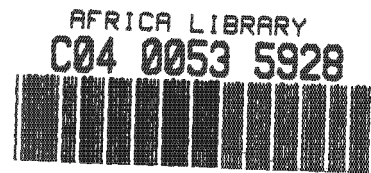


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**USERS' EXPLANATIONS OF THEIR
PSYCHOACTIVE SUBSTANCE USE, WITH A
PARTICULAR FOCUS ON MDMA (ECSTASY)**

Sarah Zetler
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degree of Master of Arts in Clinical Psychology

Department of Psychology
University of Cape Town
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Supervisor: Kerry Gibson



ABSTRACT

This study explores ten psychoactive substance users' explanations of their MDMA usage with the aim of investigating how users explain their own substance use, and secondly to ascertain if and/or how their accounts diverge or converge with currently used models. Thirdly, it is intended to explore the extent to which users' accounts might contribute to a deeper understanding of repeated psychoactive substance use. Selected literature pertaining to the study of psychoactive substance use is reviewed, with a particular emphasis on literature that focuses on aetiological explanations of usage. Participants were selected through the application of snowball sampling, a methodology usually utilized in ethnographic research. Material was obtained through semi-structured interviews, consisting of mainly open-ended questions, which focused on participants' rationales and explanations of their MDMA usage. Transcribed data was analysed using a grounded theory approach to identify emerging categories and themes of meaning. The analysis of the material points to the importance of being able to distinguish between explanations relating to initial use, explanations relating to repeated use and explanations relating to moderation in use. The material suggests that users employ multiple and varied explanations to explain psychoactive substance use, which frequently goes beyond the scope of traditional models used within the field of psychology. The analysis of the material reflects the importance of taking factors, such as psychological set, context where substance taking occurs, influence of social worlds, ritual, expectations, as well as previous experience of using psychoactive substances, into account when focusing on participants' explanations of why they use psychoactive substances.

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CHAPTER ONE

LITERATURE REVIEW

1.1 Aims

According to epidemiological studies, performed both in South Africa and abroad, illicit psychoactive substance use is a ubiquitous and extremely widespread phenomenon (United Nations International Drug Control Programme Report, 1997). Select studies point to the fact that substance use takes on many different forms (Peele, 1985; Zinberg, 1984; Berger, 1991). Dominant models and theories used in the field of substance use, however, appear not to reflect such variations and apply mainly to compulsive users of particular substances.

This thesis attempts to explore the utility of applying current models and theories to prevalent patterns of substance use, through focusing on MDMA¹ (ecstasy) users' own explanations of their substance use. This focus has been chosen due to a conspicuous absence of users' experience or knowledge in current theoretical formulations of substance use. In looking at users' explanations, I am hoping to gain a deeper understanding into the meanings that users attribute to their MDMA usage, and in particular, on what the various influences are that could contribute to continued usage. This is done in an attempt to develop a more coherent theoretical approach to researching, understanding and, if needs be, treating people who use these substances. Health policy recommendations in this thesis are aimed towards the need to recognise and prioritise the development of appropriate theoretical models in order to inform relevant treatment approaches.

¹ MDMA is a well accepted abbreviation used to refer to methylenedioxyamphetamine. Another commonly used term, by both users and mainstream media, is Ecstasy or sometimes just E.

This thesis aims to present a critical account of the guiding frameworks within which illicit psychoactive substance use is currently viewed. Users' own explanations of their substance use, and more specifically MDMA usage, will be focused upon. This focus has been chosen for three reasons. Firstly, to explore how users talk about and explain their own substance use, and secondly, to ascertain if and/or how these explanations diverge or converge with currently used models. Thirdly, to explore whether an understanding of users' accounts might contribute to a fuller understanding of substance use.

1.2. Introducing MDMA (Ecstasy)

Consideration needs to be given to selected terms used throughout this research report. The term used to describe the group of substances upon which this paper focuses is 'illicit psychoactive substances'. This term has been chosen as it is felt that it is more descriptive than merely the term 'drug', which is seen to be far too broad and over-inclusive. This paper deals with a special class of synthetic or organic psychopharmacological substances that through non-medical ingestion is seen to *primarily contribute*² towards alterations of affect. These alterations in affect frequently can be accompanied by alterations in cognition, perception and behaviour (Dawes, 1979).

More particularly, MDMA is a synthesised compound which falls within the phenethylamine family. Although it has come to public attention only recently, MDMA was originally developed in Germany in 1912 and patented by the Merck Pharmaceutical

² By delineating that the substances are seen to only *primarily contribute* towards alterations in affect, attempts to incorporate the notion that there are other factors that influence users' experience. Thus this definition from the outset attempts to incorporate the notion that responses to ingesting certain psychoactive substances are multi-determined, and include the effect of the psychopharmacological nature of the substance, the personality of the user and the setting in which the substance is taken (Mogar, 1965; Tart, 1969; Zinberg, 1984). This point will be further illustrated throughout this paper.

Company (Saunders, 1997). Collins (1997) reports that it was intended as an intermediate chemical for the preparation of other pharmaceuticals and not as an appetite suppressant as has usually been suggested. For the next forty years the substance was virtually forgotten. The next mention made of MDMA was in a Polish journal after World War Two, and later in the US Army's Edgewood Chemical Warfare Service in Maryland. It was named Experimental Agent 1475 and was given to animals in order to assess its level of toxicity (Collins, 1997). Some of the substances tested by the military soon started to appear on the streets (as was the case with Lysergic Acid Diethylamide - LSD) but MDMA was not mentioned again until the mid-sixties when it was resynthesised first by drug researcher Gordon Alles and later by the Californian chemist Alexander Shulgin (Collins, 1997). It was in 1976 that the first report was published by Shulgin and a collaborator Dave Nichols indicating the psychoactivity of MDMA in humans (Eisner, 1994).

Shulgin's experiences working with various psychoactive substances have been documented in an autobiography he wrote with his wife Ann, titled *Phenethylamines I Have Known And Loved* or *PHIKAL* (Shulgin and Shulgin, 1991). MDMA is only one of nearly 200 psychoactive substances which he describes in detail, and although its effects are less sensational than many, MDMA has been cited as the compound which has come closest to fulfilling Shulgin's ambition of finding a drug with psychotherapeutic potential (Saunders, 1997).

According to Epidemiological studies performed both here and abroad the use of psychoactive substances, and in particular MDMA appears to be widespread (United Nations International Drug Control Report, 1997; SACENDU, 1998). As a report from the Cape Argus indicates³

Where do you go to dance for eight straight hours without feelings tired, and where can you get emotional embraces from strangers in a chill room afterwards? If you know the answer then you're probably one of thousands of young Cape Town people who have been flocking to raves. And if you've been to a rave

³ The Cape Argus article appeared on the 1st December 1997 in the City Late edition.

you'll know that to get the energy to dance the night away young revelers take drugs like Ecstasy, LSD, cocaine and diet pills to get the high. Ecstasy or the 'love drug' as it is known is the most common ...

Such reports point to the prevalence of MDMA usage amongst 'young' people living in Cape Town.

1.3. Explanatory Models Relating To Psychoactive Substance Use

A number of different theories and models have been put forward to explain why people use certain psychoactive substances. Definitions are embedded in each different model with each definition being generated from the major concerns of the model or perspective. In this context, a definition of substance use shifts according to the model or perspective from which it is being generated. The existing models and perspectives hold opposing and contradictory views of how to define and explain illicit psychoactive substance use, why its use is so prolific and why users continue to repeat ingesting consciousness altering substances.

Explanatory models used to explain illicit psychoactive substance use can be divided into two over-arching categories. The first category groups theories or models that utilize a cause and effect approach between a single variable and compulsive substance use. Such an approach is evident in models that propose that compulsive substance use is a result of an underlying biological or genetic weakness or is a result of the inherent powers of the substances consumed. This thesis will suggest that, the basic premise of this conceptualization requires careful deconstruction in order to assess its validity and applicability in this field of study. The second category groups theories or models that adopt a more multivariate approach, using multiple causes to explain different forms and patterns of psychoactive substance use. Included in this category are models or theories that focus more on dynamic and intrapsychic phenomena and/or the social world in which the user is located. A review of the various explanatory theories is intended to serve as a point of reference for understanding users' explanations. Within this it would be important to search both for areas of convergence as well as divergence.

The following section categorises theories and models of substance use separately on the basis of their causative variables⁴. The discussion will progress from theories and models that propose single causative variables to theories and models that are more multivariate in nature

1.4. Univariable Theories Or Models Of Illicit Psychoactive Substance Use

The majority of theories in the field of illicit psychoactive substance use focus on single causative variables in order to explain usage. Such variables focus on either genetic and/or biological or psychological weaknesses or deficits that reside within the user; or on the powerful inherent reward value of the substances themselves. Such a focus reflects the basic tenets of the addiction model, currently the dominant conceptualization used to explain illicit psychoactive substance use. Therefore, in order to assess the validity of the models that focus on such conceptualizations, it is necessary to deconstruct the basic tenets of the addiction construct.

In medical terms, addiction is defined by tolerance, withdrawal and craving as stated in the Diagnostic and Statistical Manual of Mental Disorders (APA, 1994). Addiction is recognised by a person's heightened and habituated need for a substance; by intense suffering that results from the discontinuation of its use; and by the person's apparent willingness to sacrifice almost everything, sometimes to the point of self-destruction, in order to have the substance. Tolerance, withdrawal and craving are seen to be properties of particular substances, and sufficient use of these substances is believed to give a person no choice but to behave in the above mentioned stereotypical ways. Such behaviour is seen as inexorable, universal, and irreversible and to be independent of individual, group, cultural, or situational variation; and as Peele (1985) points out, it is even thought to be basically the same for animals and for humans, whether infant or

⁴ This includes theories or models that do not necessarily imply linearity in terms of causative variables

adult. The overriding premise used within this framework is that substance use is an illness that in principle is like any other medical illness (Berger, 1991). An extract is provided from a treatment center handout in Cape Town that illustrates such a conceptualization

XXX (name omitted) was founded to provide a safe, supportive environment for those in early recovery. We believe that chemical dependency is a treatable disease. Though it is possible for anyone to recover from this illness, some individuals seem especially motivated to go to any lengths to achieve a stable recovery.

This general model and belief system sustains, and is in turn sustained by, mainstream policies, and attitudes concerning substance use. Berger (1991) illustrates that there is not one explicitly defined formal model, rather there are variations of this model, which appear to be linked to the societal status of the substance in question. So for example, there are different models that will be applied to substances such as alcohol and certain substances that are prescribed by medical professionals and other models that are applied to illegal psychoactive substances. The principle difference between these versions is that the biological basis for vulnerability to alcoholism is believed to be genetic and present in only some people, while the biological potential for becoming addicted to illicit drugs is seen to be present in everybody.

Berger (1991) defines the major components of the model as follows. The disease is seen to have a biological etiology that once activated is no longer seen to be dormant. The course of the disease is seen to be irreversible, with the only way the disease can be arrested, is through total abstinence. There is seen to be no cure, regardless of how long a person may have abstained for and it is seen to take only one new exposure to the substance for the illness to come out of remission and for the afflicted person to move into a state of 'relapse'. The compulsive use of so called addictive substances is seen to be the principal symptomatic manifestation of an underlying medical disease. Peele (1985:6) states:

the core of this concept is that an entire set of feelings and behaviors is the unique result of one biological process.

Seeing substance use as a medical disease has serious implications and consequences for how one conceptualizes the phenomenon. If substance use is seen to primarily be a biological-medical illness then it follows that the individuals who use such substances would potentially require treatment by medical professionals who should occupy the principal and dominant therapeutic roles (Dawes, 1979).

It has been demonstrated through clinical observation, historical analysis and cross-cultural case studies that illicit psychoactive substance use takes on many different forms and does not invariably result in uncontrolled and escalating usage (Berger, 1991, Peele, 1985; La Barre, 1994; Levine, 1978; Mckenna, 1992). As has been stated above, the model's most basic belief and assumption about substance use is that the disease, being a medical illness, is the result of an underlying biological disorder. Critics of this model have identified a number of issues that raise questions about the model's soundness (Peele, 1995, Berger, 1991).

