural backgrounds and thus their particular notions of kinship and family. Therefore, to some extent, family members and clinicians create their own cultural identity that offers them a different position and enables them to create others' cultural identities. So, the clinicians' cultural reflexivity, by adopting a 'not-knowing' position (Anderson and Goolishian, 1992; Hoffman, 1993), might enable them to understand better the similarities and differences between themselves and their clients and avoid the risk of imposing their definition about the family within the context of the therapy room.

#### **2.3.4 Cultural background of the Greek family**

As it concerns now the cultural background of the Greek family, Herzfeld (1988) argues that 'modern' Greece, a topical, geographical and cultural entity, is seen to be sacred because of its origins from ancient Greece, the ancestor of all European culture. However, at the same time, it seems to be polluted because of the Turkish culture's influence since the traumatic experiences of the Greco-Turkish War in 1919-1922.

So, Greek cultural identity seems to balance between two different models, the ancient Greek and the Byzantine-Turkish model. Respectively, the Greek people hover between 'Hellenism', which represents an idealized unit of the past that attributes the essence of a historical, theoretical tradition that colonized itself and a cunning 'Romiosini' that represents the internal practical history of modern Greece (Herzfeld, 1988).

The contrast between 'Hellenism' and 'Romiosini' is also expressed through the language conflict between 'Katharevousa', an archaizing form of the Greek language based on Classical Greek and 'demotic Greek', the standard Modern Greek language since 1976, which is the most popularly spoken form of Greek language today. This intensity reflects the distinction between the concept that Greeks' origins are traced back to classical antiquity or that they are traced back to more recent history. However, the acceptance of Byzantine tradition implied an implicit recognition of Islam and the Turk's contribution to today's Greek culture. This double depiction of the historical basis of the Greeks has given birth to severe contradictions in Greek cultural identity.

The modern Greek culture undermined Byzantine traditions while at the same time the classical Greek ideas became unattainable for its citizens. The Greeks of the modern nation could no longer attach themselves to their cultural inheritances regarding their identity construction. However, these historical depictions of 'Greek' and 'Roman' framed the ideals upon which Greeks had socially constructed their new identity at the political starting point of the Greek nation-state. Specifically, the idea of a European identity that derives from classical antiquity - 'Hellenism' - became the dominant official version upon which Greeks can worthily present themselves to the outside world since it aligned with the ideals of a reborn Greece. However, in the context of 'modern' Greece, there are cases where the daily behaviour in practice and the everyday speech seems to be the complete opposite of the official ideology and the official discourse, which have been linked exclusively to the classical ages of Greece (Herzfeld, 1988).

According to Dolto (2018), this kind of reverse is traced back to the civil war and the revolution of 1821. The Greek society, having experienced the civil war and the economic difficulties that followed, constructed a mindset of resistance against the enemy and strengthened the people's need for private property in their attempt to confront their anxiety for tomorrow. However, the Greek society's need for private ownership, as a means of independence and freedom, has been turned into a political act linked with two opposed political ideals. Greek people had to defend themselves in the context of an already disarmed Greece, either by entering into an illegal era under the enemy's submission or by allying with the enemy herself to survive.

This political split of the Greek society has also acquired a purely local character since the political choices were linked to political ideals and the politicians themselves. Therefore, the necessity of exploiting their political acquaintances became for Greek people their ultimate aim if they were to satisfy their private interests and those of the group to which they belonged.

So, the study of 'modern' Greece as a nation-state cannot be easily seen as a uniform portrait of culture or as a haphazard collection of unrelated subcultures. Instead, someone could possibly explore it by following the daily life of people of a traditional village community like Marie-Elizabeth Handman (1990) did, who has studied the everyday life of the Greek village of Pournari.

Handman (1990) has found that the villagers of Pournari seem to obey, at first glance, a series of social values such as honour, girls' purity, marital fidelity, children's obedience and endurance at work that coincide with specific Christian values. However, in everyday life, the villagers apply the social value of self-respect by treating others with contempt. Although this act does not respond to the religious message for loving each other, this is the only way for Pournari people to maintain their power over the others and acquire the scarce resources offered in this village with a social system of intense competition between different families. Additionally, the villagers have also confirmed their violent acts within their own families towards their disobedient children. Although the Gospel condemns these acts, the social norm of Pournari seems to approve them.

The citizens of Pournari often hide their secrets from any stranger. Only those who acquire the familiarity to participate in their gossips learn that the villagers of Pournari often lie about several issues such as their girl's virginity, their aggressive behaviour towards the children or the causes for which they have recourse justice. Most villagers of Pournari submit to these behaviours, governed by the rule of lived experience, despite their accusations about the others and their possible remorse of conscience.



So, the villagers of Pournari live under the pressure of an ideology constructed by these three different types of regulations – the over-idealized religious rule (Orthodox faith), the ideal social rule of the village (village law) and the rule of lived experience (the daily practice for a living). Unfortunately, these rules seem to conflict with each other. Under this pressure, the villagers have to choose their way of living to survive the social pressure and control, knowing that whatever they decide, they will be criticized in the name of the other two. Accordingly, the parents give explicit orders or punishments in the name of one or the other of the three rules without the child having ever been notified in advance so that she has a stable point of reference on which she can rely. So, the child learns how to survive from these confusing life guidelines through the trial-error method, although her mistakes, of course, cost penalties. Subsequently, the villagers of Pournari seem to have been trapped in these contradictory rules since their childhood.

Under these conditions, the best defense of individuals becomes distrust and aggression. But the most decisive factor of integration lies in the fact that there is a fundamental point at which the rule of lived experience, the ethos and the Christian commandments meet, and that is in the recognition of work. Hard labour has become a significant value for the citizens of Pournari since the economic conditions are such that only a considerable effort allows the Pournarioti family to survive. But although they hope to acquire more goods, increase their social honour, live in greater comfort and enjoy the appraisal of others, the people of Pournari can indulge in it with so much energy since it does not disturb their conscience. In other words, work alone does not cause any conflict between the Pournari dominant but contradictory rules of lived experience, social law and religious beliefs (Handman, 1990).

Handman's elaboration of the Pournari villagers' family life can be seen as an example of some Greek families which seem to function according to specific but contradictory 'hidden' rules rooted in different cultural, social, and economic norms. So, the question that comes to my mind is whether some Greek family members' choice of drug misuse positioning is possibly fueled by the same and maybe by some other, yet unknown contradictory cultural, social and economic familial rules.

## **2.4 Power concept**

The cultural identity of the Greek family seems to encompass some forms of power necessary to secure the prevailing rules of the family members' interaction that also construct the family members' position within the family relationships.

### **2.4.1 Positioning theory**

Positioning theory (Harre and van Langenhove, 1999) suggests that family members co-position each other within their family cultural system through their linguistic interaction and thus, they co-create their identities. Positioning is always considered relational and interactive since when a person speaks or acts simultaneously invites another person to get positioned accordingly. So, we are part of a process in which other people position us, and at the same time, we take a position that reciprocally influences others. However, different social contexts suggest a diverse repertoire of actions that a person can perform when she is engaged with other people within a particular social context. As David Campbell (2006) remarks, positioning theory explores how society influences us to take certain positions within the different social groups that we belong to and interact with. So, when we look at a socially possible position, we realize that a set of rights and duties define the possibilities of what a given person can say and do at a specific moment and in a given context. Therefore, we see people accepting certain positions, while sometimes, we see people rejecting certain positions within a context of a conversational interaction since they prefer to reposition themselves in a more desirable way (Harre and Moghaddam, 2003).

However, let's consider that in everyday life, in the context of social changes, one person usually attempts either implicitly or explicitly to position another in a particular way. We could see that this act entails power. Since such positions have the power to strengthen or ignore an individual's attributes, it seems to be a moral act that needs to be further explored concerning the adverse effects of such an act on how someone is seen by others or even by themselves.

To put it in another way, we have to think of the possibility of someone who might feel unable to reposition her life efficiently and coherently and therefore adopt a

position that might influence her in a dysfunctional way (Sabat, 2003). Thus, positioning theory implies a moral obligation to consider how we affect others and how others influence us by taking a position in a particular social context.

#### **2.4.2 Foucault's positioning on power**

Since we mutually position each other within the cultural systems that we daily interact with, and these interactions seem to entail power, I will proceed with my understanding of Foucault's work about the concept of the subject, power and ethics.

Foucault (1988) approaches the concept of power as an everyday embodied situation that runs through political, economic, social, cultural and familial institutions by forming a string that penetrates all of them. He argues that power is strongly associated with knowledge around which specific discourses are constructed within these institutions and establish a regime of truth that functions throughout the society as the absolute truth (Foucault, 1978).

Foucault's interest has always been in exploring the relationship between subject and truth since he wanted to understand how the subject fits into this game of absolute truth. He supports that individuals become agents of power through the range of discourses articulated for them (Foucault, 1979). In every society, the construction of discourse is controlled, organized, and distributed by certain institutional practices such as education and publishing. These are considered the instruments that formulate how knowledge is constructed and offered. Thus, they enable individuals to access several discourses and possibly certain power positions within these discourses.

However, not everyone has the right to speak of anything under any circumstances in every society. Some discourses can be said openly, while others vanish as soon as they get pronounced. This kind of relation between the dominant and the subjugated discourses seems to be constantly changing within a society over different periods of political predominance. Other political camps tend to maintain or modify the appropriation of different discourses and the knowledge and the powers carried within them. Nonetheless, in any political period, the dominant discourses are usually seen as being interrelated with the society's regime of truth, which 'fabricates' individuals by

transforming them through 'dividing practices' into subjects. These subjects are seen as becoming tied in particular identities that they accept for themselves and which others also recognize within the context of specific power relations. Therefore, the power involved within a discourse seems to have the dynamic of expanding or limiting the boundaries of an individual's identity and thus her possibilities for action within a specific relational context (Foucault, 1982).

However, Foucault (1982) sees modern society as taking advantage of this constructed regime of truth to initiate discipline and conformity in basic administrative and social systems such as penal, educational, mental health and familial institutions. Under these circumstances, individuals' agreement with the society's privileged regime of truth seems to be a specific technique of power that aims in setting up an appropriate way of thinking that can promote 'normality' and enhance homogeneity among citizens. Subsequently, Foucault wanted to understand how the subject actively constructs her own identity through the practices imposed upon her by her society and her culture (Foucault, 1994). He believed that the subject is not some substance that can be moulded within a particular subject position since it is a form that cannot remain identical to itself. He probably meant that nobody is seen as having the same type of relationship with herself when she positions herself, for example, as a political or a sexual subject since she is establishing a different relationship with herself in each case.

Therefore, Foucault does not see power as something that exists by itself. Instead, he supports that power can only be embedded in someone's particular discourse that aims to modify the actions of others but always within a relational context among free individuals. So, he suggests that the best way of exploring the power relations in which a subject may construct her own identity could be by focusing on the forms of resistance against different forms of power such as men over women, parents over children, mental health over sanity. These acts of opposition are considered to be anti-authority struggles not strictly for or against the 'individual' but rather against a technique of power that led to subjection and submission to the point of squeezing people's identities to become subjects to someone else by control or dependence (Foucault, 1982). Indeed, this is an idea that raises the question of whether drug misuse can be seen as an anti-authority struggle against a particular technique of

power -economic, political, social, cultural- that has forced an individual to become a dependent subject to someone else before her dependency on drug misuse occurs.

Foucault argued that these struggles did not aim to attack any institutional power. Still, their power technique had been deeply rooted in the social nexus since the 16th century when the state - the political form of power- became the context of all the different power networks that have finally become embodied in various local institutions (Foucault, 1982). Therefore, he suggested that one could better analyze the mechanisms of power on a local institution, such as a familial institution where the researcher could easier explore the history, the techniques and the tactics of power that govern people's acts within a given social, political, economic and cultural system (Foucault, 1982).

However, he has pointed out that we should be wary of the idea of liberation. One might believe that once an individual breaks the deadlocks constructed by specific historical, economic and social mechanisms, she will be free to redefine an already existing 'positive' relationship to herself. However, Foucault did not see these liberation practices as sufficient to define a method of freedom. So, following the Platonic thought that the ultimate practice of freedom is considered the care of the self, his argument was that only by taking care of ourselves will we learn to conduct relationships with others ethically. Plato argued that the process of taking care of oneself requires each subject to turn its gaze upon herself to gain 'gnothi seauton', which means know thyself. In other words, each subject needs to do intensive work with herself throughout her life to practice freedom in an ethical mode. In his turn, Foucault has framed the notion of ethos as one's ability to conduct herself properly concerning others by occupying a rightful position in the city, the community of interpersonal relationships by aiming to the mutual benefit of all citizens (Foucault and Rabinow, 1997).

To sum up, Foucault supports that power is embedded within the dominant discourses constructed by particular political, economic, and social institutions and then distributed in society by their institutional practices. These dominant discourses are seen as having the power to form the society's regime of truth, transforming individuals into subjects who end up tied in particular identities within specific power

relations. However, the power involved within these dominant discourses seems to have the dynamic of expanding or limiting the boundaries of an individual's identity and thus her possibilities for action within a specific relational context.

Therefore, Foucault suggests that one could better explore the mechanisms of power in which a subject may construct her own identity on a local familial institution by focusing on the forms of resistance against different forms of power that lead to subjection and submission to someone else by control or dependence. Following Foucault's thinking, my research aims to explore the techniques of power that govern some family members' drug misuse positioning within the Greek social, political, economic and cultural system.

## **2.5 Drug misuse around the world**

### **2.5.1 Western and non-western meaning on drug misuse**

Considering that people think about the self and the family differently in different cultures (Krause, 1995; Marcus & Kitayama, 1991; Ronald, 1991), I assume persons may also attribute a different meaning to drug misuse.

Precisely, within the cultural context of the Anglo-American nuclear family system, great emphasis is placed on independence, self-reliance and individual achievement. Within the Western culture, self-independence may encourage a perception that people are separate from each other and their social environment, which influences their lives. Perhaps, it is no accident that the most popular drugs within the western context dissolve the boundaries of the self and generate a sense of belonging that eases the sense of isolation (Eckersley, 2005). However, in many non-western cultures, the individual's status is connected with family and heritage. Therefore, in some cases when a person misuses drugs, there might be a sense of shame because it affects all those associated with the individual, reflecting their relational values (Weaver, 1997). Also, in certain non-western countries, such as Pacific Island cultures, indigenous Australia, many Asian cultures, and African cultures, different

drugs are used in social, medicinal and ritual-religious contexts (Durrant and Thakker, 2003; Brady, 1991).

The cultural context in which I have explored the family members' and the clinicians' positioning in drug misuse seems to blend Western and non-western cultural values. The organization of the Greek familial institution appears to be a three-generation system that has been influenced by the shift from the agricultural to the urban socio-economic context. For financial reasons, the agricultural values supported the interdependency among family members within the extended family system. In contrast, the urban values supported individual social progress and mobility through technical and academic knowledge (Handman, 1990).

### **2.5.2 Drug misuse in Greece**

Before the industrial revolution in Greece, people lived in the countryside, mainly engaged in agricultural occupations. In this context, drugs had a collective and ritual character that set a limit and protected the community members from possibly more dangerous consequences of drug misuse. However, the developments during industrialization that started in 1949 in Greece and the big wave of people's forced internal immigration to the big cities after World War II and the Civil War that followed from 1946 to 1949 transformed the urban centres into small villages. It meant that city life primarily functioned according to the agricultural value of work as a means for survival.

Around the end of the 1980s, the phenomenon of drug misuse started to spread within these urban centres. Some people choose to get attached to a specific substance trying to deal with the given confusion in the value system and the fear of death dispersed throughout the entire nation after the traumatic experience of World War II and the civil war right after (Yfantis, 2017).

At the same time, the state was trying to suppress the phenomenon of drug misuse in Greece through its control mechanisms of medical and legislative actions by passing

punitive laws and legalizing substance misuse by medical prescription only (Yfantis, 2017).

## **2.6 Drug misuse treatment in Greece**

During the same period of the 1980s, the first therapeutic institutions for substance misuse treatment emerged in Greece based on the theories and experiences of the Western European therapeutic communities for drug misuse resolution.

### **2.6.1 'KETHEA' Institution**

In 1983, a team of health professionals founded the first therapeutic community in Greece called "Ithaki", which inaugurated the "KETHEA" institution. It is a therapeutic centre for addicted individuals - a private legal entity with legal autonomy and self-management that became the largest network of therapeutic communities in Greece with 40 units for substance misuse treatment and social reintegration services today. The structure of this first therapeutic institution has been designed according to the 'Daytop' experience, which Barry Sugarman has inspired. In his turn, he has been motivated by the operation of the first therapeutic community for substance misuse treatment called Synanon that was established earlier in California (Sugarman and Zafeiriadis, 1990).

The functioning of this therapeutic community for drug misuse treatment has been based on a rigid hierarchical structure. Thus, the addicted individuals under treatment were obliged to 'surrender' temporally their freedom to act independently to specific therapeutic rules aiming to succeed in a drug-free life and reconstruct their "whole addicted worldview". The drug misusers' obedience to the therapeutic laws was the prerequisite for their managing to reject the drugs and repudiate the ideology of materialism and individualism upon which the drug dominance has been constructed in Greece (Sugarman and Zafeiriadis, 1990).

Although the institution's attachment to the purpose of substance misuse resolution seemed to act as a driving force for the transformation of the addictive mentality, at



the same time, it seemed to generate elements of totalitarianism through the authoritarian use of therapeutic power. As a result, the initiators of the KETHEA institution began to reflect on whether such a disciplinarian structure fulfils their need for control or the addicted individuals' need for therapy.

The result has been reconstructing the therapeutic community for drug misuse treatment to ostracize its previous authoritarian operation. Thus, a new Board of Directors emerged involving the addicted members' parents to ensure a collective decision-making structure and more creative functioning. This institution was considered 'a second generation' therapeutic community for substance misuse treatment (Sugarman and Zafeiriadis, 1990).

### **2.6.2 '18ano' Institution**

Accordingly, during the same period, the Psychiatric Hospital of Attica established the Drug and Alcohol unit for substance misuse treatment called '18 Ano', which meant for substance misusers above 18years old. This institution's philosophy was based on the uniqueness of the addicted person's individuality, who was treated as the weakest link of a social chain broken under the weight of a multilevel crisis rather than a patient.

Matsa (2017), the scientific director of this institution, claims that this therapeutic institution's treatment aim is to transform the addicted person from a passive objectified subject that obeys the laws of materialism into an active subject that strives for her social emancipation. The ideology of this institution is based on the idea that everyone functions equally but from different and complementary roles within this organization without hierarchies or hidden power games. The therapeutic process is divided into three phases: life-meaning awareness phase, emotional detachment from drugs phase and re-adaptation to society phase through individual and group psychotherapy sessions in collaboration with experienced clinicians.

### **2.6.3 'Theseas' Institution**

The institution for substance misuse treatment called 'Theseas' was established in the 1980s by the Municipality. However, it is considered the only therapeutic program in Greece for drug misuse resolution that it has been created, and it is still funded exclusively by the Municipality.

During its first years of operation, Theseas institution had gone through various functioning phases. First, the institution was operating under a European funded program aiming at drug prevention in Greece. At the same time, some years later, it became an affiliated institution of the Psychiatric hospital's unit for Drug and Alcohol treatment '18ano' by supporting the social reintegration phase of its members.

However, since 1998 it has been operating as a completed and autonomous open treatment program for drug misuse resolution. According to the scientific director, drug misuse is seen as a social, psychological and cultural phenomenon. Thus, the philosophy of this specific treatment program is based on family therapy and art therapy. Family therapy is considered the milestone of the program's philosophy since family members' presence in the therapy room may enhance the unpacking of each family's interactional pattern and art therapy as it is a powerful medium of change, awareness, and socialization. In other words, the specific therapeutic approach is multifocal, and it targets both the addicted individual's and her family members' therapeutic process. Therefore, the primary therapeutic lever for drug misuse resolution is the triadic therapeutic relationship between the clinician, the addicted individual and her family members that functions as a transitional space between the past and the new drug-free life of the therapeutic institution members (Krasanakis, 2015).

## **2.7 Literature publications on substance misuse**

The following section describes representative research studies of systemic thinking as it has evolved over the years, exploring the meaning of drug misuse in the therapeutic practice.

### **2.7.1 Bateson's theory on alcoholism**

Gregory Bateson (1972), through his work of "The Cybernetics of Self: A Theory of Alcoholism", suggested that clinicians should explore the reasons that lead an individual to alcoholism within the periods of her sober life. He has argued that for some reason, she seems unable to tolerate the situation that she is living in during this period. Bateson explained that sobriety is the first step toward intoxication since he sees the latter as the alcoholic's subjective way of correcting the former. His model combines ideas from alcohol addiction treatment and the philosophical theories of cybernetics and systems theory.

Bateson highlighted that the knowledge gained through cybernetics, systems theory and information theory shows us that the main principle that seems to guide the alcoholic's way of relating to others and thus her decision between sobriety and intoxication is the feeling of 'pride'. The alcoholic's pride is expressed through her 'self-control', translated as testing her power over the bottle. This battle seems to be an asymmetrical relationship that the alcoholic individual constructs with the bottle, which usually represents her unaffordable relationship with the significant others.

Bateson supported that this is the alcoholic's way of reacting in a self-corrective way that involves homeostatic characteristics linked to her past experiences relating to her significant others. He meant that the alcoholic's pride cannot tolerate any complementary relationship with any other person since she is only determined to test her power over controlling her drinking as a substitute for a significant other. However, by surrendering to alcohol, her self-defense mechanisms become inactivated little by little. Through the warmth that the drink offers, she is finally enabled to feel the warmth as if the significant others have given her the needed warmth. It appears as if it is the only way that complementarity in the relationships that she is involved with can be achieved. Therefore, the step from sobriety into intoxication is considered a step from a symmetrical challenge into complementarity. However, the alcoholic is constantly looping back in the symmetrical relationship with the bottle. She starts repeatedly drinking when she experiences her loss of control over the relationship with the significant others and with the bottle, which is considered the fictitious other.

The Alcoholic Anonymous (AA) institution on which Bateson has been focused concerning the alcoholic addiction treatment is based on a religious ideology that involves a more significant power than the human being. So, each person's relation to this superior power seems to be complementary in contrast to the pride of the alcoholic, which is predicated upon an asymmetrical relationship to an imagined other. The alcoholic's religious conversion, when linked to Alcoholic Anonymous, can be described as a shift from her symmetrical epistemology to a complementary view of her relationship to others or the universe or God, and the results of that change may expand throughout this person's whole universe.

Bateson's study highlighted the need for a new understanding concerning intoxication. He has argued that although the addicted alcoholic individual seems to operate in terms of an epistemology that is conventional in Occidental culture, her intoxication appears to provide a partial and subjective shortcut to an already correct state of mind.

### **2.7.2 'The Alcoholic family'**

In their turn, Steinglass and his co-researchers (1987) have initiated the idea of the 'alcoholic family'. They showed how alcoholism becomes the central theme within a family system around which family life gets finally organized. To be more specific, they have proposed 'a family-level life history model' concerning substance misuse addiction after having observed, for six months, 'alcoholic families' in their homes, in multifamily discussion groups and the family interaction laboratory. The evidence gained from their research findings highlights the homeostatic character of substance misuse since it appears to be a repetitive and stereotyped pattern of behaviour during unstable periods that provoke uncertainty within the family. This study has explored substance misuse through the lens of the traditional general systems theory, which is known as "first-order cybernetics". It has introduced the idea of substance misuse as part of the relational pattern of interaction and communication found in a family system instead of an individual disorder. It seems that the family's need for stability leads to their acceptance of intoxication as something that they all manage to live with by converting a family with an alcoholic member to an alcoholic family since alcohol use becomes the central organizing principle within their interactional system. Since

intoxication seems to become equitable with stability for these families, Steinglass and his co-researchers suggest that the clinician consider the family's homeostatic tendency to trade long-term growth for short-term stability organized around the alcohol addiction before attempting to remove the intoxication symptom.

### **2.7.3 Family therapy for alcohol treatment**

On the same line of systemic thought, "first-order cybernetics", Arlene Vetere and Mavis Henley (2002) supported that the alcoholic individual realizes the high cost of her drinking in individual and relational terms. However, she cannot easily get detached from substance misuse since the alcoholic person is missing adequate skills to form close relationships with other people. Therefore, a family therapy approach has been proven to be an efficient therapeutic practice in substance misuse treatment for the following reasons. First of all, the simultaneous presence of the family members in the therapeutic process reinforces the addicted individual's engagement in the therapeutic program. Secondly, establishing a solid relationship among the clinician, the family members and the alcoholic person strengthens the latter's relational-making skills and thus her gradual detachment from alcohol by building slowly but steadily attachment bonds with each one of them. Thirdly, the family therapy practice can significantly contribute to the relapse stage of the therapeutic process. It sets the context for the family members to discuss how they may support the alcohol addiction beyond their awareness. Also, the family sessions can be very supportive both for the alcoholic individual and her significant others not to feel blamed for causing the relapse or experiencing a possible relapse as a personal failure. Instead, the family therapist aims to invigorate both the addicted person and her family members to learn something new concerning their relationship from the addicted family member's relapse by confirming that relapses are usually part of the therapeutic process.

### **2.7.4 Systemic Motivational Therapy for drug misuse treatment**

Some years later, Peter Steinglass and his colleagues (2009) realized that although there are many therapeutic approaches in the substance misuse treatment field that claim their therapeutic intervention on a family basis, they mainly focus on the

substance misusing family member during the treatment period. However, they had strong evidence from their clinical experience that the involvement of the family members in treatment reinforces the addicted members' commitment to treatment and restricts the negative impact that substance misuse has on the addicted person's and the family members' life. As a result, they proposed that substance misuse treatment should involve a family-linked perspective to ensure the well-being of both drug misusing and non-misusing family members. So, they designed at the Ackerman Institute centre for substance abuse a therapeutic model called Systemic Motivational Therapy (SMT) that focuses on family systems theory and the technique of Motivational Interviewing (MI). Following the 'Systemic Motivational Therapy model', the clinician tries to explore through a non-pathologizing stance but with curiosity and empathy the interrelationships among the family members and how substance misuse interferes with them. The therapeutic aim is to revitalize the family's resources concerning problem-solving strategies to open up new possibilities for substance misuse resolution within the context of a collaborative therapeutic relationship.

The design of this model (Steinglass et al., 2009) involves a synthesis of family systems and motivational interviewing and includes three phases. The first one is the assessment phase, which focuses on helping family members evaluate their current premises concerning substance misuse and prepare the family for the forthcoming changes. During the second phase, the therapist collaboratively implements an action plan for detoxification with the family where the addicted family member relapses could happen. However, the therapist should not get disappointed by the family's resistance to change since it is a fruitful phase of the therapeutic process. Finally, there is the relapse prevention phase, in which the family constitutes substance-free routines and rituals to prevent future relapses. During this phase, the therapist's role is to establish a holding environment for the family members to evaluate and support relapse prevention.

The treatment model described above argues that when substance misuse is expressed in the context of a family, all the family members are affected by a member's addictive behaviour. Therefore, rather than the misuser alone, the whole family becomes the target for treatment. Finally, the therapist's neutrality through a non-

pathologizing language is mandatory for a collaborative therapeutic relationship between the clients and the therapist rather than a hierarchical system in which the therapist takes the position of the 'expert'. This study introduced 'second-order' systemic family therapy in drug misuse treatment since the therapists have been called to pay attention to their own personal or theoretical bias as part of their observation of the family under treatment.

### **2.7.5 Systemic thinking for drug misuse treatment in the postmodern era**

Another way of understanding the phenomenon of substance misuse came from the philosophical, social constructionism paradigm that introduced systemic thinking in the postmodern era. The new argument about substance misuse research was that language creates reality in an ongoing interactional and relational process. As a result, discourse about substance misuse is not seen, anymore, as a reflection or map of reality but an artefact of the communal interchange (Gergen, 1985). Therefore, family therapists became interested in the active meaning-making process around substance misuse and the inherent assumptions in particular discourses that shape today's institutional practice in the field of drug misuse.

In the following study, Weinberg (2000) has explored the meaning of drug misuse through a socially constructed approach. The data collection has been made through ethnographic fieldwork in three different drug misuse treatment programs.

The first program was a residential facility housed in a funded Christian Missions in Los Angeles, which served a male clientele exclusively. The second program was a residential facility located in the foothills above Los Angeles, primarily financed by a joint grant from mental health and substance abuse services. It was for women and men from all over Los Angeles who had been dually diagnosed with co-occurring substance dependencies and severe psychiatric disorders. The third program was non-residential, and it was located in California. It was part of a federally funded study for residential and non-residential care for dually-diagnosed homeless adults.

The fieldwork involved participant-observation and unstructured interviews with clients and counsellors concerning the program members' daily routines. The analysis

of the participants' talk in all three programs has resulted in the shared discourse "out there" that represented the following four major themes concerning the meaning of addiction: endogenous accounts of active addict mentality, legends of the fall, getting clean and being dirty and the hazards "out there".

#### Endogenous Accounts of the active addict mentality

The participants have constructed the mentality of the addicted person as a self-abandonment that conducts a mind-numbing routine. The addicted person's behaviour has been constructed to be "out-of-control" and self-destructive, which is linked to one's inability to become aware of her feelings and the consequences of her actions due to an intra-personal 'disease'. The acquisition of drugs has been constructed as the addicted person's need for survival since she lacks meaningful social attachments and, therefore, an outlook for her life.

#### Legends of fall

The ecology of addiction has been constructed as a space "out there," describing a social decline. When people entered a program, they generally expressed that they had "hit bottom", meaning their life had come to seem unmanageable since they had lost their self-control and their social connectedness. The excerpts in this section demonstrate how the program members described addiction's ecology as a collective fall, meaning both personal and social, from a higher, more humane social order.

#### Getting "clean" and being "dirty"

Another striking feature of the ecology of addiction in drug abuse treatment discourse was its association with dirtiness in opposition to the cleanliness, characteristic of recovery. When the participants were "in" the program, they were commonly described as "getting clean". Conversely, when blood or urine tests indicated recent drug use, those tests were described as "dirty". A participant suggests that cleanliness flows from deliberate effort while dirtiness is closely related to a degraded space "out there" and its degraded inhabitants.

#### The hazards out there

Beyond descriptions of oblivion, descent and dirtiness, the accounts of the ecological space "out there" tended to depict several emotional and physical hazards. In vivid



contrast to the trust, compassion and communal solidarity ascribed to the world of the recovery through treatment, program participants claimed they feared and distrusted those with whom they had shared the street. Even when they socialized with other members, they claimed they were still careful not to become close.

This article presents drug addiction as a disease marked by "loss of control" over one's drug use that can be controlled through ongoing participation in a therapeutic community. The usefulness of constructing drug addiction as a disease seems to open the possibility for political means to legitimize specific therapeutic approaches over punitive approaches for solving drug-related social problems (Baumohl and Room, 1987; Musto, 1987; Wiener, 1981).

The awful loneliness of living "out there" became a recurring theme in drug misuse treatment discourse. The participants commonly described life "out there" as crazy, violent, dangerous, and disordered. They presented drugs as one element of a much broader set of unpredictable circumstances such as poverty, homelessness and unemployment that forced people back into "the life". However, in this study, these have not been further elaborated as political, social or cultural aspects of their drug misuse meaning-making.

Finally, although the descriptions analyzed in this study through ethnography have been reported by people under treatment for drug misuse resolution, one may feel compelled to argue that these descriptions are somehow less valid than are those provided by people who remain active on the street drug scene.

### **2.7.6 The Narrative model for drug misuse treatment**

The narrative model is also considered a postmodern approach to the therapeutic process for substance misuse resolution. The importance of narrative structure in exploring the meaning-making for substance misuse is the linkage between societal discourses and individual narratives or the segregation between the so-called 'problem' and the client's core identity.

The following study, conducted by Horrocks (2002), presents how a person may construct her self-identity as a drug user, mother and peer through the deployment of narrative analysis in her storytelling around her drug-abusing.

When the participant was invited to talk about herself and her life, she made the interviewer aware of the cost attached to her drug misuse. She entered into the dialogue by describing that she has been in a 'shared' parenting role with her mother as it concerns her child. However, she clarified her rightful mother identity by saying, "I am the mummy". In her account about drug misuse, she also mentioned her 'sentence to treatment' that enabled her finally 'move forward'. Getting 'clean' and putting her life back together is part of this symbolic 'move forward'. So 'sticking with the program' and avoiding 'relapse' became the focus of her life.

When the participant was asked to talk about how she came to be 'sentenced' to treatment and how she experienced the program, she could choose to include or exclude any aspect of her life. However, she gave a detailed account of her persistent shoplifting, which subsequently funded her drug misuse. She seemed to occupy the position of an 'expert' shoplifter. So, the participant's offending is presented within a straightforward causal framework just like Harre and Gillet (1994) say that 'acting under one's moral and personal commitments is a learned ability in which one master the structuring of one's activity according to one's discursive positionings' (p.120). Therefore, this particular storyline seems to position the drug misuser as an individual who cannot be held responsible for her actions and thus unable to avoid getting sentenced.

The participant also talked about her friends misusing drugs and finding it necessary to 'get rid of them' as part of the 'moving forward' metaphor. She refers to her 'so-called friends' who 'led her' into the 'relapse' she experienced at the beginning of the program. Thus, she is successfully positioned within a discourse that recognizes the detrimental effects of continued contact with misusers when trying to move forward. But she seems uneasy with this saying, 'it's not that I didn't want them or need them anymore'. Here the participant positions herself within affirmed discourses where 'friends are not getting rid of easily' and 'everyone needs friends'. So, this moving forward metaphor appeared to carry certain costs and benefits that may be overlooked

or stored into narratives that confirm internal ideas around motivation and weakness of will.

Although significant attention is placed on the participant's self-change, it would be helpful to explore the cultural and contextual dimension further to understand the complex nature of drug misuse, how the drug misuser's lives are socially constructed, and the input of treatment programs.

### **2.7.7 Critical realism and drug policy**

As it concerns my reading on drug misuse and systemic theory, I realized that there is still a gap in the literature concerning research studies for drug misuse under the epistemology of critical realism, the philosophical branch of post-positivism. Critical realism supports that although human perspectives are essential accounts of reality, there is always a mind-independent reality. This philosophy argues that to understand why drug misuse happens, we need to explore the causal laws that fuel 'emergent mechanisms' that produce the contexts of social, political, and cultural institutions that constitute the knowledge based on which the various meanings of drug misuse have emerged.