As outlined by Berger (1991), the following are the major points of criticism. Firstly, in practice, it is next to impossible to separate out biological factors from environmental factors. Attempts to develop experimental methods and designs that allow one to separate out the effects of heredity from environmental influences have received limited support from critics. Studies of adoption, half siblings, and twins have been shown to frequently confound heritability and environmental influences (Peele, 1985). In addition, many of these studies show conflicting and inconclusive results and the methods used to measure and interpret results have seriously been brought into question. Yet genetic theories, especially in the case of alcohol addiction, have been accepted as common wisdom and are frequently propagated by both treatment and prevention programs as well as the mainstream media.

A point that requires careful consideration is the distinction that the model makes between the etiology of addiction to alcohol and other substances. As has been mentioned above, only selected people are seen to be at risk for developing uncontrollable drinking patterns, whereas all users of illegal psychoactive substances are seen to be equally at risk for developing uncontrollable substance taking patterns. Therefore in the case of illegal psychoactive substances, pharmacological theories of addiction tend not to stress individual biological dispositions to becoming addicted, but rather utilize what are known as universal exposure theories (Berger, 1991). Addiction to illegal substances is thus seen to be different to alcohol addiction, which is seen to follow a stricter genetic model. As Berger (1991) points out, the empirical evidence for a biological basis for alcoholism is highly controversial and has frequently been shown to be confounded. Alexander (1988) states that no research into other substances has managed even to provide similar shaky evidence in support for a genetic predisposition towards drug addiction. Therefore if the various critical reviews have raised doubts regarding the validity of a genetic or biological basis of alcohol addiction, doubts should be even greater concerning similar hypotheses for addiction to other substances (Berger, 1991).

Taking into account the failure of researchers to successfully show the biological or genetic basis for compulsive substance use, the next variant of the model that requires scrutiny is the 'exposure' model. An example that confounds current notions of addiction theory comes from the prescription of opiates to patients in hospital settings (Peele, 1985). Many studies have shown the majority of patients who have been exposed to such substances do not develop full-blown addiction disorders once they have left the hospital setting. Thus, the notion that the mere exposure to certain substances will result in the compulsive use of the substance is not as straightforward as has been proposed by drug treatment and prevention programs. This empirical finding seriously discredits models or theories that propose that it is the inherent reward value of certain psychoactive substances that are the cause of repeated psychoactive substance use. This finding is further supported by research undertaken by Robins, Helzer, Hesselbrock and Wish (1980), on the use of opiates by G.I.'s who returned from Vietnam. The most significant aspect of this research was that it identified addicted heroin users in a non-clinical setting.

Of all the men addicted in Vietnam only 12% have relapsed to addiction at any time since their return. In addition, of those treated for addiction on their return, 47% were still addicted in the second period of the study; and of those not treated only 17% remained addicted. This study has thus brought into question not only current models of addiction, but also the efficacy of treatment programs, as treatment in this case was not an essential variable in the cessation of heroin use.

Cross-cultural and historical studies of substance use further undermine the current disease model of addiction. To take an example from the rural Aymare of Bolivia and Peru, where excessive alcohol intake is regularly practiced at 'patronal fiestas' where participants are seen to get thoroughly intoxicated to the point of losing consciousness (Carter, 1977). It has been noted that this society has an incredibly low level of alcoholism, which has been attributed to three variables. Firstly, alcohol use almost always occurs in a social setting. Secondly, inebriation to the point of unconsciousness is perceived as 'good'. Thirdly, alcohol is looked upon as a ritual object and in traditional society is used only on ritual occasions. The function and effects of ritualizing drug-taking will be further focused on below. Historically the use of various psychoactive substances in the past millennia has been thoroughly documented (Mckenna, 1992; Wasson, 1968). Documented patterns of usage have not been shown to resemble the common route of increased use, resulting in increase tolerance, which leads to an inevitable loss of control, as proposed by the addiction model. Rather, psychoactive substances were generally used ritually at specific times and settings over the lifetime of the user, for example the use of peyote by American Indians or the use of Amanita Muscaria mushrooms in early religious rituals (Wasson, 1968).

More recently, even animal studies have similarly shown that animal drug self-administration requires a specific experimental environment in order to be successful. Fitch and Roberts (1993) have noted that animals that consume drugs and alcohol excessively when under extremely uncomfortable experimental inductions cease to do so as soon as normal laboratory conditions are reinstated.

Another relevant finding relates to the ability of some users of psychoactive substances to stop using out of their own accord, sometimes even after long and protracted, compulsive usage. Only recently has this population begun to be studied in more depth (see for example the work by Zinberg, 1984; Shaffer and Jones, 1989). In addition, interesting questions about the supposed relationships between chemical intake and behavioural experiences have been raised by the results of a wide range of placebo studies. Berger (1991) provides a review which demonstrates that inert placebos can bring about a huge variety of untoward reactions and have even been known to have the ability to produce serious toxic reactions. Setting and set, personality, general expectations, culture, and peer behaviour are but some of the factors that have been shown to influence the ingestion of both inert and active substances (Zinberg, 1984).

The persistent view that complex behaviours like craving and withdrawal are straightforward physiological reactions to particular substances is thus misleading and inaccurate. This is seen by Zinberg (1984), Peele (1990) and others to be evidence of reductionist ways of thinking. They argue to the contrary that the experience both of a felt need (or craving) for and of withdrawal from an object or involvement engages an individual on many levels. These include users' expectations, values, cultural background, social context and self-concept, as well as their sense of alternative options for gratification (Zinberg, 1984; Peele, 1985). This point is further underscored by the fact that the occurrence of craving and withdrawal has also been noted to appear with non-drug involvement. It is the very same disease model of addiction that is regularly applied to areas such as compulsive gambling, overeating or obsessive love relationships where there is a distinct absence of any psychoactive agent on which the behaviour can be blamed. In addition, Peele (1990) notes that if psychoactive substances are to be classified as addictive then users would be inclined to take them more frequently, compulsively, and unvaryingly than do users of other, nonaddictive drugs, or to have less freedom than people have in 'ordinary' (that is nonaddicted) habitual behaviour. He notes how such experiences have not been empirically verified through research and questions whether this might not be due to researchers' preconceived ideas and values around certain psychoactive substances.

The conventional concept of addiction that is commonly accepted not only by the media and popular audiences, but also by researchers and health care professionals thus seems to be an unreliable scientific construct. Current thoughts on addiction are thus seen to be historical anomalies that have arisen independently of laboratory or epidemiological data about substance use. It has been postulated by some theorists that the persistence of such beliefs in the face of conclusive contradictory evidence is due to a lack of sufficient deconstruction of underlying culture-bound assumptions. Room (1985:133) attempts to explain the culture-bound appearance of addiction:

as depending for its existence and meaningfulness on sociocultural characteristics specific to particular times and places.

While the disease theory of addiction purports to be value free, it has been shown to convey distinct values about human responsibility and about the desirability of certain kinds of behaviour. Room's (1985) above mentioned concern was focused on the notion of 'loss-of-control' model which has extensively been shown to be a cultural invention. The 'loss-of-control' notion is seen to mirror the opposite image of the Calvinistic notion of control, thereby explaining its appearance more prominently in advanced industrial societies. In addition, this 'loss-of-control' disease model of addiction has rapidly been generalized to other areas of behaviour.

Thomas Szasz (1961, 1974) has repeatedly argued that issues frequently dealt with by the psychiatric profession should rather be defined as moral issues or dilemmas as opposed to medical issues. He argues this on the basis of the fact that as soon as one comments on the desirability of certain behaviours, one is bringing into focus issues of morals and values, as opposed to illness and health. He feels such a position frames moral statements in terms of medical imperatives, thus allowing the behaviour to be brought under medical scrutiny. Goode (1970) argues that such a framing serves to legitimize a form of deviance that is in other ways condemned by society. By labeling such behaviour as falling under the jurisdiction of the medical profession the gaze is shifted

onto the individual substance user who is constructed as having a disease that requires treatment. As the disease is hypothesised to be triggered by the ingestion of the offending substance, the responsibility is placed on the individual to avoid the substance completely. In addition, the rest of society is also called on to assist the potential 'addict' in avoiding the problematic substance. This results in government agencies, the legal profession, the criminal justice system, as well as mental health workers' expertise and co-operation being called to bear on the problem which is seen to have the potential of effecting not only the individual substance user, but society at large. Rose (1989) highlights an important issue surrounding developments of psychology as a supposed science. He feels that such an occurrence has made possible new techniques of structuring reality to produce certain phenomena and effects. For Rose (1989) the translations of the psyche into the sphere of knowledge and the scope of technology makes it possible to govern subjectivity according to norms and criteria that ground their authority in supposedly objective knowledge. Dawes (1979) illustrates how the construction of certain behaviours as socially problematic is highly influenced by prevailing values and morals within society. As he states (1979:3):

In bringing a particular world view to bear on a phenomenon by labeling it problematic, we attribute to it certain properties which will have consequences for how that phenomenon comes to be treated by the scientific community. The attribution of certain problematic and value laden properties has been shown to negatively affect the ability to view the subject matter in an unbiased fashion.

The question of whether the use of certain psychoactive substances excuses certain types of behaviour is central to current legal, political and therapeutic debates. Entirely new areas have been opened to disease imagery, understanding and treatment, for example, overeating, gambling, shopping, sexual activity and even people who participate in abusive relationships. Peele (1990) expresses great concern for the implications that such a generalization could have on psychological experience, personal responsibility, addictive phenomenology, issues regarding the legal arena and policy, and the establishment of treatment programs in the societies where it has been applied.

Through reviewing the available literature, there is a paucity of research that is able to incorporate and account for the inner psychological experiences of psychoactive substance users. This deficit is apparent in research relating to reasons for first use, reasons that maintain use, and reasons for relapse. As the research shows, people respond to powerful drugs, even regular doses of them, in very different ways. At the same time, people respond to a variety of different drugs, as well as experiences that have nothing to do with drugs, with similar patterns of behavior. As Peele (1998:3) states, the response people have to a given drug or activity:

is determined by their personalities, their cultural backgrounds, and their expectations and feelings about the drug.

In other words, the sources of various forms and stages of psychoactive substance use, lies not within the pharmacological nature or action of the substance itself, but rather within the person who is using them and the broader context within which the person is living. Literature that exists outside of research which has been performed within a disease orientated framework, points strongly to the role played by intrapsychic variables that pre-exist within the user, as well as to the effect of social worlds on the user, as areas that require additional scrutiny. This seems crucial in order to adequately account for repeated usage. For this reason, a brief presentation of theories or models that focus on pre-existing intrapsychic variables with regards to repeated psychoactive substance use will be focused upon. Following this will be a presentation and consideration of frameworks that attempt to account for the role of social worlds in supporting continued usage.

1.5. An Outline Of Explanatory Models And Theories Of Psychoactive Substance Use That Includes An Analysis Of The Effects Of Psychological Variables On Users

The most extensive research on vulnerability to excessive psychoactive substance use has focused on personality traits and psychological disorders. Several studies focusing on psychological traits and personality structures have shown that antisocial personality,

impulsivity, affective disorders, and anxiety are more prevalent among substance abusers than non-substance abusing populations (APA, 1994). Childhood histories of hyperactivity, learning disabilities, cognitive deficits, and conduct disorder have all been cited as possible precursors for eventual compulsive psychoactive substance use (Kaplan, Sadock and Greb, 1994). The model here presupposes that children who experience these problems come to suffer from a central nervous system disorder that prevents proper regulation over such processes as cognitive flexibility, attention, verbal fluency, and problem solving. People who lack such abilities are seen to use psychoactive substances to help them cope with their deficits through either increasing levels of stimulation, or through decreasing experiences of pain (Kaplan et al., 1994).

The majority of studies focusing on compulsive substance users have found a prevalence of Antisocial Personality traits, as compared to the general population (Kaplan et al., 1994). People with Antisocial Personality disorder are seen to be attracted to the use of psychoactive substances, as they are seen to seek immediate gratification, have little self control, and have greater physiological need for stimulation than others. They are thus seen to be more likely to choose substance-related activities for the stimulation they provide. However, the development of such theorizing is hampered by the fact that the precise mechanisms that would explain the origins of such needs have not been developed (Peele, 1985).