A recently published study by Stevens (2020) explored the two main approaches in today's drug policy -radical constructionism and successionism, a quantitative method used in data science. He has analyzed them through a critical realist approach.

Radical constructionism supports that the realities of drug misuse do not pre-exist our attempts to know them. So, the solutions to drug problems are usually constructed through certain discourses that finally also form specific drug policies. Radical constructionism sees norms and knowledge as both multiple and divergent while treating research data as a representative and integral part of drug policy. So, through the Foucauldian lens, radical constructionism, in contrast to what possibly its adherents believed, seems to offer a blurred picture of social, political and cultural 'realities' upon which the 'centralizing power' designs the normative drug misuse policy. If this is the case, radical constructionism tends to weaken our ability to resist

the authoritarian imposition of knowledge constructed by it concerning drug misuse policy.

On the other hand, the successionist view of causation is a quantitative method used by data science that reads causality relations from the concurrence of two or more variables concerning drug misuse. However, successionism can rarely find the causal mechanisms involved in drug misuse and thus produce meaningful drug policies.

Therefore, it seems that we need a different approach to understand the causal processes that generate drug policies.

Critical realism does not see reality as fixed and stable but as complex, open, dynamic, relational and influenced by culture, language and politics. Bhaskar (1975), in his realist theory of science, argued that there are three domains of reality in his realist theory of science. The 'domain of the empirical' is inside the territory of the 'actual', which is inside the region of 'real'. Structures and mechanisms are real (domain of real) and distinct from the patterns of events (domain of actual) that they operate, which are separate from the experiences in which they are apprehended (domain of empirical).

Critical realist ontology argues that both successionists and radical constructionists use a 'flat' ontology. In radical constructionist studies, 'flat' ontology seems to restrict our view of reality since it involves our interactions with those elements available for our direct understanding. In data science, 'flat' ontology merges the empirical with the actual by assuming direct correspondence between observed data and actual events. However, for critical realists, empirical data are separate from actual events and the real causal mechanisms that produce these events.

Therefore, the critical realist ontology for drug policy research aims to provide a more profound understanding of the structures and mechanisms that generate the phenomenon of drug misuse that we observe. Instead of simply identifying successions between events, we must study the conscious and unconscious decision-making of the individuals who misuse drugs and those who make policies about them. So, the discourse analysis tools help us do this by tracing the origins of particular conceptions in drug policy. We need to combine sophisticated causal models with

close observations of causal processes in action rather than making assumptions about them from a distance.

## **2.8 Conclusion**

Different social and cultural meanings seem to be attributed to substance misuse from various scientific theories based on specific epistemologies. For instance, the positivist view of the psychiatric theory approaches substance misuse with diagnostic and medicinal criteria. It claims that substance misuse is a mental disorder that needs treatment with pharmaceutical means. On the other hand, the systemic theory based on 'first-order' epistemology explores drug misuse in a family's relational pattern instead of an individual disorder (Jackson, 1957). However, when the systemic thinking and practice shifted towards the 'second-order' epistemology, the substance misuse meaning became dependent on the co-construction of the family members and the clinicians' personal beliefs and prejudices around 'substance misuse' (von Foerster, 1992).

Today, however, systemic thinking being influenced by postmodernism (Berger and Luckman, 1971) went a step further, arguing that the political, social and cultural imprints lay underneath the personal beliefs and prejudices of family members and clinicians concerning drug misuse. So, both clinicians and family members need political, social and cultural awareness during their conversational interaction to distinguish the origins of their fixed ideas about drug misuse. Their meaning-making about substance misuse can be informed by social and cultural factors such as race, ethnicity, gender, religion, sexuality, education, poverty and unemployment embedded in the phenomenon under question.

Following the thread of systemic development and, by extension, the impact that some significant social, political and cultural turnarounds had on the emergence of various meanings about substance misuse in the context of a family's relational pattern, I highlighted the subversion of matrilineal kinship as it took place in ancient Greece. Specifically, the takeover of the female social dominance led to the prevalence of kinship relations based on patrilineal descent, which is the prevailing family structure until the present days in Greek society. Furthermore, maintaining a

specific social order through the transmission of the father's name and his material heritage between the generations has led to the Greek women's submission to male authority both in the private and the public social sphere (Engels, 1902).

The modern Greek family, in which relatives are mainly identified by tracing descent through males, seems to act as a collective subject that initiates discipline and conformity among its members in every political, economic and social system (Bourdieu, 1998). Following the ideas of positioning theory, I understand that this collective subject invites its members to take a specific position within the family's relational context (Harre and van Langenhove, 1999), strengthening the patrilineal status quo. In that way, they become agents of power through the dominant discourses articulated for them. However, the power involved within these discourses seems to have the dynamic of expanding or limiting the boundaries of an individual's identity and her possibilities for action within a relational context (Foucault, 1982).

As my reading has been structured, the Greek family's cultural identity seems to be traced back to the ancient Greek and the Byzantine-Turkish model (Herzfeld, 1988). These historical depictions have framed the existing familial relational pattern, which has further been influenced by the consequences of World War II and the economic development after the civil war tragedy. A period in which the Greek families went through a political split: the mindset of resistance against the enemy's submission and the mentality of alliance with the enemy, which secured their financial survival through ownership of private property (Dolto, 2018). Under these extreme political and social circumstances, the Greek families went through the experience of internal immigration, which became a compulsory act for the families who wished to survive and build a new safe and stable economic and emotional basis to recover from World War II and Civil War traumas. However, while the family members were trying to deal with the confusion that prevailed in their value system, a modern Greek familial relational pattern emerged from these traumas that remained hidden and unspoken through the years. Since poverty sustained for the majority of the population, people were linked in the rooted traditional family values of hard work, devotion and solidarity among its members without leaving any space for expressing differentiated individual feelings, thoughts and actions of its different members (Bourdieu, 1998). Therefore, in the social context of the Greek family, three basic systems of rules have

emerged that govern its members' behaviours and attitudes, forming the relational pattern of the Greek family. However, the peculiarity of these rules is that they are primarily conflicting. It seems like a triple bind that consisted of the Orthodox faith, the unwritten rules of the village that are imposed when conformity is at stake and the rules that stem from the life they experience (Handman, 1990).

At the same time, drug misuse surged in Greece's newly formed urban centres. The addicted persons were trying to express, in strange ways, the social confusion they were experiencing between materialism and spiritualism, individuality and collectively, equality and inequality, poverty and wealth. It was as if they were trying to exorcise the fear of death ingrained in the Greek collective unconscious from the horrible experiences of World war II and the Civil war, which the Greek people have suppressed due to their imperative need for survival (Yfantis, 2017). In this context of social confusion, some people have chosen to misuse drugs to counterbalance the lack of strategies to feel securely attached to significant other family members while walking through the transitional period of adolescence (Dallos and Vetere, 2009; Schindler, 2019).

During this period of social bewilderment, scientists with a shared vision to support the addicted individuals and their families constituted the first therapeutic institutions for drug misuse treatment in Greece. They assumed that drug misuse had its origins in the materialistic way of life. Therefore, they aimed at the addicted person's transformation from a passive objectified subject that obeys worldly laws to an active subject that walks towards her social emancipation (Sugarman and Zafeiriadis, 1990; Matsa, 2017; Krasanakis, 2015).

Concerning the substance misusers' passive and objectified stance towards their own lives, the corresponding literature review based on 'first-order' systems theory provides more evidence by illustrating the addicted individual's inability to successfully manage the complementary relationships with significant others. They seem to be persons who need to feel proud of themselves. Therefore, they tend to withdraw from the relational interaction with others with a feeling of disempowerment. As a result, they turn to the symmetrical relationship with substance misuse that legitimizes their power through their quick win over this 'fictitious other',

the bottle with the alcohol (Bateson, 1972). On the other hand, the family members often seem to accept the addicted members' repetitive act of intoxication as a homeostatic mechanism that stabilizes their family's interactional system, especially during periods of anxiety and vulnerability. So, the addicted member's behaviour seems to be utilized as a central organizing principle for a family's relational pattern (Steinglass, 1987).

However, some years later, a breakthrough happened in drug misuse treatment with the studies conducted through the lens of 'second-order' cybernetics. The result has been the shift of the therapeutic focus from the drug misusers to their whole family during the treatment process. In addition, the clinicians have left the 'expert' position during the treatment process for a more collaborative one through the use of a non-pathologizing language (Steinglass, 2009).

Subsequently, the research around drug misuse and systemic thinking entered the postmodern era through the philosophical theory of social constructionism—a new idea arguing that language creates substance misuse reality within the familial and the therapeutic relational process. Therefore, discourses about substance misuse became the main focus of the researchers' exploration. However, the fascinating new outcome came to be that these individuals may construct a dominant discourse about drug misuse and introduce several other subjugated discourses related to drug misuse at the same time. For example, Weinberg (2000) describes how the participants from the three different therapeutic programs have constructed the shared discourse 'out there' to describe drug misuse. Still, at the same time, they have also introduced several subjugated discourses such as poverty, homelessness and unemployment that could be further elaborated as political, social, economic and cultural aspects of their drug misuse meaning-making.

Another approach to the postmodern therapeutic process for substance misuse has been the narrative model, which aims to externalize the drug misuse problem from the individual's core identity. For example, Horrocks (2002) shows in her research study how an individual under therapy may re-construct through story-telling her identity as a mother and peer instead of a drug misuser sentenced for her shop-lifting the years of her drug misuse. Although this study shows the value of story-telling for enabling an



individual to see her strengths and abilities to re-create her life, it does not include the social and cultural dimensions of this person's life that might be linked to her drug misusing.

However, as it concerns the systemic research on drug misuse under the principles of critical realism epistemology, I have located an area that has not yet been explored. I have only found one recent study that supports the exploration of drug misuse ontology (Stevens, 2020), which means the causal laws that fuel the structures and mechanisms that generate the phenomenon of drug misuse.

All these ideas have informed my questioning whether Greece has any predetermined and fixed meaning around substance misuse that can function as a 'regime of truth' and guide the therapeutic practice in substance misuse treatment as proposed by the DSM-V. I wonder whether exploring the historical, political, economic, social and cultural aspects of drug misuse can pave the way for the emergence of new meanings around drug misuse that fit better to a family's relational pattern and thus lead towards drug misuse resolution. Therefore, my research study aims to explore 'the ever-emerging meaning' of drug misuse as it crops up through the way 'that families and therapists position themselves in drug misuse'. I intend to understand the historical, social, economic and cultural mechanisms of power that govern the act of substance misuse within the Greek "modern" family nowadays and, therefore, hopefully, contribute to drug misuse treatment administered by systemic thinking under the epistemology of critical realism.

## **3. Methodology**

### **3.1 Introduction**

In this chapter, I will present: a) the research design, c) the research context, d) the ethical issues involved in this research study, e) the philosophical framework of critical realism, f) the method of data collection, g) the method of data analysis - Foucauldian discourse analysis and the procedural guideline that I have followed as well as the application of the stages of data analysis to an interview extract.

### **3.2 Research design**

The research design that I have chosen to explore how drug misuse meaning gets constructed in Greece constitutes the blueprint of my research project that helped me generate findings for answering my research question. It included the choices that I have made concerning the sampling process, data collection methods, and analysis of the research findings. The sampling process involved recruiting two different populations of a therapeutic agency for drug misuse resolution located in Athens, Greece. This means families that involve a drug misusing member who has completed a drug misuse treatment program and clinicians who still work in the same agency to resolve drug misuse.

Hence, I have recruited four families to collect data in the context of semi-structured interview meetings and seven clinicians to collect data in the context of a focus group discussion meeting. I have facilitated the discussion in all interview settings and I have used a discussion guide by posing an initial set of informal questions to get the conversation started among my participants.

To become more specific about the procedure that I have pursued, I will present the steps that I have followed:

### Step 1

- I have given a closed letter and a participant information sheet to all clinicians involved in the clinical team explaining the aims of my research study and asking for their participation.
- I have sent the same letter and a participant information sheet within a stamped envelope to four families who had already completed the therapeutic program between one to five years ago and still live in Athens. In this letter, I describe the nature and aims of my research study and ask for their participation.

### Step 2

- I had a scheduled meeting with the group of clinicians who have signed the informed consent form, and we arranged the date and time for the focus group discussion meeting.
- I had a scheduled meeting with each of the four families to sign the informed consent form and arrange the date and time for the semi-structured interviews.

### Step 3

- I have conducted a focus group discussion meeting with the clinicians, and this has been recorded. However, three clinical team members didn't manage to attend this meeting, and I re-scheduled with them three separate semi-structured interview meetings that also were recorded.
- I set up four research interview meetings with each family that have been recorded.

### Step 4

- I have analyzed the extracts that I have chosen both from the clinicians' and the family members' discourses based on Foucauldian discourse analysis methodology. This macro-level analysis involved exploring the relationship between my participants' discourses and the wider social, historical, cultural, political and institutional practices around drug misuse in Greece.

### **3.3 Research context**

The description of the research context research aims to provide the lenses through which the reader will better understand where my study was conducted, who have been the participants and what kind of knowledge this research aims to produce concerning the meaning-making of drug misuse in Greece.

So, this section which sets the context of this study is divided into the following areas:

1) the research aim, 2) the research question, 3) the therapeutic institution in which the research has been conducted, 4) a participants table, 5) the recruitment process of the participants and 6) my sampling strategy.

#### **3.3.1 Research aim**

This research study aims to open up the drug misuse meaning construction into a possibly new territory of a better understanding of its social, political, historical and cultural origins by exploring how families and clinicians position themselves and others within their discourses around drug misuse. Hence, I intend to provide more research evidence around drug misuse that will hopefully contribute to the enrichment of the therapeutic process and thus the sustainability of drug misuse resolution.

#### **3.3.2 Research question**

The research question under which this research study has been conducted is the following:

“What are the stories constructed by family members and therapists around the drug misuse story within the family therapy context; how do family members and therapists position themselves, and how they are positioned within family stories of drug misuse?”

This research question has provided me with a starting point that framed my exploration of how the meaning of drug misuse is constructed through the family

members' and the clinicians' discourses. In other words, my research project has been guided by this research question and calls for a better understanding of the social, political, historical and cultural context of the multifaceted phenomenon of drug misuse in Greece.

### **3.3.3 The therapeutic agency in which the research study has been conducted**

This study has taken place in the 'open therapeutic community' 'Odysseus' for drug misuse treatment. This therapeutic community is located in Athens, Greece, and it involves two different but interdependent units. The open therapeutic community for the drug misusers, called 'Odysseus', is exclusively funded by the local municipality. On the other hand, the 'Family therapy unit' is funded by the parents regarding its operational costs. The same clinical team works in both units under the scientific director's supervision.

The therapeutic process for each family typically lasts about two years. It involves an integrated therapeutic model consisting of systemic and psychoanalytic practice, drama therapy, dance therapy, substance misuse counselling, and psychiatric intervention when it is needed. The family members who have misused drugs have to follow a daily therapeutic program of individual and group therapy sessions. At the same time, their parents and their siblings participate once a week in different group therapy sessions. The therapeutic plan for each family also involves monthly family therapy sessions with the family member who has misused drugs. Parents who participate in the 'Family therapy unit' are also occupied with social activities such as bazaars and voluntary social work even after completing the two-year therapeutic programme.

### 3.3.4 Participants table

Participants Table						
Participants	Age	Gender	Ethnicity	Family role	Therapeutic approach	
Family member 1	70	F	Greek	Mother	N/A	
Family member 2	28	M	Greek	Son/ex-drug misuser	N/A	
Family member 3	50	F	Greek	Mother	N/A	
Family member 4	22	M	Greek	Son/ex-drug misuser	N/A	
Family member 5	65	M	Greek	Father	N/A	
Family member 6	32	M	Greek	Son/ ex-drug-misuser	N/A	
Family member 7	60	M	Greek	Father	N/A	
Family member 8	55	F	Greek	Mother	N/A	
Family member 9	22	M	Greek	Son/ex-drug misuser	N/A	
Family member 10	19	F	Greek	Daughter	N/A	
Clinician 11	60	M	Greek	N/A	Psychiatrist	
Clinician 12	55	F	Greek	N/A	Systemic Family Therapist	
Clinician 13	39	F	Greek	N/A	Systemic Family Therapist	
Clinician 14	30	F	Greek	N/A	Psychoanalytic Therapist	
Clinician 15	35	F	Greek	N/A	Drama Therapist	
Clinician 16	36	F	Greek	N/A	Drama Therapist	
Clinician 17	45	F	Greek	N/A	Music Therapist	
Clinician 18	65	F	Greek	N/A	Drug misuse Counsellor	

### 3.3.5 Recruitment of the Participants

I have recruited four families that had already completed the treatment as my research participants between one to five years ago, of whom four were female and six were male. Their names have been changed in the transcripts to ensure confidentiality. The age of the participants was between twenty to seventy years. All participants, ex-drug misusers and their family members have been through the drug misuse treatment programme in the agency where I have conducted my research study, and they have succeeded in drug misuse resolution. The participants have different backgrounds in terms of education. Participants' national origin is Greek, and they all speak Greek as a first language.

I have also recruited seven clinicians who work in the same therapeutic agency, the scientific director included, of whom six were female, and one was male. Their names have been changed in the transcripts to ensure anonymity. The age of the participants was between thirty to sixty years. The clinicians contribute daily through their different therapeutic approaches- psychiatric practice, systemic family therapy, psychodynamic therapy, substance misuse counselling, drama therapy, and dance

therapy- to the families' therapeutic journey to drug misuse resolution that addresses this agency. They were all Greek native speakers.

### **3.3.6 Voluntary sampling strategy – ‘Volunteer bias’**

My research study has been based on a group of people who have participated voluntarily in the research interviews. The main advantage of this voluntary sampling strategy for me was a convenient and quick way to successfully access people who have been through drug misuse treatment to gather my research data.

However, the question that has been raised is whether this group of people might have a different outlook from other drug misusers and their family members. Thus, the ‘volunteer bias’ restricts the generalizability of my research findings since they might not be applicable to other people who have misused drugs (Willig, 2008).

Although the volunteer bias of the sample cannot be easily measured, the likelihood of its increase tends to rise as the refusal rate of people invited to volunteer in the research interviews increases. However, there has been zero refusal rate in this research study since the first four families and the clinicians I have invited to participate spontaneously responded positively with pride and accomplishment concerning their drug misuse resolution achievement. Simultaneously, it seems like ensuring the anonymity and confidentiality of volunteers facilitated their participation in this research study and thus decreased the volunteer bias. Furthermore, once they have been ensured that their social identities would be protected, they seemed willing to participate in a research study on such a sensitive topic as drug misuse and contribute thus to the academic and clinical community for drug misuse treatment (Willig, 2008).

### **3.4 Ethical issues**

Research ethics has been an integral part of my research work since they played a crucial role in obtaining ethical approval for implementing this research study and forming a trusting relationship with the research participants.

So, this section involves the ethical approval for my research study, the ethical considerations concerning my participants' involvement in this research, the transcription process, the translation process and the confidentiality issues.

### **3.4.1 Ethical approval**

The present research study has been designed in Tavistock and Portman NHS and UEL. Still, it has been implemented in the context of a Greek agency for drug misuse resolution that belongs to the public sector. Therefore, I have received the ethics committee's approval at East London University and the board of directors that run this agency in Greece and the scientific director of the therapeutic agency.

The research participants were families with whom I had clinically worked and clinicians who had been my colleagues since I had been involved in this agency as a systemic family therapist and as the person responsible for the 'family therapy unit'. Hence, I have not faced any difficulties or organizational barriers in getting the ethical approval to conduct the research interviews with the families who had already completed their treatment and the clinicians who still work in this agency. Indeed, the management board members and the scientific director warmly welcomed my proposal for this research study.

### **3.4.2 Ethical considerations in relation to the research participants**

However, within the context of this qualitative research, I needed to consider several ethical considerations concerning the treatment of my participants since I wanted to preserve their well-being and dignity throughout the research process.

First, my concern has been to counterbalance any possible power issues that might have been raised through my research study by creating equal access for all participants to the procedures and practices of this research study. To be more specific, I elaborated, through a letter, my research interests, the research aims and the research methods for data collection. In addition, through a participant information sheet, I had also clearly presented the potential risks and benefits of participating in



this research study to allow the participants to make an informed choice about whether they were willing to participate in this research study. Finally, I also conducted an informed consent form for all participants where I have also given personal information regarding myself as a researcher. Considering that my participants could find themselves revealing information during the research interviews that they had not thought of in advance, the informed consent had been an ongoing consent form to provide participants with the opportunity to reaffirm their wish to continue in the research process. Subsequently, they all had read and signed the written informed consent form before participating in the research interviews. They were informed that they had the free choice to withdraw at any point of the research process without concern of having any consequences. They have also given me signed permission to use the research data from the recorded interviews for this research study and any future publication arising from this study, to which I have ensured them that they will have access. I have also made clear that the participants knew where they could access additional emotional support if required at the end of the research interview process.

In addition, taking into consideration that the presence of a tape recorder could influence the flow of the participants' talk, I have explained to them the necessity of it to have the ability to carry out a complete analysis of the research data.

Under these circumstances, the ex-drug misusers and their family members to whom I have addressed the information letter had volunteered wholeheartedly to participate in the research interviews and contribute to further knowledge concerning drug misuse resolution, as they have stated.

I believe that my involvement as a systemic family therapist in this therapeutic community in the past has already allowed me to establish a strong connection based on mutual trust and respect with these families that facilitated both the recruitment and the interviewing process with them. During the data collection phase, my clinical experience has also facilitated my role as a researcher to deal with 'sensitive topics' when the participants recalled and shared particular experiences concerning their turbulent but finally successful journey to drug misuse resolution. Finally, I have offered post-interview space for reflection on the interview process to ensure that any

distress experienced during the emotionally charged interview process has been reduced. As it concerns the clinicians, our mutual interest through the years of collaborative clinical teamwork in this agency for further research in drug misuse treatment has resulted in their positive stance toward my invitation for their participation in this research study.

However, I needed to consider the existing group dynamics of the clinical team since a new scientific director had recently joined the clinical group, and he was about to reform some of the clinical procedures. So, therefore, the clinical team was going through a transitional phase, trying to understand the new philosophy for their clinical work. At the same time, I also had to be aware of any possible power relations between my ex-colleagues and me since I was the researcher conducting this research and my ex-colleagues were the participants generating the data required for my research. So, to reduce any possible power imbalance concerning the interview process, when three clinical team members chose not to attend the focus group discussion meeting, I decided to be flexible with the initially designed research process. I re-scheduled an individual semi-structured interview meeting with each of them to give them the time and the space they needed to talk openly and then add their valuable voice to my research data collection.

### **3.4.3 Confidentiality**

Concerning the confidentiality issues regarding the protection of private information that participants have chosen to share within this research study, I have used pseudonyms to safeguard the anonymity of their social identities. Finally, I have used encrypted memory sticks to secure the research data collected from the recorded interviews.

The participants were interviewed in their first language, Greek, and I transcribed all the interviews in their original language. However, before conducting the data analysis, I translated the transcripts into English since the thesis would be written in British.

### 3.4.5 Transcription

I have transcribed all data collected from the recorded interviews since I wanted to get myself as acquainted with the data as I could before analysing them. I tried to include as much information as possible during the transcription process. Therefore, I used the Jeffersonian (2004) form of notation to transcribe beyond the words, the non-linguistic features such as pauses, interruptions, intonation, and the volume of speech that could give more information about how they have been spoken.

### 3.4.6 Translation

Although the process of translation has been to get as close as possible to the meaning intended by the participants sometimes, there has been no straightforward word-for-word equivalence between Greek and British languages since the two different languages sometimes structure reality in different ways.

For example, the word "magkas" cannot be easily translated into English. "Magkas" describes a specific Greek subculture of maleness, boldness, cleverness, braveness and resistance to any form of power that traces back to the thief of the 19th century and the bandit who had participated in the Greek Revolution for independence in 1821. "Magkas" refers to a marginal person who lives in a group of people supporting an alternative system of rules and ethics with which every oppressed man may identify himself if he wishes. However, since the 1980s, the meaning of the word "magkas" has been shifted, and it pictures a man who combines strength, audacity and cunning only for his private interest. In contrast, his honesty has receded into "omerta", meaning a wall of silence, courage to violence and cleverness in deception. Finally, the power of money has become the ultimate way to show off his dominance over others (Tsaknis, 2016).

On the other hand, the word "magissa", translated in English as "witch", seems to have the same meaning in Greek and British. It describes a poor older woman who is full of bitterness because of her impoverishment, marginalization and social exclusion after seizing her property rights. Therefore, she is often seen as the woman who insults and curses the neighbours who refuse to help her. The witch is pictured as a troublemaker,

a monster from hell, a terrorist, a devil servant who crosses the skies on a broomstick muttering words of revenge. She is described as making her living by practising magic through her construction of therapeutic and erotic filters. Hence, she is perceived as a helpful or dangerous person who had the power through her "alliance with the devil" to prepare the "wrong" therapeutic filters (drugs) when she was in the mood for revenge. She is also willing to transmit all this forbidden knowledge to the younger women and drive them away from the ideal picture of femininity that involves purity, obedience and submissiveness to men through the role of mother and wife imposed by the growing capitalist society. Therefore, the pulpit and the reorganization of the western world family have always considered female sexuality and desires suspicious forces that the political elite could not control outside the coordinates of marriage and childbearing (Federici, 2019).

### **3.5 Philosophical framework of Critical realism**

Since the way we are all involved in the world is based on the knowledge that we have constructed for this world, it is important in this chapter to draw attention to the role of my epistemological stance of critical realism while collecting and analyzing my research data.

Critical realism, as a branch of philosophy, attempts to provide answers to the questions "how and what can we know?" by giving me a context of what kinds of things it is possible for me to find out in relation to drug misuse through my research and what kind of knowledge my research project aims to produce for the field of drug misuse and systemic family therapy.

Critical realism views the world that we live in as an open system that is ordered and stratified by a number of interacting powers, tendencies and sets of relationships that generate different events (Pocock, 2013). As it concerns the term 'real', Bhaskar refers both to the actual human experience of a certain event and the forces and mechanisms that cause that event (Pocock, 2013). According to Bhaskar, any event is differentiated into three levels: the actual level, the empirical level, and the causal level. The actual level is related to the fact of a human experience. The empirical level

is associated with how an individual is experiencing an event. Finally, the causal level is related to the psychological, social, political, economic, historical and cultural mechanisms that influence an event to occur, even if they are not directly visible.

Therefore, when we explore the meaning of drug misuse in today's Greece', we might trace it back to an already existing theory, like the diagnostic language of psychiatric theory or the family's relational pattern of 'first-order' systems theory, to find an answer. Alternatively, we could follow Bhaskar's philosophical ontology to explore the emergence of the meaning of drug misuse within the linguistic relational systems of Greeks, and specifically within the historical, social and cultural connections of their talks about 'drug misuse'.

So, by taking Bhaskar's (1975) philosophical stance of critical realism, I intend to explore the ontology of drug misuse in today's Greece. In other words, my research aim is to explore the historical, cultural, social, political, economic and familial causal mechanisms that possibly generate the actual event of drug misuse in the 'modern' Greek context through my participants' discourses.

### **3.6 Data collection method**

Having formulated my research question based on the epistemology of critical realism, I had to decide how to collect the sort of data that could answer that question. A key challenge for me has been finding data collection methods that would encourage the participants to express themselves as freely and openly as possible.

#### **3.6.1 Focus group discussion and Semi-structured interviews**

The method I have chosen to collect the social, political and cultural research data on 'drug misuse' was twofold: a. focus group discussion with the clinicians and b. semi-structured interviews with the families and the clinicians who did not have the opportunity to attend the focus group discussion meeting due to personal reasons.

I have selected the semi-structured interview, a non-directive style of data collection, to give the space to the research participants to construct their talking about the social, cultural and historical aspects of their experience around drug misuse. The semi-structured interview had the structure of a formal interview, such as a time limit and fixed roles between the participants, who were the interviewees and me, who was the interviewer. At the same time, it involved the structure of an informal conversation with a discussion guide which consisted of a relatively small number of open-ended questions and specific headings that functioned as triggers that encouraged the participants to talk.

I first presented these open-ended questions in a pilot interview with a colleague before conducting the interviews with the research participants. I wanted to validate their relatedness and sequence consistency in line with my research question and epistemological approach regarding drug misuse's social, political, and cultural aspects that I wanted to explore in my research study.

Considering that the outcome of the semi-structured interviews also depends on the rapport established between the interviewer and the interviewees, all family members seemed to be willing to speak freely and openly, possibly due to my clinical contribution to their successful drug misuse treatment in the past.

Additionally, I have chosen the focus group discussion method for collecting data because of its strength in mobilizing the clinicians to comment on one another's discourses in their interaction during the interview process. The employment of this data collection method for exploring the clinicians' positioning on drug misuse has allowed me to create a safe and open space for them to express themselves freely while they were jointly constructing their meaning around drug misuse as a team.

In this context, my role has been to gently 'steer' the discussion by prompting the group members to respond to issues raised concerning drug misuse among each other. This setting of the focus group discussion seemed to enable the participants to interact with one another as an interdisciplinary clinical team and thus generate valuable data for my further analysis.

### **3.7 Data analysis method**

Taking into consideration that the answer to my research question will be generated from the participants' discourses that constitute my research data, my next step was to select the extracts and the method of their analysis that would enable me to explore the social, political and cultural origins of drug misuse in Greece in accordance to my epistemological positioning of critical realism.

#### **3.7.1 Selection of extracts**

The selection of the extracts that I have analyzed has resulted from my careful reading of all the transcripts. I decided to pool out for analysis the extracts involving meaningful statements pertinent to drug misuse's social, historical, political and cultural aspects by ensuring that all participants' ideas and experiences have been equally represented.

#### **3.7.2 Narrative analysis or Foucauldian discourse analysis**

Following that, I had to choose a method of data analysis that could enable the generation of meaningful insights that could open up new possibilities for drug misuse resolution along the lines of my theoretical position of critical realism.

Firstly, I thought that narrative analysis would be the most suitable method of data analysis since my research question asks about the stories constructed around drug misuse. Narrative analysis is based on the argument that telling stories is fundamental to human experience. Through the construction of narratives, people connect different events coherently and meaningfully. Furthermore, they finally construct a sense of themselves and others through those socially grounded narratives. So, I thought that by deploying narrative analysis to my research data, I could explore through the participants' language the type of story that is being told in relation to drug misuse, the key themes that are invoked within their narratives around drug misuse, how they relate to one another and finally how my participants define

themselves through their stories, who gains and who loses in their narration around drug misuse and after all how they construct their personal and social identities.

However, the narrative analysis did not easily fit my research aim to better understand the social, political, historical and cultural origins of drug misuse meaning in Greece through the participants' stories. So, I thought of Foucauldian Discourse Analysis since this method of data analysis is more congruent with my epistemological stance of critical realism that focuses on the exploration of the causal mechanisms of the actual event of drug misuse in Greece through my participants' discourses.

The Foucauldian version of discourse analysis has introduced the Foucauldian post-structuralist ideas in social and psychological research during the late 1970s. In particular, the realist version of Foucauldian Discourse Analysis that subscribes to a critical realist epistemology supports that exploration of the different cultural and social factors that finally determine what people can say, when, to whom about a certain topic by reinforcing in that way certain discourses to be articulated while rejecting others in different historical periods.

In the context of this research study, approaching the data from a Foucauldian perspective involves my focus on my participants' discourses and not on them as individual persons. Since a Foucauldian approach to data analysis is concerned with the availability of discursive repertoires within a socio-cultural context, the research participants are seen as Greek historical subjects who are themselves constructed through and positioned within the discourse. Therefore, I am interested in exploring through the language they use the social and cultural Greek context embedded in their discursive positioning in drug misuse today.

As Parker (1992) suggests, the discourses are considered to represent the subject's world through a set of personal statements that provide her with different frameworks that regulate the construction of her different subject positions concerning a discursive object. So, Foucauldian Discourse Analysis focuses on the constructive and performative aspect of the language that brings particular versions of experiences through people's talk in particular socio-cultural contexts. Therefore, I am interested in how my participants' language enables or prevents, empowers or constrains their



socio-political action through their discourses on drug misuse. Hence, I am interested in exploring the way that they think or feel about drug misuse (subjectivity), what they do concerning drug misuse (practices) and the material conditions within which drug misuse takes place in the present Greek society (Willig, 2008).

Parker (1992) also suggests that the discourses are located in time, although they might have been under major transformation through the years. Therefore, my choice of Foucauldian discourse analysis as the methodological tool for analyzing my participants' discourses has facilitated my tracing of the historical origin of my discursive object of drug misuse by exploring the research participants' references to their past experiences around it.

Furthermore, different cultural imprints seem to be embedded in different discourses. Thus, different cultures provide different contextual frameworks concerning drug misuse (Willig, 2008). Yet, most of the time, people are not aware that their discourses are delimited by their cultural imprints. The Foucauldian version of discourse analysis has given me the means to identify participants' transindividual cultural aspect of the meaning they attribute to drug misuse as it is 'hidden' in their discourses around drug misuse.

Foucauldian discourse analysis is also concerned with exploring the discourses attached to the institutional and the social practices, which finally come to a point to be treated as common sense. However, by deploying Foucauldian discourse analysis, I have tried to identify my participants' dominant discourses around drug misuse that tend to legitimize and reinforce the existing power relations that run through the social and the institutional structures in Greece, which in turn cyclically support these dominant discourses.

Since the Foucauldian version of discourse analysis is concerned with language use, I have deployed this discursive analytic method in the extracts deriving from my participants' speaking in groups and speaking individually in different interview settings. In all cases, I have read the 'texts' as a continuous network of meanings (discourses) that construct my participants' different versions of the drug misuse world through their language.

By choosing a Foucauldian approach to my data analysis, my discursive reading of the extracts selected has shown that drug misuse is seen as the surface level manifestation of certain underlying political, economic, social and cultural mechanisms that generated it. Therefore, my understanding of the historical, political, economic and cultural aspects of the participants' discourses on drug misuse has given me a 'warrant' that I have managed to read them through Foucauldian lenses.

Regarding similarities and differences concerning the family members' and clinicians' discourses about drug misuse, my data analysis has shown that they have similarities but not significant differences. For example, both groups have constructed the Greek family as a transgenerational political and economic unit that has been influenced by the war traumas and the economic difficulties that followed. In addition, they have seen the drug misuse positioning as an identity construction involving elements of patriarchal male dominance and the female lateral thinking and acting to survive over the traditional familial and social oppressions.

### **3.7.3 Procedural guidelines for Foucauldian discourse analysis**

The texts that I have selected from the transcripts of the semi-structured interviews and the focus group discussion meeting have been related to my research question that intends to explore research participants' cultural, social, political, historical aspects of meaning making around drug misuse and by extension their positionings in regards to those meanings.

The procedural guidelines that I have followed for the deployment of Foucauldian Discourse analysis have constituted a combination of Parker's (1992) detailed map of twenty steps with Willig's (2008) model of the six stages. From Parker's model I have applied the steps that support the identification of the historical location of my discursive object of drug misuse and thus the evolution of its discursive formation over the years (genealogy). I have also applied the steps that enabled me to explore the ways in which my participants' discourses reproduce the existing power relations that support certain institutional practices and the ideology embedded in their cultural context. Accordingly, I have applied Willig's (2008) guide in order to identify the various feelings, thoughts and actions that were embedded in the different positions

that my participants have taken while through their discourses they were constructing the meaning of drug misuse. This combination has given me the capability to analyze the cultural, social, political and historical levels of my participants' discourses on drug misuse in Greece.

Having said that, I will proceed now by giving a more detailed description of the steps that I have followed in the process of analyzing the texts that I have selected in relation to the social, cultural, historical and political aspects of drug misuse from the transcripts of the research participants' discourses.

#### Stage 1: Discursive object construction

The first stage of my analysis has been concerned with the different ways in which my discursive object of drug misuse has been constructed in my participants' discourses. The process of analyzing these different discursive constructions involved the identification of the nouns that the research participants have used in order to refer to the way they have perceived the drug misuse phenomenon (Willig, 2008).

#### Stage 2: Discourses

Once I had identified the particular ways in which the discursive object of drug misuse has been constructed by my research participants' discourses, the second stage of my analysis involved the identification of the wider discourses such as economic, cultural, political, social, historical discourses in which this discursive object of drug misuse has been located. The use of certain metaphors by the research participants within their discourses has enabled me to distinguish and identify these wider discourses (Willig, 2008; Parker, 1992).

#### Stage 3: Action orientation

The third stage of my analysis involved a closer examination of the action orientation of my participants' talk. To be clear, I have been interested in identifying how the assignment of responsibility in relation to my participants' actions have been constructed in different discourses (Willig, 2008).

#### Stage 4: Positionings

Once I had identified the different ways in which my discursive object has been constructed in my participants' discourses as well as their location within wider discourses, the next step was to find out the subject positions that these particular discourses offer to them (Willig, 2008). Since a discourse invites people to listen and talk in a certain way a subject position is considered to be 'a location of persons constructed within a discourse' (Davies and Harre, 1990). Therefore, I tried to specify what rights does a certain positioning gives to my research participants to talk in a certain way about drug misuse and what type of person these discourses invited them to become (Parker, 1992).

#### Stage 5: Practice

This stage focused on the way that certain discourses are bound up with certain practices that stem from the subject positions these discourses offer. So, this step of analysis involves my identification of the various possible actions offered by the construction of different versions of the world that are provided by the subject positions constructed by the different discourses of the subjects.

#### Stage 6: Subjectivity

As Willig (2008) had suggested in the previous stage of analysis "discourse makes available certain ways of seeing the world and certain ways of being in the world" (p. 117). So, at this stage of my analysis, I was interested in exploring how my participants' feelings and thoughts have been constructed while they take a certain subject position within their discourse around drug misuse (Willig, 2008).

#### Stage 7: A discourse is historically located

Foucauldian discourse analysis supports that discourses tend to locate their discursive objects also in time. Having said that, I have been interested as a discourse analyst to find within the structure of my participants' discourses the parts which reveal the way

that my discursive object of drug misuse has been transformed throughout the years by identifying the participants' past references on drug misuse (Parker, 1992).

#### Stage 8: Discourses support institutions

The dominant discourses are considered to be embodied within the social structure of different institutions in a way that they usually reproduce 'the material basis of this institutions' in one way or another (Parker, 1992). My interest in this stage of analysis has been to identify the way that certain discourses of research participants support certain institutional practices while others tend to undermine other institutional practices.

#### Stage 9: Discourses reproduce power relations

According to Foucault (1980) the dominant discourses often reproduce the existing power relations that are supported by certain institutional practices. Therefore, I tried to find the subject positions proposed by these discourses that influence the reinforcing of existing power relations and the discourses that influence the dissolving of these dominant discourses that reproduce power relations in a reciprocal way.

#### Stage 10: Discourses have ideological effects

Parker (1992) suggests that we should explore the ideology embedded within various discourses through the identification of the interlink between different wider discourses as well as the effects that these have at different places in different historical periods. Therefore, I have explored the interlink between different wider discourses of the research participants' talk that forms a certain ideology, that is culturally oriented, and also identify the subject positions that are favored and those that get oppressed by these discourses.

### **3.7.4 The application of data analysis stages on an interview extract**

The following extract has been taken from a family's semi-structured interview transcript who had participated in my research study. This extract presents the way

that an ex-drug misuser (S) responded to the question that I addressed, as an interviewer (I), to the whole family (M stands for mother) concerning their thoughts about drug misuse at the beginning of the interview.

2 I: What kind of thoughts do you have around drug misuse?

3 M: me?

4 I: You (.) your son (.)

5 S: Why did I start::: taking drugs and these things (.) actually I have never:::

6 thought about it (.) there are only some::: stories around::: my father (.)

7 anyway my father has been a member of KKE (Greek Communist Party) (.) but

8 I::: didn't have anything on my own

9 I could not have a good performance at school since I had dyslexia (.) I did not

10 like the existing situation at home (.) so what could I do! I will take drugs, big

11 deal (.) I can have control over it (.) it will be easy (.) it will not be something

12 difficult (.) but slowly the disaster came! ok (.) then other thoughts also came out

13 (.) I will become a drug dealer (.) I will make money! and I will make a better

14 society! ok now I don't know how this could be done (.) but that is how I had it

15 in my mind (.) and at the end of course I destroyed myself (.) ok then (.) at some

16 point I needed to::: quit drugs (.) I didn't want to take drugs anymore since I

17 started smoking grass but I ended up misusing (.hhh) all kinds of drugs there was

18 nothing that I had not tried (.) unfortunately (.) then at some point I wanted to

19 quit (.) I had also my parents with their problems (.) they do not get along well

20 together (.) so how could they have a good relationship with me (.)

### Stage 1: Discursive object's construction

In the first stage of analysis, since I have been focused on 'drug misuse' as my discursive object, I was interested in identifying the different ways in which it has been constructed through my participant's language. In the extract presented above, 'drug misuse' is referred to as 'things never thought about' (lines 5-6), as something related to the father 'there are only some stories around my father' (line 6) and his

political orientation 'my father has been a member of KKE (Greek communist party)' (line 7), as something that is linked to learning disabilities 'I had dyslexia' (line 9) and low school performance 'I could not have a good performance at school' (line 9) and as something that involves tense familial relationships 'I did not like the existing situation at home' (lines 9-10), 'I had my parents with their problems' (line 19), 'they didn't get along well together (lines 19-20), 'how could they have a good relationship with me' (line 20).

These nine references construct 'drug misuse' as something that is related mainly to familial relationships that involve political issues and learning difficulties linked to some 'disaster' (line 12) and 'self- destruction' (line 15).

In the other half of the extract, ' drug misuse' is constructed in a subversive way as something 'easy' (line 11), 'it will not be something difficult' (line11) that gives 'control' (line 11), offers 'money' (line13) and contributes to the making of 'a better society' (lines 13-14).

## Stage 2: Discourses

In this interview extract, 'drug misuse' is constructed in two different but in some way contradictory ways. First, 'drug misuse' is constructed as tense familial relationships 'I did not like the existing situation at home' (lines 9-10) that somebody tries to endure 'what could I do! I will take drugs' (line 10) to the point of 'self-destruction' over time (line 15). Secondly, 'drug misuse is constructed as an 'easy' way (line 11) to gain control over difficulties (line 11), money and society (lines 13-14).

These two constructions of 'drug misuse' seem to be located within wider discourses surrounding 'drug misuse'. The construction of 'drug misuse' as 'tense familial relationships' seems to resonate with a familial discourse where the relationships among the family members are implied to be governed by a repetitive and stereotyped pattern of tense interaction that might lead to disaster over time. On the other hand, the subversive construction of 'drug misuse' as an 'easy way' of controlling familial and social difficulties 'I will make a better society (lines 13-14) through the paradoxical way of drug dealing (line 13) draws on a socio-political discourse that

also has an economic aspect. The concepts of 'big deal', 'money', and 'good performance' are considered some keywords of the contemporary talking about the threefold of business, economics and politics today.

### Stage 3: Action orientation

The discursive construction of drug misuse as a mechanism with a homeostatic function for family life has emerged from my participants' response to my question 'what kinds of thoughts do you have about drug misuse' (line 2). His response involved his thoughts about his father 'there are only some stories about my father' (line 6) and his political activities 'my father has been a member of KKE' (left political party) (line 7). Then he preceded by describing the tense familial relations among his parents (lines 19-20) as well as his frustration to find his way out 'what could I do' (line 10), 'I didn't like the existing situation at home' (lines 9-10) 'I had dyslexia' (line 9). So, the participant's use of the discursive construction of drug misuse as a familial discourse could be seen as his attempt to point out his attributing the responsibility for his drug misusing to the family since he could not find any other way to communicate his frustration about the family relations 'what could I do' (line 10).

The discursive construction of drug misuse as a subversive act that has been produced by my participant's reference to his need to construct an identity 'I will become a drug dealer' (line 13) that will give him the social power that he needs by gaining more money (line 13) to change the society (lines 13-14). It seems that the use of the social and political discourse tends to legitimize his act of drug misuse and his prospect of drug dealing as if his investment in money-making, possibly a dominant social value to change society, could vindicate any illegal action.

### Stage 4: Positionings

Since discourses are considered to invite people to take a certain subject position, I have been interested at this stage in identifying the subject positions that have been offered to my research participant through his discursive constructions on drug



misuse. It seems that his familial discourse, on the one hand, supports the idea of the homeostatic function of family life. But on the other hand, his socio-political discourse creates a new subject position for him within the family and society he lives in.

The discursive construction of drug misuse as a homeostatic process in a family's interactional pattern offers him the subject position of an interdependent individual committed to the family unity and stability beyond their tense relationships. But, on the other hand, the construction of drug misuse as a subversive act within a socio-political discourse seems to offer him the possibility of repositioning himself from a passive subject who had 'poor performance' to an active dealer who challenges the existing society's values through his way of making money and thus paradoxically contributing in the making of a better society.

#### Stage 5: Practice

This stage is concerned with the relationship between discourse and practice. The construction of drug misuse as a familial discourse and, accordingly, the subject position of the interdependent family member that it offers to him opens up opportunities for acting in favour of the family's stability possibly through the sharing of the same political values 'my father has been a member of KKE' (line 7), 'I will make a better society' (lines 13-14) that bond family members together as one 'I did not like the existing situation at home but what could I do I will take drugs' (lines 9-10).

On the other hand, the construction of drug misuse as a subversive act involves an individual's intention to provoke the existing political system in a double-dealing way 'I will become a drug dealer...and I will make a better society (lines 13-14).

#### Stage 6: Subjectivity

Trying to identify what can be possibly felt by the subject who is taking the particular position of interdependency within his familial discourse construction of drug misuse, I would say that the drug misuser could possibly feel guilty or ashamed if he disturbs

the existing family balance 'I did not like the existing situation at home but what could I do' (lines 9-10).

In contrast, the subject positioning of the drug dealer within the socio-political discourse of drug misuse could probably offer some satisfaction or even pride connected to an individual's decision to step into the existing socio-political system to change it (lines 13-14).

As it concerns a cultural understanding of the construction of drug misuse as a family's homeostatic process, I would say that family unity is considered highly valued in Greece since it has been connected with people's survival. On the other hand, the construction of drug misuse as a subversive act seems to be related to people's need to make a better society' that the communist party had highly supported 'my father has been a member of KKE' (line 7).

Stage 7: A discourse is historically located

Since 'discourses locate their discursive objects in time' (Parker, 1992), I tried to explore the way my discursive object of drug misuse has been transformed throughout the years by identifying my participant's implicit references to drug misuse regarding ideas that might also have been traced in the past social structure of Greece (Parker, 1992).

The discourse of drug misuse as a homeostatic process that has given the family members the subject positions of interdependent individuals highlights their need for solidarity and the collective character of the family's structure possibly throughout the years (lines 9-10).

The discourse of drug misuse as a subversive act seems to be rooted in the revolutionary ideas embedded in the political ideas of the communist party (line 7) that have been determined to change the world (lines 13-14).

#### Stage 8: Discourses support institutions

Taking into consideration that the dominant discourses are considered to support the prevailing social structure, which is commonly reproduced through the institutional practices, I would say that the participant's familial discourse that sees drug misuse as a homeostatic process supports the collective functioning of the familial institution while it oppresses the voices that talk about individualism.

Accordingly, the participant's discourse that constructs drug misuse as a subversive act seems to support the left-wing political institutions since they have been associated with their endeavours to reconstruct the social structure in a more egalitarian way.

#### Stage 9: Discourses reproduce power relations

Since the participant's dominant discourses tend to reproduce the existing power relations that are supported by certain familial, social, political, institutional practices, the familial discourse seems to reinforce the already existing power of the family's institutionalization by constructing the subject position of an interdependent individual who supports the family's unity and stability at any cost beyond its members' tense relationships.

On the other hand, the sub-discourse in this text seems to be the socio-political discourse that offers my participant the subject position of an active citizen who has the right to contribute to the making of a better society however by capitalizing on the already existing power of the societal value of 'money' even though an illegal practice such as drug dealing.

#### Stage 10: Discourses have ideological effects

My exploration of the ideology that is embedded within my participant's discourses entails the identification of the interlink between the familial and socio-political discourses that possibly constructs a dominant worldview that leads family members to certain actions within and out of the family.

The familial discourse seems to function in an ideological way that could point to 'collectivism' when it supports unity and solidarity beyond any individual cost through constructing the subject position of interdependency. But, on the other hand, the socio-political discourse allows my participant to justify his account for a citizen's intention to legitimize any action when it comes to the making of money for the sake of a better society that resonates somehow with the ideology of 'individualism'.

### **3.8 Conclusion**

My research study has been based on the philosophical context of critical realism. The study explores how clinicians and family members position themselves in drug misuse discourses. Critical realism supports that drug misuse, like every other event, is generated by various interacting powers and sets of social, political, and cultural relationships that we might not easily notice. I have chosen to conduct my research study within the philosophical framework of critical realism because of my interest in exploring the ontology of drug misuse and how people experience it, which is seen as being socially and culturally situated. When I refer to the ontology of drug misuse, I mean the exploration of the cultural, social, political and economic factors that cause this event, sometimes beyond our awareness but which nevertheless is experienced as aspects of reality.

I have conducted this research study in the context of an open therapeutic community for drug misuse treatment based in Athens, Greece, where I have also participated in the past as a systemic family therapist and head of the family therapy unit. So, for the purposes of this research study, I have recruited four families who have already completed their treatment process in this therapeutic agency and eight clinicians that provide throughout all these years their services to the same agency. The collection of my research data has been succeeded by using the methodological tool of semi-structured interviews and focus group discussion meetings. I have chosen these methods because of their open structure in generating new discourses in the process of my participants talking and the space they create for connecting my participants'

voices while controlling my influence as a researcher during these conversational interactions.

I have deployed the methodological tool of Foucauldian discourse analysis to analyse the collected research data by combining the steps proposed by Willig (2008) and Parker (1992).

In my effort to become clearer regarding the analytical process that I have followed, I have included in this chapter an extract from a transcript to give a detailed example of the implementation of the steps that I have followed. The analysis of this text indicates that the meaning of drug misuse that my participant has constructed through his familial and socio-political dominant discourses has social, economic and political origins that might be traced back to the history of Greece. On the one hand, he has constructed drug misuse within his familial discourse as a homeostatic mechanism that preserves the family's unity at any cost. On the other hand, drug misuse has been constructed through the socio-political discourse as a subversive act that challenges the existing social structure by supporting its dominant social value of money through 'dealing' practices that reinforce the prevailing social and political situation in Greece. This contradictory drug misuse act seems to be fueled by a materialistic worldview possibly rooted in the long periods of poverty that most Greek families have undergone from the late 19th century till the early seventies in Greek society.

## **4. Findings**

### **4.1 Introduction**

In this chapter, I present the findings emerging from the deployment of the Foucauldian Discourse Analysis on the interviews conducted with the clinicians, the drug misusers and their family members after completing a drug misuse treatment program. Concerning the extracts that I have used in this chapter from the interviews made in the Greek language, I have slightly altered the syntax of my participants' sentences to be more understandable in the British language, however, without changing the meaning of the words.

Before presenting each extract, I have described who is speaking by referring to the Participant Table, included in the Methodology chapter, to help the reader identify who is speaking. Then, below each excerpt, my analysis involves the steps from Willig's (2008) guide identifying the various feelings, thoughts, and actions embedded in the different positions that my participants have taken while constructing their meaning of drug misuse through their discourses. Finally, in the conclusion section of each discourse, I have included the steps from Parker's (1992) model linked to the historical location of drug misuse, the existing power relations that support certain institutional practices and the ideology embedded in their cultural context.

The research question upon which the interviews have been conducted was: "What are the stories constructed by family members and therapists around the drug misuse story within the family therapy context. How do family members and therapists position themselves and how they are positioned within family stories of drug misuse?"

The findings constructed by the participants' discourses around drug misuse point out the significance of the family institution, which has been differentiated between the idealized family and the family as its family members live it. Furthermore, the way that the family members and clinicians have positioned each other around drug misuse has brought up the gender differences and thus the leadership positions offered

in the Greek family. At the same time, 'magkas' positioning is seen as a choice made by some members of the Greek family to subvert the prevailing political system in Greek society. Therefore, within the Greek social and political context, drug misuse addiction is described as an act aiming to bridge the gap between the ideal portrait of the family and what the family members live within its boundaries. Finally, the Drug misuse resolution treatment is depicted as reflecting the Greek 'ethos', which means the Greek way of thinking, feeling and acting.

I will present in more details the six discourses that have been elicited from the Foucauldian Discourse Analysis of the data:

(1) Family as an idealized transgenerational place of belonging, (2) Family as a political and economic institution, (3) Gender differences and familial leadership positions, (4) 'Magkas' positioning as a choice of subversion, (5) Drug misuse positioning, (6) Drug misuse treatment and Greek 'ethos'.

## **4.2 Family as an idealized transgenerational place of belonging**

The discourse of 'family as an idealized transgenerational place of belonging' shows that the participants see the Greek family as an area where people are tightly bonded through blood ties and shared economic interests. The transgenerational aspect of the Greek family seems to display a communal identity that contains both the descending and the ascending generations that are seen to be aligned among each other based on a common relational pattern. The participants see the discursive construction of the Greek family as an idealized entity of belonging governed by a 'golden-rule' code of social living, which the family members believe ensures a well brought up for the children and subsequently the well-being of its members.

When I asked at the beginning of the focus group interview the clinicians who participated in it 'what comes in their mind when they talk about families' one participant (clinician 15) answered:

*"Firstly, it consists of people linked by blood relations meaning a deeper relationship. I mean more important than a social or friendly relationship. Then, it is about the*

*relationships that each individual chooses to build outside of a professional, school or friends' context. Finally, it means that if a mother or a father chooses to bring her/his partner home and live together, they become a reconstituted family even if they do not get married since their daily routines join them from the moment of waking up to the moment of sleeping."*

In the first part of this extract, the participant has constructed the Greek family as 'ties of blood' since she says that "*it consists of people linked to each other by blood relations*". The participant here sees the Greek family as having a greater value for its members than any other social relation when she stated, "*a deeper relationship I mean more important than any social or friendly relationship*". In addition, her construction of the Greek family as 'ties of blood' also seems to set the familial relationships apart from any other kind of social relationships when she stated, "*outside of a professional school or friends' context*".

The construction of the Greek family as 'ties of blood' between its members seems to draw on a biological discourse. The notion of biological interaction between the members of the Greek family implies that a person's interaction with the other family members is fundamental to her survival and the functioning of the family system itself as a whole. The participant's use of the discursive construction of the family as 'ties of blood' is seen as her attempt to point out the responsibility of her life to the biological affinity that she has with her family members by offering the subject positions of codependent individuals to all of them. The subject positions of codependent individuals in this extract seem to open up family members' opportunities to act in favour of the family's interests. It could be argued that this particular discursive construction of the Greek family as 'ties of blood' supports the collective character of the Greek family throughout its history.

In the second half of the extract, the Greek family is seen by the same participant as a 'joint partnership' ("*if a mother or a father chooses to bring his/her partner home and live together, they become a reconstituted family even if they do not get married*") that might also lead to a habitual everyday life together since "*their daily routines join them*".



The construction of the Greek family as a 'joint partnership' seems to resonate with economic discourse. Here, the participant conceptualized the Greek family as a mutually beneficial interaction. The term "*partner*" refers to one's significant other by offering the subject positions of interdependent persons who share something among each other or even own something together. Although this particular discursive construction of the Greek family does not involve any reference to the biological basis of the Greek family, it seems to share the characteristics of interdependency and common interests that are prominent in the contemporary talk about the economy.

Immediately after this participant's positioning on the 'meaning' of family, another clinician (clinician 14) who participated in the focus groups interview meeting added:

*"It is the first group in which a person belongs from the moment she is born, and she faces mommy, daddy and perhaps siblings. It is the first group that cannot be changed in which a person will belong throughout her life since it is the basis to start and live her life."*

This participant has seen the 'Greek family' as 'blood relationships' (*"It is the first group in which a person belongs from the moment she is born"*) since they refer to the nuclear structure of the family (*"she faces mommy, daddy and perhaps siblings"*) and the unchanging interlink of its members (*"(It is the first group that cannot be changed in which a person will belong throughout her life)"*) that resonates again with a biological discourse. Here, the Greek family is conceptualized as an abiding genetic system that consists of ascendant and collateral relatives. The participant's use of discursive construction of the Greek family as 'blood relationships' could be seen as attributing responsibility to this biological unit for the life experiences one may have. This particular construction of the Greek family positions the family members as highly dependent on one another since they are seen as tied to each other for the rest of their lives through blood relations. It could be argued that the subject position of an interdependent person is related to someone's emotional need to feel accepted and protected by the other family members. At the same time, it opens up opportunities for acting in favour of the family. The construction of the Greek family as 'blood relationships' by offering to the family members the subject positions of interdependent individuals possibly highlights a Greek family's trait of uniformity.

Following this participant's statement, a third clinician (clinician 16) who participated in the focus group discussion commented:

*"It is a system of people, which independently of its existence or not in your life today, you still carry the way that you have been related to your mom, your dad as well as to the wider family, in the next systems where you choose to belong by reproducing this relational pattern".*

Here, the participant has constructed the Greek family as a 'well-established way of interacting with others' ("*you still carry the way that you have been related to your mom, your dad ... by reproducing this relational pattern*") that resonates with a psychological discourse. This particular construction of the Greek family as a particular way of connecting with the significant others is seen as rooted in a person's way of relating to her "*mom, dad as well as the wider family*". The discursive construction of the Greek family as a psychological discourse here seems to offer a subject position of an undifferentiated person. It could be argued that a person acting from this position could feel fused in separating her feelings and thoughts from those of the significant others around her. The participant's use of the discursive construction of the Greek family as a 'well-established way of interacting with others' could be seen as her attributing the responsibility for her actions to others since she experiences them as self-same. This extract seems to reflect the undifferentiated family ego mass that portrays the Greek family's history.

A clinician (clinician 17) who did not manage to participate in the focus group interview answered the same question regarding the meaning of family in the context of a rescheduled individual discussion this time:

*"This is a relational pattern formed by the older family members and descends to the younger ones. It is a relational pattern that has been emerged from people who are not in life anymore. In every family, it passes from one generation to the other through the newborn people who can create a new relational pattern but only after having assimilated the data acquired by the older members of the family."*

The participant here has constructed the Greek family as a 'transgenerational transmission process' since she talked about a *"relational pattern"* passing from one generation to the next (*"this is a relational pattern formed by the older family members and descends to the younger ones"*). This particular discursive construction of the Greek family as a 'transgenerational transmission process' draws on a cultural discourse (*"In every family, it passes from one generation to the other"*). It seems to convey relatively fixed constitutive patterns of behaviour and beliefs across generational boundaries. It could be argued that the passage of the Greek family culture involves the acquired practices upon which every new generation will base its future reactions. However, every new generation could also further formulate these practices (*"the newborn people can create a new relational pattern"*). The subject position this cultural discourse offers is that of a successor who is expected to make life choices in line with the family tradition bequeathed to her (*"only after having assimilated the data acquired by the older members of the family"*). Being part of a transgenerational family culture implies that the other extended family members influence whatever a person does and vice versa. The older generation is considered somehow responsible for the behaviour and beliefs that every new family member may construct. In this extract, the familial institution is seen as part of the intangible Greek culture, which the Greek family tends in its turn to reproduce.

In the context of another interview with one of the families, I asked them, 'what kinds of thoughts do you have around family?' and the mother (family member 3) answered:

*"Family is not only mum and dad. Family is also the grandmothers, the grandfathers and the aunt. Each personality will put a brick to build the base for the child. When a child is born in a balanced family, she will be grown up under certain principles where each one will give to this child his/her knowledge, attention and love. I believe that this is the perfect family model."*

In the extract above, the participant has set up the 'Greek family' as something that seems to be centred 'all around the child' (*"Family is not only mum and dad...each personality will put a brick to build the base for the child"*) that resonates with a cultural discourse that could be seen within this context to emphasize a cross-

generational responsibility for the upbringing of a child (*"each one will give to this child his/her knowledge, attention and love"*). It could be argued that this construction portrays the Greek family as a child-centred home where *"mum and dad...the grandmothers, the grandfathers and the aunt"* are revolved around the interests and the welfare of the child (*"each personality will put a brick to build the base for the child"*). This particular construction of the Greek family seems to offer the subject position of a self-centred person that might feel vulnerable, anxious and insecure while relating to others. At the same time, this person seems to be trained to be preoccupied with her specialness. Therefore, in cases that the significant others might not recognize the specialness offered by this subject position, it could prepare a family member to reposition herself as a rebellion in the future.

The answer that another mother (family member 8) gave in the same question 'what kinds of thoughts do you have around the family' that I asked during my interviewing her family is the following:

*"The perfect thing for every family is when we work together then to rest together. One hand helps the other, so we share all the jobs. Then, family members take their lunch altogether, revealing the family bonding".*

This participant has constructed the Greek family in this extract as something that is seen to be a 'cooperation within an ideal context' (*"the perfect thing for every family is when we work together then to rest together"*) that resonates with an economic discourse where people interact in shared activities to promote their common interests. The construction of the Greek family as 'cooperation' (*"one hand helps the other, so we share all the jobs"*) offers the subject position of a workmate where one family member provides the other with financial and domestic support and personal care (*"family bonding"*). Being part of a mutually beneficial activity suggests that whatever one does affects the other party, so there is also shared responsibility for the things that might go either right or wrong in the family. The construction of the Greek family as a 'cooperation' and the subject position of a workmate call the subjects involved within this discourse to act responsibly considering the consequences of their actions.

The following extract involves the thoughts that a mother (family member 3) expressed in regards to her family in the context of her family interview:

*"We talk, and we have understanding for each other. We have no arguments or disagreements. We all love each other my husband loves my sister and looks after her. So, we do not get angry, and we do not fight."*

Here, the mother of this family has constructed the Greek family as an 'emotionally secure relationship' ("*We talk, and we have understanding for each other. We have no arguments or disagreements*") that resonates with a moral discourse that presents an idealized relational context. This discursive construction seems to offer a subject position of an emotionally secure person within a warm give-and-take relationship ("*we all love each other my husband loves my sister and looks after her*"). It could be argued that the feelings of safety and satisfaction are available to those positioning themselves within the construction of an emotionally secure connection.

An ex-drug misuser (family member 6) has responded in his family interview concerning my question about their thoughts on family:

*"We have learnt through the family principles the values of respect and sincerity in life."*

While another ex-drug misuser (family member 4), in the context of his family interview, stated about family:

*"I have learnt from my family to be polite and resilient with other people."*

In the first extract, the construction of the idea of the Greek family is linked to something that encompasses idealized "*principles*" and "*values*", something related to "*respect*", and something associated with "*sincerity*". In the second extract, the construction of the Greek family is delineated as something "*polite*" and "*resilient*". The above attitudes and behaviours set up the Greek family as a 'treasure house' of idealized conventional wisdom that offers an imaginary life compass for an untroubled familial and social life. This discursive construction seems to resonate

with a social discourse while it is seen as positioning its members as 'good people'. The participants' discursive construction of the Greek family as a fantasized 'treasure house' of conventional wisdom could be seen as her attempt to praise the familial institution's high-value relational system that offers her the 'rightful position' in the eyes of others inside or outside her family.

## **Conclusion**

The participants have constructed the discourse of 'the idealized transgenerational place' as an innocuous place where the benevolence of their biological ties and their shared economic interests 'chain' the family members together as one undivided body that ensures their survival. First, however, the 'idealized' family' s structure is based on a cultural discourse that transfers fixed patterns of behaviour and beliefs from one generation to the next. Then it is fortified by a social discourse emerging from a romanticized 'conventional wisdom' that family members have been adopted to support the uniformity of the Greek family and thus a generous give and take relationship among each other.

Trying to explore how my discursive object of the Greek family has been transformed throughout the years, I argue that the participants' idealized construction of the Greek family institution is based on a biological discourse of solid blood ties. Moreover, these ties seem to be directly enforced through their shared work and 'the joined daily routines' of family members' endless cooperation and economic interdependency, which safeguards the uniformity of the Greek family's relational pattern camaraderie throughout the years.

Considering that any dominant discourse tends to reproduce the existing power relations, I see the construction of the idealized Greek family as a biological and economic discourse that emphasizes the interdependency of the family members. The family members seem to depend on each other to survive through their shared work on the family's enterprise. Furthermore, I see these interchangeable discourses as reinforcing the familial institutions' strong belief in the undifferentiated family ego mass as if it is the only institution that can be trusted for its members' well-being. Also, I could argue that the biological discourse seems to glorify the ultimate

necessity of familial bonding in this context. The participants have constructed the family relationships as being more important than other types of social relationships that are seen in their turn as being something different but also less valuable than the family relationships.

The discursive construction of the Greek family as an idealized 'joint partnership' or a 'mutual cooperation' that draw to economic discourse seems to reinforce the nuclear familial institution by supporting the idea that the family members could become more affluent economically when they work together to promote their common interests. The family members' economic interdependency can be traced back to the agricultural era. Back then, the family members lived in small villages where they worked together to cultivate their small fields and livestock to survive over their joblessness and poverty.

According to some respondents, the construction of the Greek family as a transgenerational unity based on a social discourse implies the longevity of the Greek conventional wisdom that facilitates the passing of the familial relational pattern of camaraderie from generation to generation. It can be argued that this particular construction of a social discourse reinforces the social conformity of the Greek family in its collective identity formation at the expense of any differentiation and possibly individual progress.

Finally, it can be seen that the dominant world view framing the participants' discourse of 'family as an idealized transgenerational place of belonging' is that of camaraderie since the family members are presented to care for and support each other in their everyday life. Following this viewpoint, the members of the Greek family are seen as prioritizing the needs and goals of the family group over the desires of each family member since the interconnectedness between them seems to play a central role in each member's identity construction. Respectively, in the 'idealized family', power appears to remain in the family's hands as an entity rather than the hands of a few powerful family members. Nevertheless, sometimes an idealized discourse could obscure the power of their initiators by the fog of a common purpose and by stretching the need to survive as unity.

### 4.3 Family as a political and economic institution

The participants see the discursive construction of the 'Greek family as a political and economic institution' consisting of two interconnected units that need to run effectively so that the family members can survive and flourish economically independent and autonomous from the state.

Firstly, the Greek family is presented as a financial institution in which its members praise money-making as a remarkable achievement to escape pauperism caused by World war II and the Civil war that followed and forced many families to internal migration from villages to towns. Secondly, the participants present the Greek family as an autonomous political unit that cannot rely on the state. Finally, it is seen as an institution built upon the war and its political traumas that family members still carry secretly in the form of untold stories that haunt their relations and influence their daily lives as 'the skeletons in the closet'.

At the beginning of a family interview, when I asked 'what kinds of thoughts do they have around drug misuse' the son of the family who has been misusing drugs (family member 2) in the past answered:

*"The main problem during the economic crisis that a country or the ordinary man suffer today is that we all have to fight like dogs to keep our jobs. People do not have time to learn more and pass that knowledge to their children or look after them to help them develop their inner self and become good people. So, we can finally build a better society by capitalizing upon all the scientific advances that we have made so far. By now, we should be living in a better world, without guns but unfortunately, we people have not made progress. We are still savages, and we remain savages due to power. Whoever beats the other is strong and is the boss. He is the God".*

The participant here has constructed the Greek family as a 'strenuous and persistent work' ("*we all have to fight like dogs to keep our jobs*") related to the "*economic crisis*". This particular discursive construction seems to resonate with an economic discourse. This discursive construction appears to offer the subject position of a



subservient person who has been beaten by the more powerful person who now dominates their relationship (*"we are still savages, and we remain savages due to power. Whoever beats the other is strong and is the boss, is God"*). Therefore, he is obliged to work long hours and fight like a savage for keeping his work to survive through the economic crisis. However, it seems that the participant's use of the economic discourse here possibly acquits him from being a "savage" when he is struggling to keep his job. By extension, the participant's use of the economic discourse sets him free from his social and political obligation to make the world a better place (*"we can finally build a better society by capitalizing upon all the scientific advances that we have made so far"*). As a result, the person positioned as a subservient person might experience moments of isolation as a stranger and disconnected person from the people around him, as someone who is eager to belong to the 'winners' world'. The participant sees this person as if he tries to justify the familial institution's deficiencies and its despotic and controlling characteristics.