The personality trait of anxiety is believed to be associated with a tendency to use psychoactive substances in a compulsive manner. Anxiety disorders are reportedly widespread amongst individuals who abuse psychoactive substances (Kaplan et al., 1994). Evidence that individuals with anxiety disorders may be suffering from a neurochemical imbalance, in particular within the serotonergic system, and that psychoactive substances act on these neurotransmitter systems, provides further fuel for the argument that anxious people are more likely to abuse such substances. Affective disorders, such as depression, are also seen to be disproportionately represented among substance abusing populations. Evidence that depression is a result of an underlying neurochemical imbalance may help to explain why depressed individuals are more likely

to abuse drugs. However, such theorizing frequently relies on unverified biological explanations for further explanatory support, and is unable to outline why one depressed person may choose to use psychoactive substances as opposed to another who might not.

There is one longitudinal study that utilizes personality traits and dispositions as markers, in an attempt to identify what personality types are more likely to abuse substances (Shedler and Block, 1990). The finding of this study contradicts much research that is usually conducted within this framework. Shedler and Block (1990) show that adolescents who experiment with psychoactive substances are better adjusted than their peers who had never experimented with any substances. The non-substance experimenters were seen to be relatively anxious, emotionally constricted, and lacking in social skills, and the frequent users were seen to be maladjusted, showing interpersonal alienation, poor impulse control and manifest emotional distress. This longitudinal study shows that the norm is thus in fact to experiment with substances, whilst to abstain or use too frequently places you on either side of the extreme of the continuum.

A weakness in all of the above explanatory models is that associative or correlational data is frequently interpreted as causal data. As a result, it is difficult to identify and separate those factors that existed prior to use from those that occurred as a result of use. As Dawes (1979) points out, the use of psychoactive substances is just one aspect of a person's existence and researchers and theorists must show caution when attempting to make the individual's substance use determine his/her personality rather than seeing it as an expression of the latter. Such a conflation seems to result in a common failure of the models presented so far. The above presented models are not sufficiently able to distinguish factors that precede psychoactive substance use, from those that are a result of compulsive use, and those that simply coexist with use, as a constellation of personality traits possibly resulting from a common causal factor (Peele, 1985). As a result, researchers have frequently failed to identify and separate out those factors that existed prior to use from those that occurred as a result of use. In order to examine the issue of illicit psychoactive use in its totality, it is crucial to be able to discern the effects of broader influences on ones' approach and to assess the influence of a-priori assumptions

on theoretical frameworks. This requires an additional focus on the impact of methodology on the chosen area of study.

1.6. The Effect Of Methodology On The Study Of Psychoactive Substance Use

The majority of the research, that is performed within the above outlined frameworks, appears to be based on observable facts, the relations between them and the laws that are discoverable from observing them. Critiques of this approach term this method of investigation 'positivism' and note that such a model requires the transformation and manipulation of subjects and other variables in order to render the data intelligible within the framework (Williams, 1976). These criteria necessitate that subject characteristics be divided into categories that are operationally definable (Gergen, 1985). Once categories have been created, relationships between these categories are investigated. Emphasis is placed, however, on certain interactions and researchers attempt to isolate causal connections in order to be able to predict the results and thus control them. This method of investigation is linked to experimentation in the natural sciences, where if certain interactions are seen to be repeatable they are accepted as fact.

The influence of such a method of investigation is very apparent when focusing on research within the area of psychoactive substance use. This is most evident in research that uses norms that are not based on social realities, but rather on models that have been analogously borrowed from the natural sciences. Wurmser (1987, in Berger, 1991) feels that this issue is apparent in the study of illicit psychoactive substance use, as the model appears to closely follow an infectious disease paradigm. The model which is imposed upon substance users has resulted in a transfer of moral and ideological attitudes derived from biological notions of normality, illness and health to social realities. Such a conceptualization is unable to incorporate the influence of social factors or the inner psychological experience of psychoactive substance users. Danziger (1986) offers a further critique of this form of investigation which points to the interconnectedness of theory and observation in such research designs. Danziger (1986:97) argues that observations within such frameworks are predetermined as:

methods based on assumptions about the nature of the subject only produce observations which must confirm these assumptions.

This makes it increasingly difficult to separate the contributions of the researchers' methods from the contributions of factors that are hypothesised to operate independently of these methods. Danziger (1986) argues that researchers who use quantitative scientific research methods are not in fact testing or comparing theoretical models, but are rather testing transformations of the models to suit the requirements of their methods. This has special importance and consequence when researching an area that is known to be riddled with myths and moral presumptions.

In order to be able to view psychoactive substance use in its fullest, it is necessary to be able to account for other potential factors that could influence usage. Certain literature points to the importance of focusing on intrapsychic dynamics as an important contributing factor. Such literature is more able to account for individual variation in psychoactive substance use as well as different patterns of usage. It must be noted however, that such theories utilize explanations in different ways. Some models, like the ones presented above, envisage intrapsychic variables to operate in a causative manner and are directly seen to result in uncontrolled usage; whereas other models see the influence of such variables to be more correlative in nature.

1.7. Theories Or Models That Utilize A Multivariate Approach In The Study Of Psychoactive Substance Use

This section focuses on models or theories that utilize a variety of variables in order to account for repeated psychoactive substance use. As has been stated above, these models or theories do not utilize the variables that they suggest contribute to repeated usage in a causative or linear fashion. The models or theories rather attempt to incorporate the possibility of unconscious dynamics and/or the complex effects of the environment when trying to understand repeated psychoactive substance use.

1.7.1 Theories that utilize psychodynamic variables as a feature of repeated substance use:

Psychodynamic thinking and theorizing has developed greatly since Freud's initial theorizing on the subject (Beger, 1991). Yorke (1970) offers a summary of Freud's position, stating that Freud saw repeated use of psychoactive substances to be a function of addiction. Addiction was seen by Freud to be a substitute for a sexual act, which was seen to have strong links with masturbation – which was seen by him to be the oldest addiction of all. In some cases a constitutional orality was seen to be present which provided a link for him between addiction and oral perversion. A connection between homosexuality and alcoholism was inferred through the study of alcoholic psychosis. Alcohol was seen to be able to take the place of a love-object and was seen to be treated as such. It must be noted that Freud conceived of the possibility of addiction being present without the introduction of a psychoactive agent, for example addiction to gambling. Here the pathology is seen to be similar to that of the substance addictions.

Since Freud's initial theorizing, psychoanalytic ideas of substance use have shifted in focus toward a neurotic model which highlights the role of instinctual needs, conflict, and gratification. Psychoanalytical theories started to describe substance use behaviour in terms of libidinal fixations, with regression to the pregenital, oral, or even more archaic levels of psychosexual development (Ulman and Paul, 1990). The need to explain the relationship of substance abuse, defense, impulse control, affective disturbances and adaptive mechanisms has led to the more recent shift in dynamic formulations. Such shifts have focused attention more on the incidence of mid-range pathologies in compulsive substance users (Berger, 1991) and as such it is felt important to include, in more detail, an outline of a psychoanalytically based theory which incorporates such a conceptualization.

Amongst the more recent and extensive developments which have occurred within psychoanalytic theorizing on substance use, is that which has emanated from a Self

Psychology orientation. There are several reasons for choosing a self-psychological lens through which to focus on psychoactive substance use. Firstly, new developments in psychoanalytic orientated theories, which include theorizing on psychoanalytic phenomenology and intersubjectivity, are hypothesised to offer greater possibilities for advancing the psychoanalytic understanding and treatment of substance abuse disorders (Ulman and Paul, 1989). Such approaches claim to step outside of the morality based debates of deviancy and focus instead on the individuals' internal psychological organization and structure and the potential effects that substance use has on this. Self psychological theorizing claims to place greater emphasis on the meaning that the substance has to the users themselves as well as the focusing on the various functions that the substance use might serve.

Stern (in Ulman and Paul 1989:122) defines the function of repeated psychoactive substances use as:

the compulsive and habitual use ... of a substance (or substances) for the purpose of altering either psychopharmacologically or biochemically and physiologically, the sense of subjective self .

As has been mentioned above, such abuse is seen to be characterized by dependence, addiction, tolerance, and withdrawal. However, here the experience of this proposed process is not seen to be solely linked to the inherent properties of substances as is usually proposed by theories that utilize the medicalized addiction construct. As Kohut states (1987:119), the addiction, whether to a particular substance, activity, or person:

is not determined by the elaboration of the object, but by the needs of the self .

In focusing on substance use from this perspective, Ulman and Paul (1989; 1990; 1992) have applied and developed a theory of self psychology which focuses more strongly on intrapsychic mechanisms of why people would choose to repeatedly use substances. Intrapsychic mechanisms are often overlooked by the disease orientated models. Ulman and Paul (1989; 1990; 1992) propose that on an unconscious fantasy level the addictive

prone individual establishes, early in life, a significant primary selfobject relationship with an inanimate object, substance, or activity rather than with another individual. It is hypothesised that due to early narcissistic traumatic experiences the potentially addictive person depends on and trusts inanimate objects, substances or activities to provide needed self-object functions. Ulman and Paul (1989), expanding on Kohut's idea of remedial stimulants, view the abuse of a substance as a means of psychopharmacologically, biochemically or physiologically achieving a desperately needed relief from various states of self which the individual experiences as unbearable or overwhelming. Ulman and Paul's (1989:124) conceptualization can be seen to be giving new self-psychological meaning to the idea that:

substance abuse is a form of self-medication gone awry.

It is, however, important to understand the origins of this form of self-medication as well as the possible outcomes of helping the self in this particular way. Ulman and Paul (1990:129) have conceptualized addiction in terms of what they call "addictive trigger mechanisms" or ATM's. They define an ATM as any substance, behaviour or person to whom one is obsessively attached. ATM's are seen as serving a function of arousing selfobject fantasies and moods of narcissistic bliss. The possible outcomes of ATM induced selfobject fantasies are seen to temporarily alleviate painful self-dysphoric affect states. Such alleviation is seen to be a result of the ATM's ability to mimic certain anti-anxiety, anti-depressant, humanizing, self-anaesthetizing, and/or pacifying selfobject functions (Ulman and Paul, 1992). Ulman and Paul (1990:130) state that activation of archaic narcissistic fantasies and arousal of moods of narcissistic bliss by ATMs is seen to temporarily buffer against, anesthetize, and provide dissociation from:

(1) painful and chronic states of self-fragmentation and anxious feelings of falling apart, going to pieces and disintegrating and (2) painful and chronic states of self-collapse and depressive feelings of emptiness, depletion, and deadness.

It needs to be specified that even though an ATM may be an inanimate substance, it is not inert. As Ulman and Paul (1992:131) state an ATM is seen to be an:

active mind- and mood-altering agent that dissociatively alters self-experience by psychopharmacologically, biochemically, physiologically, or behaviorally arousing selfobject fantasies and accompanying moods of narcissistic bliss.

What needs to be highlighted is that the ATM is seen to be *mimicing* the function of a selfobject through providing the self with an experience of relief from dysphoric affect states. However, the ATM is not seen to be a genuine selfobject as it is seen to lack the inherent capacity to add structure to and hence transform the self of the user. As such it is seen to only imitate the structure-building functions that genuine selfobjects are seen to possess. Thus Ulman and Paul (1992) state the ATM functions instead as an *ersatz selfobject*. Ulman and Paul (1992) had previously conceptualized ATMs as taking over the psychological functions of archaic selfobjects. However, due to their clinical experiences they have modified their view and currently conceive of ATMs as taking over for the addict the functions of a transitional selfobject (Ulman and Paul, 1992). Interested readers are referred to the main text in order to achieve further elucidation on the nature and functions of transitional self-objects.