While interviewing another family, I asked them 'whether there are any family rules concerning the older and the younger members'. So, instead of naming rules, the father referred to one essential requirement that he urges their children to meet, to finish their studies. Then he linked this requirement to the lack of support that he had experienced when he was himself a teenager in his own family of origin:

[F: father (family member 7), M: mother (family member 8), S: son (family member 9), D: daughter (family member 10)]

*F: Rules? The rules are to finish their studies so that everyone will find their way because we need to take different directions at some point*

*S: Okay, of course, the truth is that my sister still believes that many things are given in our house like cleanliness, food, transportation*

*D: Where does he (father) drive me?*

*F: Not always only in difficult times*

*S: I don't know. I live away from home. But let's say the pocket money, for example, she takes it for granted*

*M: What do you mean that there is no cooked food elsewhere?*

*S: No, there is no cleanliness. There is no food*

*F: I did not understand I did not have these things I did not have pocket money*

*M: Now they are talking about today*

*F: No, if you go back and turn the roles upside, you see parents saying I did not have when I was younger, so I will not give you either, and the story ends there*

*S: Okay, but you've been working since you were eighteen, Dad*

*F: I do not understand what you are saying. Until the age of eighteen, I did not even have a bagel to eat*

*D: No one had*

*S: And I have been working since I was 15 years old*

*F: You did not understand, right, my son. I was looking at the others eating a banana or a sandwich, and I was drooling.*

The father here has constructed the Greek family as a 'worrying coming of age' that seems to draw on economic discourse. It could be argued that the participant's reference to the legal age of adulthood "*until the age of eighteen*", possibly as legal working age, and his experience of food insecurity during his childhood ("*I did not even have a bagel to eat*") implies the lack of sufficient economic resources of the Greek family during the World War II and the Civil War. The discursive construction of the Greek family as an economic discourse could be seen as the participant's attempt to attribute the responsibility for the manner he enacted his role as a father to his children to his experiencing financial hardship in his younger years. The subject position offered by this discursive construction seems to be that of a deprived person who couldn't meet his basic needs and, by extension, fulfil the expectations for acquiring the 'needed' skills of today's father.

Accordingly, in the interview with another family, I asked at some point whether there are any differences or similarities between their family and the father's family of origin, and the father (family member 5) stated:

*"When I finished primary school, I left home, and I came back to the village when I was sixteen years old. So, I met my father again when I was already grown up. I had to leave home. What else could I do when he sent me to my uncle in the town who was a savage and a crazy man who was hitting us, both his daughter and me".*

The father of this family had seen the Greek family, based on his experience in his own family, as an unwanted journey of 'violent internal migration' (*"I had to leave home. What else could I do when he sent me to my uncle in the town"*). In this context, where the family members are seen as being 'fatherless' (*"I met my father again when I was already grown-up"*), the discursive construction of the Greek family seems to draw on economic discourse. The participant's construction of the Greek family as a forced adventure of a 'violent internal migration' could be seen as his way of attributing the responsibility for his experience of being fatherless and brutalized (*"who was a savage and a crazy man who was hitting us, both his daughter and me"*) to the prevailing economic conditions of the Greek society during the years of the World war and the Civil war. The discursive construction of the Greek family as economic discourse seems to offer the subject position of an oppressed person. This person might feel helpless concerning his ability to make decisions about his life. In the context of this passive stance, he might shape the defense mechanism of a magical thought regarding his anticipated emancipation.

Later on, the same father (family member 5) in the same interview added the story of the evolution of his work and finally his creation of a family business:

*"It depends on the way that you perceive the value of money. I could say that it gives you greater easement in your life. Money used to give me the stability needed for the job I owned since we could buy an old car anytime to take its spare parts and sell them in our turn to our clients."*

The father in this extract has constructed the Greek family as 'a springboard', highlighting his need to keep and develop his business as a survival means (*"money used to give me the stability needed for the job"*). At the same time, this particular discursive construction of the Greek family seems to provide him with the opportunity to make a better life than his ancestors through a shrewd way of making money. The construction of the Greek family as 'a springboard' seems to offer him the subject position of a 'savvy' person (*"we could buy an old car anytime to take its spare parts and sell them in our turn to our clients"*) within an economic discourse (*"It depends on the way that you perceive the value of money"*). However, the construction of the Greek family as an economic discourse implies that it is seen as an

institution that thinks highly of money. At the same time, the subject position of a 'savvy' person who has his way to make money seems to open up the opportunity for his succeeding to feel safe and proud of his prosperity.

And his son (family member 6), who has misused drugs in the past, replied:

*"But if you carry a bundle of money in your pocket, you can always show off when you go to the tavern."*

Possibly as a consequence, his son has constructed the Greek family as 'a way of attracting attention' ("*you can always show off*") that resonates with economic discourse ("*But if you carry a bundle of money in your pocket*") and offers the subject position of a big-headed person who possibly feels superiority over others since he is full of self-worth or self-importance. Such a person might have reversed his feeling of inferiority rooted back in his long journey of poverty by succeeding to earn money through his self-made way. The ex-drug misuser's discursive construction of the Greek family as 'a way of attracting attention' could be seen as his attempt to attribute the responsibility for his drug misuse to his father's view on economic success, from which he seems to differentiate himself.

When I asked the psychiatrist (clinician 11), 'what kinds of thoughts does he have around the Greek family' he answered:

*"In Greece, we have never had any special connection with the state, its rules and regulations like it happen in the Western culture where the emphasis is on the social institutions that support the family institutions. Here, there has only been the family institution, and when it collapsed, there was nothing else to support its members."*

He had seen the Greek family as 'an autonomous institution' drawing on political discourse which might be connected with the various transgenerational experiences the Greek family members have witnessed throughout Greek history. It could be argued that this construction of the Greek family emphasizes the family members' need of creating a self-supporting institution ("*Here, there has only been the family institution, and when it collapsed, there was nothing else to support its members*")

which is seen as a separated functional unit that regulates the actions of its members due to the lack of a caring state (*"In Greece, we have never had any special connection with the state... that support the family institutions"*). The participant seems to juxtapose the Greek social welfare to the Western states where their social institutions are seen as capable of setting the principles and providing the agencies that can ensure and assist families in handling their needs and difficulties effectively and adequately. The subject position offered by this construction could be that of a self-reliant and independent person. This person possibly needs to control his fate, which might signify, on the other hand, his anxiety linked to his daily interactions with the world outside his family. In this social space, he might feel that something might go wrong if he does not maintain control over the fulfilment of his individual and his family needs and the pursuit of his explicit interests.

Later, in the same interview I asked the psychiatrist (clinician 11) 'how does drug misuse is related to the Greek family, which he sees as a self-supporting institution', and he answered:

*"It might be a political or a cultural issue where people focus their interests today. I see young people now around the age of sixteen and seventeen who only care about their professional choices concerning the money they will get. When you see a young person at this age to be directly oriented to finances to live a better life, this will have consequences in one way or another"*

In this extract, the participant sees the Greek family as 'a stronghold for pursuing a material gain' (*"I see young people now around the age of sixteen-seventeen... concerning the money, they will get"*) that draws on economic discourse (*"directly oriented to economics"*). The participant's use of the discursive construction of the Greek family as a money-oriented settlement could be further seen as a way of attributing responsibility to his materialistic view of life for his choices and the repercussions connected with his life. The subject position offered by this construction is one of a wanna-be wealthy person (*"you see a young person at this age to be directly oriented to finances to live a better life"*) who seems to highly value money to secure his welfare as if it is the only way leading to his well-being. A person positioned as a golden rush rival will probably feel envy and bitterness when it

comes to material things, especially when he compares himself to others who have succeeded in acquiring more wealth than him. It could be argued that these feelings of bitterness and envy could possibly set the birthplace of greed since they seem to be linked to the Greek family's transgenerational traumas created by the war and the poverty that followed, which meant their constant effort for survival.

Talking about the Greek family, a father (family member 5) referred to his own father's political orientation by saying:

*"My father has been a member of the left party. He was not a causal lefty. He didn't become a communist by chance. He was an ideologist. He was a party instructor."*

In this extract, the father has constructed the Greek family as 'a political entity' that draws on political discourse by offering a subject position of a party instructor. This subject position refers to a person considered to be an idealistic fighter who strives for a higher purpose. It could be argued that the participant here attributes responsibility to this person to educate and guide his 'party' members according to the beliefs of the 'party' maker so that they can be committed to fighting its prospective enemies in the name of the party's higher purpose. A person who has been positioned as a party instructor possibly feels unique and powerful. However, he might also express hostility against any internal party controversialist who does not abide wholeheartedly to his higher purpose or tactics since he feels constantly alert under the unceasing threat of external enemies.

And when the father had made his statement, his son (family member 6), an ex-drug misuser, added:

*"In the old days, people lived together in the same house. The veteran communists there were acting like savages. However, how can you be fully responsible for your behaviour if you lived in the mountains as guerillas chased and the bullets whistle has been passing your ears? "*

The son of this family who used to misuse drugs in the past has constructed the Greek family here as a 'war battlefield' (*"how can you be fully responsible for your*

*behaviour if you lived in the mountains as guerillas chased and the bullets whistle has been passing your ears?").* It seems to be a discursive construction that draws on political discourse by offering a subject position of a war veteran that did not win the war (*"The veteran communists there were acting like boors"*). It can be argued that a person who takes this position might feel trapped and defeated. This person might also experience an increasing internalized fight with his condition after the war in the context of his country's political reality formed by his war opponents. At the same time, he might also be mistakenly accused of his actions while he feels innocent of all charges. He might also feel bitterness, guilt and rage for having lost the war and being in a lessened position socially and economically than he was before the war. At the same time, his pauperization condition can easily lead him to unjustified brutal outbursts towards his loved ones or even sometimes to weep over some unimportant little things. On top of that, he could suffer alone his frightening thoughts and reminiscences from the war's cruelty and insanity. At the same time, he tries to survive over them while living in thoughtless or even hostile surroundings.

In the context of the focus group interview, I have posed the question to the clinicians 'whether there are any similarities or differences between the families that turn to the therapeutic agency and their own families', and a clinician (clinician 13) answered:

*"When there is loss, nothing can be said, nothing is clear, gibberish, duple-talk, and people behave peculiarly, an event that insinuates that something is happening underneath the surface of a relationship. It is not clear for the kid (drug misuser) or his/her parents. They act like nothing strange is happening. Nonetheless, what is happening underneath their actions somehow reaches the kid. I sense that the secrets are something big (a fundamental issue). This is the similarity between the families we carry within us and the families we face in our clinical practice. This is the everlasting family (relational) pattern, the secrets and the untold stories. The untold stories construct the family secrets that cause to its members a feeling of sadness, a feeling of burden, the sense of guilt and even mourning sometimes".*

In this extract, the Greek family is seen by the clinician as something that is directly connected with an 'untold story' (*"This is the everlasting family (relational) pattern, the secrets and the untold stories"*) that the family members carry within them. It is

constructed as an incidence that could endanger the family members if revealed openly to the public, while it might also influence other people's lives. This participant sees the Greek family as a private matter that should be kept as a secret that resonates with psychological discourse. It could be argued that the respondent's use of this discursive construction offers the subject position of a wanted person, that possibly feels scared without letting anybody see it for which he maybe has remorse (*"The untold stories construct the family secrets that cause to its members a feeling of sadness, a feeling of burden, the sense of guilt and even mourning sometimes"*). This person is constantly suspicious, self-protective, and cautious in what he says. He wants to erase the traces that might lead to his past actions and defeats. He seems to prefer to silence the events of his and his country's history that causes him grief. This person possibly needs to be unloaded from the emotional burden linked to these untold stories and perhaps mourn openly for all his losses.

## **Conclusion**

The participants have constructed the Greek family as a political or economic unit. The construction of the Greek family as an economic institution seems to be linked to the respondents' experiences of violent internal migration, strenuous and persistent work from their early years, their need for material gain, and their desire to attract others' attention through their economic success. The subject position offered through these discursive constructions seems to be that of a deprived and subservient person to the most powerful ones who became 'big-headed' trying to enhance his wealth through his practical experience and savvy manners after his prolonged experiencing economic oppression.

This particular positioning in this discursive construction highlights the financial deficiency that the Greek family has been experiencing through the years. The economic discourse is seen as a dominant discourse that tends to support the familial institution in Greece as an autonomous economic unit that focuses on money-making as a way of living better and amplifying one's social status.

The construction of the Greek family as an independent 'political entity' is associated with the participants' viewpoint of the Greek family as 'a state within the state' that



functions as an independent socio-political entity reflecting the political situation of Greece today. Subsequently, the participants saw the Greek family as a political entity with a relational pattern shaped by untold stories rooted in World War II and Civil War atrocities. Indeed, many aged family members seem to still keep their ferocious personal experiences from the war as a skeleton in the closet. This particular discursive construction of the Greek family as a 'political institution' is seen as reinforcing the power that the familial institution holds in the political sphere versus the state that supports its independence and self-sufficiency while forming its introverted secretive character.

In the context of this discursive construction, as a political unit, the subject position offered seems to be that of an independent 'guerilla' who acts in his family as an informal legislator employing his experiences of his being in the 'Greek People's Liberation Army' and adopting its governance rules. However, today, this person seems to feel like his opponents still want him. Therefore, he has to be a closed-mouthed person who cannot refrain from hiding the tragedies that he has lived through behind his aggressive and quirky behaviour towards his significant others. It could be argued that the complexity of the subject positions offered by the construction of the Greek family as a political institution evokes power struggles and conflicts among family members during their pursuit of moneymaking in their 'autonomous' familial unit. On the other hand, the conflicts among the family members are possibly also fueled by the rigidity, the intimacy, the secrecy and the suspicion that a closed human system often carries within its structure.

The outlook of the discursive constructions of the Greek family as an economic and political institution is related to a self-governed autonomous community where the members are expected to make their own rules of living together through power struggles. At the same time, the members of these communities do not seem to be willing to give control of their internal affairs to any external authorities or permit them to interfere in their decision making. I argue that the ideology that emerges from this discursive construction of the Greek family is that of collectivism.

#### 4.4 Gender differences and familial leadership positions

The discourse of 'gender differences and familial leadership positions' involves the participants' construction of the Greek family as male dominance over female subordination, which seems to be counterbalanced through women's manipulative power. This particular discursive construction is seen as offering women the subject position of a holy mother due to the 'sacred conception' and the birth of a child. In contrast, it positions men as authoritative persons who are seen as the financial providers of the family, however, as absent fathers to their children. This discursive construction of the Greek family seems to provide its members with safety and stability beyond its abusive character towards the women and the children. However, the same discursive context of the family involves the participants' viewpoint of the Greek family as being under a significant transformation during the last thirty years since women entered the workforce and gained more economic power over men. Subsequently, the women's economic growth is seen as shifting the power balance between men and women in the Greek family.

When I asked the psychiatrist (clinician 11) whether any rules govern the Greek family, he answered:

*“An ideal family, it supposed to be something more firm but not necessarily healthier. But it was more stable, more explicit. Today, there is a great confusion associated with the changes of the women's role the last thirty years after they have entered the workforce, and since then, they have claimed more roles for themselves. So today, the women have more demands from the men while the men are weaker to respond to all this”.*

In the first part of the extract, this participant constructs the Greek family as a 'crystalized institution' (*“An ideal family, it supposed to be something more firm”*) which is trusted because of its *“stability”* and *“explicitly”*. This kind of discursive construction of the Greek family is seen as reflecting the traditional structure of the family in Greece that resonates with a social discourse. The participant's construction of the Greek family as a 'crystalized institution' could be seen as his attempt to

attribute responsibility for his confusion regarding the 'crystallizing' of the Greek family to women's economic and social liberation. The subject position offered by this construction is one of a conforming person in relation to the traditional family function and its relational habits. This person possibly experiences bewilderment and uncertainty while contemplating the sustainability of his privileges under the new familial structure based on women's emancipation. He probably feels annoyed, anxious, intimidated and unsettled. A person who takes the positioning of a conforming person possibly acts in favour of the traditional family ethics, roles and habits, behaving accordingly.

The same participant sees the Greek family as a 'woman's empowerment' that resonates with economic discourse in the second part (*"the changes of the women's role the last thirty years after they have entered the workforce, and since then, they have claimed more roles for themselves"*). This discursive construction seems to offer the subject position of an emancipated woman who possibly feels self-assured and confident after freeing herself from the traditional relations that positioned her financially dependent on men because of the social restrictions set for her (*"the women have more demands from the men"*).

In the context of the interview with another family, I asked them, 'what kinds of thoughts do you have around the family' the mother (family member 1) started talking about the structure of their family and the different roles that she and her husband had in the family life:

*"In Greek society, the man is the family leader since he brings all the money and he takes back the acknowledgement of his wife. However, my husband could not bring the money, and I suppose that he was trapped in his fate since the society used to see him as the leader of the family although in practice he could not be."*

This mother constructs the Greek family here as something related to the 'male dominance' (*"In Greek society, the man is the family leader"*) that resonates with a cultural discourse coming from an era where man and woman relations were mainly based on economic grounds and men's hard labour (*"since he brings all the money and he takes back the acknowledgement of his wife"*). This discursive construction

offers a subject position of a financial provider who is given the responsibility for supporting his family financially and, by extension, ruling it. This person might think that he is duty-bound to keep his pride as a man in society. For this reason, he would probably feel restless, nervous and under constant surveillance, experiencing familial and social pressure. Still, when this man fulfils his financial 'obligation', he probably will feel self-asserted about being good enough and worthy of the significant other's love while belonging to the group of the competent man.

In the second part of this extract, the 'Greek family' is constructed by this mother as 'man without supremacy', which draws on economic discourse ("*my husband could not bring the money*"). This particular discursive construction seems to offer a subject position of a discredited person who cannot provide for his family everything that the Greek society has expected him ("*I suppose that he was trapped in his fate since the society used to see him as the leader of the family although in practice he could not be*"). A person who is provided with the subject position of a discredited person possibly feels as being undeserving the significant others' s trust and respect. He is also perhaps offended by others and annoyed for not fitting in the stereotype given by the Greek society.

The mother (family member 1) continues her story by saying:

*"I had taken things in hand, and I did that not only in a good way, but I was also disestablishing him with a "German" and autocratic attitude that I was carrying inside me, like DNA, coming from my family"*.

In this extract, the mother has constructed the Greek family as a 'woman's domain' ("*I had taken things in hand*") that draws on a political discourse coming from the experiences Greeks had under the German occupation ("*but I was also disestablishing him with a "German" and autocratic attitude that I was carrying inside me, like DNA, coming from my family*"). This discursive construction offers a subject position of a 'rebel with a cause' who is seen as being responsible for saving the family and taking charge of all family affairs and operations. This person might feel obliged to provide solutions needed by any means experienced since her living with her family of origin. She probably feels anxiety while carrying through the things she had taken under her

responsibility. Finally, she possibly experiences satisfaction if she succeeds or guilt if she fails to manage everything around the family.

The son of the same family (family member 2), an ex-drug misuser, stated that his main problem was his mother when she was saying that she was in control of everything in their family with a 'German and autocratic' manner:

*“For me, the biggest problem in my relations with my parents was my mother, was Maria. Whenever I talked with Peter, my father, all were coming in place, and I relaxed. He straightforwardly solved my problems. For me, Peter was the master of the house. He truly was, in the sense that he could handle any situation. He could deal with people just with his words. I was calm when I was hearing him talking, but I was never calm with my mother.”*

In this extract, the family's son has constructed the Greek family as 'men segregation', where men seem to respect each other while holding women in contempt (*"For me, the biggest problem in my relations with my parents, was my mother"*). At the same time, they seem to acknowledge men as the family leaders regardless of who is ruining this place (*"Whenever I talked with Peter, with my father, all were coming in place, and I got relaxed...For me, Peter was the master of the house. He truly was, in the sense that he could handle any situation, he could deal with people just with his words"*). This discursive construction seems to resonate with a cultural discourse, although male dominance has been traditionally established through intimidation and violence. However, the participant here is seen as adding reasoning and calmness to male domination (*"I was calm when I was hearing him talking, but I was never calm with my mother"*). The subject position offered by this particular discursive construction seems to be that of a peaceful and influential person who is responsible for keeping the family intact under challenging circumstances. The person in this subject position might think that he is on duty to safeguard the unity of the family, even if he has to stand down from his being the leader of the house. He probably feels defeated and ashamed but, at the same time, caring for serving a good cause.

When I asked the female clinicians, 'what kind of roles do the family members usually ascribe to them due to their gender' a clinician (clinician 15) brought up how she is feeling about it, and she formed her story during the focus group discussion:

*“I think that the adversity turns up when you are facing clients that have a severe problem with their mothers and by extension with the female gender. There is a belittling of the woman. In these cases, there is a problem, how you can listen to someone when you belittle him. There is a tendency to reject the mother’s model and the female gender. I think the mother is a fundamental archetype in regards to women. It comes to my mind a certain client who belittles women and his mother, gosh, she is terrifying. She is terrifying. I mean the manner with which she activates her feelings to manipulate him, the way that, despite all these handlings, she sustains almighty, and she can do anything to fulfil her purpose. This mother conjures up something devouring. I would also be very much scared. If I were in his shoes, I think I would also be terrified until I will be able to disparage her by saying she is crazy and move on with my life. She is like the evil which of a fairy tale.”*

This clinician constructs the Greek family as a ‘nonverbal reign’ that resonates with a psychological discourse that offers a subject position of a manipulative woman who governs the family and its members to achieve her objective (*“She is terrifying. I mean the manner with which she activates her feelings to manipulate him, the way that, despite all these handlings, she sustains almighty, and she can do anything to fulfil her purpose”*). The woman who has been positioned as manipulative possibly justifies her actions as being for the sake of all family members. She has probably been emotionally abused under male dominance, and now it feels right for her to act any way she likes. It seems to be a person who does not want to be re-injured again. Therefore, she looks untouchable, constantly alert and ready to fight to put in the proper order anything that might go wrong regarding her family plans. However, although she seems as if she has gained the power needed in the family kingdom, she might still experience detachment, loneliness, isolation, injustice and thus unhappiness (*“This mother conjures up something devouring. I would also be very much scared”*).

When I asked a clinician (clinician 18) in her individual interview ‘what is the difference between the mother’s and the father’s contribution in the upbringing of a child’ she said:

*“The father used to be the bogeyman for his children, and the mother was telling the children to eat because your father will come after you or read because your father will come again. Nobody else was coming to put the order in the house when the child had to read, to eat or, let’s say to become scared but the father”.*

In this extract, the clinician has constructed the father as a ‘mythical creature’ (“*bogeyman*”) that aims “*to put the order in the house*”. A creature that is used by the mother to set things in order within the family (“*eat because your father will come after you or read because your father will come again*”) through its “*scary*” attitude towards the child. The discursive construction of the Greek family as ‘a mythical creature’ is seen as a cultural discourse that offers the subject position of a supernatural person who has been given by the mother the responsibility for the child’s obedience. On the one hand, a supernatural person seems to have a superpower. Still, on the other hand, he is seen as a shadowy person about whom little is known and thus, he causes a sense of mystery and possibly a fearful feeling to others.

When I asked in the interview I had with a clinician (clinician 17) about the similarities and the differences between her family and the families to which she relates through her clinical work, she talked about the women’s oppression in her traditionally formed family:

*"Let's say my aunts never worked. It was forbidden for women to work independently and choose their husbands by themselves. Can you imagine the level of pressure they had? So, the prevailing culture of the family in which I was born supported that women were exclusively men's auxiliary tools since they should stand by their husbands' side and help them in everything they were doing. However, the women were very compliant to this male-dominated family operations".*

In this extract, the participant has constructed the Greek family as a place where ‘women are sentenced under male wardens’ (*“women were exclusively men’s auxiliary tools since they should stand by their husbands’ side and help them in everything they were doing”*) that resonates with a cultural discourse (*“it was forbidden for women to work on their own and choose their husbands themselves”*). This particular discursive construction of the Greek family is linked to the Greek culture in which the women used to be *“very compliant to the male dominance”*. In this extract, the women are positioned as obedient and submissive persons. It could be argued that the lack of personal control and autonomy might have caused anger and stress to these women, although it was said that they were free since they didn’t have to worry about planning but only about doing as they were told.

And a little later in the same interview, while she (clinician 17) was talking about the gender issues in her own family, she added the way that she was feeling about her gender:

*“As a woman, of course, I was not allowed in such a family that was governed by this culture to recognize my femininity and be able to express it freely. Since femininity and female seduction is powerful characteristics, they often become scary and thus, I was not allowed to express them freely. However, I was trying to express myself as a woman, but since I felt guilty for that, I could not do it in a normal and effortless way”*.

The participant sees the Greek family as a ‘seduction territory’ that draw on a cultural discourse where women’s infatuation remains hidden (*“I was not allowed in such a family that was governed by this culture to recognize my femininity and be able to express it freely”*). However, it leads to her guilt when finally recognized. By constructing the Greek family as a ‘seduction territory’, the respondent is seen as attributing her responsibility for her sexuality to the cultural principles that frame the issue of female sexuality in Greece (*“femininity and female seduction are powerful characteristics and they often become scary”*). The construction of the Greek family as a cultural discourse on sexuality seems to offer women the subject position of a sexually suppressed person. It could be argued that this subject position involves a form of passive aggression since women often feel obliged to comply with others’



demands as a way of receiving others' approval. The person who takes this position possibly feels angry, anxious and self-doubting.

A father (family member 5), while talking about his family of origin in the interview, commented on the gender differences of his parents:

*“Okay, my mother was an illiterate woman, but she had the role of smoothing things out in the family since my father used to be a nervous man, possibly because of the accident that he had in the past as a brave man that he was when the Germans invaded in Athens in 1941. There was a fire, and he dived in the river where he had seriously been injured on the head. Since then, he has been suffering from hemiplegia in his hand and foot [...] (and a little later in the interview) [...] In 1949, when he was imprisoned in Tripoli, the guerrillas released the prisoners, and a grenade exploded. So, the glass fragments had seriously injured his eye.”*

Here, the parental relationship is constructed as a ‘byproduct of the guerrilla war’ against Nazis and the civil war that followed (*“my mother was an illiterate woman...as a brave man that he was when the Germans invaded in Athens in 1941”*). This discursive construction seems to resonate with a discourse that emphasizes women’s empathy for men’s anguish while they are participating in the resistance during the German occupation of Greece and a sense of responsibility towards men that lead women to take care of the men after the end of the world war II (*“Since then, he has been suffering from hemiplegia in his hand and foot... the glass fragments had seriously injured his eye”*). The subject position offered by this construction of the Greek family to the women seems to be one of a patriotic, understanding, selfless and dedicated caregiver.

I asked in a family interview whether there is any tradition that forms the roles of men and women in family life. So, the mother (family member 3), who has raised her son as a single mother, is describing how she asked the man that she is married to today to respect his ex-wife since she is the mother of their children:

*"Ok, you divorced, but this woman raised your children. Yes, you worked, provided food, and helped them financially, but who did everything else? So, it's not just about*

*money. Both your children went to university, and they are good children. That is, they are doing well, they never caused you any problems, they have never been engaged in any illegal activity. However, the mother's role involved staying awake and running around everything to raise her children, to help them with their readings to do everything for them, day by day. This is a struggle, and you should take your hat off and talk to her softly, not loudly, because you owe to her since you were absent. You were only giving your money now and then, but you behaved aggressively to them. You did not find a way to talk to them, and they were scared of you. You never hugged your children, but she was the one who always had her arms open, and she was holding both of them [...] (and a little later in the interview) [...] I want you to show your respect to the mother of your children. It would be best to respect her as a mother, and I want your children to know this. But, as a woman, it is a different story, and I don't want to talk about this again.”*

On the one hand, the participant in this extract has constructed the Greek family as ‘a sanctified mother territory’ that resonates with religious discourse. The subject position offered by this construction seems to be one of a loving and selfless person who has abandoned her essential needs to be in service to her children (“*the mother’s role involved her staying awake and her running around everything to raise her children, to help them with their readings to do everything for them, day by day*”). In this discursive context, self-sacrifice is seen as an ultimate virtue. At the same time, Greek values seem to construct women as a neutralized gender that is ‘purified’ by motherhood (“*You never hugged your children, but she was the one who always had her arms open, and she was holding both of them*”). Finally, in Greek culture, self-sacrifice has always been highly appreciated and valued (“*you should take your hat off and talk to her softly, not loudly because you owe to her*”) as an act of complete selflessness and altruism, especially in Christianity.

On the other hand, the references of the second part of the extract seem to construct the Greek family as almost a ‘fatherless place’ (“*you were absent*”, “*you were behaving aggressively to them, but she was the one who always had her arms open and she was holding both of them*”) where fatherhood is attenuated to financial support and additional support in times of crisis that resonates with an economic discourse (“*you were only giving your money*”, “*you worked, provided food, and*

*helped them financially*”). The subject position offered by this particular discursive construction is one of a distant person (“*You did not find the way to talk to them and they were scared of you*”) who might have difficulties being affectionate with his significant others (“*You never hugged your children*”).

When I posed the question “were there any rules that defined the relationship of the older members of the family with the younger ones” the son (family member 6) of a family that I have interviewed who used to misuse drugs referred to the abusive behaviour that his parents had towards him:

*“He (the father) was not calm, and he was like a boogeyman. So, we used to get beaten up by him. Yes, and that was agreed with my mother. My mother used to say everything we were doing to the father, who then kicked us. As it concerns my mother, she beats us as much as possible. You see, she was a woman and a short woman. But she was slapping you when you did not expect it, and she intended to hurt you”.*

The Greek family is constructed as something linked to a ‘juvenile hall’ that resonates with social discourse. In the context of the construction of this social discourse, the respondent could be seen as attributing responsibility for his life choices to the cruel parenting he was suffering (“*He (the father) was not calm, and he was like a boogeyman. So, we used to get beaten up by him. Yes, and that was agreed with my mother*”). The subject position given by this discursive construction seems to be one of ‘an unjust penalized person’ (“*My mother used to say everything we were doing to the father, who then kicked us*”) who might think that he does not belong to the place where he lives. He possibly feels rage for the incurring corporal punishment for the misdeeds that he had not committed or that he does not deserve such punishment for what he has done. He feels constantly unprotected, anxious, alert and defensive, possibly expressed through a revengeful and aggressive attitude (“*she was slapping you when you did not expect it, and she intended to hurt you*”). Therefore, this person might experience alienation, confusion, and lack of meaning in his life.

Within the context of the focus group discussion meeting, when the clinicians were talking about the fathers and the mothers that they have under treatment in the agency for drug misuse resolution, a clinician (clinician 12) stated:

*“Only one father works who is divorced. Some of them are retired, and some others are unemployed. And the picture of the mother in the house is the person that does everything. The mother looks like a father. She is both mother and father since she pays for the home expenses. He (the father) solves Sudoku, watches football, plays propo. The father has no space in the family. He is like the eldest child of the family.*

In this extract, the clinician has constructed the Greek family as a ‘fathering mother’ (*“The mother looks like a father”*) that resonates with economic discourse and seems to offer a subject position of an omnipotent person (*“And the picture of the mother in the house is the person that does everything”*). In the context of the construction of this economic discourse, the respondent could be seen as attributing responsibility of the father’s ‘transformation’ into an older child to his ineffectiveness to provide his traditional financial support to the family and to their joint endeavour of bearing their children (*“He (the father) solves Sudoku, watches football, plays propo. The father has no space in the family. He is like the eldest child of the family”*). The subject position given by this discursive construction seems to be one of a ‘liberated but lonely person’ that possibly thinks of herself as very capable professionally and socially, while at the same time having the necessary stamina and skills to bear her children successfully. Conceivably she might be trying to find a way to balance her family with her personal and work life. She probably feels responsible but tired while trying not to have outbursts towards the father and the children. Maybe sometimes she feels lonesomeness but simultaneously self-determined and self-assured. She could probably sometimes experience bewilderment regarding her personal needs’ fulfilment and about her self-identity.

## **Conclusion**

The discourse of 'gender differences and familial leadership positions' has been constructed by the participants mainly as a cultural or economic discourse that has taken, however, at some points, a political, social, religious or historical discursive dimension.

The participants' construction of the Greek family as a cultural discourse has been linked to their viewpoint of the family as a 'crystalized institution' where the man's dominance has traditionally ruled over the women who are seen throughout history as sanctified mothers and selfless and dedicated caregivers.

In this discursive construction, male dominance has been seen as a father's absence or threatening presence that aims to punish his children for their disobedience towards their mother. On the other hand, in this extract, the male power has also been seen as a peaceful leadership offering protection and calmness to the family members through talking. As it concerns the women and how they have been positioned by the participants in the discursive construction of the family as a traditional institution in which the male power prevails, the interesting point is their manipulative character towards their children and their secretly seductive behaviour towards the men. This particular discursive construction of the Greek family as cultural discourse seems to be traced back to the post-war period when male aggressiveness was justified as a war byproduct. At the same time, women were willing to take care of their wounded men's needs within a context of a selfless patriotic understanding by simultaneously accepting the suppressing of their own needs silently.

The cultural discourse seems to be a dominant discourse that is seen as supporting the position of the men as authoritarian persons while the women as obedient persons who have been self-dedicated in caregiving in the context of their families. The participant's dominant discourse that has been linked to the cultural aspect of the gender battle in Greek society is seen as reproducing the existing power relations between men and women throughout the years.

The belief system upon which the cultural discourse has been constructed seems to be the social system of patriarchy. A social system in which the father or the eldest male is considered the head of the family. The men are seen as holding the power of political leadership, moral authority and social privilege, while the women are seen as being excluded from it. As a patriarchal society, Greek society is also patrilineal, which means that property and the title of the family are inherited in the male line.

The participants have also constructed the discourse of 'gender differences and familial leadership positions' as economic discourse following the women's entering into the workforce the last three decades. The discursive construction of this economic discourse has been mainly supported by the woman's empowerment and the man's invalidation regarding the changes that have been made to their financial status in the last decades in Greek society.

The subject position offered by the construction of the economic discourse seems to be one of an emancipated woman. However, the participants present this woman in a traditionally masculine way of acting. She is seen as an emancipated woman who misuses her newly acquired economic power over her children and her undervalued husband. On the other hand, the subject position offered by this economic discourse to the man is one of a marginalized person who has lost his financial superiority over the woman and thus his power in the familial context. It could be argued that these subject positions show the overturning of the gender roles in the structure of Greek society in the last decades. This particular discursive construction of the family in today's Greece is seen as reinforcing the voices who support the women's gaining the upper hand. In contrast, it is seen as oppressing the voices representing the traditional male dominance.

The system of ideas that possibly has framed the construction of the leadership positioning in the Greek family seems to emerge from the patriarchal structure of the family. It appears that the economic empowerment of the woman in the Greek post-World War II liberal society and the economic weakening of men during the same period gave her gradually the power to “overthrow” the man of the Greek family throne. Interestingly, she does not seem to introduce new rules by taking the leading position in the familial context. Still, it appears as if she has adopted the existing patriarchal ‘protocols’, however, keeping her dedicated caregiving position and manipulative capacity over her children and man. The woman’s repositioning within the Greek family power structure looks as if it had a collateral effect on men’s repositioning who have been offered the subject position of the person who provides reasoning and calmness in difficult family situations.

#### 4.5 'Magkas' positioning as a choice of subversion

The discourse of 'Magkas positioning as a choice of subversion' seems to be associated with the overturning of the gender roles in Greek society, which involves the empowerment of the oppressed women and the invalidation of men's dominance. 'Magkas' in its historical aspect, describes a Greek subculture of maleness and resistance to any form of power that traces back to the 19th century and the Greek Revolution for independence in 1821. It refers to a marginalized person who objects to the status quo by supporting an alternative system of rules and ethics with which every oppressed man may identify himself. However, since the 1980s, 'magkas' refers to the person who chooses to show off his dominance over others by exerting his power through violent and deceptive means to secure his private interest without caring about the cost of his actions for others (Tsaknis, 2016). The participants see 'Magkas' positioning as a kind of identity construction involving some Greek family members' choice to follow a revolutionary way of living against the violation of their rights by the social, economic, political and familial institutions.

When the son of a family (family member 2), an ex-drug-drug misuser, has been talking about his father's political activity, he mentioned about himself:

*“At the age of nine years old, I had realized the political errors of Greece while at the same time my parents were not going along well together. Since I had difficulties reading, I realized that I would never become a man like my father. So, I had to find a way to react. At fifteen years old, the only way was through ‘magkia’. I would become a ‘magkas’ and represent my school, and everybody will respect me. In that way, I could have my own identity. I will be someone with his value [...a little later in the interview...] Since I was not given either by my family or by society ways of escaping from the problems I had in school, I had become very sceptical as a child. The easiest way out was to become a ‘magkas’ so that I would no longer be useless, little and illiterate. I will be able to stand up in that way and gain my self-esteem”.*

The participant here has seen the 'magkas' positioning as an 'identity construction' ("*at fifteen years old, the only way was through 'magkia'. I would become a 'magkas' and*

*represent my school, and everybody will respect me... In that way, I could have my own identity. I will be someone with his value").* The ex-drug misuser's formation of 'magkas' as an identity construction seems to draw on political discourse (*"at the age of nine years old, I had realized the political errors of Greece"*). The subject position offered by this political discourse seems to be that of an upstander (*"since I was not given either by my family or by society ways of escaping from the problems I had in school, I had become very sceptical as a child [...] The easiest way out was to become a 'magkas' so that I would no longer be useless, little and illiterate. I will be able to stand up in that way and gain my self-esteem"*). This person seems to act in support of himself and others who have been possibly marginalized or even in some way attacked (*"Since I had difficulties reading, I realized that I would never become a man like my father. So, I had to find a way to react"*). The person positioned as an upstander possibly feels strong and fearless while he doesn't seem to like to depend on others.

When the father (family member 5) of another family mentioned the word magkia, and I asked him about the meaning of this word, his son (family member 6), an ex-drug misuser, spontaneously answered:

*"Magkia means that I am different. I am in a different phase than the others.*

The respondent constructed the magkas positioning as 'not the same' when he argued that it means *"I am different, I am in a different phase than the others"*. This particular discursive construction of magkas positioning seems to resonate with political discourse. Therefore, it can be argued that his construction of political discourse could be seen as his attempt to attribute the responsibility for his different choices to the political situation of Greece, through the subject position of a person who is seen as being one-of-a-kind.

A clinician (clinician 18) during her talking concerning her thoughts about drug misuse has drawn at some point of the discussion a parallel between the family and the state that has been associated in my understanding with 'magkas' positioning:



*“Well, I did not leave my house because of drugs. I left just for going. Of course, there was an inclination for drugs and everything surrounding them, but when I left, I did not have in mind drugs or relationships (with boys). I went because I had reached my limits [...] with the pressure I was experiencing, and I hit the road [...] because I was busting. I said to myself it was not possible. There must be something better than what I see around me. So, a lovely morning, I said to myself, life could not be like that, because I was dreaming, you know, a beautiful society with thousands of (pleasant) things. What should we say now? The society was totally [...] I lived with a lack of meritocracy. Since I was a little girl, I realized that whatever was presented as true was a fallacy. In small (context), that is the school, the surroundings, the neighbourhood, the state, people in power are like our parents, our parents aren't they in control (over us)? All these people in power are the ones that pull the strings. We put our hopes in them since we cast our votes to make our dreams come true. Let's say they will raise my salary. They will do this for me, and I would have that [...] That's why I consider both (family and state) as one. Here is all the dirt. All the dirt is coming from the top, and everything is cascading down from the top. These people give me the ok to feel an appreciated and respected human being. But what someone experiences as soon as he gets out of his front door to his neighbour is injustice, oddness, chaos, impasse.”*

In this extract, the participant seems to construct 'magkas' as a 'suffocating citizen' (*"I left because I had reached my limits [...] with the pressure I was experiencing, and I hit the road [...] because I was busting"*). It is a discursive construction that seems to resonate with political discourse (*"people in power are the ones that pull the strings", "we put our hopes in them since we cast our votes to make our dreams come true"*). In the context of this political discourse, the respondent is seen as attributing responsibility for his life actions to the people exerting power through their positioning in several social or political institutions (*"All the dirt is coming from the top, and everything is cascading down from the top"*).

The subject position given by this discursive construction seems to be one of a rebellious person (*"Since I was a little girl, I realized that whatever was presented as true it was a fallacy", "I lived with a lack of meritocracy"*). This person might think that she should, by any means, find a way to resist succumbing to the unfairness

covering the whole world and escape from "*chaos, injustice, oddness and impasse*" that surrounds and supports this injustice. Instead, she possibly feels anger, bitterness under duress like a stranger in her own home and city, bewildered, disillusioned and misunderstood. She could also experience threat, violence, mistreatment and be at an impasse.

At the beginning of the interview with one of the families, I had posed the question 'what kinds of thoughts do you have concerning drug misuse'. So, the son replied that his drug misuse had been linked to his need to manage his feelings, especially his rage towards certain people who didn't let him socially advance himself. Then, his father got into the conversation and provided new perspectives on his son's thoughts about violence and in my understanding also to 'magkia':

[F: Father (family member 7), S: Son (family member 9)]

*"S: that is to say (drug use) was a way to handle things. The truth is that as long as I was on drugs, there was a pole star to deal with emotions, pure emotions. When you were feeling asphyxiated, and I am not only referring to negative emotions, even when you have positive feelings, like joy, many times, let's say you are happy, but you cannot deal with it at all. This is happening because either you don't believe you deserve it or want a bit more because some people won't let you go a step further, [...]. I always mean within the society, and this very moment, many things make me outrage, not simply angry [...] sometimes violence could be something desirable. Perhaps it is a way (violence) to achieve some things. I reckon that it will show whether or not (the violence) is useful is what you want to accomplish with it (violence). (For instance) in self-defence situations, in various cases, that is formerly, anyhow, there would surely be (the influence) of drug use situation which at any event is violent.*

*F: I remember we had a conversation on this subject. I don't want to argue that this is violence. This is a rebellion. I revolt because some people devastate my personality, standard of living, familial tranquility, and existence. So, I rebel, but usually, a revolution has no limits."*

In this extract, the father and the son have constructed the magkas as an 'outburst within limits' ("a way to handle things", "to deal with emotions", "within the society,

many things make me outrage, not simply angry"). This discursive construction seems to resonate with political discourse ("I revolt because some people devastate my personality, standard of living, familial tranquility, and existence"). In the context of this political discourse, the respondent could be seen as attributing responsibility for his "rebellion" to the limits some people put in his way of social advancement and his suppressed negative and positive feelings. The subject position given by this discursive construction seems to be that of a devastated person. This person might think that his rage justified his violent acts within the context of his "self-defense". He possibly feels unfairly treated, diminished, unimportant, marginalized, very conscious not to express openly any of his feelings since it might be dangerous or cause an additional insult, even brutal reaction by certain people. He might find himself in situations where he experiences a relentless risk of being insulted, unfairly judged, depreciated and forbidden to move on with his life as he should deserve.

In the interview with another family, the son (family member 6) talked about his experience of misusing drugs in the past. He said that he had a different perception of life and wanted to do something exquisite, but on the other hand, he was lost and never really tried to work to identify his dream.

*"It was a total mistake. I was lost from an early age, and family played a vital role, there was no guidance from the family, and all things were floating like a waterlily in the ocean. There was no help from behind (my parents), they have not realized that I tended to [...] two or three times I was about to leave (from home) because I was lost, I was dreamy, I had a different perspective for the life matters. (But) I didn't work well either that (perception) or my options on what I was going to do. I was looking for something difficult, something pretentious, something special. But always, I was in this floating situation. I had never delved into it, which applies to all things. I was doing everything half-assed or in a strewed way, following my instinct. I didn't get into it. I didn't get into my job when I was misusing drugs. I was doing what was necessary just to be bearable by the others, so as not to be kicked out, so as they don't boot me out entirely, I was merely being accepted by the others."*

The participant here has constructed 'magkas' as a 'skiver' ("I was doing everything half-assed or in a strewed way, following my instinct", "I didn't get into it. I didn't get

*into my job when I was misusing drugs. I was doing what was necessary just to be bearable by the others, so as not to be kicked out, so as they don't boot me out entirely").* The construction of 'magkas' seems to resonate on the one hand with a psychological discourse (*"I was lost, from an early age...there was no guidance from the family and all things were floating like a waterlily in the ocean... there was no help from behind (my parents) ... I tended to...two or three times I was about to leave (from home) because I was lost, I was dreamy")*) and on the other with a social discourse (*"I had a different perspective for the life matters", I was looking for something difficult, something pretentious, something special [...] but always in I was in this all-pervasive floating situation, I had not delved into it").* Both discourses seem to offer a subject position of a freeloader person. In the context of the psychological discourse, the respondent's construction could be seen as attributing responsibility for his drifting away from the 'ordinary' life on his 'natural' tendency to be dispersed and unfocused and his inner impulse to getaway. However, in the context of the social discourse, he seems to render the responsibility for his cunning way of avoiding work due to his lack of purpose and his different way of thinking. A person in this position might think that he is not an 'idiot' to work if he does not have any purpose. Also, he has to look 'normal' and act and behave fakely as a part of the system without raising any suspicions that he is thinking differently, has no purpose, and does not perform at the level of his abilities. He possibly feels uncertain and restless. Yet, he has apathy for the people around him and maybe feels constantly alert to avoid disclosing his pretending and his different way of thinking. He could experience suppression, that people around him are obnoxious, and that what others are doing has no meaning.

## **Conclusion**

The participants have constructed the discourse of 'magkas positioning as a choice of subversion' mainly as a political discourse. However, one participant has also shaped it as social and psychological discourse.

The participants see the discursive construction of 'magkas positioning' as a political discourse that denotes a subversive act made by a suffocating citizen who experiences the violation of his rights by the dominant political institutions. The participants have

also related this positioning to someone's need to construct an identity that will enable him to differentiate himself from the prevailing culture of sameness that dominates Greek society but without bothering to work hard for that cause. Finally, the participants see the 'magkas' positioning as a choice of a person who needs to become attached to people with whom he shares a common idea of rebellion against the political onslaught he has experienced upon him.

It could be argued that the construction of the discourse of 'magkas positioning as a choice of subversion' as a political discourse can be traced back to the years of the Greek resistance during World War II. Back then, a group of guerillas, known as 'andartes', who had been exposed and believed in the ideology of communism, managed to control a big part of the Greek territory before the German withdrawal from Greece in late 1944. But after the end of World War II, they were defeated by the Greek national army supported by English troops and later by the United States.

The political discursive construction of the discourse of 'magkas positioning as a subversive act' is seen as reinforcing the voice of the political institutions that support the overthrow of the prevailing political authority. But, on the other hand, the same discursive construction seems to oppress the voices that support the mainstream way of living, which seems to be connected with the dominant political ideology of neoliberalism.

#### **4.6 Drug misuse positioning**

The discourse of 'drug misuse positioning' shows that the participants see drug misuse as something related to the transitional phase that some of the Greek family members are going through in times of uncertainty. This particular discursive construction presents drug misuse as a way of the family members' sticking together during changing times while trying to become securely attached to the significant others. However, the participants see the Greek family within this context as an ailing system that offers, on the one hand, unconditional love to its members but, on the other hand, several distressing experiences. So, the participants see this discursive construction of drug misuse as a pursuit of short-term gratification or a way of

gaining stamina and determination so that the family members can secure their staying together during periods of turmoil.

When I asked one of the families about the thoughts they had around drug misuse, the son (family member 4) who had been misusing drugs in the past answered:

*"What do I think about drugs after so many years, and how have I experienced them? For me, the drugs came and clicked in my life like that. There was no particular reason. The group of friends was not responsible for my drug misuse. One cause has been that I did not have my father. I think now I would like to give my child some principles on stepping into life. I will show him things, and we will discuss everything. Since I did not have this guidance, I turned to the wrong people. In the early years of adolescence, I knew nothing about life and therefore, the drugs came to cover the uncertainty and amplify my wondering about how things are and how will I be. In other words, they came to freeze my growth somehow. I did not know how to live my life, and it was easy to get into a fairy tale because the drugs, especially the ones I chose, which were chemistry, did not give me the time and the way of thinking to develop myself. On the contrary, they kept me static there. But if I did not misuse drugs, I would never stop asking why things are the way they are because I needed to get the answers like a child. However, the situation I was living in could not give me the answers. I was unprotected. I did not even have what came out for the computers, you put an anti-virus, and at least you are protected from viruses. Instead, I was very vulnerable to everything. So, they (drugs) came and clicked in my life when I could not answer these whys since drugs turned my questioning off during those hours. The more I did, the more I erased the whys, so I was not feeling terrified anymore. Drugs do not make you fearless, but they put your emotions to sleep. But the emotions are the ones that move you in the process of studying, reading some books, getting educated, travelling."*

The participant on the extract above has constructed drug misuse as a 'fatherless life' ("One cause has been that I did not have my father") that resonates with social discourse and offers the subject position of a lost sheep. It could be argued that this particular discursive construction of drug misuse is linked to his lack of a moral compass ("some principles on stepping into life") that could guide him throughout his

life (*"I knew nothing about life"*). The construction of drug misuse as a social discourse is seen as his attempt to attribute the responsibility for his drug misuse to his unanswered questions about life (*"if I did not misuse drugs, I would never stop asking why things are the way they are"*).

A person positioned as a lost sheep could feel bewildered and fear about himself (*"I was unprotected"*, *"I was very vulnerable to everything"*) and his life expectations (*"the situation I was living in could not give me the answers"*). This person seems as needing to find a shelter to get in (*"the group of friends is not responsible"*) to stop being worried about his life and the world around him (*"turned my questioning off"*, *"erased the whys"*). A person who has been positioned as a lost sheep seems to be entirely dependent on others since he still needs care and protection not to put his life in great danger because of his ignorance and immaturity (*"they (drugs) came and clicked in my life"*, *"the more I did, the more I erased the whys, so I was not terrified"*, *"drugs do not make you fearless, but they put your emotions on sleep... getting educated, travelling"*).

In the same question, the mother of another family (family member 1) replied:

*"I had my son experiencing a lot of irritation, he was nervous, and I thought that it was because of his adolescence. Then, one day, when I came back from work, I found him with his friends in his room. They were smoking. I did not know how the hashish smelled, but something was smelling awful, and I told them that I could not tolerate this smell in my house. The irony is that I have studied in Germany, and I have learned about the child's development and adolescence. Yes! So, I thought that everything that was happening had been due to his adolescence. I had only realized the bad smell but nothing else. But then I realized that this smell was hashish, so I called my husband, and I said to him, look here we have hashish."*

The mother here has seen the drug misuse as a 'transitional turmoil' that resonates with a psychological discourse. The mother's construction of drug misuse as a 'transitional turmoil' could be seen as her need to attribute the responsibility for her son's drug misuse to his adolescence rather than to herself and her parenting (*"I had my son experiencing a lot of irritation, he was nervous, and I thought that it was*

*because of his adolescence", "I thought that everything was happening had been due to his adolescence").* The subject position offered by this discursive construction could be one of a rebel who acts independently but in a provocative way against the family rules. He seems as trying out his own and the family's limits while at the same time overstepping the boundaries of his freedom as his family had set them. A person who has been positioned as a rebel seems to be an independent-minded person who enjoys living unconventionally against the rules imposed by any authority figure.

A clinician (clinician 14) within the focus group discussion had given her meaning regarding drug misuse within the context of the Greek family when I asked them, 'what leads a young person to drug misuse?':

*"I could say many things now, but I think there are feelings of meaninglessness, to start with something because I am thinking many things. This feeling can trigger the void, the frustration from relationships, and the isolation. I generally believe that drug misuse has to do with internal, let's say, loneliness. I think that drug misusers, even if they have a group of friends to which they belong, have loads of loneliness since everything among them is mediated through substance misuse. They could not relax and have a good time without this substance. Most drug misusers are lonely people, although there is also the profile of the cocaine misuser, whom I see as having a more social profile. However, all drug misusers share an emotional void, a deficiency in relating to the world. There is a shortage there as they cannot find their way to live. Their relationships are very superficial, which is perhaps why anger prevails. Anger comes when the meaning is lost, I do not understand you, you do not understand me, and finally, we have a fight."*

This participant sees drug misuse as a 'running on empty' that seems to draw on a psychological discourse. The discursive construction of drug misuse as a psychological discourse could be seen as the clinician's way of emphasizing her responsibility while treating the drug misusers. Within this context, the discursive construction of drug misuse as a 'running on empty' seems to offer the subject position of a detached person who has probably a reduced ability to express himself/herself emotionally and get connected to others on an emotional level, possibly because of traumatic experiences earlier in their lives.



And then, the other clinicians who have been participating in the focus group discussion meeting entered into this discussion by adding:

*"Clinician 12: I would add the absence of stable things. As if stability is missing, the reference point is missing. The father is missing the mother, and the meaning is missing. There is an absence. There is a deficit. It may not be just the absence of a father or a mother but also a lack of meaning.*

*Clinician 13: A loss of homeland. We also have many immigrants.*

*Clinician 12: As if there is an absence.*

*Clinician 14: And something we might have not already said, I think, is the relationship with the self, which is very bad. They do not communicate with themselves either since their impulse prevails. I went and did it, but I do not understand why I did it. I do not relate to myself either, I cannot understand myself, and I let my instincts and impulses lead my behaviour. For example, I woke up angry, so let's misuse drugs, let's fight, let's divorce. The ability of self-reflection is missing there. There is no thinking about who I am. I guess this is how children behave. The younger the children, the more you can see that their impulses lead their behaviour. They do not know why they do things or even why they cry. They feel discomfort and cry.*

*Clinician 16: The ability to self-reflect may be absent, but the feeling is powerful. So, through drug misuse, these persons find a way to freeze their intense emotions, such as fear, which usually causes them frustration.*

*Clinician 15: or Joy*

*Clinician 14: Yes, joy can also be destructive for them*

*Clinician 15: They have not learned to enjoy themselves*

*Clinician 14: So, we are finally talking about something immature."*

This clinician sees drug misuse in this extract as a 'no man's land' (*"as if stability is missing, the reference point is missing. The father is missing the mother, and the meaning is missing", "loss of homeland"*). It is a discursive construction that seems to be linked to a person's emotional intensities (*"the ability to self-reflect may be absent,*

*but the feeling is powerful. So, through drug misuse, these persons find a way to freeze their intense emotions, such as fear, which usually causes them frustration")* that seem to draw on psychological discourse.

The participant's construction of drug misuse as a psychological discourse could be seen as her attempt to articulate the awkwardness or difficulty involved in her difficult task to withstand the emotional void the drug misusers carry in the therapy room during drug misuse treatment. This particular discursive construction is seen as offering the subject position of a displaced person who possibly feels alienated and powerless since he has forcefully been on the run to protect himself from some disaster. Such a person might experience feelings of sadness, anxiety, and fear that might not be easily visible to the eyes of others since he probably does not trust them enough to open himself.

Following that, another clinician (clinician 15) who participated in the focus group discussion meeting stated about drug misuse:

*"I think that it (drug misuse) has to do with education. I believe that the Greek school system cannot sufficiently cultivate the children, which is the problem. When I say cultivation, I do not mean education. I say this from the point of view of upbringing, which means I do not have my child loose to be wherever she likes and do whatever she likes, which unfortunately is very common in the Greek public school."*

Drug misuse is constructed here as a 'lowbrow act' that seems to be linked to social discourse. The participant in this extract appears to attribute the responsibility for someone's drug misusing to the Greek school system by positioning the drug misusers as uneducated persons. This discursive construction of drug misuse could be perceived as an approach to render the responsibilities to the school system for the difficulties she witnesses in trying to nurture the clients within the context of their therapeutic relationship in the specific therapeutic agency. Simultaneously, the construction of drug misuse as a 'lowbrow act' seems to be an effort on the clinician's side to lessen her responsibility to 'instill' the social principles and the 'proper' relational attitudes and behaviours necessary for getting these people out of drug misuse. A person positioned as uneducated may feel vulnerable and submissive when

meeting people he sees as more 'educated' than himself. This person might feel incompetent, shameful or fearful to fully participate in society because of his feeling ignorant concerning some basic things.

In my concluding question that I have asked the clinicians in the focus group discussion, “What leads a person to drug misuse” a clinician (clinician 13) said:

*“I would say that drugs reflect a person’s eagerness for life since some people only through taking drugs they can feel alive. You are searching to find how to fill in this void. You are trying to find out whether you could belong somewhere beyond the family that has kicked you out somehow. You are trying to find meaning in the family’s unresolved and untold stories. You are trying to find something. Perhaps you even want to punish somebody and to express your anger in this way.”*

Drug misuse is constructed as a 'being alive' ("*a person's eagerness for life*", "*feel alive*", "*fill in this void*"). By constructing drug misuse as a psychological discourse, the participant here implies that she can be helpful as a clinician to resolve the psychological issues that give rise to drug misuse. Furthermore, the clinician's discursive construction of drug misuse could be seen as her predisposition to ally with the family member that misuses the drugs, possibly believing that his reasons for drug misusing are plausible and justifiable. She seems to trust his capability and strength to get out of drug misuse. Therefore, she seems to take the responsibility to leverage his "*eagerness for life*" to support his endeavour to get out of drug misuse. The subject position this particular discursive construction offers is that of a person who wants to be alive and well. It seems to be a subject position that emphasizes a person's determination to survive over the difficulties and the burden that his family secrets have provoked in his life.

A clinician (clinician 17) in her interview answered my last question, ‘what leads a person to misuse drugs?’

*“I will say it shortly that drug misuse is much better than what they are living, which is a suffering daily life, a torment from which the drug misuse saves them, gives them refuge, makes them feel relieved. But, of course, this suffering that resides within them*

*is also part of the family (suffering). In other words, I believe that this is a family disease.”*

Drug misuse is constructed as a ‘a way of coping’ away from the family’s suffering that resonates with a familial discourse. This familial discourse seems to offer a subject position of a miserable person. It could be argued that the clinician may have used the familial discourse to emphasize the need for a family therapy program in drug misuse treatment since she seems to attribute responsibility for a person’s drug misuse to his family suffering. Someone who has been positioned as a miserable person could feel unworthy, incompetent, gloomily despairing, and angry with her family members.

When I asked the psychiatrist (clinician 11) what kinds of thoughts does he have around drug misuse, he answered that it is about several types of individual or family disorders:

*“For me, it is a symptom of several disorders, either of the family or the individual. I do not believe that it is always the same. Sometimes you see completely chaotic relationships where the addiction comes like a glue to tie things together in a way. But, on the other hand, sometimes you see very symbiotic relationships or very contradictory rules within the family, which is the most common case here. So, the drug misuse comes to balance that contradiction and that controversial situation.”*

In this extract, the respondent has constructed the drug misuse as a 'sticking together relationships' that seems to draw on a psychological discourse. The discursive construction of a psychological discourse could be seen as the participant's attempt to assign the responsibility for someone's drug misuse to his perturbation caused by the confutable and unsettled situation that he might live in the context of his family. Finally, the construction of drug misuse as a psychological discourse seems to offer a subject position of a bewildered person who possibly expresses a feeling of confusion and a lack of understanding in this context.

Talking about drug misuse, the psychiatrist (clinician 11) commented on the drug misusers:

*"To tell you the truth, for me, drug misuse addiction has a lot of interest since it happens to people who are powerful and dynamic. They have a lot of stamina because they survive under these circumstances for a long time. They have a lot of energy underneath. However, to say that I will help a drug misuser find a job is, okay, you can help him, but he has more talent than you to search. He only needs to clarify what he is looking for to find. That's where is his difference."*

The psychiatrist has constructed drug misuse as something that is 'very resilient' (*"it happens to people that are powerful and dynamic"*). In this context, the participant has constructed drug misuse as a social discourse where drug misusers are seen as people who live *"under difficult circumstances for a long time"*. However, *"they manage to survive"* since they are seen as people with special innate characteristics (*"They have talent"*). It could be argued that the psychiatrist here is attributing the responsibility for a person's choice to misuse drugs to the unbearable social conditions of living and the absence of proper guidance from the family for knowing themselves and thus their strengths and abilities (*"He only needs to clarify what he is looking for to find. That's where is his difference"*). The subject position that this discursive construction has offered is that of a resilient person who has found the strength to maintain the difficult situations they are living under their control as a mindful and resourceful person.

When I asked the psychiatrist (clinician 11) 'how does he believe that drug misuse is linked today with the existing social situation in Greece' he answered:

*"Drug misuse is a social phenomenon. Everybody chooses alcohol, drugs, clubbing, which means the hedonistic aspect of pleasure. You have to do with the more vulnerable part of the population that cannot balance it [...] (a little later in the interview) [...] In the past, drugs were giving some euphoria to the people who were using them. But now you see more often people taking drugs to be calmer and relaxed. To become more functional. It is not accidental that there is a political trend today to legalize these drugs."*

The participant sees in the first part of this extract the drug misuse as a 'social retreat' (*"But now you see more often people taking drugs to be calmer and relaxed", "To become more functional. It is not accidental that there is a political trend today to legalize these drugs"*) of a susceptible person to social pressure and fashionable trends in regards to fulfilling the needs for balancing their inner tensions and appeasing their basic instincts (*"You have to do with the more sensitive vulnerable part of the population that cannot balance"*). The discursive construction of drug misuse as a 'social retreat' seems to resonate with social discourse. A person being positioned as susceptible may feel worried about his life and work conditions and troubled with their relations, oppressed, dissatisfied, insecure, and perhaps threatened. He may be without an inner compass trying to find a place and group to belong to feel safe.

In the second part of the extract, drug misuse has been constructed as a 'practical and useful law' that resonates with political discourse (*It is not accidental that there is a political trend today to legalize these drugs"*). This discursive construction of 'drug misuse' as a political discourse seems to require those positioned within it as functional although submissive individuals to continue acting in the interests of the society even if they have illegal habits. A submissive person usually tends to go along with what other people want and let them take charge of their decisions and actions.

Similarly, another clinician (clinician 18) in the individual interview that we had commented on the profile of the drug misusers today:

*"Today, the profile of the drug misusers has been changed since they have become more like mama's boys. They stay at home, and their parents give them the money to take the drugs or go with them to buy them. They have everything provided by their parents, clean and washed clothes and cooked food. Under these circumstances, why would they cut off drugs? At my age, things were not like this. The day that they realized that you are taking drugs, they would immediately kick you out of the house, or you were leaving by yourself."*

In the first part of the extract, the references construct the drug misuse as a 'family affair' (*"The drug misusers have been changed since they have become more like*

*mama's boys. They stay at home, and their parents give them the money to take the drugs or go with them to buy them", "They have everything provided by their parents, clean and washed clothes and cooked food").*

In the second part of the extract, drug misuse is seen as something linked to the 'old days', which the participant has constructed as a 'contemptible act' (*"At my age, things were not like this. The day that they realized that you are taking drugs, they would immediately kick you out of the house, or you were leaving by yourself"*).

Both these discursive constructions seem to resonate with social discourse. However, the construction of drug misuse as part of ordinary family life offers the subject position of a wishy-washy person who lives under the family's wings under any circumstances in contrast to the subject position linked to the 'old days', which is the one of an outcast.

The person who has been positioned as a wish-washy person will probably follow unquestionably today's mainstream trends and his parents' life views and wishes for what kind of life he should pursue. The participant here seems to attribute the responsibility for drug misuse both to the parent's relaxed attitude towards drug misuse and the drug misusers' confinement within his family cultural and social standards. It could be argued that the participant's construction of the drug misuser as a wishy-washy person implies the Greek family's denial towards the suffering but also the illegal actions of its members as long as they stay together. According to the participant's construction of drug misuse, the drug misuser may feel apathetic and indifferent about his personal and work future life, unconcerned with his family and personal social status and possibly unwary about political matters. He might also find difficulties relating to others or being uninterested in building relations and, by extension, understanding and expensing his feelings. Therefore, he could often feel lonely, anxious, and possibly bewildered.

## **Conclusion**

The participants constructed the discourse of 'drug misuse positioning' mainly as a psychological and social discourse. However, it has also been constructed as a familial and political discourse to a lesser extent.

In the context of political and psychological discourse, the participants have seen 'drug misuse' as a positioning chosen by some rebellious persons who oppose themselves against the authority figures who have misused their power over them in a way that displaced them from their future possibilities. At the same time, drug misuse has been linked to the paradox of these people's need to become securely attached to their significant others during changing times despite their already alienated feelings for them. In this discursive context, drug misuse has been constructed as 'no man's land' that offers the subject positions of a bewildered and detached person who seems to support the collective functioning of the familial institution. Yet, at the same time, drug misuse has been seen as something that oppresses the voices that support the emotional and social differentiation among the Greek family members. However, the construction of 'drug misuse' as a psychological discourse is seen as a dominant discourse that reinforces the conjoint functioning of the Greek family institution and its collectivistic outlook throughout the years despite the difficulties that its members face individually or socially in their lifetime.

Some other participants have constructed the discourse of 'drug misuse positioning' as a social discourse linked to a fatherless life. In this discursive construction, the members of the Greek society seem to need increased stamina for getting through the social difficulties they have faced through the years in their endeavour to be socially oriented and thus form their identities. Finally, the participants seem to relate the social discursive construction of drug misuse to 'lowbrow' persons by implying that some Greek people have never had the chance to obtain the education needed to overcome life's obstacles. Still, they need to be resilient to remain functional within Greek society.

The psychiatrist constructed the discourse of 'drug misuse' as a familial bridge between contradictory or chaotic family powers that involve the subject position of a



sick person that supports the power of the therapeutic institution and the existing socially made polarity between mental health and pathology within the Greek society.

Additionally, drug misuse has been constructed as a familial discourse that offers the position of a 'miserable' person due to her family's social and psychological disease of daily suffering. This person is seen as having inherited this disease by birth, and she has ended up misusing drugs to overcome that constant torment existing within her family.

Finally, the discursive construction of drug misuse as a political discourse could better elaborate the Greek family's hardship by highlighting its members' need to pursue a short-term gratification while remaining functional in their stressful and sometimes even tormenting everyday lives. Instead, the political system is seen as turning a blind eye to some people's illegal habits if they could still be efficient and productive.

The world view that might be standing behind the discursive constructions of drug misuse positioning is possibly related to the human rights movement ideals of providing equal opportunities and education to all people in a non-oppressive and dehumanizing way.

#### **4.7 Drug misuse treatment and Greek 'ethos'**

The discourse of 'drug misuse treatment and Greek ethos' shows that the participants see drug misuse treatment as a regulatory agency aiming to offer the Greek family members a reparenting process within their fused relationships. Subsequently, the participants see the discursive construction of drug misuse resolution treatment as a key motivator that gives the energy and supports the drug misusers and their family members to get back to a non-drug misuse life. At the same time, it is seen by some other participants as an institution that offers female clinicians the chance to reposition themselves in the Greek society through their leading role in drug misuse treatment. Finally, some participants have further constructed the clinical treatment of drug misuse as a 'predetermined diagnosis' of a permanent psychological malfunction regarding emotional experiencing and sharing. At the same time, it has also been shaped as a psychoeducational process that supports the families with a drug misuse

member to talk openly to each other about the stories which were untold till the day they entered into the drug misuse treatment.

Finally, the discourse of "drug misuse resolution treatment and Greek ethos of homogeneity" is seen as a way of reinforcing the operating of the therapeutic agency itself, which has been constructed as a self-supporting institution that involves regulations that ensure its orderly functioning. However, an ex-drug misuser sees the offer of this self-governing treatment as an alternative social structure that the educational system should follow to help the children to learn how to communicate and exchange their emotions early in their lives. At the same time, another ex-drug misuser has shaped this drug misuse resolution treatment as an inner work in progress for non-common people who cannot find their place within the given social structure of Greece. Following that, the sister of an ex-drug misuser has seen drug misuse treatment as something fallible since it refers to people who share an imposed cultural characteristic of the person who 'knows-it- all'.

In the context of the focus group interview with the clinicians, I asked them 'how do they position themselves within the therapeutic relationship' with the drug misusers and their family members, and they started the following dialogue among them:

*Clinician 15: We as clinicians ask the drug misusers to follow specific rules imposed by the therapeutic program so that they do not get in contact with friends and places that have been linked to their drug misuse, so they are protected. And on the other hand, the family members come very close because they have to join them in their therapeutic program and be together all day in and out of the program. However, the family members witness this surveillance as something violent. But I think they experience it violently because it is strange, and they cannot tolerate this closeness and togetherness. They do not know how to do this*

*Clinician 12: I would like to add that this closeness and distance is also a form of communication, and I think that is where we are trying to intervene*

*Clinician 13: And it is also a corrective move because, in these families, the parents are absent. They are not rightly positioned. The fathers are usually absent. So, the children have grown up lonely on their own since their*

*parents used to work. So, it's a therapeutic move that we make here to help them connect again. So therefore, finding another way of communicating is upsetting because they do not know it.*

*Clinician 14: Yes, but on the other hand, they want it very much because it is interesting that they always extend the surveillance time in some way*

*Clinician 15: Usually, by breaking the therapeutic rules*

These references construct the clinical treatment as a 'control procedure' ("we as clinicians ask the drug misusers to follow specific rules imposed by the therapeutic program"). A discursive construction that resonates with social discourse ("the family members witness this surveillance as violent", "it is a corrective move", "the children have grown up lonely on their own since their parents used to work"). This kind of social discourse is seen as the participants' way to point out their responsibility as social agents to secure the drug misusers' distance from their drug misuse life ("so they are protected").