In conclusion, an addictive relationship between the self and thing or activity is *not* seen to add anything new to the self, rather it is conceived of as weakening the self by creating a dependency on an external entity, that ultimately is seen to decrease the capacity for self-regulation and self-realization (Ulman and Paul, 1992). Genuine selfobjects are seen by definition to possess a derivative power of self-transformation. Whereas in contrast ATMs are seen to induce dissociative and temporary alterations of a self-state. The former entails the creation and addition of psychic structure in the form of new capacities for self-regulation, self-actualization, and self-realization; whereas the latter involves an anesthetizing process of blocking psychic pain (Ulman and Paul, 1992). Furthermore, the failure on the part of an individual to undergo necessary developmental processes is seen to seriously interfere with the transformation of fantasy into structure (Ulman and Paul, 1992). Development difficulties are therefore seen to arise through the power of the addictive substance to deform and, in some cases, to destroy the self through trapping a person in potentially fatal addictive rituals and habits (Ulman and Paul, 1992).

addictive substance to deform and, in some cases, to destroy the self through trapping a person in potentially fatal addictive rituals and habits (Ulman and Paul, 1992).

Ulman and Paul (1992) recognise that there may exist many significant biological, psychological and social determinants that are crucial to a full explanation of the etiology of addiction. However, the conceptualization of their theory does not appear to leave sufficient space for the effects of these other determinants, especially the various social determinants that have been shown to significantly influence and affect substance use. Their conceptualization of why people become addicted to psychoactive substances focuses on the developmental state of the self. Substance use is conceptualized as being driven by needs that are seen to have arisen through developmental disturbances, and such disturbances are seen as being pathological in nature. The notion of pathology inherently implies a deviation from an established norm. This so called norm needs to be brought into question, especially when taking into account the number of people who are regularly using psychoactive substances (United Nations International Drug Control Programme Report, 1997).

In addition, the framework fails to draw a distinction between reasons for initial use and reasons that maintain usage. As such it is unable to predict why some people might be more or less attracted to using psychoactive substances in a compulsive fashion. In addition, it is unable to account for how or why some people are able to abruptly stop or change their substance taking behaviour (what the addiction theorists' term spontaneous remission). Similarly, it can only within limits, account for the higher prevalence of certain patterns of substance use within certain communities and their lack of existence in others. Through the theoretical frameworks' failure to be able to conceptualize the possibility that the ingestion of certain psychoactive substances could possibly be building structure for the self, and not merely mimicking the function of so called 'real selfobjects', it appears to position itself as having pre-conceived notions as to the nature of the substances themselves as well as the psychological state of people who choose to use them. There have been many documented reports of reasons for use, as well as

experiences following use that suggest otherwise (Beck, 1990; Beck and Rosenbaum, 1994; Eisner, 1994; Saunders, 1997).

The framework also does not appear to adequately account for different patterns of usage. Compulsive use needs to be more clearly defined, especially in the light of epidemiological studies that suggest the usage patterns vary greatly and do not necessarily follow the same trajectory that the disease model of addiction suggests (Peele, 1990). With regards to patterns of MDMA usage, Beck and Rosenbaum (1994) feel that it is important to take into consideration the rationales and expectations behind use. In their study they divided users into the groups which are linked to the social worlds which users belong to. The groups are as follows: 'college students', the 'gay community', 'young and not-so-young professionals' and 'new age/spiritual seekers'. For each of these groups patterns of usage have been seen to differ greatly as has the experience of the 'trip' itself. In addition, users themselves have consistently described the positive benefits they have experienced from using the substance, benefits which neither the self psychological model of substance abuse nor the more medically orientated models of addiction seem able to account for (Eisner, 1994; Beck and Rosenbaum, 1991). How frequently must a person be using MDMA to be able to describe their behaviour as an attempt to desperately seek relief from states of the self that they are experiencing as unbearable or overwhelming? So called 'recreational' users have for several years been challenging the professional constructs of pathology, deviance and deficit, as the subjective spaces which such constructs create have often been criticized for failing to include users' rationales, knowledge and experience of using psychoactive substances.

1.7.2. Transpersonal theories

Transpersonal psychology has one of the few existing theories that views the choice to change one's state of consciousness through using psychoactive substances as having functions which extend beyond rationales of pathology, deviancy, deficit or disease. Proponents of such theories have stated that periodically escaping from 'ordinary ego-centered' consciousness may help humans in their level of psychic development.

Psychoactive substances are seen to have the ability to effect transpersonal states through producing:

... changes in the individual's awareness of reality, which leads the individual to a perception of a spiritual, mystical, timeless, transcendent reality and of being at one with the universe (Dobkin de Rios and Winkelman, 1989 in Lukoff, Zanger and Lu, 1990).

The use of psychoactive substances is thus considered by some to have an adaptive function, in that use is seen to be able to help some individuals more successfully adjust to psychological or physical changes, as well as assist them with their psychological development. Here the focus is not so much on the social world within which the user is located, but rather on the psychoactive substances' ability to alter the user's reality in a way that increases awareness and allows for the development of insight. However, such theorizing does not include hypothesising on reasons for initial use, and has limited explanatory power in explaining frequent and excessive usage. As such, transpersonal theorizing is unable to account for why some people use psychoactive substances in a manner that can result in deleterious effects on both their physical and psychological well being.

1.7.3 Theories that utilize social variables as a feature of repeated substance use

The following section presents models and theories that are frequently used in inter-related disciplines to explain psychoactive substance use, but very rarely feature in the more disease or psychologically orientated explanations of usage. Sociologically orientated explanations will be outlined before moving onto anthropological explanations. Sociological and anthropological theories differ from genetic, biological or psychological theories in that they focus more on societal variables to explain continued substance usage. These theories are only very briefly outlined in so far as they relate to the study of illicit psychoactive substance use in order to give the reader an indication of how substance use is considered in inter-related fields.

Durkheim developed the notion of anomie to refer to the thesis that in modern societies traditional norms and standards become undermined, without being replaced by new ones (Giddens, 1989). This is seen to be especially so, during times of social upheaval, when society is unable to define clearly for its citizens what to expect. This is seen to throw individuals into a state of confusion concerning what is expected of them and is hypothesised to result in individuals' feeling uncertain about their futures as they are faced with conflicting norms and values. During such periods, which the theory refers to as anomie, crime rates, substance use, depression, suicide and other behaviours, that are considered to be maladaptive, are seen to increase as individuals are seen to lose sight of their goals and run the risk of becoming detached from mainstream society. Such an understanding has frequently been applied to individual substance users, as well as substance using communities. Firstly, individuals' are seen to be predisposed to altering their state of consciousness in an attempt to deal with the uncertainties around them. When this is seen to occur amongst communities of people, the behaviour is seen to be normalized and such normalization is seen to foster an environment in which continued usage is socially sanctioned, and perhaps even encouraged. Such an understanding has also been applied to drug dealing activities as it is seen to afford some individuals a chance to achieve beyond their usual means (Feldman, 1968). This is not only in terms of financial status, but also in terms of achieving power and status within a community. However, what this framework is unable to account for is variations between groups, as well as between individual, psychoactive substance users. Besides for setting the general scene in which substance-taking behaviour can be seen to prosper, the models are unable to specify why one person would be more likely to turn to substance use than another. There is also very little focus placed on the possible role of intrapsychic variables as a potential influencing factor in repeated substance use. In addition, substance use appears to be framed as an activity that results from feelings of uncertainty, which are seen to develop in uncertain times. This precludes an understanding that certain psychoactive substances could be used for reasons that have been suggested by transpersonal models.

In an alternative view, which suggests that differences between different groups as well as between individuals, Control Theorists postulate that when bonds are broken between

individuals and between individuals and society, people are free to deviate, as there is nothing to ensure conformity. Attachment, involvement, commitment and belief are outlined as the bonds that are seen to aid in societal conformity (Giddens, 1989). It is postulated that when these bonds fail to develop, the option of participating in activities that society does not approve of increases, as there is a lack of incentive to behave otherwise. Applying such an explanatory model to the field of substance use, it is suggested that people who are the farthest away from mainstream aspirations and who do not have employment or significant attachments to society or individuals, and the means to attain them, would be most likely to use substances in a compulsive manner (Peele, 1995). In contrast, it is postulated that middle class users, are the least likely to be addicted, as such individuals are seen to be motivated to contain and control their use of substances due to their viable life investments (Rosenbaum and Doblin, 1991). Such a conceptualization appears to be far beyond the scope of the more disease orientated models. However, there appears to be an assumption around the social class of people who use psychoactive substances, and thus such theorizing has infrequently been extended to so called middle class users.

An important approach to the understanding of criminal or deviant behaviour, under which illicit psychoactive substance use is classified, has come to be termed labelling theory – although this term itself is a label for a cluster of related ideas, rather than a unified approach (Giddens, 1989). Labelling theory develops the notion of group differences and the power relations that are seen to exist between them. Labelling theorists do not interpret deviance as a set of characteristics of individuals or groups, but rather as a process of interaction between so called deviants and so called non-deviants. Those that are in positions of power are able to impose definitions of conventional morality upon others. The labels that are applied to create categories of deviance have come to be seen as an expression of the power structure of society. This theory postulates that the user eventually will come to internalize the deviant label placed upon him/her by those in positions of power, and will continue to participate in the activity because it has come to be expected by others. The notion of self-fulfilling prophecy is utilized here, as the individual is seen to change his or her self-perception to fit in with the expectations of

others. This explanatory model has frequently been applied to users of illicit psychoactive substances, in particular heroin users (Cohen, 1989). There are additional issues pertaining to labelling theory that require careful consideration. The theory states individuals' would be likely to conform to the labels that are placed upon them, however it does not appear to account for the possibility that some individuals' might strongly resist certain labels that they perceive to have possible negative implications for their self identity. If this is the case, then it is hypothesised that individuals' will be inclined not to disclose their substance use to people who might attempt to label their behaviour in a negative light. This has implications not only for help-seeking behaviour, but also for researchers who are attempting to access and investigate substance users.

Rather than looking at powerlessness, other approaches have focused on the assertion of power by a subculture, which can include psychoactive substance use as a way of asserting such power. The establishment of subcultural ideologies are seen to be a means by which a group of people, bound by a common understanding and approach (in this case it would be psychoactive substance use), can conceptualize their own and other social groups, assert their distinctive character and affirm that they are not anonymous members of an undifferentiated mass (Thornton, 1995). Subcultural groupings can thus be seen to offer different identity options that are seen to be more appropriate and fulfilling than the mainstream identity options have to offer. In addition, subcultures can be seen to come with their own norms as well as expectations around the performance of certain behaviours. The effects of the subculture are not necessarily important when focusing on first use of psychoactive substances. This level of analysis appears to be more relevant when focusing on repeated usage issues. Evidence of the effects of sub-cultural forces on identity formation will be focused on when analysing users own explanations of their substance use.

A more focused and individualistic approach is offered by Social Learning Theory in terms of focusing on issues of repeated usage (Bandura and Walters, 1963). This theory postulates that behaviour is very much influenced by social learning experiences as well as cultural traditions. As there are such strong taboos around using certain psychoactive

substances, it has been suggested that the normal processes of social learning have been disrupted. Such a disruption is hypothesised to result in users not being afforded the opportunity to learn or develop responsible substance taking patterns. Zinberg (1984) is a major proponent of such a viewpoint and has written extensively around the buffering effects of being exposed to controlled substance usage. He cites the examples of certain communities having the opportunity to partake in rituals where they are exposed to controlled forms of psychoactive substance use from an early age and thus are seen to have learnt controlled ways of using substances from their social environment. Zinberg (1984) feels that there is a greater risk of a high incidence of repeated usage in societies that fail to teach responsible substance-taking patterns. The failure of societies to instill controlled usage patterns is hypothesised to be further influenced by the criminalization of certain substances. Such a criminalization greatly appears to restrict the sub-cultures ability to develop successful controlling mechanisms that could guide both new and more experienced users. Zinberg (1984) points out that Western culture does not support the controlled use of illicit psychoactive substances. This is reflected by the complete lack of government support in funding any research that can be seen to support responsible drug taking, both abroad and in South Africa.

Anthropological theories offer an additional level of analysis that has not been taken into account by any of the theories presented above. Such theorising theories attempt to provide a more holistic context within which to understand psychoactive substance use, and attempts to include culturally informed explanations. Such theorising attempts to account for individual variation and as well as subjective meaning, which allows for quite different interpretation of the role and functions of substance use. Anthropological theories offer explanations of psychoactive substance use in terms of rituals and rites of transition (du Toit, 1977). Emphasis is placed here on the first use of an illegal substance that is seen to represent a change of status for the person who imbibes, from one of relative immunity from the law to a status where arrest could be imminent. This understanding coincides with van Gennep's notion of 'rites de passage' (du Toit, 1977). The decision to use illegal substances is seen to represent a change in the attitude and future associations of the user. Such a person is seen to have participated in a ritual, the

people who have much the same cultural background and expectations. The notion of ritual used here refers to:

a category of standardized behavior (custom) in which the relationship between the means and the end is not 'intrinsic' i.e. is either irrational or non-rational (Goody, 1961, in du Toit, 1977:83).

Accepting Goody's definition of ritual, which is applied here to the secular use of psychoactive substances, necessitates that one focuses on both the ritual of first use, as well as the ritual of actual use. The ritual of first use is seen to signify a psychological breakthrough, which will influence the user's interactional network, thus it is seen as a 'rite de passage'. The ritual of actual use is seen to give unity, identity and transition to the participant. Its value is seen to lie in the performance of taking the substance and is not aimed at any outside agent, entity or force (du Toit, 1977). In addition the ritual act of using will differ across ethnic groups and will often include elements that help to regulate the user's experience. The development of such rituals is seen as essential in aiding individuals to use substance in a controlled manner (Zinberg, 1984). The attempt to eliminate all use of illicit substances is seen here to undermine users' abilities to construct mechanisms which would moderate usage and is thus seen to contribute to their abuse (Zinberg, 1984).

La Barre (1994:55) outlines another possible function of rituals through stating that:

Ritual is a technique groups have of magically pretending what is not true (though the social consequences may be real enough).

La Barre (1994) uses several examples to illustrate this point. For example, the christening ritual where the soul is seen to be saved by a few drops of tap water; the baptism ritual where sin is seen to be undone and washed away by a more massive ablution and the communion ritual where eating god's flesh and drinking his blood through the consumption of the communal wafer and the drinking of wine, is seen to negate the eventuality of death entirely. La Barre (1994:55) further states that:

through the consumption of the communal wafer and the drinking of wine, is seen to negate the eventuality of death entirely. La Barre (1994:55) further states that:

The descriptive fact remains that, psychologically, the wide-awake acting out of the myth in ritual adds a kind of veridity to it ...

La Barre (1994) describes a different function that rituals can possibly offer, and its relevancy will be assessed, in this thesis, through analysing participants' accounts of the psychoactive substance use.

Anthropological theories appear to resist pathologising users' of illicit psychoactive substances, and focus more on the role played by dynamics that are operating on a subcultural level. The framework also usefully draws the distinction between different forces that could be at play with regards to initial use as opposed to repeated usage. It is also important to note that subcultures of illicit psychoactive substance users have been shown to develop their own sanctions and rituals around use (Zinberg, 1984). However what needs to be assessed is the impact of such rituals and sanctions, and whether they can be interpreted as mechanisms which assist in the prevention of uncontrolled and compulsive usage or whether they may in fact be encouraging them. An important additional level of analysis that some of the sociological and anthropological theories incorporate, is the effect of repeated usage on the construction and maintenance of identity. This includes the possibility that non-rational processes, extending beyond the known effects of ingesting a psychoactive substance, could be a guiding force behind users' behaviour. Although some of the frameworks are able to account for non-rational process that may be operating amongst groups of users, it is unable to account for individual variation within groups, or why an individual might be attracted to a substance taking experience as opposed to other sorts of experiences.

1.8. Conclusion

A broad spectrum of literature pertaining to psychoactive substance use has been reviewed stretching from the dominant research and treatment framework that uses single causative variables to explain the phenomenon, to theories that use a multivariate approach. The various models and frameworks can be seen to focus on different factors, depending on the theoretical orientation, that are seen to influence substance taking behaviour. Berger (1991:110) makes a crucial observation when assessing the applicability of theoretical frameworks stating that:

The capacity of a framework or its inner resources defines the range of what can be recognized, observed, discriminated, measured, represented, and manipulated. If a framework lacks the requisite dimensionality – for example, if one is dealing with some empirical situation, some system, which requires five dimensions to describe it adequately (as one does, for example, the full specification of a sphere in three-dimensional space) then if one chooses to use a descriptive scheme that has fewer dimensions than that, one will be limited at best and totally stymied at worst, when one attempts to understand and to deal with that actual situation.

This statement describes a process through which certain theoretical frameworks, of a lower order, are imposed upon realities that require additional dimensions in order to adequately reflect the phenomenon under investigation. Berger (1991) describes such a process as a flattening out of the phenomenon whereby the requisite richness is reduced in order to fit into a framework that has a lower dimensionality. This definitely appears to be the case with theoretical frameworks that are utilizing biological or universal exposure models to account for reasons for repeated usage. Similarly, sociological frameworks, which highlight the crucial influence of social worlds on substance users, are unable to account for the role played by intrapsychic mechanisms. Models utilizing more psychodynamic explanations also appear unable to adequately account for the role played by social worlds on repeated use as well as not being able to conceive of possible benefits that could follow from ingesting psychoactive substances.

It must be noted that the criticisms aimed at all of the above frameworks are not attempting to negate the possibility that any one of the frameworks could not be validly applied to individual substance users to explain their substance use. It is rather attempting to highlight that none of the theories can be applied across the board to explain a variety of forms and patterns of psychoactive substance use. All of these models can be seen to focus on psychoactive substance users only through the lens of their own theory. This relates to Danziger's (1986) observation around the interconnectedness between theory and observation, where methods based on assumptions about the nature of subject tend to produce observations that confirm such assumptions. This criticism is critical for frameworks that are utilizing a positivistic model of investigation, but can also be applied to a lesser degree to the other frameworks presented here.

For this reason it is felt essential to be able to explore users' own explanations for their psychoactive use in a way that can access the first-order reality of their experiences. Voices have more recently been raised, within the field of social psychology, as well as outside of it, that champion peoples' accounts of their actions as essential research tools (Antaki, 1981). This issue has also been raised with regards to the construction of relevant and appropriate treatment and prevention programs. It is felt that such programs need to be able to include, as well as reflect, the way that individuals' explain and conceptualize their behaviour and activities in order to be able to successfully address the issues that are presented. Discrepancies in explanatory models of patients and practitioners and the failure to discuss and negotiate such differences may result in unsatisfactory or ineffectual interventions, or non-compliance with prescribed treatment programs. The issue of focusing on individuals' own explanations of their behaviour or experiences, have been furthered within the field of medical anthropology (see for example the work of Kleinman (1988) and Helman (1980)). In this field, explanatory models of illness are seen as conceptual frameworks which provide a way of understanding the processes through which experience is patterned, interpreted and treated (Helman, 1990). However, there has been much theoretical debate relating to

accounts of the self, or explanations that relate to the self. Gergen (1989:71) problematises origins of self-disclosure, stating that:

accounts of the mind are critical to who we are, what we stand for and how we conduct ourselves in the world.

Gergen (1989) emphasises the social processes involved in talking about oneself. This process is seen to be highly influenced by various interest groups within a culture that seek to 'warrant' or justify their accounts of the world. Such accounts are however dependent on 'conventions of warrant', or in other words, the rationales that people offer as to why a certain voice is to be given superiority is by offering rationales or justifications. Thus, accounts of the self are not viewed as inherent or essential, rather one is seen to adapt ones' position according to the audience that one is addressing, as well as to whom one is referring to. Gergen (1989) also highlights how certain warrants enjoy more power than others. In addition, he hypothesizes that one of the most compelling rationales that one can use is to claim possession of particular qualities of mind, as there is little besides social convention that can refute such claims. This position suggests that self-knowledge is not necessarily a product of in-depth exploration of one's mind. As Gergen (1989:75) articulates:

It is not the result of acute sensitivity to the nuances of emotion, motivation, intention and the like. Rather it is the master of discourse – a 'knowing how' rather than a 'knowing that'.

Thus, to successfully warrant voice, requires the skills of manipulating explanations to support one's own version of the truth.

Taking Gergen's (1989) hypothesis into consideration when attempting to focus on participants' explanations of substance use, it is considered useful to not only focus on explanations relating to participants own usage, but also to focus on explanations that could be related to why other people may use psychoactive substances. This additional focus has been chosen in an attempt to circumvent some of the issues raised by Gergen (1989). It is recognised that participants could have difficulties in presenting a less than

coherent picture to a perceived outsider when disclosing their own rationales relating to why they use psychoactive substances. In view of this, it might be important to ask participants to give accounts as to why other people might use psychoactive substances, as well as what other people feel is the reason for their own substance usage. This may allow them a greater space to be able to bring up possible contradictions and different explanations that they feel are relevant to explanations relating to use, but which they may not want to relate to themselves.

The review of alternative theories suggests a wide range of possible explanations of substance use. What has been generally lacking however is the voice of the user in developing some of these ideas. This research sets out to remedy this lack by describing users' accounts of their own MDMA usage. In the first instance the aim is simply to describe in as much depth as possible what sorts of issues they articulate in their own accounts of their use. This is considered to be an important step in itself in providing information on this under-researched and silenced population.

Following a description of their accounts, this research will, where appropriate, explore whether this group of users' own accounts reflects or corresponds in any way with some of the existing explanations of substance use that have been surveyed in this chapter. The aim of this is firstly to see whether new areas of theoretical exploration are suggested by users' accounts. It is however important to note that users' accounts cannot in themselves confirm or disconfirm any particular theory given that they convey as much of the individual or groups own needs and interests as they do of the *reality* of any situation. Further, it is probable that any theoretical approach used to analyse the research material would find substance for its own claims through its particular form of analysis (for example a traditional addiction proponent may argue that all evidence of participants claims to be in control of their lives are simply denial). In spite of these difficulties, it may be however that questions or issues are raised through the research material which, by, employing a more open form of analysis, are able to suggest areas of deficit or strength in existing theories.

The most useful part of this process of comparison between users' explanations and existing theory is however in determining whether existing approaches are likely to be seen as having relevance by those to whom treatment and prevention programs are directed. Regardless of the validity of a theoretical explanation it is unlikely to even gain currency with its intended target population if its terms of reference vary considerably from their perceived reality. If current treatment and prevention programs do not resonate in any way with the knowledge of users they are likely to lose credibility and cut off potential points of communication between substance users and those who might wish to help them.

University of Cape Town

CHAPTER 2

RESEARCH METHODOLOGY

2.1. Issues in Researching Substance Abuse

Research conducted in other countries, such as The United States of America, has from the late 1980's highlighted the need for qualitative research in the field of substance use. This is despite the fact that the USA has some of the most restrictive and harshly punitive legislation on substance use and an incredibly strong anti-drug crusading lobby.

America's National Institute for Drug Abuse (NIDA) has indicated that qualitative research is particularly essential in this area due to:

the continually evolving patterns and trends of substance use within societies which fosters a fluid situation in which emergent and novel phenomenon are integral facets of today's drug scene ... as deviations from the status quo are seen to be an ever-present feature of drug use (Wiebel, 1990:4).

What is problematic in researching psychoactive substance taking patterns in general becomes particularly problematic in the study of novel and emergent trends (Wiebal, 1990). Options available for case identification and the construction of practical sampling frames can rarely satisfy the requirements of true representative sampling (van Meter, 1990). Because the use of illicit substances is largely a covert activity in our society, and the majority of people who are using MDMA are not presenting at treatment facilities⁵, it is not possible to enumerate all the individuals who engage in this behaviour. This has resulted in users of certain psychoactive substances being termed a 'hidden population' (Adler, 1990). When studying hidden populations the issue of research approaches becomes more complex as such populations are more difficult to locate, befriend, and investigate than other subject populations. Representative sampling, which is considered to be prerequisite for valid quantitative research, is therefore considered to be close to impossible.

⁵ In South Africa, users of what are termed hallucinogens, of which MDMA is just one, make up less than 2% of people utilizing drug treatment facilities (SACENDU, 1998).