It seems that the subject position offered by this specific discursive construction of drug misuse resolution is that of a surveillant. A surveillant is a person who keeps a close eye on others to protect them by using his power in a way that promotes others' discipline. Such a person usually feels powerful enough to control and set clear limits on others' behaviour. She believes that she is an expert on her subject, and thus, she asks for others' obedience and unquestioning respect to her commands.

Accordingly, when I asked the psychiatrist (clinician 11) if this program works according to specific rules, he said:

*"What does a therapeutic rule mean? Whose purpose does the rule implementation serve? Which of the rules serve us as clinicians to do our work and which of the rules are serving the family members under a therapeutic process is not always the same thing. These rules protect the therapeutic agency itself and its operation. [...] (a little later in the interview) [...] "There is no other institution (social, economic, political) to support the operation of a clinical institution for drug misuse resolution. As a clinician, you are constantly improvising although the family members do not know it, and obviously, it would not make any good for them to learn about it."*

In the first part of the extract, the psychiatrist has shaped the clinical treatment as a 'regulatory agency' (*"which of the rules serve us as clinicians to do our work and which of the rules are serving the family members under a therapeutic process is not always the same thing", "these rules protect the therapeutic agency itself and its operation"*). The construction of the clinical treatment as 'regulatory agency' seems to resonate again with social discourse and offers this time a subject position of a policymaker. A person who has been positioned as a policymaker is possibly feeling powerful enough since he is in charge of determining the principles of social interaction for the sake of getting things done appropriately. However, he might also feel the burden of her policymaking since the lack of 'realistic' processes that involve adequate support and knowledge might leave too much in her decision-making by chance, personal beliefs, and individual skills. When the policies might fail, the costs can be high.

In the second part of this extract, the drug misuse resolution is constructed as something that involves, in some cases, an 'impromptu performance' (*"as a clinician, you are constantly improvising"*) that resonates with a social discourse (*"there is no other institution to support the operation of a clinical institution for drug misuse resolution"*). The participant's construction of the drug misuse treatment as an impromptu performance is seen as his attempt to attribute the responsibility for any failed clinical interventions to Greece's inadequate social welfare system. This specific discursive construction of the drug misuse treatment offers a subject position of an improviser who might act spontaneously when making important choices in critical moments and possibly feels anxious since he needs to invent offhand his next steps every time.

When I asked the female clinicians in the focus group meeting 'how do they feel as female clinicians working in the field of drug misuse' a member of the group (clinician 12) described the different roles of the two sexes in her family and her positioning as a female clinician in this therapeutic agency:

*"At least, that's how I felt in my own family. The father used to set the rules, and he was the strict one, although, on the broader family, the women prevailed, of course"*

*not openly. A clichéd view says that women have their way of doing things. The pattern I see here in the treatment program is quite unknown. So, yes, by positioning myself as a clinician, I can overcompensate through my work what my mother had never done for me. I can have a more active role which gives me a feeling of satisfaction as well as self-confidence and self-esteem."*

The participant here has shaped the drug misuse resolution treatment as a 'woman empowerment' (*"it gives me a feeling of satisfaction...self-esteem"*) that resonates with social discourse (*"in my own family the father used to set the rules, and he was the strict one"*; *"on the broader family, the women prevailed, of course not openly"*; *"a clichéd view says that women have their way of doing things"*). The respondent's use of the discursive construction of the drug misuse treatment as a 'woman empowerment' (*"by positioning myself as a clinician, I can overcompensate through my work what my mother had never done for me"*) could be seen within this context as emphasizing her sense of power concerning her contribution to the treatment offered to the drug misusers (*"I can have a more active role which gives me a feeling of satisfaction as well as self-confidence and self-esteem"*). The construction of the drug misuse resolution as a social discourse seems to provide the subject position of an authorized assertive person who has gained confidence in herself due to her therapeutic acting. It seems that she wants to be valued and respected for being a woman.

Subsequently, when I further asked the clinicians, "how do the family members and the drug misusers position them within their therapeutic relationship" they have been engaged in the following dialogue:

*"Clinician 12: Speaking of me, sometimes I have a more active role during a group therapy session, so maybe they possibly position me as a father figure. But these projections are not constant, which is very comforting because, okay, I wouldn't say I liked remaining in this specific role (for a long time).*

*Clinician 15: I think the difficulty is when you have in front of you patients who have severe problems with their mother and consequently with the female sex. There is a devaluation.*

*Clinician 14: Let's say the weak sex*

*Clinician 15: It brings difficulties because how will you listen to someone you underestimate right from the beginning? Yes, this raises some problems. But I do not take them seriously, to be honest*

*Clinician 16: I remember it happened recently in a group session. You can reflect on that by saying that you may have some difficulties with a female therapist. On this occasion, the patient realized that his problem was rooted in his relationship with his mother while others may not easily understand it.*

*Clinician 14: Okay, many times it's uncomfortable, and it can be awkward. It can put you in a difficult position since you realize that you are speaking from your role (as a therapist), and the other is listening to you from another role (as a mother). Remembering myself initially, it was a big issue, and I was younger, of course, but I could not always deal with it. Over the years, you learn how to use it as a therapeutic tool, which means you will not fall into the trap. You realize that there is no need to take it personally.*

*Clinician 15: You do not take it seriously, and you do not take it personally. We have not known each other since yesterday*

*Clinician 13: It has to do with his perspective. It's what he carries in his mind concerning the woman, the mother, and the therapist who happens to be there.*

*Clinician 15: It isn't easy to be a female clinician working with young men since they see through your face their mother figure. It brings a lot of difficulties in our therapeutic relationship since they express resistance, devaluation and aggressiveness. It is as if they want to attack a (mother) symbol that have caused them feelings of suffocation through her overprotection."*

Here the clinicians construct the clinical work as a 'reparenting' ("*during a group therapy session they possibly position me as a father figure*", "*you are now speaking from your role (as a therapist), and the other is listening to you from another role (as a mother)*"). It seems to draw on a familial discourse ("*it isn't easy to be a female clinician working with young men since they see through your face their mother*

*figure") and offers a subject position of a surrogate parental figure to a clinician. This subject position appears to construct a person that is adequately trained ("you can reflect on that by saying that you may have some difficulties with a female therapist") and experienced to act as a parent substitute ("many times it's uncomfortable, and it can be awkward.... over the years, you learn how to use it as a therapeutic tool, which means you will not fall into the trap"). A clinician positioned in that way might serve as an object to which the family members under treatment might be attached. However, this person might struggle emotionally to meet the emotional needs that have not been met during the client's childhood by his parents since the latter usually brings his discomfort in the therapy room. ("It brings a lot of difficulties... they express resistance, devaluation and aggressiveness...feelings of suffocation through her overprotection").*

Following the clinicians' statements on drug misuse resolution when I had the individual interview with the psychiatrist (clinician 11), I raised the same question "How do the drug misusers and their family members position him within their therapeutic relationship" he said in his turn:

*"They usually position me in every way that you can imagine. They give me either the role of the judge to decide who is wrong and who is right or the role of the father to decide what they are allowed to do. They also give me the position of taking care of them all [...a little later in the interview...]. It is difficult for the parents to understand that they are coming here for their therapy and not only to support their children. Usually, the parents come for their children, and the children come for their parents. Nobody comes for himself/herself".*

The drug misuse resolution is seen, in the first part of the extract, as an 'ethical process' during which family members urge for a verdict regarding their actions, moral guidance and compassion that sometimes punishes but other times it seems to attend to the needs of the others ("*they give me either the role of the judge to decide who is wrong and who is right or the role of the father to decide what they are allowed to do. They also give me the position of taking care of them all*"). This particular discursive construction appears to resonate with social discourse. The subject position that has been offered in this context seems to be one of a wise man in

whom they attribute sound judgment, morality, forbearance and social status. A person capable of discerning right or wrong suggests principles for living, and when someone goes astray, he can show understanding. A person positioned in such a way might feel responsible, attentive, emotionally and ethically present. This particular subject position offered by this social discourse is seen as the participant's way of attributing intense responsibility to the clinicians' role for the treatment results that might be unbearable and overwhelming.

In the second part of the same extract, the clinician constructed the drug misuse treatment as a 'fused relationship' ("*the parents come for their children, and the children come for their parents*"), which draws on a familial discourse. This construction offers the subject position of a codependent person ("*It is difficult for the parents to understand that they are coming here for their therapy and not only to support their children*"). This person possibly confuses his feelings and thoughts with those of others. At the same time, he seems to abolish responsibility of his/her actions to his significant others ("*nobody comes for himself/herself*"). In this context, the familial institution is seen to be responsible for the difficulties and progress a member of a family can make in his life.

I have asked the clinicians during the focus group discussion meeting whether there are any kinds of signs within the therapeutic process with the drug misusers for their succeeding drug misuse resolution, and a clinician (clinician 14) answered:

*"I would say that our goal is to help the drug users get motivated since drug misuse reflects people's passivity. They don't want to wake up, and they sleep all day. They do not respond in the roles that they undertake. They do not have any relationships. So, something changes here for them (treatment). You see that they get motivated and alive. Suddenly they can take the responsibilities that they used to avoid in the past where the only relationship that they wanted has been with drugs."*

The clinician seems to shape the clinical work as a 'key motivator' ("*our goal is to help the drug users get motivated since drug misuse reflects people's passivity*") that resonates with a psychological discourse. By constructing the drug misuse resolution as a key motivator, in this extract, the clinician possibly implies the power of her



contribution in encouraging someone ("*something changes here for them*"; "*suddenly they can take the responsibilities that they used to avoid in the past*"). This discursive construction seems to offer the subject position of a trusted, knowledgeable and responsible person who can inspire and awaken others' will and desire for life and personal growth ("*you see that they get motivated and alive*"). This person might be fueled and empowered by the inability and passivity of the other ("*they don't want to wake up...they do not respond in the roles that they undertake, they do not have any relationships*"). He might also feel responsible for the powerless psychological position of another person. Therefore, he tries to find a way to detach him from this 'incompetent', indifferent and inactive condition. This endeavour might sometimes make him/her feel exhausted, drained and angry.

When I asked one of the families 'What kinds of feelings do they have concerning drug misuse' the mother (family member 3) answered:

*"When we succeeded to get rid of the drug misuse nightmare, I felt the appreciation coming from all people around me. I receive gratitude from my son. He tells me that he loves me and shows it to me. We are getting along very well. Our relationship is terrific. I also received recognition from my friends since they witnessed the fight we gave as a family (for drug misuse resolution)".*

This mother had completed of the drug misuse clinical treatment ("*when we succeeded to get rid of the drug misuse nightmare*") as an 'acknowledgment' by others ("*I felt the appreciation coming from all people around me*") with an improved life. This discursive construction seems to resonate with social discourse. It provides a subject position of a life winner. This person feels appreciated and warmly embraced by friends ("*I also received recognition from my friends since they witnessed the fight we gave as a family*") and family members ("*I receive gratitude from my son... Our relationship is terrific*"). She seems as attributing the responsibility for her son's drug-free life to the therapeutic agency and the clinical treatment offered to her and her son.

When the son (family member 2) of one of the families who used to misuse drugs in the past has been talking about his feelings concerning drug misuse treatment, he stated:

*"I am feeling happy about all the things that I have lived during my participation in the therapeutic program. It was very nice to communicate with other people to exchange our opinions. So, therefore, I would suggest the therapeutic program for drug misuse resolution should be renamed and become part of the schools' educational program and help people start talking openly again. So, the children can learn how to communicate and exchange their emotions early in their lives."*

These references construct the clinical work as 'relational education' (*"the children can learn how to communicate and exchange their emotions early in their lives"*), drawing on a psychological discourse. It could be argued that this particular discursive construction praises the clinical treatment for contributing to the emancipation of a person who has misused drugs by offering to him/her the subject position of an independent person (*"It was very nice to communicate with other people to exchange our opinions"*). A person who has been positioned as independent prefers to act on his thoughts and feelings while he feels free from others' control.

In the second part of this extract, the participant sees the treatment as an 'alternative educational process' (*"the therapeutic program for drug misuse resolution should be renamed and become part of the schools' educational program and help people start talking openly again"*) that resonates with social discourse. This particular discursive construction seems to offer him the subject position of an educational reformer who wishes to have learned how to communicate and relate to others at the early stage, a person who realizes the importance of expressing one's opinion openly. Furthermore, this person might feel gratitude and be obliged to contribute to the betterment of society by sharing with others the knowledge and the experiences that he has acquired in his life journey in the therapeutic program, which seem to be valuable for a good life.

Another ex-drug misuser (family member 4) replied in the same question by saying:

*"The treatment is like screws stuck in your head. But this is not helpful for the rest of your life. Because since then, when I entered a discussion, I used to believe that I was doing everything wrong. I was responsible for all the mistakes made. Until then, I was stuck in a particular model of how I should live, and I could not easily spread my wings because I was afraid to explore new things. With my family, I still had hesitations, especially with my mother. I kept saying that I had to be very strict with her."*

In this extract, the ex-drug misuse here has shaped the drug misuse treatment as a 'hard process' (*"the treatment is like screws stuck in your head"*) that resonates with social discourse. In this extract, the participant is seen as allocating responsibility to the clinical procedures for living his life with improved safety but without any challenge that might elicit new thoughts and emotions (*"I was stuck in a particular model of how I should live, and I could not easily spread my wings because I was afraid to explore new things"*).

The discursive construction of the drug misuse resolution treatment as an 'out of harm's way' seems to offer the subject position of a confined person (*"I kept saying that I had to be very strict"*) who chooses to be self-restraint to feel safe (*"I used to believe that I was doing something wrong. I was responsible for the mistakes made"*). The participant sees the person who has been positioned in that way as having the ability to keep himself safe within certain limits. Still, on the other hand, he might feel trapped in routine life where he follows a restricted daily sequence regularly that gives him safety but not pleasure anymore.

At the end of the interview with the psychiatrist (clinician 11), I asked him what does he think that finally led a young person to misuse drugs today, and he answered:

*"The essential thing is that you have to work as a clinician with their difficulty or inability to feel something while relating with the others. Sometimes you see that this is a disability that cannot even be repaired. It may be a difficulty that has been related to their adolescence. Instead of building emotional relationships that do not drive*

*them crazy, they usually feel nothing. Today, you see children who cannot feel anything. Sometimes, drug misuse seems to be a solution like viagra often functions in sexual relationships. I do not know if you have seen how they feel since, you know, they use very generic expressions such as 'I was stoned', which covers how they feel. They cannot describe it straightforwardly. But if you further explore it, you see that everyone feels different things. They are not the same, which has to do mainly with their missing parts".*

In this extract, the psychiatrist seems to construct the treatment for drug misuse resolution as a 'predetermined diagnosis' (*"the essential thing is that you have to work as a clinician with their difficulty or inability to feel something while relating with the others", "sometimes you see that this is a disability that cannot even be repaired"*) that resonates with a medical discourse (*"it may be a difficulty that has been related to their adolescence"*). The psychiatrist's construction of drug misuse resolution as a psychological discourse is seen as his attempt to attribute the responsibility of the treatment's results to a drug misuser's emotional numbness (*"sometimes you see that this is a disability that cannot even be repaired"*) as a strategy to possibly defend himself possibly from the emotional pain (*"today, you see children who cannot feel anything"*). This particular discursive construction of drug misuse resolution offers a subject position of an expert, a very knowledgeable person in drug misuse treatment and the psychiatric assessment of the drug misusers, which seems to be the first stage of the treatment process.

When I asked one of the families, "What are your thoughts about drug misuse" the son of the family (family member 9) who has been using drugs in the past entered into the following dialogue with his younger sister (family member 10):

*"Family member 9: A person who does not misuse drugs has nothing to do with the one who misuses drugs. Back then, I was looking to have something in common because I never felt that I had anything in common with my previous friends, and I always turned everything to me, that it was my fault.*

*Family member 10: And today, you also think that you have nothing in common with anyone because you are awesome*

*Family member 9: What?*

*Family member 10: I am saying that your character is still the same. Back then, you had nothing in common for other reasons, and now you have nothing in common for other reasons*

*Family member 9: Yes, but now, I can discuss it. I can manage it.*

*Family member 10: What?*

*Family member 9: Now I can manage it, I talk.*

*Family member 10: Okay, yes, but I'm telling you your character [...] I believe that addiction never gets out of our life. It is what I have understood after all this time. It never gets resolved. The addicted people have a character, a behaviour through which they state that they know everything and tell you about it. They believe that they do everything right, which never changes.*

*Family member 9: The truth is that I also believe this to some extent*

*Family member 10: It is not getting away*

*Family member 9: You cannot change this addictive mentality through two years of drug misuse treatment. The longer you stay in the treatment process, the more you distance yourself from an addictive mentality or other emotional difficulties. The two years treatment is only the beginning. They teach you other ways to manage things or to socialize yourself. You do not need drug misuse since you relate to yourself. As long as you relate to yourself, you will know more or less where the mistake is. That is, you know that this thing is at least harmful for you. So, now, I will go the other way. There is no reason to go through there again since I have seen it."*

In this extract, an ex-drug misuser constructs the drug misuse resolution treatment as an 'inner work in progress' ("you cannot change this addictive mentality through two years of drug misuse treatment"). A discursive construction that resonates with psychological discourse ("The longer you stay in the treatment process, the more you distance yourself from an addictive mentality or other emotional difficulties"). At the same time, it seems to offer a subject position of a 'not normal person' ("I was looking to have something in common because I never felt that I had anything in common with my previous friends). It refers to a person searching for ways to get

along with other people to relieve himself from the burden of unreasonable guilt and work more with himself (*"You do not need drug misuse since you relate to yourself. As long as you relate to yourself, you will know more or less where the mistake is"*). On the one hand, this person might feel unique but alone. But, on the other hand, he is determined and committed to finding ways to refrain from the "addictive mentality" that emotionally detains him from other people, a person dedicated to doing what it takes to make the necessary changes in his life.

However, in the same extract, the drug misuse treatment has been constructed by his sister as something that is 'fallible' ("I believe that addiction never gets out of our life. It never gets resolved") that resonates with social discourse. The participant here implies that the drug misuse treatment has limited effectiveness since drug misusers are persons who think highly of themselves (*"The addicted people have a character, a behaviour through which they state that they know everything and they will tell you about everything. They believe that they do everything right, which never changes"*). The participant here implies that the drug misuse resolution treatment has limited effectiveness to drug misusers and their family members since it is seen as being applied to people who have been positioned as 'know-it all' persons. A person who has been positioned in that way is probably feeling superior to other people. He might use this inner superiority stance as a defense mechanism to hide his ignorance or cover a possible inner void. Nevertheless, he might also need to find something in common with other people and get well along not to feel isolated and possibly sometimes fearful (*"And today, you also think that you have nothing in common with anyone because you are awesome"*).

## **Conclusion**

The participants have seen the construction of 'drug misuse resolution treatment and Greek ethos of homogeneity' as a social discourse that offers an option to drug misusers to reduce the harm they can inflict upon themselves and the society due to their psychological and social enduring disability. Subsequently, in the context of this social discourse, drug misuse treatment seems to offer the clinicians a dual subject position. On the one hand, this particular discursive construction appears to provide them with the subject position of a policymaker and, on the other hand, the one of a

person who puts in action and supervises these policies. Simultaneously, the clinicians have positioned themselves as improvisers who try to help the drug misusers and their families follow a balanced and functional sequence of work, education and marriage, reflecting the imperative Greek 'ethos'. Drug misuse treatment has been further constructed as a social discourse that offers the female clinicians a subject position of a capable and confident professional. Female clinicians are seen as being granted the authority to lead family therapy processes for drug misuse resolution and thus become acknowledged through their clinical contribution. While the social discursive construction of drug misuse treatment seems to position the male clinician as a 'wise man' in whom family members attribute sound judgment, morality, forbearance and social status. In their turn, the family members seem to trust his leadership since his guidance and support have finally resolved the drug misuse issue in their family. Therefore, the drug misuse resolution treatment is further shaped as an alternative educational program that helps families with a drug misuse member learn how to relate and communicate openly. Finally, the discursive construction of drug misuse treatment as a social discourse is seen as an internal process that a drug misuser can accomplish by distancing himself from his addictive mentality and emotional difficulties. However, it is also seen as a 'fallible' work since the drug misusers are usually considered 'know-it all' persons who can hardly move from their superiority stance. However, the participants still believe that they are also people who need to find something in common with others to get close to them and relate.

Trying to explore how drug misuse treatment has been transformed throughout the years, its construction as a social discourse seems to highlight the ultimate triptych of success – job, education, marriage- that supports the already existing power of the Greek familial institution as a united body that reinforces homogeneity in the Greek social structure. Finally, the construction of the clinical treatment for drug misuse resolution as a social discourse that supports harm reduction instead of progress is seen as reproducing people's need for keeping things safe and balanced under the umbrella of its familial institution.

Some other participants have constructed the discourse of 'drug misuse resolution treatment and Greek ethos' as a familial discourse that offers the family members a

reparenting process that supports them in resolving their fused relationships and their codependent positioning in it.

The construction of the drug misuse treatment as a familial discourse seems that reproduces the power of the Greek familial institution. In addition, the construction of the clinical treatment as a psychological discourse seems to balance the vacuum left by the Greek society and subsequently by the Greek family as it concerns the emotional needs of its members and their social orientation. The drug misusers feel as being offered through the treatment a chance to re-position themselves in the Greek society as trusted and responsible persons after having been marginalized due to their drug misuse life.

The worldview reflected through the construction of drug misuse treatment as social, familial and psychological discourse is that of collectivism and conservatism.

## **4.8 Conclusion**

In this chapter, I have presented my findings as they have been identified through the deployment of Foucauldian Discourse Analysis in the interviews I have carried out with the research participants.

The findings point out a gap between what the participants said they had experienced in their relationships within the Greek family and the idealized stories they have uttered for their family relations since the post-war period in Greece until today.

At one pole, family members have positioned themselves in a discourse of an idealized transgenerational family where their daily routines are seen as happening in good manners, peace, togetherness, solidarity, caring, help, and love. In contrast, these routines are carried out by interdependent persons who safeguard the uniformity of the Greek family's relational pattern, which is shaped by the above values. It seems that this particular construction of the Greek family as an idealized institution reinforces the social conformity of the Greek family in its collective identity at the



expense of any differentiation and, by extension, social progression in the name of ensuring their survival.

It can be argued that the construction of the Greek family as an idealized institution reinforces the social conformity of its members. This particular discursive construction seems to form a fallible collective identity that hinders the family members, in the name of ensuring their economic survival, from any emotional and social differentiation that could open new possibilities for their progress and possibly the betterment of the Greek society.

At the other pole, the participants have constructed the Greek family as a political or economic institution which seems to be linked to the Greek family's experience of violent internal migration that has forced its members to work hard to satisfy their need for material gaining. The construction of the Greek family as a 'stronghold for pursuing a material gain' is seen as a powerful means that can secure the family members' survival and then the attraction of others' recognition, acceptance and admiration. On the other hand, the family members' quest for superiority seems to be linked to the financial deficiency that the Greek family has been experienced the years before and after World War II. Furthermore, the construction of the Greek family as a political institution is associated with the participants' viewpoint that the Greek family is a state within the state' that functions as an independent socio-political entity that cannot expect support from the state. This seems to be family members' deep implicit assumption rooted in World War II and the Civil war. The family members have experienced during the 20th century the non-facilitating and caring state for a prolonged period, especially those that have been on the political side that was defeated in civil war.

Following that, the construction of the Greek family as an economic or political institution seems to delineate a self-governed institution where the family members rule themselves and control their affairs without trusting any intervention from any external authority.

Furthermore, the participants have seen the gender differences in the context of the Greek family as influencing the different leadership positions offered to its members.

On the one hand, the male dominance over women has been shaped like the traditional viewpoint of the Greek family functioning. The father's absence seems to be overcompensated by the mother's selfless stance as a dedicated caregiver. On the other hand, male dominance has also been constructed as a peace-loving leadership that offers protection and soothing to the family members. The participants have shaped the men as wise and caring persons after overthrowing their patriarchal throne because of women's gaining economic independence based on their work. In this discursive construction of the Greek family as male dominance, the participants saw the women as subjugated persons who exert their power through their manipulative stance towards their children and a seductive one towards their men.

However, women entered massively into the workforce in the last four decades. That was a significant social change making today's Greek women economically powerful and seen by the participants as the family leader. At the same time, the men seem to be perceived as overthrown from the pedestal of the powerful economic person within the patriarchal Greek family.

Subsequently, within this bewildering context, the participants have highlighted some family members' need to rebel against all these changes. They have seen these family members constructing the identity of 'magkas' as a choice of subversion towards any authority that violates their rights. 'Magkas' positioning seems to be a subverting act that people address to the prevailing culture of sameness that dominates Greek society that supports the overthrow of the prevailing political authority while oppressing those that support the mainstream way of living seems to be supported by the dominant political system.

This kind of familial evolution leads some family members to drug misusers. The participants constructed the discourse of 'drug misuse positioning', a choice made by rebellious family members who need to oppose themselves against the authority figures who have unfairly misused their power over them.

At the same time, drug misuse has been constructed as a 'no man's land where people's need to become securely attached to their significant others during transitional and tumultuous times is perplexed to their alienated feelings and mistrust

towards the fatherless lowbrow Greek family. The participants have linked drug misuse positioning to people's need of being resilient and remain functional by pursuing a 'legalized' short-term gratification during their troublesome everyday lives.

Some family members choose to ask for clinical help to resolve the drug misuse of their addicted members, where they hand out their "Magkia" and their "evil witchcraft" to the therapeutic institution. However, they seem to idealize the clinicians as benevolent, knowledgeable and just parents or a policymaker and a surveillant who tries to reduce the harm of drug misuse in the lives of people who are seen as having some unrepaired disability.

In this discursive construction, drug misuse treatment is seen as an alternative social frame that fabricates confined individuals who can no longer deviate from the Greek social structure of a job, education, and marriage, reflecting the Greek ethos of homogeneity under the umbrella of the familial institution. The clinical treatment is seen as balancing the vacuum left by the Greek society and subsequently the Greek family as it concerns the emotional needs of its members. The drug misusers feel as being offered through the treatment a chance to re-position themselves in the Greek society as trusted and responsible persons after having been marginalized for some years due to their drug misuse life. However, addiction in terms of the Greek family's ethos does not seem to have been yet totally resolved. The discursive construction of drug misuse treatment as something 'fallible' seems to be related to the Greek cultural ethos of superiority which might sometimes cover people's ignorance and inner void.

## **5. Discussion**

### **5.1 Introduction**

This research study explores the prevailing way that families and clinicians are positioned around drug misuse regarding the historical orientation, the cultural background, the social structure and the economic base on which this phenomenon has been constructed in Greece.

According to this aim, the research question has been:

"What are the stories constructed by family members and therapists around the drug misuse story within the family therapy context; how do family members and therapists position themselves, and how they are positioned within family stories of drug misuse?"

Data were collected through four semi-structured interviews with families with a drug misusing member that had already completed the drug misuse treatment, a focus group discussion meeting with five clinicians, and three semi-structured interviews with clinicians. A Foucauldian Discourse Analysis has led to the identification of six discourses: (1) Family as an idealized transgenerational place of belonging (2) Family as a political and economic institution (3) Gender differences and familial leadership positions (4) 'Magkas' positioning as a choice of subversion (5) Drug misuse positioning (6) Drug misuse treatment and Greek 'ethos'.

I intend to present in this chapter the process of the emergence of the meaning around drug misuse in Greece as it has been constructed in the context of this research in the following steps: (1) Family as an idealized transgenerational place of belonging (2) Family as a political and economic institution (3) Gender differences and familial leadership positions (4) 'Magkas' positioning as a choice of subversion (5) Drug misuse positioning (6) Drug misuse treatment and Greek 'ethos'.

## **5.2 Family as an idealized transgenerational place of belonging**

In the findings of this research, the representations that the research participants have formed about family seem to follow Bourdieu's (1998) description of the family system as 'a set of related individuals linked either by alliance (marriage) or by adoption (legal relationship) living under the same roof (cohabitation)' (p.64). They have constructed the Greek family as the first institution where a human being is located from the moment of her birth, which is structured upon kinship relationships, blood relations and marriage or blended families where family members live together by sharing a joint partnership. In other words, the participants have shaped the Greek family either as a biological discourse where the family members are interrelated through blood relations or as an economic discourse where they share common economic interests linked to their living together.

The participants have constructed the Greek family respectively as an idealized institution that runs under the laws of trust and equality. Its members are trained on a relational pattern based on caring, respect, honesty, and sincerity that offers them sufficient bonding to feel securely attached and emotionally supported when needed (Dallos and Vetere, 2009). According to Herzfeld's (1988) argument, the idealized construction of modern Greece can be traced back to the classical ages of Greece, where Greek people rooted themselves. Specifically, he sees this idealized unit of the past as the dominant official discourse upon which Greek family members present themselves to the outside world and possibly, by extension, their idealized families to their neighbours and friends.

Bourdieu (1998) suggests that the concept of the family represents a united body with a sacred mission and an ideal function that acts as a collective subject to protect its members rather than as a group of different individuals with different thoughts, feelings and acts regarding their lives. The research participants described the Greek family as an idealized entity isolated from the external world formed by a transgenerational group with common life and spirit that generates solidarity. It is seen as the most natural category that acts in 'habitus' as the perfect model through a specific relational pattern that governs how the family members get connected to their

significant others inside or outside their family context. However, the Greek family is seen as compressing its members to be alike as one transpersonal person, which aligns with Bourdieu's (1998) idea about family. The idealized family's functioning is presented to be based on the strong family's implicit assumption of bringing love to its members through their shared vision for a life centred around the child's rearing.

The Greek family's interactional pattern seems to have a transgenerational profile that descends from one generation to the next carrying told and untold stories regarding the family members' successes and traumas. Thus, it seems to have the power to shape the family members' actions and feelings in the process of their relational making.

The participants have seen the Greek family as having adopted an ideology of 'famillialism' linked to the Greek culture that prioritizes the family versus society as a separate unit from the social structure. It is seen as an independent entity that can take care of its members rather than leaving the responsibility to the social institutions. It could be argued that this particular discursive construction of the Greek family prioritizes the family needs higher than that of its members. Therefore, I could say that the idea of a homogeneous family implies a shared responsibility among all family members of the Greek family where the actions of one member have immediate consequences in the lives of the other members. However, the Greek 'famillialism' seems to open up opportunities for its members who can benefit from other members' successful actions. Yet, the Greek family's collective character seems to offer family members the subject positions of codependent individuals who work in favour of the family's interests more than their own. The discrepancy between the reality presented and the reality lived within the family system of drug misusers is emerging through the drug misuse 'apocalypses'. Then, the 'emotionally secure familial relationship' is constructed as unstable and even hostile, while the 'warm give-and-take relationship' becomes unveiled. The family members' unspoken feelings and thoughts concerning their 'joint partnership' challenge their "*values of respect and sincerity in life*", and the 'treasure house' of the family's conventional wisdom looks like being empty.

### **5.3 Family as a political and an economic and institution**

Appealing to the real world, the way that the participants have constructed the lived family entity has no resemblance to this idealized Greek family construction. Instead, the participants have seen the Greek family as an economic and political institution that has been influenced throughout the last two centuries by wars, dictatorships, economic disasters, and political disillusionment. Based on this background, the Greek family seems to build its materialistic ideals and decision-making process.

Today, the participants see the Greek family as an entity that operates based on the core value of money-making through savvy manners trying to safeguard its survival and attract others' attention and recognition through its economic success.

Although the participants have formed the idealized family as a separate unit from any other state institution, they see the Greek family as 'a state within a state' to withstand the state's unpredictable and sometimes hostile stance towards a significant percentage of their citizens. Nevertheless, at this point, I recall Bourdieu's (1998) view that family is a social artefact produced by the state to support a specific social order, equated to the dominant idea of normality if someone wants to live an ordinary life. In this view, the Greek family, although it is seen as an independent unit from the state, simultaneously, it is seen as constituting the backbone of Greece's social structure. This notion is based on the participants' construction of the Greek family as a political outcome of the decisions taken after World War II and the Civil War by the allied forces and the ruling class politicians. Decisions that led to the Greek family's violent internal and external migration wave mainly towards the big cities of Greece, Europe, the United States, Canada and Australia. During this emigration period, Greek family members who experienced their aloneness in extreme poverty are seen to be supported by their family members and their fellow villagers to survive.

The participants pointed out the political imprints of the World War II and the Civil War upon the transgenerational Greek family's tissue as a mindset of resistance

against any enemy, local or external, that formed the family members' need for strong family ties and private property as a means of independence.

However, the family members' need for private ownership has been expressed as a political act asking for support that was eventually linked with two opposed political ideologies (Dolto, 2018). Although the participants have described the dividing lines between fascism and communism as transparent in terms of ideology, they have pointed out the reluctance of the Greek family members to commit themselves to a permanent political choice. Following Dolto (2018), the Greek people seemed reluctant to position themselves in a political ideology since they had to defend themselves either by taking a position under the enemy's submission and allying with the enemy to survive or fight the enemy trying to overthrow his occupational regime.

The result of the Civil War for the Greek family was the loss of loved persons and the loss of private property, which had traumatic consequences for all Greek families, regardless of their communist or fascist ideologies. The Greek family members 'learned' since then to communicate without including in their daily conversations stories and feelings related to their traumatic experiences traced back to the years of the war. The stories they share are not seen as having a clear meaning or reference to their personal experiences. In contrast, the family members' conversation seems to be based on 'double talk, gaze and silence'. In other words, the participants see the Greek family's relational pattern as being shaped by their untold stories rooted in their secretive war experiences. However, this Greek relational pattern seems to cause a psychological and social numbness constructed by the heavy emotional burden of unshared sadness, guilt, and mourning beyond their awareness, which usually leads to loneliness and depression.

Under these extreme human conditions, I could further think that the participants' positioning of the Greek family members as 'bigheaded' persons with savvy manners can be better understood through the lens of the Greek family's emotional and economic situation after the two wars. Only a colossal emotional and work effort could allow the Greek family to survive. As Marx (1967) has said, someone cannot understand why each society has a specific way of thinking and acting if we do not consider the economic base of the citizens' living.