In attempting to further the understanding of emergent phenomena, NIDA researchers emphasise the need to exercise caution in the development of research questions and hypotheses as inaccurate assumptions about factors influencing a phenomenon, or the relationship between variables, are likely to result in misleading findings. NIDA researchers have highlighted the importance of attempting to construct meaningful data collection instruments for drug-related research. One of their requirements is that researchers must gain sufficient a priori familiarity with the topic to frame appropriate and meaningful questions. This means that researchers should preferably have had contact with the population they are attempting to investigate in order to gain familiarity with the research population from a so called 'insiders' perspective. Thus for successful research relationships to emerge, researchers must establish legitimacy both for their presence and for their intentions in order to gain access to populations they are intending to research⁶.

The largest substance related research study currently underway in South Africa is a national study performed under the auspices of the Medical Research Council. The study is titled South African Community Epidemiology Network on Drug Use (SACENDU, 1998). The research performed here is highly quantitative in nature, and there is striking lack of sufficient qualitative research. Even more scarce is qualitative research that is performed by researchers who have sufficient access to, and a-priori knowledge of, the populations they are attempting to study. Unfortunately, this national study also fails to include research on the efficacy of various treatment modalities currently in use in South Africa.

⁶ In terms of my own legitimacy in studying this phenomenon, I have participated in the South African dance culture for over five years. My entry point came through my keen interest in new developments in electronic music. Through following this interest I have had the opportunity to come into contact with many people in Cape Town who regularly use psychoactive substances.

There is however a small amount of research that has been performed by South African researchers that does utilize more qualitative methodologies. Du Toit's (1977) work which focuses on substance use as a ritual and the formation of social controls in assisting users to modify their intake, has influenced qualitative research worldwide (although he is based in Holland). In addition, is the work of Dawes (1979) who uses Kelly's (1955) construct theory to try and ascertain variables that are at play in psychoactive substance use. Recommendations following such work were based on a prediction that the climate in which certain psychoactive substances are strictly controlled would change. Ironically, both locally and internationally, the swing has been in the opposite direction. Legislation, as well as popular opinion has swung with the introduction of harsher legislation, as well as more extensive drives by government agencies to eradicate all uses of illicit psychoactive substances.

More recent work includes a contribution by Swartz (1998) who highlights the need to take cultural variables, as well as, the effect of set and setting into account when attempting to understand any psychoactive substance related experience. His research spans the fields of psychology, anthropology, sociology and medicine. Perry and Bennetts' (1998) recent review on alcohol use, policy and public health in South Africa is firmly placed within the medicalized understanding of psychoactive substance use.

2.2. Researching illegal activities

The need to remain neutral is crucial when researching illegal activities as one does not want, in any way, to be seen to promote activities that could be detrimental to both the physical and psychological well-being of research participants. On the other hand, a researcher also does not want to appear to be disapproving or judgmental of the very behavior that he/she is trying to investigate, as this could serve to create a distance between researcher and participant that could negatively impact on findings. This requires that research questions be framed in a very careful manner. I have tried to avoid, as far as possible, any preconceptions of the area under investigation being built into the research. Additionally, I have attempted to approach this study with a high degree of

reflexivity in order to constantly assess, and re-assess, my own position with regards to researching an illegal activity.

I feel that it is important not to exclude illegal activities from research options as a healthy separation should exist between state derived and implemented legislation and mental health researchers and practitioners. The subject of illicit psychoactive substance use can be seen to occupy an area where there seems to be a large disparity between legal proscriptions and what appears to happen in reality. This could be likened to an area such as sex work in South Africa. It is these areas which necessitate deeper and more accurate research in order to develop a deeper understanding of existing social realities. In addition, South Africa, has its own history of bias and blindness within the medical profession and it is important to prevent prejudices and fears from intruding on valid research under the guise that it will promote further usage. It is perhaps useful to know that this sort of research is not that uncommon in other countries and is being funded by government agencies.

In addition, a sub-ethics committee, of the University of Cape Town, was called in order to further explore additional ethical considerations. Important points to emerge from the meeting related to issues pertaining to participants' anonymity and suggestions were made to me on how to best ensure this.

2.3. Methodology

It is important to recognise that qualitative methodology is more appropriate for particular types of research. This is especially so for exploratory or descriptive research where context, setting, and subjects' frames of reference are prominent features (Marshall and Rossman, 1989). It is considered essential that the method chosen be the one that is most likely to yield relevant and applicable answers. For research on psychoactive substance use that is attempting to transcend existing frameworks, it is felt that a qualitative research design producing open-ended data is the most appropriate way of answering questions that are related to discovering and understanding users' experiences

and why they might seek to repeat such experiences. The philosophy underlying such an approach is one that stresses the importance of gaining insight into the socially constructed subjective and first-order reality of the experience and thus primary data in qualitative research is derived from participants' words and the meanings that they attach to them (Marshall and Rossman, 1989). An underlying principle of such research is that behaviour goes beyond what the researcher observes. This points to the necessity of including the subjective meanings and perceptions of research participants. This is in keeping with the philosophy that people involved in qualitative research are not seen as passive recipients of environmental stimuli, but rather as social actors who are able to create their own worlds (Ferreira, 1988). In addition, qualitative data retains depth and detail because data is not usually subjected to predetermined categories of analysis.

2.4. Participant Selection

Due to the fact that MDMA users are part of what has been termed a hidden population, I chose to utilize a basic ethnographic technique of obtaining research participants. The method chosen is called snowball sampling (van Meter, 1990). In snowball sampling you begin by identifying someone who meets the criteria for inclusion in your study, and you then ask them to recommend others who they may know who also meet the criteria. Although this method does not at all meet the requirements for representative sampling, it is especially useful for trying to reach populations that are inaccessible or hard to find.

The recruitment of research participants was very time consuming as I first had to work through trusted 'informants' who had to establish my credibility as a researcher within this area. My informants were chosen on the basis of their meeting pre-established criteria, but were not included in the study itself on the basis that I already had pre-existing work relationships and /or friendships with them. They were informed as to the aims of the study and briefed on how to answer questions relating to me personally, as well as to what my intentions were regarding researching this particular area of research.

What must be noted is that I did not include everyone that was referred to me as there were some additional criterion that I wanted potential research participants to meet.

Firstly, my main criteria of selection was that participants had to have consumed more than 10 MDMA tablets. I wanted my focus to be less on reasons or explanations for first use, though discussions inevitably started off at this point. I was more interested in tapping into explanations for repeated usage. Secondly, I wanted to exclude anybody involved in dealing in psychoactive substances. This requirement was included due to the possibility of different motivations (and thus explanations) that could come into play when one is also making a livelihood off distributing psychoactive substances. I was also concerned that that this could affect issues relating to confidentiality, especially if my research records were to be subpoenaed.

Participant selection was a long and slow process. More than 30 people were approached to be interviewed, more than half refused. There were two main reasons given, the first related to fears around confidentiality. For example, many potential participants reportedly asked for my credentials trying to tap into whether they considered me to be 'safe' and trustworthy. The second reason given appeared to be related to issue of distrust relating to the psychological/psychiatric professions. For example, it was reported to me that six potential participants refused to be interviewed on the basis that they felt that my membership to the psychological profession implicitly made me biased. This issue was explored in more depth in the interviews with actual participants.

2.5. The interview

Due to issues relating to confidentiality, focus group discussions were not an option. Individual interviews were thus considered the most appropriate method for gathering data. In the interview itself I tried to be as non-directive as possible, to allow participants to express their experiences and articulate their rationales in their own words. The interviews lasted from between 55 minutes to 105 minutes. I began the interview by thanking participants for participating in the study. Secondly, I attempted to reassure participants around issues relating to confidentiality and answered any questions they had

relating to this issue. I attempted to assure participants that I would not release the tapes under any circumstances and that the transcripts would not contain any names or places that could lead to their identification. In addition, I informed participants that the transcripts would be available only by request to select people.

A basic interviewing schedule (Appendix A) was followed in order to gather information on what I considered to be key areas. The first key area related to the extent of experience that participants had in consuming psychoactive substances. The experience was not restricted to use of illicit psychoactive substances. The second key area related to the circumstances that led up to initial use of MDMA. This included questions relating to why the participant was interested in trying the substance, where they had heard about it, and how they obtained it. This was followed by questions relating to how they experienced their first ingestion of MDMA. The next key area related to reasons for trying MDMA a second time. Following this were questions relating to repeated usage. This area was probed in the most depth. In particular, I was interested in probing factors that participants' felt effected increased usage (if applicable) and factors they felt related to a decrease in usage (if applicable). A further key area I focused on was participants' explanations of other peoples' MDMA usage, as well as other peoples' explanations of their own MDMA usage. I attempted to ascertain if participants' had any negative experiences whilst under the influence of MDMA, as well there after. My choice of questions was based on extensive reading in the area as well as many informal conversations that I have had with people who are active participants in what I term 'dance culture'. Sometimes a probe was used to stimulate discussion on what I considered to be an important or sensitive issue, but was not spontaneously raised by participants. However, I was also guided partly by participant responses to my questions in terms of generating further categories for discussion.

The interview outline was structured so that initial questions would gradually steer participants towards questions that were fundamental to the studies purpose and could have been construed as being more sensitive and probing. In addition, I was very aware of phrasing questions in a non-judgmental manner so as not to alienate or make

participants uncomfortable about their activities. I did not however stick too rigidly to either the order of the questions or any exact wording as it was not always appropriate, but through reviewing the interviews I do feel that in total all the essential questions were covered. It is acknowledged, in relation to these interviews, that:

narratives that occur in the context of interviews, no matter how open-ended and lengthy, are co-authored enterprises (Williams, 1984 in Lang, 1989:308).

Participants' accounts are therefore seen to be affected by the demands of the interview and their perceptions of what is relevant and important. My position as a researcher in the field of psychology is hypothesized to influence participants' perceptions of the requirements of the interview and the power dynamics of the situation.

I chose to interview participants in their home environment. I felt that this was appropriate in that it would hopefully serve to reduce anxiety as participants were on their home territory. I conducted all the interviews in the participants and my first language, namely, English. From personal observation other language speakers appear to be less represented in 'dance culture' in South Africa with English being the dominant language of communication.

2.5.1. Transcription

All the interviews were recorded on audiocassette. After each interview was held, I transcribed verbatim the English speech from the discussions onto my computer. There were few problems with the transcribing of the tapes due to good sound equipment as well as a professional transcribing machine. Although time consuming, I found the transcribing of the interviews myself an invaluable way to begin engaging in the data analysis process. This 'immersion' into the data is central to the grounded theory approach (Strauss and Corbin, 1991).

2.6. Data Analysis

It must be noted that the methodology utilized in this thesis progressed beyond using a 'pure' grounded theory approach. Once categories and themes were identified, (as outlined below) it was considered useful to try and assess how these categories and themes diverged and/or converged with existing theories, in order to assess the influence of existing models on users own explanations.

2.6.1. Grounded Theory

The grounded theory approach was first conceptualized and documented by Glaser and Strauss (1967) in their book entitled *The Discovery of Grounded Theory*. Glaser and Strauss (1967) state that they feel that the best approach to generating theory is an initial, systematic discovery of the theory from the data of social research, in order to be as sure as possible, that the theory will fit and work. Grounded theory is an approach that is seen to best fit research where one is trying to make initial discoveries in areas which are known to be riddled with myths, stereotypes and misconceptions. The process of generating grounded theory is seen as a process of unfolding that consists of the researcher creating discoveries about the data and constructing the analysis. In other words, a grounded theory approach does not start with an hypothesis, but rather collects and explores data to generate theories.

The discovery process consists of the researcher making discoveries about the data and constructing the analysis (Charmaz, 1990). Stated in another way, a grounded theory approach does not start with a hypothesis, but rather collects and explores data to generate theories. Under these circumstances, the process of data analysis is not totally separable from the process of data collection as the researcher is from the outset immersed in the data analysis process (Strauss and Corbin, 1991).

In the grounded theory approach intersubjective meaning is rooted:

in the multiplicities, variations, and complexities of participants worlds (Henwood and Pidgeon, 1994:231).

The development of new theory is thus firmly grounded in participants' own accounts of their experiences. It is however necessary to interpret individuals' experience through the cultural frameworks and within existing social and power relations in which they occur as these factors are seen to play a large role in mediating experience (Henwood and Pidgeon, 1995). It is important to take such factors into account in order not to be predominantly pre-occupied with participants' accounts as language or text to the exclusion of the environment in which it has been created and constructed.

Strauss and Corbin, (1991) outline a process to analyze raw data using a grounded theory framework. These guidelines revolve around schemes of coding and categorizing data into manageable units of analysis. In grounded theory, there are three major types of coding, firstly, open coding, where data is broken down into discreet parts that are closely examined and compared for similarities and differences. Secondly, pattern coding, which aims to relate more specifically the categories and subcategories discovered during open coding, now focussing on uncovering and validating possible relationships. Thirdly, selective coding, where conscious choices are made about who and what to sample in order to obtain accurate and representative data. The data collected through the interviews was approached and analysed by applying the above procedure. The researcher's perspective is seen to embody not only his/her philosophical understanding of the world, but also his/her own experiences, values, and priorities. However, researchers need to be continually aware of simply reproducing their pre-existing perceptions, ideas and concepts unchanged by the process they have undertaken. Henwood and Pidgeon (1995) alert researchers to such dangers and suggest that a continuously reflective stance is essential for producing unbiased research that is both valid and representative. It is thus crucial not to cling too tightly onto any one approach or theoretical framework that could interfere with the emergence of new meanings and interpretations.

The grounded theory approach to analyzing raw data uses coding and categorizing to help begin the process of deconstructing the data in order to frame relevant analytical questions. The researcher is dually committed to examining the collected data as well as invoking his/her theoretical perspective to raise questions about the data (Charmaz, 1990:1168). The most useful codes, described the 'meaning' of a unit of text, and a code that occurs only once, therefore, can still be considered as important (McCormack Steinmetz, 1991, in Orner, 1997). As analysis of the data proceeds, a set of categories is built up to which one or more instances or quotes in the data can be referenced. The analyses of the texts thus focused around initial categories that emerged plus any additional categories that were slightly more embedded. Subsequently, themes that transcend the categories were focused on. Finally, patterns of relationships between categories, themes, and individual characteristics are assessed. According to Garner (1991:150) a theme is:

a statement of meaning that (a) runs through all or most of the pertinent data, or (b) one in the minority that carries heavy emotional or factual impact.

CHAPTER THREE

ANALYSIS OF INTERVIEW MATERIAL

3.1. Demographics

The age of participants ranged from 21 years to 31 years, with the mean age being 26 years. Five male and five female participants were interviewed. The 50/50 gender split was co-incidental. All my interviewees except one was white. The exception was a so called 'coloured' woman. From personal observation this is in keeping with the demographic distribution of the population who generally participate in 'dance culture'. In terms of education level, two participants had school leaving qualifications, and both expressed a desire to study further. One participant had completed his university undergraduate studies, and one was in the process of completion. Two participants were in the process of completing their postgraduate qualifications, and two had already completed their postgraduate qualifications. Two participants were in the process of completing doctoral studies. The high level of education of this sample is hypothesised to be a result of the method of sampling used, i.e. snowball sampling and through my choice of 'informants' who all had at least undergraduate degrees. The specific areas of study and work have been omitted, in an attempt to as far as possible, protect the identity of the participants.

3.2. Amount of MDMA consumed

Participants struggled to accurately state how many times they had consumed MDMA. This could be due to many reasons. Firstly, six of the participants had had their first MDMA experience over 5 years ago. In addition, many of the participants' consumed more than one MDMA tablet or capsule per occasion of usage. Thirdly, MDMA was frequently used by the participants as one of many substances consumed. Participants frequently wanted to know if they should include occasions when they had consumed small amounts of MDMA in the course of an evening (or day) where several other substances were also consumed and the MDMA experience did not predominate. Two of

the participants' reported during and after the interview that their tallying up of the amount of MDMA consumed raised feelings of anxiety within them. One of the participants disclosed, once the interview had ended, that he had purposefully underestimated his level of consumption. In response to me asking why, he stated that this was due to his fear of being excluded from the study if he revealed his 'true' intake.

Table 1. Demographics

Participant	1	2	3	4	5
Age	31	27	23	24	31
Gender	M	M	F	F	M
Race	W	W	C	W	W
Education	Phd	Undergrd	Matric	Phd	Pgrad
Occupation	Student	Teacher	Student	Student	Journalist
Amount of MDMA consumed	12	20	50	60	15

Participant	6	7	8	9	10
Age	24	21	27	29	26
Gender	M	M	F	F	F
Race	W	W	W	W	W
Education	Matric	Undergrd	Pgrad	Pgrad	Pgrad
Occupation	Movie industry	Student	Student	Computer Industry	Student
Amount of MDMA consumed	15	80	200	100	150

3.3. Analysis of interview material

In this section I discuss the categories and themes that emerged from the data analysis process, and explore the relationships between the different themes, through a discussion of how participants understand and explain their substance use. The coding of the data was further divided into three sections: First, are participants' explanations of their own substance use. Second, participants' explanations of other peoples' substance use and third, participants' perceptions of other peoples' perceptions of their substance use. The results of the coding of each interview were contrasted and compared. I looked for possible categories or patterns in the data across the interviews. Through this process many codes were subsumed under the emergent categories and some codes which did not have a 'good fit' were excluded.

3.3.1. General themes

After going over the categorised data again, several themes emerged. These themes will be thoroughly explored in the following chapter. However, there are five over-arching themes that were present across all three groupings namely: identity, silence and fear, difficulties in putting the experience into words, the insider versus outside dynamic and knowledge and experience. These five over-arching themes are related to the way in which participants discuss their substance use, but do not relate directly to explanations of usage. They, however, require constant consideration throughout the remaining analysis of the texts.

3.3.1.1. Identity

It was clear from the way that participants' related their explanations of why they use MDMA as well as other psychoactive substances, that they consider themselves to be 'recreational' substance users as opposed to a so called 'drug addict'. It appears that MDMA use defines just one part of participants' identities, even though they may have

been through stages where their use was a more salient feature in terms of defining who they are. As participant 3 states:

... ja, even through my periods where I was using quite a lot, I would never say that I had to use, you know what I mean, it was always a matter of choice ... weekend warrior that's what we called ourselves ... you know that's what we, hmm, we like doing on week-ends, o.k. and ja there were periods during the week, but that was only really when xxx (partner) wasn't working either ... you know when we had the time to just take off and not have to do anything except please ourselves ...

As Participant 4 states:

You know I'm not referring to those people who use daily, you know because if they don't have a drink or a schnaaf (slang for snorting cocaine) they can't face the rest of the world ... no I'd say I use when I've got the time and I'm up for it ... and if I can't get hold of anything then its not the end of the world ... anyway there's no shortage of other things to do ...

Participants' narratives were scattered with references to being able to control their usage of psychoactive substances. As Participant 2 states in reply to a question which related to how he controls his substance intake:

look this is how I see things o.k., just because hmm a male patriarchy decided in their wisdom to differentiate between one substance and another, doesn't mean that I actually necessarily agree with that differentiation, control my substance use, ja look I wouldn't have more than 3 cups of coffee in a day, that's controlling my substance use sure, I smoke cigarettes two or three of them a day, because I know its bad for my lungs, ja, (pause) I don't ever take heroin because its terrible stuff, I know its bad for me, so I won't, I won't eat sand either, you know, these are all just substances you know illegal, legal who decided what where and all, I don't take pharmaceuticals for sure, I don't take antibiotics ever, this is control ...

Here Participant 2's response can be seen to be challenging my question around his ability to control his substance intake, through including a variety of substances ranging from sand to heroin. He makes reference to being able to control his intake of all substances that he perceives to be 'bad' for him, like for example antibiotics. He refuses to make the distinction between controlling his intake of illicit substances and controlling his intake of licit substances. It appears that he is attempting to draw my attention to his

ability to be able to decide what is 'good' for him and what is 'bad', on the basis of his own knowledge and experience. The general theme of control was, however, contradicted by three of the participants who reported a loss of control with using other psychoactive substances; namely alcohol and marijuana. This finding is further explored below in terms of how such perception around a 'loss of control' affected their MDMA usage.

For eight of the ten participants, work and study appeared to be a fairly important focus in their lives. Five of the participants' work over forty hours per week. The remaining five participants' work load differs according to demands placed on them at university, their place of employment, or their financial situation. Of the ten participants, eight appear to be currently active members of what is termed 'dance culture' in South Africa. 'Dance culture' is a broad term used to refer to the coming together of groups of people at specific locations, where the following are present; electronic music (with repetitive beats), psychoactive substances (including alcohol) and lighting effects (which usually include a strobe and smoke machine). As Participant 9 describes, in response to me asking her why she prefers going to outdoor trance parties as opposed to raves in clubs:

... well you see with trance parties, things are quite different, quite organic, ... ja and that's also what most of my friends are into ... beautiful to be outside, and watch the sun set and rise and the moon ... and not only ultraviolet light, but all sorts of light effects which are projected onto trees or mountains, ja, which really help you to trip ... it feels more healthy and you get to camp outside and after a weekend it really feels like you've managed to get away ... except you've got the added bonus of a good sound system and loads of people you know ...

And as Participant 3 states:

What can I say, it's a winning combination, fucking loud music, lights and strobe, that combinations, you probably don't even need drugs to trip out on it, just the environment itself, its kind of like sensory overload, so much going on, people raving their heads off ... and ja just going for it, being absolutely up-for-it (slang for eager), ja, you know and in some spots ... such an incredibly good vibe, at eight in the morning, looking across the dance floor and finally being able to see the people you've been dancing next

to the whole night ... such a feeling of togetherness, you know, we've been here the whole night and know its morning and we're still together and going for it still ...

Another defining feature of 'dance culture' appears to be the fact that it is by definition a group activity, which people participate in together, with other people who have similar interests. Part of these similar interests, appears to be a particular interest in electronic music⁷ and psychoactive substances. This statement is not meant to imply heterogeneity amongst participants' in such a culture, but rather a shared interest in the things that go with it.

3.3.1.2. Silence and Fear

Silence and fear emerged as important themes throughout the interviewing process. This silence and fear appears not to exist amongst groups of users themselves, but rather between users and those they consider to be non-users. In terms of participants' ability to talk about their experiences, there appeared across all of the interviews some degree of anxiety and uneasiness at disclosing their substance use to an outsider. Many of these difficulties manifest themselves before the beginning of the actual interviews (see also the discussion in Section 2.4). Many of these feelings appeared to be related to participants' fear of the implications of being exposed and identified as an illicit psychoactive substance user. There were also expressed fears of not being sufficiently understood and thus viewed in a negative or pathological light. As the participants state:

... what I'm telling you could put me in Valkenberg (Participant 2)

... I don't know if I should even tell you about it ...(Participant 4)

⁷ The term electronic music is used here to refer to new music developments that are frequently made on computers (usually with the aid of samplers, sequencers and drum machines). This music can further be defined by the frequent use of repetitive beats. This term is meant to encompass current genres with names such as 'ambient', 'house', 'trance' 'techno' and 'drum and bass'.

...I hope you're not going to judge me badly on this one, you know, and think that there's something wrong with me ... even though I know it must be difficult to make sense of what I'm telling you (Participant 9)

... you know what I'm telling you could lose me my job, without a doubt, if people at work found out what I get up to on the week-end, hmm, I think, I think that would be the end of it for me ... I'd just lose all my credibility, and god knows where that would leave me ... (Participant 10)

These excerpts clearly point to some of the participants' fears around being identified as psychoactive substance users and the implications that such a label may have. Participant 2 appears to fear being classified as 'mad', whereas Participant 9 appears to have concerns around being misunderstood and/or possibly being judged negatively. Participant 10 expresses fears relating to possibly losing her job if her psychoactive substance use was to be revealed.