Indeed, the untold political stories seem to charge the Greek family members with the needed energy for hard work and prosperity. Moreover, the Greek family members seem to counterbalance their difficulty sharing their, often, unbearable feelings through their tireless work. Therefore, the participants constructed the Greek family as a post-war institution that positions its members as oppressed and deprived persons who needed to work hard to survive post-war Greece's economic and political turmoil. However, the participants said that some family members, especially the young children, experienced a forced detachment from their families early enough since the post-war Greek family could not earn a sufficient income to secure all of its members' survival.

The children in the rural families were considered either a labour force or were leaving the family home too early to earn their living independently. However, today, 50 years after the end of the last dictatorship, the participants see the Greek family members who choose a drug misusing positioning to embody the emotional burden of sadness and guilt that their predecessors have carried since the years of their political and economic deprivation.

At the same time, the drug misusing family members are presented to be confused since they experience a lack of meaning and orientation in their lives as if they have been trapped at the crossroads of Greece's historical and political situation. They are seen as having lost the criteria, the philosophical and psychological equipment to move on with their lives. In contrast, they remain deprived of genuine communication and emotional exchange with their significant others. The participants have implied that drug misusing positioning could be seen as a family member's effort to access the “*family's secrets and untold stories*” that are still active today but hidden underneath the words and the unclear communication and practices of their predecessors.

However, we can understand the significance and appreciation the early postwar family had for the work if we think that only by investing in hard work could the Greek family overcome their economic difficulties and gain a life with dignity and possibly comfort. In other words, besides the exhaustiveness, the 'work' is seen as finally contributing to the Greek family members' identity construction. The members

of the Greek family were hoping that through their work could gain more goods and live with greater comfort while enjoying the acknowledgement of others for their economic success.

Following Bourdieu's (1998) lines that family is constructed as a 'collective subject', the older generation is pictured as being decisive in offering to the new one everything they have been deprived of instead of giving them the chance to create their own life. However, it has been shown by the participants that a family business project is seen as a stronghold for pursuing a material gain by taking advantage of the new generation's knowledge with the prospect of handing them over to their children. Nevertheless, most of the time, they don't know what the new generation desires for their lives and how they can hand the baton of their economic success to them.

Under these economic and political circumstances, the attachment relationships in the context of the post-war Greek family involved different security levels and strategies for coping with distressful war actions and experiences. So, by default, many family members are seen as having developed insecure attachment patterns and difficulties managing their feelings independently (Mikulincer et al., 2003). Moreover, the parents' unresponsive behaviour towards their children's attachment needs has formed a relational pattern sometimes based on emotional shutdown. Therefore, some family members seem to be stuck inside an unspoken loop of a subservient person who works very hard to become wealthy to avoid disapproval or a revival of potential family abandonment due to economic deprivation. Considering these financial circumstances, the participants see the family members as constructing compulsive care-seeking and over-dependency avoidant approaches, trying to refrain from emotional pain that could arise from a loss or a conflict. Therefore, family members' attachment strategies seem to vary from extreme independence to extreme anxious enmeshment with their significant others (Schindler, 2019; Dallos and Vetere, 2009).

The standpoint embedded in the participants' construction of the Greek family as an economic and political institution seems to be related to collectivism. The Greek family is presented as a self-governed community where its members support their independence. The Greek family members position themselves as “*unofficial*

*legislators*” of the family rules concerning their living decisions without permitting any external authorities' interventions in their internal and external family affairs.

#### **5.4 Gender differences and familial leadership positions**

We cannot comprehend the practice of the Greek family institution without considering the way women and men position each other and themselves in their daily interactions and the power relations among them.

Following Engle's (1902) view on the family and Bachofen's (1861) contribution regarding the subversion of the law of matrilineal descent, it is fascinating to realize that 2.500 years after the establishment of the ancient Greek family institution, one can still trace down within the contemporary Greek family the same relational and power patterns. The findings of this research show that the Greek family's traditional organization, established before World War II till the mid-eighties, is seen as being based on the system of patriarchy. Therefore, the traditional family seems to refer to the patriarchal family where the man appears to be positioned as responsible for providing the financial income for the house. By doing so, he also obtains the economic power and thus the social and political power of the family. As a participant has said, "In Greek society, the man is the family leader since he brings all the money and takes back the acknowledgement of his wife".

At the same time, the woman is seen as being trained by the traditional familial system from her childhood when she grows up and gets married to take over the responsibilities of housekeeping, child-rearing, and caring for the extended family members. A mother's statement in this research supports this idea, "I enjoy the role of the housewife", by giving us a picture of a woman who positions herself as if she is taking pleasure in adopting this subjugated position ("the women were very compliant to this male-dominated family structure"). So, the participants have positioned the woman within the patriarchal familial system as an obedient and submissive person who acts under her husband's orders without having any right to fulfil her desires ("the prevailing family culture in which I was born supported that women were

exclusively men's auxiliary tools since they should stand by their husbands' side and help them in everything they were doing").

In this familial context, the woman's fate seems to be her engagement in a marriage with an everlasting commitment. In Greek society, the people's prevailing belief seems to follow the traditional family paradigm, as shown by these words "it was like a joke for a woman to ask for a divorce".

Furthermore, in the traditional family, the father was responsible for choosing her daughter's husband, the reason being the protection of his wealth and his family's social status (Handman, 1990). So, a woman's marriage has been described by a participant as a social event with mainly economic significance, "it was forbidden for women to work independently and choose their husbands by themselves".

On the other hand, the idea of manhood is seen as being socially constructed as a virtue linked with brutality. For example, in a clinician's statement, his father's violent manners seem to be a habit in the family, "my father was hitting us". Still, the father's urge to use violence "to restore order in the family" can be underpinned by his readiness "to take off his belt and beat her". These extracts seem to emphasize the male dominance in the family unit through his violent behaviour.

It is interesting to see how some family members who had participated in the research downgrade the male violence to "nervousness" caused by the pressure and the deprivation that a man is daily experiencing in his social and work life. Yet, at the same time, a clinician describes it as the result of social learning "he has been told that this is the way that he should act like a man, and so he did".

Respectively, another clinician has described men's violent behaviour as caused by his jealousy or his feeling of being powerless in front of the female seduction by stating that "my father hit her since he envied her because she was a charming woman". So, the myth of the dangerous female nature in the context of a male-dominated family and, by extension, to society seems to embody the men's fear of female sexuality ("since femininity and female seduction are powerful characteristics, they often become scary and thus, I was not allowed to express them freely"). A fear that has

been transformed into a legitimate excuse for a man's violent behaviour toward women, which the participants saw as his way to disguise his weakness to relate to them essentially ("The men of my family were not strong at all. They were simply dominant, they had a strong role, but they were fragile people").

However, for a woman who gets married by force without having the right to get educated or work, maternity becomes her lifesaver in the community's eyes ("I cannot do anything without you, my child, I do not have any space without you"). It seems as if the child becomes the only source of emotional nourishment for this scary, insecure and undervalued woman. Her longing for tenderness finds a way out through her relationship with her children.

Therefore, motherhood seems to be, for women, the primary available source of tenderness but, at the same time, the foundation of their power and control over the family affairs since it offers them the authority that they could never exercise in their relationships with the men until that moment. Motherhood looks like it gives women a tool of dominance - in contrast to manhood's brutality - paving an exit road of not being controlled by her husband as a wife or by her father as a daughter. It seems to offer the woman within the traditional family the 'magic wand' that frees her from the oppression that she has experienced as a woman throughout her life (Welldon, 2015). As a participant has pointed out, the woman seems to demand through maternity the respect she has been deprived of as a woman "you should respect her as a mother, as a woman is another story".

However, the mother of a patriarchal family is seen to exercise her power to control her fears concerning the man's aggression by positioning the father as the boogeyman in her story-telling to her child, "eat because your father will come after you or read because your father will come again. Nobody else was coming to put the order in the house when the child had to read, to eat or, let's say to become scared but the father". She is seen as inviting her child to become attached to her since she believes that the only way to feel safe in a relationship with a man is to be with her child.

Subsequently, as an ex-drug misuser stated, the child becomes insecurely attached (Schindler, 2019; Dallos and Vetere, 2009) to his parents since he finally becomes

scared of this mythical creature "I could not sleep if I were not next to my mum because I knew that something bad would happen to me if the bogeyman came".

Therefore, the humiliation and violence a woman has experienced as a daughter and wife under male domination within the context of a patriarchal family before becoming a mother cannot easily be overthrown by the societal praise of motherhood. There are moments, as an ex-drug misuser has pointed out, that the woman tries through motherhood to fulfil her fantasies of power by embracing the violent behaviour she has experienced by the manhood men towards her child "she kicked us, she spanked us, she used to slap me in the face just to hurt me, my mother used to tell me if I could, I would break your teeth, bastard". In the traditional families, often, the woman seems to realize that through motherhood, she could also acquire a dominant role within the family since she has now her child dependent on her, biologically and emotionally. I could say here that women appear to be still comfortable with the view that maintains and perpetuates male superiority. They are seen as exercising their power in a substitute and artificial way when they disguise themselves psychologically in men by consenting to the master's model of male supremacy (Welldon, 2015).

But, what are the chances for this woman to escape her fate by releasing her child to grow up and live his own life? Since she has been a victim of the patriarchy within the traditional Greek family, she later seems to become a perpetrator of dominant acts. The power that she gains through motherhood appears to allow her to secure the exclusivity of her child for her emotional balance.

However, the times have changed, and the old known and traditional, familiar picture of the 'male dominated' family is no longer the rule in present Greek society. In the last 30 years, the Greek woman entered the professional 'arena' successfully with the consequence of her changing her social and economic role and, by extension, the structure and operation of the familial institution. But, today's women are seen as having developed more skills and shouldered responsibilities and duties corresponding to the family leader since they also earn money that they provide for the family living.

Through these changes, the women are described as being harsh by adopting a 'bossy' position within the familial relationships towards the other family members, including their husbands. The participants state that today's women tend to respond "arrogantly or aggressively" to their husbands. At the same time, familial relationships are seen as missing the warmth and the emotional care given by the mother of the previous generation. In contrast, today's women have been described as being skilled in forming "a trade-off type of relationships through blackmailing or threatening to take what they want".

Simultaneously a new form of female rebellion appears in the participants' talk, which is the divorce that now enables the women to set themselves free from the marital bond on their initiative "most divorces are demanded by women today since they can afford it".

The men who experience this kind of female attitude are described as "too fragile to respond to all this". So, men's behaviour is based on gentleness, and they are seen as humble and tolerant, which seems to cover the bitterness that any fallen 'headman' of a family would feel.

Maternity is also seen as being through several changes due to women's assumed professional duties in the last decades. Today, the mother acts as the father of the old times since she no longer has free time to spend with her children. The father's physical absence from the relationship with his children was a common phenomenon in the families of the traditional family. However, nowadays, the mother's physical absence from the relationship with her children seems to be one element of the new 'fathering mother' performance. Suppose someone would like to include her 'bossy' attitude towards other family members in the portrait of today's Greek woman, we can see the emergence of a new hybrid family positioning. A 'patriarch mum' seems to embody the two traditional Greek family roles in one by positioning herself as a 'manhood woman' with 'boogey' and a 'witchy' stance towards the members of the Greek family.

Today the mother's profile is seen as having been influenced by the power and the authority that the working woman has socially gained. However, the participants'

description portrays her as a terrifying mother who has something 'boogey' in her child's eyes. The tension that the mother brings home by returning from her professional duties reminds the boogey- father's aggression that he used to express to the family members in the past. The mother now is the one that her child sees as "the evil witch of the fairy tale", and as a clinician stated, she is not seen, anymore, as "a trustworthy person".

By positioning the mother as a witch, the participant made me think of this word's political and social background in the context of developing capitalism when the disintegration of Community land cultivation in Europe took place. In those days, the 'witch' used to be a poor old woman full of bitterness for her impoverishment and social exclusion after the seizure of her property rights in the cultivation of her land. Trying to resist poverty and social exclusion, this woman was seen as a troublemaker seeking revenge for the injustice she had experienced (Federici, 2019).

However, apart from poverty, a woman's position as a witch by the members of the post-traditional Greek family seems to involve the men's fear of female sexuality since witches have been accused of sexually deviant behaviour. The participant's reference to a woman who appears to be a witch has unpacked the capitalist society's view of the woman as a seductive person who can enchant a man to his neglecting his social, economic and familial obligations. This seems to be why female sexuality has been framed by capitalist societies within the coordinates of marriage and childbearing. Therefore, the 'witch-hunt' that the participant's reference has implied seems to communicate women's obligation to conform to the values of purity, obedience, and submissiveness, as they are traced back to the developing capitalist society (Federici, 2019).

On the contrary, the participants have positioned the post-traditional Greek family' father as a delineated human being who has lost his dominance and brutality in the household. In this context, he seems to have become more approachable and conciliatory towards his children.

At the same time, the children are presented to be willing to get attached to the father to feel the warmth and the calmness they no longer receive through their relationship



with the mother ("For me, the biggest problem in my relations with my parents was my mother... whenever I talked with my father, all were coming in place, and I relaxed.... I was calm when I was hearing him talking, but I was never calm with my mother"). It seems as if the children are willing to support the father to regain his family's lost sovereignty ("for me, my father was the master of the house").

To conclude, I could argue that the usual devaluation of women within the traditional Greek family seems to construct the ground for some women who had harmful and traumatic experiences to counteract by manipulating and abusing their children as an indirect way to get some power. However, traditional society's view and tacit assumptions praising motherhood seem to stem from the story of the holy mother while failing to see the woman as a whole with her emotions, sexuality, and self-actualization needs (Welldon, 2015).

### **5.5 'Magkas' positioning as a choice of subversion**

Under the political and economic conditions formed by World War II and the Civil War, the Greek family is seen as still working hard to secure its property without seeing any prospect of a better life due to the prevailing economic crisis and the fusion of the political system in the 21st century. Simultaneously, they seem to be confused after the Greek family changes concerning the familial gender leadership positions during the last decades without either the men or the women being able to express their feelings emerging from the loss of their traditional positionings linked to the economic liberation of the oppressed women and her gradual takeover of men's dominance during the last decades.

In this context, the Greek family with a drug misusing member is seen as unable to construct a coherent meaning for its members' lives due to its transgenerational untold stories. Especially, the drug misusing members appear to be powerless in establishing a new pattern of genuine communication with their significant others that could enable them to pursue a life as pictured in the idealized Greek family's success story.

Therefore, the drug misusing members of the Greek family are seen as trying to construct a new paradigm for their living "I had a different perception about life" but without any clear direction within this familial and social chaos. The participants have seen the drug misusers as trying to differentiate themselves from the modern materialistic values that the idealized Greek family has suggested.

Nevertheless, the participants have constructed the positioning of 'Magkas' as a choice of insurrection made by the drug misusing family members associated with their suffering of the untold stories caused by the wars and the extreme poverty the predecessors have experienced in the past. These family members seem to be urged to escape from their family's "suffocating" and "violent" environment that has been linked to the Greek family's experience of the "political errors" made after World War II.

So, Magkas' positioning seems to enable some members of both left and right-wing families to get away from an unjust and chaotic integrated system consisting of their own families, the educational system, and the state. In addition, Magkas' identity seems to offer a prospect drug misuser a sense of belonging to a group of free and courageous people with shared ideas of resistance against any political, social and familial onslaught they have experienced. 'Magkas' is described as following his own rules that encompass cunningness and boldness abilities. Yet, at the same time, he is labelled as a rebel against every conventional form of power by showing his manhood through aggression, bullying, and cruelty that characterizes his acting tone.

Magkas' identity seems to have been reconstructed through the centuries but always linked to the manhood "ideal". It's a part of a political and cultural continuum that signifies large groups of social opposition. The word magkas first appeared, denoting a military unit of the thieves. The thieves (Klephts in the Greek language) were formed as anti-ottoman insurgents who participated in the Greek revolution of 1821 and became heroes of Greece's independence. Then, there were the bandits, who were using the same rank and the ideals of thieves. Bandits lasted till the beginning of the 20th century. However, from the end of the 19th century until the interwar, the Greek refugees who came after Asia's Minor catastrophe incorporated the Magkas' values into the Greek cities. It seems like the word 'magkas' has survived within the Greek

language through the years by taking different meanings depending on the context (Tsaknis, 2016).

However, there seem to be four main characteristics that knit the Magkas' manhood ideal from the 18th century until today: honour, masculinity, bullying behaviour that might result in violence, and participation in the community feast. According to Magkas' ideology that was constructed during modern Greek history, these personal characteristics are necessary if one wants to survive and prevail economically and socially. In the Greek revolution, Magkas' mission has been to resist his master and make up for the injustices against him or his relatives. During the interwar period, Magkas' positioning was adopted either by the working-class men, who were seen as arrogant and presumptuous, always ready to fight for their honour or the 'rebetes', a marginalized group of Greek refugees who came from Asia Minor when Greece lost the war with the Turks. 'Rebetes' used to smoke grass, live an unconventional wide boy's life, and they wrote and sang the 'rebetika' songs to reverse the sadness, fear and grief linked to their uprooting from their homeland. The 'rebetika' songs became the primary artefacts of Magkas' cultural identity for both social groups (Tsaknis, 2016).

Therefore, 'Magkas' is a name that usually refers to a symbolic character who fights to defend his honour, social integrity, and independence. In addition, he is associated with values such as a word of honour (*besa*), bravery and pride. He mainly lives within the territory of his subculture, where he manifests a conscious refusal to adhere to the dominant ideology of familial collectivism. Magkas emerges as an idealized model who proposes his system of conduct and ethics with which every underclass oppressed citizen can easily identify himself. However, violence plays a central role in Magkas' code of ethics when he is challenged by an authority figure or acts for punishment and revenge (Tsaknis, 2016).

However, after the 2004 and the Greek economy's collapse that followed, the unequal power distribution and the produced wealth seemed to prevail by influencing the citizens' possibilities for social development and prosperity. At the same time, individualism appeared to replace the ideology of collectivism and comradeship that prevailed since World War II and the civil war until the mid-80s. Simultaneously globalization and neo-liberal political ideas were seen as strengthening individualism.

As a result, personal interest and welfare became far more important than people's interest in caring for society. At the same time, the dominant political discourse promotes the "ideal" of individualism by implying that personal well-being is not fortified and maintained due to a healthy, just and prosperous society. On the contrary, this global discourse seems to advocate that personal welfare and well-being are not even connected with countries' society and their local communities' welfare and prosperity.

Thus, the participants see the globalized neoliberal political ideology and its individualistic "ideals" linked to the prolonged Greek economic recession and middle-class impoverishment. Within these conditions, some family members seem to choose drug misuse as a *Magkas*' last resort for not "blowing up" from the intense social and familial confusion, unfair treatment and pressures for which the drug misusers seem not to understand their rationale, roots, and purpose. So the drug misuser as *'Magkas'* is seen by the participants as a person who struggles to pursue a "challenging and "eccentric" life against the existing political, social and familial status quo.

Nevertheless, he persists in exploring this, yet unknown, life within a bewildering and very often meaningless and drudgery familial and social life. As an ex-drug misuser stated, the *'magkas'* positioning seems to be chosen by the person who has neither support nor direction and feels scared about his life and prospects. Thus, at first glance, *'Magkas'* looks like an "outlandish" yet outstanding person who wanders around aimlessly without any specific purpose "like a waterlily in the ocean".

However, despite their effort to construct a differentiated identity by attaching to the *'magkas'* identity, it seems like they have never tried to develop the necessary skills, for neither pursuing the idealized family life projected by the Greek 'petit-bourgeois' nor following a *'magkas'* ideals. Still, they seem to follow their "instinct" by doing "everything half-assed and shrewdly" to be tolerated by society, family, close relatives and friends. Today's *'Magkas'* identity provides drug misusers with a personal value of someone brave who has "the guts" to fight for his free territory against any authority that "would dare to trespass" in an 'anti-establishment' movement. Furthermore, the idealization of the drug misusing as a *'Magkas'* act presupposes that the drug misuser is ready to rebel against every established form of power and law by showing his manhood through bullying and cruelty.

## 5.6 Drug misuse positioning

So, 'Magkas' positioning seems to be linked to drug misuse positioning since the drug misusers appear to share common elements of "protest and revolution" as a form of self-defense which is considered, however, to be a "primitive" and thus "violent" way of relating to the significant others.

At first glance, drug misuse is seen as a harmless game, "how dangerous can it be? I will control it. It seems quite easy it is not something special", which some participants describe as part of the adolescence process where the impulse prevails. But finally, it is constructed as a process in which the Greek family collectively participates during transitional social, political and economic phases. For example, some family members choose to get attached to a specific substance while dealing with the confused value system and the fear of death that had emerged after the Greek nation's traumatic experience of World War II and the Civil War (Yfantis, 2017). Therefore, the participants see the Greek family as an ailing system where "someone can see completely chaotic or symbiotic relationships where drug misuse comes like a glue to tie things together. Other times, someone sees very contradictory family rules where drug misuse comes to balance this controversial situation".

Therefore, since the family members' fused positioning seems to deprive them of the possibility of being securely attached to their primary givers, drug misuse is seen as a familial bridge in a fatherless place, where the family finally gets organized around its addicted members. At this point, drug misuse seems to be viewed by the participants in the way that first-order cybernetics systemic thinking sees it as a family member's symptom elicited in the context of a familial relational pattern of interaction (Jackson, 1957).

In such a chaotic family environment, some members of the Greek family seem to resort to the shelter of drug misuse to fill the void of the unspoken and still unresolved family issues whose origins might go back three or more generations.

But although drug misuse appears to be connected to people who are seen as bewildered and detached, they are also seen as trying to increase their stamina by pursuing short-term gratification to succeed in remaining functional in their stressful everyday lives. However, while the Greek family's drug misusing members are trying to construct their identity, they seem to act self-destructive "I was sure that if I didn't quit drugs, I would die", and at the same time, in a self-protective way, trying to deal with their personal and transgenerational traumas by freezing their feelings and annoying thoughts.

Some other participants seem to relate drug misuse to the fact that some members of the Greek family never had the chance to get an education that could provide them with adequate knowledge for their social progress and mobility. In this context, drug misuse is seen as supporting the undifferentiated three-generation Greek family system as it has been influenced by the agricultural values that reinforce the interdependency among family members within their extended family system (Weaver, 1997; Handman, 1990).

However, the findings present drug misuse as a specific way of thinking and feeling that expresses "a lack of meaning, emotional void, uncertainty, disappointment, alienation and inner loneliness". The drug misusing family members are seen as counterbalancing their need for emotional security into their attachment to substance misuse due to their lacking attachment strategies to explore further their significant relationships (Dallos and Vetere, 2009; Schindler, 2019). These family members' insecure patterns of attachment which seem to include their difficulty in managing their feelings, often result in their emotional shutdown and thus the suppression of their disturbing and stressful thoughts (Dallos and Vetere, 2009; Lorenzini and Fonagy, 2013). Therefore, drug misusers are presented as constructing their strategy of withdrawing from close relationships through drug misuse by shaping what Bowlby (1969) has called their 'compulsive self-reliance'. The sayings of a participant, "you have to do with the most vulnerable family members that cannot balance it", seem to agree with the literature review, which presents drug misuse as the weakest family members' choice who break down under the weight of a political, social and economic crisis (Matsa, 2017).

However, the findings of this research study show that drug misuse also denotes a specific way of acting related to bravery embodied in 'Magkas' positioning and cunning and manipulative technics related to some women's stance towards the powerful men. Even though some family members are seen as never having met their need for a 'secure base' in early attachment experiences, the combination of 'Magkas' positioning and 'witchiness' seems to construct a coping strategy concerning their distressful experiences. Some people seem to choose drug misuse to join Magkas' culture, which offers them independence, self-assurance and boldness, and the capability to employ the manipulative technics that some women have developed to survive male dominance over the years. Therefore, drug misuse seems to be some family members' choice to defend themselves against all familial transgenerational traumas, economic hardships, chaotic familial situations, and the educational, social and political oppression they might face in their daily life.

Surprisingly, some interesting findings disclose a 'degenerated Magkas'. Instead of "breaking free" from their emotionally and socially bewildered family, they have chosen to remain at home and misuse drugs in the comfort that a familiar environment provided them without challenging any social and familial status quo. A participant was very elaborative when she described today's drug misusers "the profile of the drug misusers has changed, they have become more like mamma's boys, they stay at home, and their parents give them the money to take the drugs or go with them to buy them".

The research also pointed out that a drug misusing position today seems to align with the individualistic ideals of our times when he said that people misuse drugs either to relax from their intense way of living or to remain functional under these stressful circumstances. Here are the participant's pertinent words: "In the past, drugs gave some euphoria to the people who were misusing them, but now people take drugs to be calmer, relaxed and functional". In these cases, it seems that the political system is seen as overlooking some people's illegal habits if they could still be effective and productive.

Finally, the participants see drug misuse as related to some family members' eagerness for life" and their need to reinforce their identity as powerful and dynamic

persons who have increased stamina to survive under these harsh and stressful circumstances for an extended time. It is presented as a positioning that combines the ideology of 'magkas' and the technics of the 'evil witch' woman that enables them to rebel against the familial, social and political oppression, thus confronting any power figure that might harm them.

Therefore, the drug misuser is seen as taking a powerful position that revitalizes a whole worldview that supports the denial or the uncostly escape of submission. One of the most interesting findings seems to be that "evil Magkas" is also surrounded by people who use the same strategy throughout their life to pursue their individualist dreams and achieve their wellbeing, even if they have never misused drugs.

## **5.7 Drug misuse treatment and Greek 'ethos'**

The participants see the Greek family functioning in a chaotic and confusing context, formed on the one side by globalization and its individualistic ideals and on the other by the continued local recession that creates the family members' "rebellious" stance towards the state, which is seen under the surveillance of the European Union.

On top of this situation, the traditional Greek family's male dominance has been seen as cheering a new leader in the last decades. According to the participants, the woman appears to incorporate in her new positioning both the dominant male characteristics and the female cunningness and manipulative techniques she used to apply to survive and overcome the patriarchal familial and social institutions in the past. Yet, this 'new' Greek family construction still maintains its transgenerational and collectivistic character that embodies its untold war traumas, hard feelings and violent actions, which some family members are seen as choosing to subvert by adopting 'magkas' positioning through their drug misuse.

Therefore, some Greek families end their unspoken transgenerational stories within these unprecedented circumstances with the loud, bewildering and 'topsy-turvy' drug misuse positioning. These families might decide to ask for help to relieve their members from their dangerous withdrawal to a marginalized, rebel yet shrewd, but



sometimes uninformed, positioning against familial, educational, social and political institutions.

Then, both family members and drug misusers seem to surrender their savvy 'magkia' and plea to the clinicians to assume the responsibility of their custody so that the drug misusing members find a way out of their ostracized and 'insubordinate' settler. As a mother stated, "I expected someone to show me the way".

However, the participants see drug misuse treatment as a regulatory agency aiming to offer a reparenting process to the Greek family members' fused relationships where drug misuse seems to become the central theme based on which their family life gets finally organized (Steinglass et al., 1987). Indeed, the research findings highlight the homeostatic character of drug misuse. The participants have constructed it as a repetitive and stereotyped pattern of behaviour around which the Greek family gets organized during economic, socially and politically unstable periods that provoke uncertainty linked to awakening their traumatic transgenerational stories.

Although the Greek family who had a drug misusing member recognized its need for support from the therapeutic institution, "we needed to go somewhere and find help" simultaneously, the family members saw the clinicians as policymakers and then surveillants of these policies. At the same time, they seem to feel ashamed to share their transgenerational untold stories and current relational and economic difficulties that are all condensed within their drug misuse situation. Still, the family members of the drug misusing family initially appear reluctant to dismantle their lives' functionality that has arduously been achieved in their endeavour to overcome their transgenerational familial traumas and their life's hardships. Additionally, starting a therapeutic program makes them feel exposed and unprotected, especially when the clinicians gradually urge them to lay down their weapons of "magkia" and the manipulative astute manners they have developed in their struggle to survive and build their lives.

Possibly the reason for the rigid hierarchical structure of drug misuse treatment and its daily operations is to oblige the drug misusers under treatment to 'surrender' temporally their "magkia" to specific therapeutic rules aiming to pursue a drug-free

life by reconstructing their "whole addicted worldview" and abandoning their cunning manners.

In these therapeutic institutions, the drug misusers' obedience to the clinical rules seems to be the prerequisite for repudiating the ideology of materialism and individualism upon which drug misuse has been constructed in Greece (Sugarman and Zafeiriadis, 1990). However, an interesting finding presents the clinicians who set these rules as embodying, in their turn, the culture of 'Magkas'.

The idea of "magkia" seems to be equated with the notion of power. On the one hand, the drug misusers are seen as having the power of rebels with violent behaviour. On the other hand, the clinicians seem to have the power of policymakers and surveillants. Therefore, both drug misusers' and clinicians' positioning seems to be directly related to Foucault's concept of power. Foucault (1988) approaches power as an everyday embodied situation that runs through political, economic, social, cultural and familial institutions by forming a string that penetrates them. He argues that power is strongly associated with knowledge around which specific discourses are constructed within these institutions and establishes a regime of truth that functions throughout the society as the absolute truth (Foucault, 1978).

In addition, the clinicians have positioned themselves as improvisers of a self-supporting therapeutic process that involves regulations that ensure its orderly functioning and then help the drug misusing family members to follow a drug-free life through getting work, education, and marriage. So, the findings show the clinicians' and family members' agreement with the Greek society's privileged regime of truth concerning the triptych of work, education and marriage as a specific technique of power that promotes normality and enhances homogeneity, which is controlled, organized, and distributed by the drug misuse treatment agency.

Within this therapeutic power context, some clinicians have positioned themselves as the experts to whom the Greek family has delivered the baton of power to diagnose its drug misusing as a psychological disability. This positioning seems to follow the dominant discourse of the American Psychiatric Association through DSM-5 (2013), which defined substance misuse as a 'disorder' associated with substance misuse for

non-therapeutic or non-medical effects. However, this position seems to have the power to lead an individual to become tied to the identity of a drug misuser and the psychological impairment involved in that (Campbell, 2006). Therefore, in this perspective, the findings show that drug misuse treatment seems only to reduce the harm that the drug misusing members of the Greek family can inflict upon themselves and the Greek society due to their enduring disability and maladaptive behaviours over a long time. However, the power involved in the dominant discourse of 'disability' within a therapeutic relationship may leave out of the therapeutic conversation the attributes, social and personal abilities the drug misusers might accept of themselves and others possibly recognize in them. Since such a dominant discourse may have the power to limit the boundaries of an individual's identity within a therapeutic relational context, it seems like a moral act that could be further explored concerning the adverse effects of drug misuse treatment in practice (Campbell, 2006).

Moreover, Foucault believed that the subject is not some substance that can be moulded within a particular subject position. On the contrary, he supported the idea that each subject actively constructs her own identity through the practices imposed upon her by a specific society and culture (Foucault, 1994). It is a form that cannot remain identical to itself since nobody is seen as having the same type of relationship with herself as a political or a sexual subject since she is establishing a different relationship with herself in each case.

The research findings seem to support Foucault's ideas since drug misuse treatment is presented as staffed by clinicians who are also members of the contemporary transgenerational Greek family. As a result, the clinicians have positioned themselves as witnesses of the same disorganized and chaotic relationships in their own families. In addition, they state that they have also experienced some form of addiction in their own families, such as "internet addiction, food addiction, alcohol addiction". In other words, clinicians are seen as having a different type of relationship with themselves and others when they position themselves as clinicians of the therapeutic community. At the same time, they seem to establish a different relationship with themselves and their family members when they position themselves as members of their family of origin.

Regarding the female clinicians' positioning, participants have seen them as being empowered through their clinical contribution to drug misuse resolution. However, the clinicians said that the drug misusing members of the Greek family had positioned them as overprotecting and controlling mothers, which seems to be in line with their family cultural system experiences (Harre and van Langenhove, 1999). Positioned in that way, the female clinicians have struggled with the drug misusers' feelings of devaluation and aggression towards them, just like the woman of the male-dominated family has experienced throughout the years in Greek society. But, on the other hand, the male clinician is seen by the Greek family members under treatment as the 'wise man' whose leadership they trust for their drug misuse resolution, just like the leadership of the father traced back in the patriarchic family.

To conclude, the findings have shaped 'magkia' and cunningness as the emergent mechanisms that fuel the ontology of drug misuse, which is finally seen as a more complex, dynamic and relational phenomenon than a psychological 'disorder' influenced by culture, language and politics (Bhaskar, 1975). This idea seems compatible with some participants' construction of drug misuse as something that can be resolved in treatment, and thus drug misusers finally run a drug-free life. However, the cultural inscription of the shrewd 'Magkas' positioning - as sculptured by the dominant political system, economic havoc, and untold familial traumas- seems indelible in the archives of the Greek transgenerational family system whose members still try to achieve social status. As a participant has stated, "I believe that addiction never gets out of our lives. It is what I have understood after all this time. It never gets resolved. The addicted people have a character, a behaviour through which they state that they know everything and tell you about it. They believe that they do everything right, which never changes."

## 5.8 Reflections on my research study

My research interest has been focused on exploring how family members and therapists position themselves on drug misuse.

The strength of this research study lies in the unpacking of the drug misuse positioning as a construction of the rebellious political figure 'magkas' that has been being lasted for several centuries within the Greek language and history until today. Furthermore, this revolutionary identity embedded in a family member's drug misuse positioning seems to have been enriched with a woman's astute powers, which she has employed throughout the years to overcome the male dominance in her social and family life. Yet, the strength of this study seems to be linked to the finding that the traditional patriarchal throne remains intact in the modern Greek family; however, it appears to be occupied today by a "female king".

'Magkas' identity seems to be related to the drug misuser's need to revolt against any authority that misuses its power over him. But, on the other hand, the 'evil witchcraft' seems to be embodied in the drug misuse positioning to ensure the drug misusers' survival in today's chaotic and confusing economic, social and political situation.

The second significant finding of this research study is related to drug misusers' delivering their 'magkia' and 'witchiness' to the therapeutic institution for drug misuse resolution in the name of their drug misuse resolution. So, the drug misusers and their family members are willing to follow the new policies that the clinicians enforce on them and then surveil them throughout the therapeutic process. However, the therapeutic institution rules seem to stem from the same complex grid of historical, social, economic, political, and cultural powers that have constructed the Greek 'magkia' and 'cunningness' on which the Greek family has built its drug misuse positioning.

Although some drug misusers succeed in drug-free life through their participation in a drug misuse treatment, their addictive mentality which embodies the Greek 'ethos' of 'magkia' and 'cunningness' is not seen as being yet resolved.

As it concerns the weakness of this research study, I would say that it involved a small sample size that was also considered local since it was based in Athens. I would say that this small sample could support the depth of my case-oriented analysis but maybe is not adequate for the generalizability of the study's findings.

At the beginning of my designing this research project, I had the dilemma of whether I should interview the families who had completed their treatment, although I had previously been involved as a systemic clinician in their treatment or the families still under treatment. However, since the interview process was considered an intervention that might disturb the drug misusers' and their family members' therapeutic process, I interviewed only the families who had already completed their treatment.

Nonetheless, I must say that my clinical experience and the good therapeutic relationship I had with these families finally facilitated the data collection process concerning the participants' expressing openly some 'sensitive topics' linked to their drug misuse experience. As it concerns the clinicians, our mutual interest in drug misuse resolution through the years of our clinical teamwork and the further research in drug misuse treatment has resulted in their opening during the focus group interview process.

The challenge for conducting a research study in drug misuse resolution treatment where I had been clinically involved as a systemic family therapist for eleven years has been my producing innovative knowledge concerning systemic practice and drug misuse treatment beyond my already shaped ideas for systemic therapy in this clinical area. So, the deployment of Foucauldian Discourse Analysis on the collected data from the participants' interviews enabled my exploration of the mechanisms of historical, social, political, economic and cultural powers that govern some Greek family members' drug misuse positioning within the given local familial and therapeutic institutions.

With the benefit of hindsight, having completed this research study, I would choose again to analyze my collected data through Foucauldian discourse analysis since it enabled the unpacking of the historical, social, political and cultural origins of the meaning of drug misuse in Greek society.

However, I would like to trace the research process further by setting a focus group discussion meeting to ask for the participants' reflections on my analysis of the meaning of their drug misuse positioning, which I could then analyze through the methodological tool of Discursive Psychology (Potter and Wetherell, 1987).

## **5.9 Implications for clinical practice, training and supervision**

The systemic clinical practice in drug misuse treatment, based on -first-order cybernetics, has challenged a long time ago the viewpoint of drug misuse as an individual psychiatric disorder by framing it as a symptom generated by a family's relational pattern (Jackson, 1957). During the early 1980s, the 'second-order cybernetics' systemic practice (Von Foerster, 1992) shifted the clinical focus from the family's symptom of drug misuse to the idea of a drug misusing family. So, the systemic therapists moved from the expert's position by reflecting now upon their prejudices on drug misuse. As a result, the drug misuse treatment became a collaborative meaning-making process between the therapist and the drug misusing family.

Then, drug misuse treatment under the paradigm of social constructionism (Burr, 2003) emphasized the drug misusing family's dominant discourses around drug misuse since language is seen as shaping the world its family members live in but always within a particular historical, social, political, economic, and cultural context.

The present research findings shaped under the critical realism paradigm (Bhaskar, 1997) suggest a systemic clinical practice that could partially transcend social constructionism's relativism by focusing on the ontology of drug misuse positioning as a 'real' and measurable event located outside of our ideas about it. Bhaskar (1975) has argued that there are three domains in reality. So, the systemic therapist is encouraged to explore the historical, political, economic, social, and cultural structures and mechanisms that fuel the emergence of a family member's drug misuse positioning in the domain of 'real'. Then she could explore the actual dimension of drug misuse as a family member's act in the domain of 'actual'. Finally, the systemic therapist may explore how different people experience drug misuse in the empirical domain. Thus, considering that the meaning of drug misuse positioning may vary in

different familial contexts, the systemic therapist needs to be aware that the construction of the meaning attributed to drug misuse is considered socially constructed and culturally situated (Pocock, 2013).

The research findings could also enrich the systemic training in drug misuse treatment by elaborating that 'drug misuse' positioning, like any event following Bhaskar's theory (1975), seems to be differentiated into three levels. The first is the actual level which refers to the fact of a family member's drug misuse positioning. The second level involves the historical, social, political, economic, and cultural mechanisms that are seen from the standpoint of critical realism as interacting powers generating a family member's positioning of drug misuse, although the systemic therapist or the family members cannot see them directly. Finally, the third level is the empirical level associated with how the drug misuser, the family members and the clinicians experience drug misuse and then co-construct their meaning of drug misuse positioning, which is seen as being historically, socially and culturally situated each time. The differentiation of these three levels would enable the trainees to have a map of three domains that they need to explore while trying to understand the complexity involved in the emergence of a family member's drug misuse positioning.

In addition, the implications of these research findings in a systemic supervision model that embodies the theory of critical realism could enable the supervisee's awareness of the historical, political, social, economic and cultural powers that produce the phenomenon of drug misuse positioning she brings into the conversation. Exploring the mechanisms that have generated a family member's drug misuse positioning might elaborate on the similarities or the differences concerning the powers that have constructed the supervisee's clinical positioning on drug misuse in a given cultural and social order.



## **5.10 Implications for drug misuse policy and service development**

The research findings could also have implications in today's drug policymaking. For example, according to Stevens (2020), the drug policies today seem to be mainly constructed under the theories of radical constructionism and successionism, a qualitative method used in data science.

However, as he has stated, the drug policies formed under a radical constructionism theory are seen to have a 'normative' character, although they are based on radical constructionism's 'blurred' picture of social, political and cultural relativism. In addition, the successionist view of causation seems to identify the concurrence of two or more possible variables related to drug misuse but without exploring the emergent mechanisms that seem to produce drug misuse meaning and thus lead to the production of meaningful drug policies.

On the other hand, the research findings constructed under a critical realist theory could exemplify how Greece's historical, political, economic, social, and cultural structures may generate a family member's drug misuse positioning. Therefore, exploring the causal laws that construct drug misuse positioning might enable designing more applicable and effective drug policies. A new set of drug policies informed by the historical, social, political and economic structures embedded in a family member's drug misuse positioning might allow drug misusers to react in a more productive way instead of being marginalised for choosing the subversive act of drug misuse.

Finally, following the evolution of the systemic theory, I could say there have been many changes in the different therapeutic program's philosophies, treatment approaches, therapeutic techniques, and overall services to drug misuse throughout the years.

However, possibly it would be a good idea to turn back the time to the philosophy of Synanon, the first drug rehabilitation program in history. Its philosophy was based on the premise that since a 'sick' society gives birth to drug misuse, it cannot provide

effective therapy to drug misusers. But mainly, it does not make any sense to send a drug misuser back to such a sick society after her treatment (Sugarman and Zafeiriadis, 1990).

Having that in mind, I could say that the research findings could give new insights into the need for further service awareness since they are seen as institutional practices that have the power to control, organize and distribute the dominant discourses about drug misuse. Therefore, a supervisory team trained under the critical realist theory could enable the exploration of the social, political, economic and cultural contexts in which the institutional services for drug misuse treatment are also involved and thus enhance their reflexivity awareness concerning their co-responsibility in producing specific knowledge that functions throughout society as the absolute truth concerning drug misuse.

### **5.11 Thoughts for future research**

Having completed this research, I am thinking about the areas that are possibly related to the Greek family members' drug misuse positioning, which I did not have the chance to explore further in my research study.

For example, the participants' construction of the female seductive and “witchy” behaviour in their discourse on 'Gender differences and familial leadership positions' seems to open the space for further research opportunities concerning the linkage between drug misuse positioning and the Greek family's construction of female sexuality. Considering that female sexuality having been heavily influenced by several religious and superstitious practices throughout the years, I would be interested in exploring the gender power games through the lens of sexuality and the linkage of these superstitions with drug misuse positioning within the Greek social context.

In addition, the participants' construction of the "Greek family as a political and economic institution" made me realize that this study's participants mainly came from the working class and the 'petite bourgeoisie'. So, I think it would be interesting to further explore the meaning-making attributed to a family member's drug misuse

positioning by other participants who belong to the 'ruling class' and the 'bourgeoisie'. In other words, I would like to look into the differences and similarities between participants' constructions coming from different socio-political backgrounds on drug misuse positioning.

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# Appendix 1

## UEL - Ethical Approval

EXTERNAL AND STRATEGIC DEVELOPMENT SERVICES

uel.ac.uk/qa

Quality Assurance and Enhancement



10 August 2015

Dear Evangelia

<b>Project Title:</b>	<b>"Ever-emerging meaning: An exploration into the way in which families and therapists position themselves in stories of drug use".</b>
<b>Researcher(s):</b>	<b>Evangelia Zafeiropoulou</b>
<b>Principal Investigator:</b>	<b>Dr Karen Partridge</b>

I am writing to confirm the outcome of your application to the University Research Ethics Committee (UREC), which was considered at the meeting on **Wednesday 23<sup>rd</sup> July 2014**.

The decision made by members of the Committee is **Approved**. The Committee's response is based on the protocol described in the application form and supporting documentation. Your study has received ethical approval from the date of this letter.

Should any significant adverse events or considerable changes occur in connection with this research project that may consequently alter relevant ethical considerations, this must be reported immediately to UREC. Subsequent to such changes an Ethical Amendment Form should be completed and submitted to UREC.

### Approved Research Site

I am pleased to confirm that the approval of the proposed research applies to the following research site.

<b>Research Site</b>	<b>Principal Investigator / Local Collaborator</b>
Theseus agency premises, Athens, Greece	Dr Karen Partridge

### Approved Documents

The final list of documents reviewed and approved by the Committee is as follows:

<b>Document</b>	<b>Version</b>	<b>Date</b>
UREC application form	3.0	07 July 2015
Participant information sheet	2.0	25 June 2015
Consent form for participants	2.0	25 June 2015
Permission from Scientific Director of agency	2.0	25 June 2015
Recruitment advertisement	2.0	25 June 2015

Docklands Campus, University Way, London E16 2RD  
Tel: +44 (0)20 8223 3322 Fax: +44 (0)20 8223 3394 MINICOM 020 8223 2853  
Email: r.carter@uel.ac.uk



**EXTERNAL AND STRATEGIC DEVELOPMENT SERVICES**

[uel.ac.uk/qa](http://uel.ac.uk/qa)

Quality Assurance and Enhancement



Approval is given on the understanding that the [UEL Code of Good Practice in Research](#) is adhered to.

**Please note, it is your responsibility to retain this letter for your records.**

With the Committee's best wishes for the success of this project.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'R. Eccles'.

Rosalind Eccles  
University Research Ethics Committee (UREC)  
UREC Servicing Officer  
Email: [researchethics@uel.ac.uk](mailto:researchethics@uel.ac.uk)

## Appendix 2

### Clinical agency - Ethical Approval



Δήμος Καλλιθέας



Σωματείο ΘΗΣΕΑΣ  
Για την αντιμετώπιση  
της τοξικοεξάρτησης

Kallithea , 19 April 2022

Ref.No.: 4483

**Subject:** Granted approval for a research study within our agency to Evangelia Zafeiropoulou

We confirm that our administrative council, and the scientific director have approved, in the meeting of June 2017, to Mrs Evangelia Zafeiropoulou to conduct a focus group meeting and some interviews with the clinicians that work in our agency and the families that have completed their addiction treatment program, after obtaining their informed consent for their participation.

Her doctorate research project has been studied under the research question: "What are the stories constructed by family members and therapists around the drug misuse story within the family therapy context; how do family members and therapists position themselves, and how they are positioned within family stories of drug misuse?". We are informed that the design of the focus group and the interviews have been designed under the supervision of Tavistock and Portman NHS and East London University in the context of her doctoral programme.

Managing Director

Apostolos Daskalopoulos



Scientific Director

Andreas Athanasopoulos

Αραπάκη 33, Καλλιθέα 17676,

e-mail: somatiotheseas@yahoo.gr Τηλέφωνο: 210-95.87.117, FAX : 210-95.91.282

## **Appendix 3**

### **Recruitment advertisement letter**

#### **Opportunity to Participate in Research**

“How family members and therapists understand and give meaning to their stories about drug use within the therapeutic context”.

I would like to invite you to participate in a research project that intends to explore the way family members and therapists understand and give meaning to their stories about drug use within the therapeutic context.

Your participation would be most appreciated and valued. Should you decide to participate, I thank you very much in advance and hope it to be a rewarding and pleasant experience.

I intend to invite families and clinicians to re-visit their stories around drug use; this could potentially but not necessarily stir up your feelings in relation to these stories. However, this will be done with a focus on your resources and with sensitivity. I think that telling your stories in this way could also be enlightening and meaningful for you. However, you can withdraw at any time without giving a reason or you can be referred for a debriefing session. Participation is voluntary and confidentiality assured. It is up to you to decide whether or not to take part. If you decide to take part you will be asked to sign a consent form. If you choose not to participate it will involve no penalty or loss of benefits to which you are otherwise entitled. Choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to read the following information carefully. Ask me if there is anything that is not clear or you would like more information.

## **Purpose of Study**

This research study intends to add knowledge within the field of systemic family therapy and ‘drug use treatment’ that might enrich the therapeutic approaches for drug use resolution. The research data of this study intend to shift the focus from drug use as an individual’s disorder to the exploration of the stories that families and clinicians make around drug use according to their own beliefs and understanding.

## **What does the study consist of?**

- The study consists of one research interview meeting for each family in order to explore their beliefs and norms on which they build their stories about drug use in their everyday interaction.
- The study also involves one group discussion meeting with the clinicians in order to explore the way that they contribute to the new construction of families’ stories about drug use by relating to their own personal and professional beliefs and understanding.
- Finally, a larger group meeting will be taken place where all families and clinicians will participate in order to add their own comments on the research findings before the final research outcome.

## **Why should you participate?**

Taking into consideration that in professional clinical and academic language drug use has been many times conceptualized as an individual’s problem that is woven into the family’s daily life your participation in this research study will contribute in the exploration of an alternative way for clinical practice in regards to drug use resolution. You will contribute in adding knowledge that will possibly shift the

therapeutic focus from drug use as an individual's disorder to family members' and clinicians' relational meaning-making upon drug use.

### **Confidentiality**

Any information you give will be treated with strict confidentiality. Any responses you give which can be used to identify you will be anonymised. Data will be stored securely and only accessible to the researchers, and any hard copies of your responses will be anonymised and kept in a locked room only accessible by the researchers. If any results of these experiments are published or reported, it will not be possible to identify you from the reports.

### **Informed Consent**

If you decide to participate in this research study, you will be asked to fill in a consent form indicating that you agree to take part in the study. You are still free to quit the study at any point if you wish to do so, by exiting the research. There will be no follow up if you decide to quit the study, and you do not need to tell us why.

### **Who is doing the study?**

The study has been designed and it will be conducted by Evangelia Zafeiropoulou within the context of her Doctoral programme in Tavistock Clinic / UEL

### **Ethical approval**

This project has been reviewed by, and received ethics clearance through, the University of East London Research Ethics Committee which awards the Doctorate programme in Tavistock Clinic, as well as by the scientific director of the 'Odysseus' organization where the research study will be applied. Maintenance of confidentiality of information is subject to normal legal requirements.

## **Further information**

If you have any questions about the study, please contact the researcher Evangelia Zafeiropoulou.

Evangelia Zafeiropoulou

Phone: (30) 210 6729454

Address: Themistokleous 50, Neo Psychiko 15451 Greece

Email: [evelin-z@otenet.gr](mailto:evelin-z@otenet.gr)

For further information concerning this research study you may also contact:

Catherine Fieulleateau, Ethics Integrity Manager, Graduate School

EB 1.43 University of East London, Docklands Campus, London E16 2RD

Telephone: 020 8223 6683

Email: [researchethics@uel.ac.uk](mailto:researchethics@uel.ac.uk)

## **Appendix 4**

### **Information sheet for prospect research participants**

#### **Information sheet for prospect research participants**

“How family members and therapists understand and give meaning to their stories about drug use within the therapeutic context”.

#### **1. The purpose of this letter**

The purpose of this letter is to provide all necessary information you need to decide whether or not you would like to participate in a research study that aims to provide original knowledge within the field of systemic family therapy and ‘drug use treatment’ that might enrich the therapeutic approaches for drug use resolution.

#### **2. The Researcher**

The researcher of this study will be Evangelia Zafeiropoulou under the supervision of Tavistock Clinic / University of East London within the context of my Doctoral programme.

#### **3. Research Description**

The aim of this research study is to explore the way that family members and therapists understand and give meaning to their stories about drug use within the therapeutic context. This research study will be focused on family members’ and therapists’ discourses in order to explore their beliefs and feelings in regards to drug use.



#### **4. Explanation of what the participants will be asked to do**

Each family will be asked to participate in one research interview that will be video-taped and transcribed by the researcher. The interview discussion will be based on family members' stories around drug use.

Clinicians will be asked to participate in a group discussion meeting that will also be videotaped and transcribed by the researcher. The discussion will be based on clinicians' stories about drug use according to their professional background.

All families and clinicians will be asked to participate together in a larger group meeting of 1 hour in order to comment on the research findings before the final construction of the research outcome.

#### **5. Location**

All the meetings with the participants will be hosted at the "Odysseus" agency's premises.

#### **6. Confidentiality of the Data**

All data will be treated confidentially according to the Law on Personal Information. This means that the researchers will have to abide by rules of confidentiality with regard to all personal information collected. The data will be anonymized and destroyed after the completion of the research project. Data will be pseudo-anonymized in any kind of publication that will arise from the research in national and international professional journals and in presentations at professional conferences.

## **7. Disclaimer**

It is voluntary to participate in this and you are free to withdraw at any time during the research process. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

## **9. Remuneration**

The participants will not receive any payment for their participation in the research.

## **10. Description of any after-care which might be required**

If you need any further support after the interview process you will have the choice of being referred either to another clinician of the “Odysseus” agency or to another counselling service.

Kind regards

Evangelia Zafeiropoulou

Systemic Family therapist

Doctoral Student at Tavistock Clinic/ East London University

## **Appendix 5**

### **Consent form for participants**

#### **Consent form for participation in a research study**

“How family members and therapists understand and give meaning to their stories about drug use within the therapeutic context”.

I hereby freely and fully consent to participate in the research study that intends to explore the way that family members and therapists understand and give meaning to drug use. I have been informed that the research will be conducted in the context of a Doctoral programme awarded by Tavistock Clinic /University of East London.

I have read the information leaflet relating to the programme of research in which I have been asked to participate and I have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what it has being proposed to me as a participant and the procedures in which I will be involved and both they have been clearly explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen with the research data once the research study has been completed.

I hereby also consent for the information obtained to be used in relevant research publications.

Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

EVANGELIA

ZAFEIROPOULOU.....

Researcher's Signature

.....

Date:.....

## Appendix 6

### Interview guide for families

1.
  - a) What kinds of thoughts do you have around drug misuse in Greece?
  - b) What other people, friends and relative think of drug misuse in Greece?
  - c) What kinds of thoughts have you had in relation to your family member's drug misuse?
2.
  - a) What are the feelings and emotions you have had around drug misuse?
  - b) How these feelings and emotions have influenced your positioning in drug misuse?
  - c) Have you deliberately at any time chosen a different way of positioning yourself in drug misuse?
3.
  - a) Do you have any myths about your family and familial relationships?
  - b) What kinds of emotions are evoked in these familial (myths) relationships?  
Does everyone feel the same? Why/ Why not?
  - c) Do you have a prevailing way to think about yourselves within your family context?
4.
  - a) What are the rules that form the relationships between genders within your family?
  - b) What kinds of privileges do men/women have within your familial relationships?
  - c) Which are the ways you think/feel about yourselves in relation to your gender roles in drug misuse?
5.
  - a) What are the rules that form the relationships between the old and the young family members within your family?
  - b) What kinds of privileges do older/younger family members have within your family?
6. What do you think leads to drug misuse the younger family members?

## **Appendix 7**

### **Interview guide for clinicians**

1. What do you consider to be the characteristics of a family system?
2.
  - a) Do you have a myth about your family and familial relationships?
  - b) Do you have a prevailing way to think about yourselves within your family context?
  - c) What kinds of emotions are evoked in these familial myths? Does everyone feel the same? Why/Why not?
3. Are the families you see within the therapeutic agency of drug misuse treatment that you work similar or different to yourselves? In which way? To what extent?
4.
  - a) What kinds of thoughts do you have about drug misuse?
  - b) What kinds of thoughts other colleagues, outside the therapeutic agency have about drug misuse?
5.
  - a) What are the feelings and emotions you have had about drug misuse?
  - b) How these feelings and emotions have influenced your positioning in drug misuse?
  - c) Have you deliberately at any time chosen a different way of positioning yourself in drug misuse?
  - d) How do you think the families you work with position you as a clinician in the therapeutic relationship?

## Appendix 8

### Focus group and Family interview schedule

Family Interviews		Focus group with Clinicians Interviews with Clinicians	
3/7/2017	Family 1	24/7/2017	Focus group
10/7/2017	Family 2	26/7/2017	Interview with clinician
17/7/2017	Family 3	28/7/2017	Interview with clinician
21/7/2017	Family 4	31/7/2017	Interview with clinician

## Appendix 9

### Extracts from the focus group and family interviews

#### 1<sup>st</sup> extract – family interview

(I: interviewer, F: father, S: son, D: daughter, M: mother)

*I: Do you have any rules in your family life?*

*F: Rules? The rules are to finish their studies so that everyone will find their way because we need to take different directions at some point*

*S: Okay, of course, the truth is that my sister still believes that many things are given in our house like cleanliness, food, transportation*

*D: Where does he (father) drive me?*

*F: Not always only in difficult times*

*S: I don't know. I live away from home. But let's say the pocket money, for example, she takes it for granted*

*M: What do you mean that there is no cooked food elsewhere?*

*S: No, there is no cleanliness. There is no food*

*F: I did not understand I did not have these things I did not have pocket money*

*M: Now they are talking about today*

*F: No, if you go back and turn the roles upside, you see parents saying I did not have when I was younger, so I will not give you either, and the story ends there*

*S: Okay, but you've been working since you were eighteen, Dad*

*F: I do not understand what you are saying. Until the age of eighteen, I did not even have a bagel to eat*

*D: No one had*

*S: And I have been working since I was 15 years old*

*F: You did not understand, right, my son. I was looking at the others eating a banana or a sandwich, and I was drooling.*



## **2<sup>nd</sup> extract – family interview**

(I: interviewer, S: son)

*I: What kinds of thoughts do they have around drug misuse?*

*S: The main problem during the economic crisis that a country or the ordinary man suffer today is that we all have to fight like dogs to keep our jobs. People do not have time to learn more and pass that knowledge to their children or look after them to help them develop their inner self and become good people. So, we can finally build a better society by capitalizing upon all the scientific advances that we have made so far. By now, we should be living in a better world, without guns but unfortunately, we people have not made progress. We are still savages, and we remain savages due to power. Whoever beats the other is strong and is the boss. He is the God".*

## **3d extract- interview with a clinician**

(I: interviewer, C: clinician)

*I: What kinds of thoughts do you have around the family?*

*C: In Greek society, the man is the family leader since he brings all the money and he takes back the acknowledgement of his wife. However, my husband could not bring the money, and I suppose that he was trapped in his fate since the society used to see him as the leader of the family although in practice he could not be."*

## **4<sup>th</sup> extract – focus group with clinicians**

[I: interviewer, C(12), C(13), C(14), C(15), C(16): clinicians -see participants table]

*I: What do you think that leads a young person to drug misuse?*

*C (14): I could say many things now, but I think there are feelings of meaninglessness, to start with something because I am thinking many things. This feeling can trigger the void, the frustration from relationships, and the isolation. I generally believe that drug misuse has to do with internal, let's say, loneliness. I think that drug misusers, even if they have a group of friends to which they belong, have loads of loneliness since everything among them is mediated through substance*

*misuse. They could not relax and have a good time without this substance. Most drug misusers are lonely people, although there is also the profile of the cocaine misuser, whom I see as having a more social profile. However, all drug misusers share an emotional void, a deficiency in relating to the world. There is a shortage there as they cannot find their way to live. Their relationships are very superficial, which is perhaps why anger prevails. Anger comes when the meaning is lost, I do not understand you, you do not understand me, and finally, we have a fight."*

*C (12): I would add the absence of stable things. As if stability is missing, the reference point is missing. The father is missing the mother, and the meaning is missing. There is an absence. There is a deficit. It may not be just the absence of a father or a mother but also a lack of meaning.*

*C (13): A loss of homeland. We also have many immigrants.*

*C (12): As if there is an absence.*

*C (14): And something we might have not already said, I think, is the relationship with the self, which is very bad. They do not communicate with themselves either since their impulse prevails. I went and did it, but I do not understand why I did it. I do not relate to myself either, I cannot understand myself, and I let my instincts and impulses lead my behaviour. For example, I woke up angry, so let's misuse drugs, let's fight, let's divorce. The ability of self-reflection is missing there. There is no thinking about who I am. I guess this is how children behave. The younger the children, the more you can see that their impulses lead their behaviour. They do not know why they do things or even why they cry. They feel discomfort and cry.*

*C (16): The ability to self-reflect may be absent, but the feeling is powerful.*

*So, through drug misuse, these persons find a way to freeze their intense emotions, such as fear, which usually causes them frustration.*

*C (15): or Joy*

*C (14): Yes, joy can also be destructive for them*

*C (15): They have not learned to enjoy themselves*

*C (14): So, we are finally talking about something immature.*

## Appendix 10

### Example of the Foucauldian discourse analysis process

(it is also presented in the Methodology chapter)

(I: interviewer, M: mother, S: son)

2 I: What kind of thoughts do you have around drug misuse?

3 M: me?

4 I: You (.) your son (.)

5 S: Why did I start::: taking drugs and these things (.) actually I have never:::

6 thought about it (.) there are only some::: stories around::: my father (.)

7 anyway my father has been a member of KKE (Greek Communist Party) (.) but

8 I::: didn't have anything on my own

9 I could not have a good performance at school since I had dyslexia (.) I did not

10 like the existing situation at home (.) so what could I do! I will take drugs, big

11 deal (.) I can have control over it (.) it will be easy (.) it will not be something

12 difficult (.) but slowly the disaster came! ok (.) then other thoughts also came out

13 (.) I will become a drug dealer (.) I will make money! and I will make a better

14 society! ok now I don't know how this could be done (.) but that is how I had it

15 in my mind (.) and at the end of course I destroyed myself (.) ok then (.) at some

16 point I needed to::: quit drugs (.) I didn't want to take drugs anymore since I

17 started smoking grass but I ended up misusing (.hhh) all kinds of drugs there was

18 nothing that I had not tried (.) unfortunately (.) then at some point I wanted to

19 quit (.) I had also my parents with their problems (.) they do not get along well

20 together (.) so how could they have a good relationship with me (.)

#### Stage 1: Discursive object's construction

In the first stage of analysis, since I have been focused on 'drug misuse' as my discursive object, I was interested in identifying the different ways in which it has been constructed through my participant's language. In the extract presented above, 'drug misuse' is referred to as 'things never thought about' (lines 5-6), as something related to the father 'there are only some stories around my father' (line 6) and his

political orientation 'my father has been a member of KKE (Greek communist party)' (line 7), as something that is linked to learning disabilities 'I had dyslexia' (line 9) and low school performance 'I could not have a good performance at school' (line 9) and as something that involves tense familial relationships 'I did not like the existing situation at home' (lines 9-10), 'I had my parents with their problems' (line 19), 'they didn't get along well together (lines 19-20), 'how could they have a good relationship with me' (line 20).

These nine references construct 'drug misuse' as something that is related mainly to familial relationships that involve political issues and learning difficulties linked to some 'disaster' (line 12) and 'self- destruction' (line 15).

In the other half of the extract, ' drug misuse' is constructed in a subversive way as something 'easy' (line 11), 'it will not be something difficult' (lines 11-12) that gives 'control' (line 11), offers 'money' (line13) and contributes to the making of 'a better society' (lines 13-14).

## Stage 2: Discourses

In this interview extract, 'drug misuse' is constructed in two different but in some way contradictory ways. First, 'drug misuse' is constructed as tense familial relationships 'I did not like the existing situation at home' (lines 9-10) that somebody tries to endure 'what could I do! I will take drugs' (line 10) to the point of 'self-destruction' over time (line 15). Secondly, 'drug misuse is constructed as an 'easy' way (line 11) to gain control over difficulties (line 11), money and society (lines 13-14).

These two constructions of 'drug misuse' seem to be located within wider discourses surrounding 'drug misuse'. The construction of 'drug misuse' as 'tense familial relationships' seems to resonate with a familial discourse where the relationships among the family members are implied to be governed by a repetitive and stereotyped pattern of tense interaction that might lead to disaster over time. On the other hand, the subversive construction of 'drug misuse' as an 'easy way' of controlling familial and social difficulties 'I will make a better society (lines 13-14) through the paradoxical way of drug dealing (line 13) draws on a socio-political discourse that

also has an economic aspect. The concepts of 'big deal', 'money', and 'good performance' are considered some keywords of the contemporary talking about the threefold of business, economics and politics today.

### Stage 3: Action orientation

The discursive construction of drug misuse as a mechanism with a homeostatic function for family life has emerged from my participants' response to my question 'what kinds of thoughts do you have about drug misuse' (line 2). His response involved his thoughts about his father 'there are only some stories about my father' (line 6) and his political activities 'my father has been a member of KKE' (left political party) (line 7). Then he preceded by describing the tense familial relations among his parents (lines 19-20) as well as his frustration to find his way out 'what could I do' (line 10), 'I didn't like the existing situation at home' (lines 9-10) 'I had dyslexia' (line 9). So, the participant's use of the discursive construction of drug misuse as a familial discourse could be seen as his attempt to point out his attributing the responsibility for his drug misusing to the family since he could not find any other way to communicate his frustration about the family relations 'what could I do' (line 10).

The discursive construction of drug misuse as a subversive act that has been produced by my participant's reference to his need to construct an identity 'I will become a drug dealer' (line 13) that will give him the social power that he needs by gaining more money (line 13) to change the society (lines 13-14). It seems that the use of the social and political discourse tends to legitimize his act of drug misuse and his prospect of drug dealing as if his investment in money-making, possibly a dominant social value to change society, could vindicate any illegal action.

### Stage 4: Positionings

Since discourses are considered to invite people to take a certain subject position, I have been interested at this stage in identifying the subject positions that have been offered to my research participant through his discursive constructions on drug misuse. It seems that his familial discourse, on the one hand, supports the idea of the

homeostatic function of family life. But on the other hand, his socio-political discourse creates a new subject position for him within the family and society he lives in.

The discursive construction of drug misuse as a homeostatic process in a family's interactional pattern offers him the subject position of an interdependent individual committed to the family unity and stability beyond their tense relationships. But, on the other hand, the construction of drug misuse as a subversive act within a socio-political discourse seems to offer him the possibility of repositioning himself from a passive subject who had 'poor performance' to an active dealer who challenges the existing society's values through his way of making money and thus paradoxically contributing in the making of a better society.

#### Stage 5: Practice

This stage is concerned with the relationship between discourse and practice. The construction of drug misuse as a familial discourse and, accordingly, the subject position of the interdependent family member that it offers to him opens up opportunities for acting in favour of the family's stability possibly through the sharing of the same political values 'my father has been a member of KKE' (line 7), 'I will make a better society (lines 13-14) that bond family members together as one 'I did not like the existing situation at home but what could I do I will take drugs' (lines 9-10).

On the other hand, the construction of drug misuse as a subversive act involves an individual's intention to provoke the existing political system in a double-dealing way 'I will become a drug dealer...and I will make a better society (line 13).

#### Stage 6: Subjectivity

Trying to identify what can be possibly felt by the subject who is taking the particular position of interdependency within his familial discourse construction of drug misuse, I would say that the drug misuser could possibly feel guilty or ashamed if he disturbs

the existing family balance 'I did not like the existing situation at home but what could I do' (lines 9-10).

In contrast, the subject positioning of the drug dealer within the socio-political discourse of drug misuse could probably offer some satisfaction or even pride connected to an individual's decision to step into the existing socio-political system to change it (line 13).

As it concerns a cultural understanding of the construction of drug misuse as a family's homeostatic process, I would say that family unity is considered highly valued in Greece since it has been connected with people's survival. On the other hand, the construction of drug misuse as a subversive act seems to be related to people's need to make a better society' that the communist party had highly supported 'my father has been a member of KKE' (line 7).

Stage 7: A discourse is historically located

Since 'discourses locate their discursive objects in time' (Parker, 1992), I tried to explore the way my discursive object of drug misuse has been transformed throughout the years by identifying my participant's implicit references to drug misuse regarding ideas that might also have been traced in the past social structure of Greece (Parker, 1992).

The discourse of drug misuse as a homeostatic process that has given the family members the subject positions of interdependent individuals highlights their need for solidarity and the collective character of the family's structure possibly throughout the years (lines 9-10).

The discourse of drug misuse as a subversive act seems to be rooted in the revolutionary ideas embedded in the political ideas of the communist party (line 7) that have been determined to change the world (lines 13-14).

#### Stage 8: Discourses support institutions

Taking into consideration that the dominant discourses are considered to support the prevailing social structure, which is commonly reproduced through the institutional practices, I would say that the participant's familial discourse that sees drug misuse as a homeostatic process supports the collective functioning of the familial institution while it oppresses the voices that talk about individualism.

Accordingly, the participant's discourse that constructs drug misuse as a subversive act seems to support the left-wing political institutions since they have been associated with their endeavours to reconstruct the social structure in a more egalitarian way.

#### Stage 9: Discourses reproduce power relations

Since the participant's dominant discourses tend to reproduce the existing power relations that are supported by certain familial, social, political, institutional practices, the familial discourse seems to reinforce the already existing power of the family's institutionalization by constructing the subject position of an interdependent individual who supports the family's unity and stability at any cost beyond its members' tense relationships.

On the other hand, the sub-discourse in this text seems to be the socio-political discourse that offers my participant the subject position of an active citizen who has the right to contribute to the making of a better society however by capitalizing on the already existing power of the societal value of 'money' even though an illegal practice such as drug dealing.

#### Stage 10: Discourses have ideological effects

My exploration of the ideology that is embedded within my participant's discourses entails the identification of the interlink between the familial and socio-political discourses that possibly constructs a dominant worldview that leads family members to certain actions within and out of the family.



The familial discourse seems to function in an ideological way that could point to 'collectivism' when it supports unity and solidarity beyond any individual cost through constructing the subject position of interdependency. But, on the other hand, the socio-political discourse allows my participant to justify his account for a citizen's intention to legitimize any action when it comes to the making of money for the sake of a better society that resonates somehow with the ideology of 'individualism'.