3.3.1.3. Difficulties in relaying, in words, the psychoactive substance induced experience

Besides participants' fears of not being understood or being viewed as pathological, another important theme that emerged was participants' difficulties in describing the MDMA induced experience. As the participants state:

...these things are just so impossible to put into words, ja you can't it is inexplicable, because language itself is a very limited form of communication ... (Participant 2)

... how can I explain it, you know, its difficult to explain this, only if you've had the experience yourself would you know what I mean, I mean the rush, there isn't really anyway of explaining it and feeling loved up, well what I can say, there is nothing to say really, just so much good feeling, so much feeling fullstop (Participant 3)

.... it doesn't feel, the words do not match the feeling, they're almost like at a non-verbal level, its too hard, too hard to put into words, its almost beyond a word thing, rather an experience thing (Participant 8)

... the beauty about the experience is that you are so busy being in it that the whole notion of having to reflect somehow doesn't seem to exist, you know what I mean, its like reflecting is a stepping back and thinking, but, but can you even imagine that such a thing isn't necessary, I mean, it doesn't enter your mind, you are just there and doing it, its like being a child again, experiencing whatever is, is going on in such a direct way, its too hard to put into words, you know, you know, you can't learn this sort of thing through being told about it, its experiential, fully experiential, ... its so hard to try and relate the experience through language when it feels like it happens on another level ... (Participant 10)

Participants' also appeared to use a different kind of language to express the inexpressible nature of the experience. A lot of sub-cultural lingo was used in order to try and describe certain experiences, like for example the use of the term 'rush' to explain a complex range of experiences that participants' report they experience once MDMA starts to take effect. The term 'schmangled' to refer to having taken a lot of MDMA and not being able to adequately operate ones' body or to be able to converse with other people. Similarly, the phrase 'come down' was also frequently used to describe the experience of MDMA wearing off, as well as to describe a change in mood approximately 2-3 days following ingestion.

Participants' difficulties in clearly articulating their experiences appear to affect the way they explain their use of psychoactive substances. This needs to be carefully considered throughout the following analysis, especially by readers who are not familiar with the MDMA induced experience.

3.3.1.4. The Insider Versus Outside Dynamic

Participants' appear to have fairly set perceptions of non-users of psychoactive substances, but it suffices here to say that participants' perceive non-users as being unable to understand the MDMA induced experience due to their lack of first-hand knowledge of the experience. In addition, it appears that participants' assume that non-users of psychoactive substances will pre-judge their behaviour in a negative manner. My failure to be clear about my own knowledge and experience of MDMA is hypothesised to have placed me in an ambiguous position with regards to participants' classifying me as either an insider or an outsider. I attempted to address participants' possible anxiety around this ambiguity through the use of clinical interviewing skills, which were applied in attempting to listen empathically and sensitively to participants' accounts.

It appears however, that my research question may have exacerbated this situation, as it appeared to strike many of the participants as the sort of question that a so called ‘outsider’ would ask. As Participant 6 states:

its like asking me why do I eat chocolate

To some of the participants the answer to my question seemed so very obvious that they struggled to understand why I was asking it. It could be interpreted that, for some participants, having experienced the extent of pleasurable effects that MDMA is able to induce makes the rationale for use self-evident. The fact that that this was the question that I probed most frequently and deeply appeared to make some participants’ uneasy and resulted in participants frequently checking that I knew what they meant, that I was not misinterpreting their responses, as well as, suggesting other areas which they felt would be more fruitful to explore. As Participant 9 states:

... maybe its not obvious to you, but you know, its really pleasurable, I mean fully pleasurable, it makes dancing feel fantastic, it makes music ... so uplifting ... it makes you feel connected ... and good about yourself and people around you, I don’t know, it just, it just seems so obvious to me why, why someone would want to take it (laughs).... ja, what might be more of an interesting question is why do people not take E ... or why do people stop taking E ...

As can be seen from the above excerpts, it is hypothesised that my continual focus on explanations relating to usage, resulted in participants’ questioning my credibility as a researcher within this field. It also brought into question for me, the power that researchers can be seen to hold within interviewing situations. Participants’ can be seen to frequently challenge this power on the basis that it is they, in fact, who are the experts, in this situation and not me.

3.3.1.5. Knowledge and Experience

Participants’ broad level of knowledge and experience around a variety of psychoactive substances, both licit and illicit, emerged as an important theme when focusing on

MDMA users' explanations of their substance use. I initially attempted, in the interview itself, to limit discussion to experiences of MDMA use alone, but realised that this was an unrealistic restriction. Firstly, the participants that I interviewed displayed a fairly remarkable knowledge of a wide variety of psychoactive substances. Secondly, participants had used, and continue to use, many of these substances themselves (see Table 2.). It is this knowledge and experience, which differs greatly from what traditional addiction theorist postulate, that participants frequently referred to throughout the interviews when attempting to explain usage. This sample of recreational MDMA users furthermore appear interested in experimenting with combinations of different psychoactive substances in an attempt to achieve desired effects. For example:

... I have been able to re-attain that initial kind of the bliss and euphoria of that initial E experience using combinations of drugs as opposed to just ecstasy by itself (Participant 7)

... more recently I've been experimenting with different combinations of say E and 2CB, or acid (Participant 9)

Secondly, participants kept on referring to their experiences on other substances in an attempt to more clearly articulate their experiences on MDMA. I felt that it would have been counter-productive to not allow this in the interview. This necessitated keeping the interview very open-ended in order to let the participants use their own words and experiences in order to articulate as best as possible their rationales and experiences of using MDMA.

Table 2. Psychoactive Substances Used By Participants.

	1	2	3	4	5	6	7	8	9	10
2CB *	X	X		X	X	X	X	X	X	X
Alcohol	X	X	X	X	X	X	X	X	X	X
Cocaine	X	X	X	X	X	X	X	X	X	X
Crack			X					X	X	X
GHB *							X			
ICE *		X						X		X
Ketamine				X			X	X	X	X
LSD *	X	X	X	X	X	X	X	X	X	X
Mandrax	X	X				X	X	X	X	
Marijuana	X	X	X	X	X	X	X	X	X	X
Nutmeg							X			
Opiates				X		X	X	X	X	X
OTC *	X	X	X	X	X	X	X	X	X	X
Poppers		X			X	X	X	X		X
Prescription	X	X		X			X	X	X	X
Psilocybin	X	X	X		X	X	X	X	X	X
Speed	X	X	X	X	X	X	X	X	X	X

* 2CB = 4 - bromo - 2,5 - dimethoxyphenethylamine (also known as NEXUS)

GHB = gama-hydroxybutyrate

ICE = 4 - mythylaminorex

LSD = lysergic acid diethylamide

OTC = over the counter medication such as cough mixture, codeine, slimming pills (thin)

As can be seen from Table 2, participants have experimented very widely with a broad range of psychoactive substances. Participants 2, 6, 9 and 10 were fairly insistent that

nicotine should be included as a psychoactive substance. Participants 2 and 10 also stated that they felt caffeine should be included. What is interesting to note is that participants' classification of various substances appears to be based on their potential to alter mood, perception and/or behaviour, as opposed to their legal status.

3.4. Emerging Categories And Themes Of Explanations Relating To Initial Use

There were several categories that emerged throughout the interview relating to participants' explanations for initial MDMA usage.

Table 3. Categories Relating To Participants' Explanations Of Their Own Initial MDMA Usage.

	1	2	3	4	5	6	7	8	9	10
Experimentation	X	X	X	X	X	X	X	X	X	X
Exploration	X	X	X	X	X	X	X	X	X	X
Fun/Play	X	X	X	X	X	X	X	X	X	X

After reading the categorized data again the following themes emerged which related to reasons for initial usage: a desire to experiment and explore MDMA as a psychoactive substance and a desire to have fun and play. The majority of participants' were first made aware of MDMA through the popular media or from friends who had already tried it. As Participant 7 states:

Participant 7 - I was determined to see what it was all about

Interviewer – what did you think it was about

Participant 7 - hmm, ... I thought it was about hmm, I thought it was about euphoric feelings and a sense of loving people around you, pretty much what I'd heard in the media and from other people

All of the participants had already used other psychoactive substances and it is hypothesised that positive experiences on such substances predisposed them to wanting to try MDMA. As Participant 9 states:

I'd heard that MDMA was much less hectic than acid, you know more feel good ... and I've had some of the most amazing experiences on acid, I mean truly insightful ja, and also quite euphoric, but I also know that you can go so many ways on the drug, I mean you've got to take it when you're in the right space ... so I was keen to try MDMA you know, and see what everyone was going on about ...

As mentioned above much of the research that has been performed within the field of psychoactive substance use does not separate out reasons for initial use, from reasons for repeated use. Sociological theories attempt to set the scene in which the use of psychoactive substances could proliferate, stressing factors such as the political, economic and social stability of society, the attitude of ones' social milieu to illicit psychoactive substances as well as the influence of ones' peer group. Participants did not make reference to instability within their social milieu as a reason for initial usage. The influence of peer group on initial usage was also not mentioned directly, but can be inferred from participants' reports as a possible contributing factor to initial use. Anthropological theories refer to the first use of a psychoactive substances in terms of a 'rite de passage' (du Toit, 1977). Due to participants' exposure to and use of other illicit psychoactive substances, their first use of MDMA does not appear to confer with this hypothesis. At no time did participants refer to explanations relating to deficits or disease as is proposed by the more medically orientated models to explain initial usage.

3.5. Emerging Categories And Themes Of Participants Explanations Relating To Their Own Repeated Usage

Participants offered several different explanations in an attempt to account for repeated use. Explanations ranged from a desire to re-experience the empathogenic qualities that the substance is known to induce, such as increased experiences of fun and play, as well as an increase in intra-personal exploration. Further categories related to experiences of 'transcendence' following the ingestion of MDMA, as well as rationales relating to MDMA's energy giving potential. In addition, categories emerged that related to increased enjoyment of music, dancing and socializing.

Table 4. Categories Relating To Participants' Explanations Of Their Own Repeated MDMA Usage.

	1	2	3	4	5	6	7	8	9	10
Empathogenic	X	X	X	X	X	X	X	X	X	X
Fun/Play	X	X	X	X	X	X	X	X	X	X
Further Exploration	X	X	X	X	X	X	X	X	X	X
Transcending		X	X				X	X	X	X
Energy	X	X	X	X	X	X	X	X	X	X
Music	X	X	X	X	X	X	X	X	X	X
Dancing	X	X	X	X	X	X	X	X	X	X
Socializing	X	X	X	X	X	X	X	X	X	X

The most common theme to emerge across all of the interviews, relating to participants' explanations of repeated MDMA usage, related to the desire to re-experience the empathogenic qualities that they had experienced whilst under the influence of MDMA. The term empathogenic is understood to mean empathy generating, not only for others but also for the self. Eisner (1994) reports that MDMA has been noted to be a specific enhancer of empathetic awareness, which is seen to promote communication between people as well as intrapersonal exploration.

Below the participants 10, 7, 8, and 1 all articulate the first time they felt what they described as the most valuable and sort-after part of the MDMA experience.

... for the first time ever I experienced a complete absence of fear, anxiety, discomfort what ever, you know all of those things that can sometimes make you feel separate, and, and apart in social situations, I felt so different, so incredibly different, and I looked around me and I was with X and I just couldn't believe it, nor could she, we just looked at each other and we knew, I mean we were coming up at the same time and it was just such a feeling, so hard to put into words, such a feeling of oneness of connectedness, not only with each other, but also with myself and with almost everyone around me (Participant 10).

As the Participants state:

I felt that no-one was really a stranger to me in the club hmm I'd be buying a drink at the bar and someone next to me, we'd just start talking and I'd immediately feel a bond with them and be able to talk to them about anything and it seemed like everyone was sort of glowing with a sense of we're all kind of a family involved in this together and the whole dancing and the music and everything was, was a part of it hmm, ja and very strong ties with other people (Participant 7).

the first time that it really, really worked, I was at a party hmm, and it was shoo, very hmm, hmm, a supremely, a supremely happy hmm, supremely ja euphoric, very, very excitable but, absolutely confident that nothing would harm me at all hmm, and it felt very communal, it felt very, I felt very, very unfettered by anything, hmm, I was in a strange place, in a strange city, and I felt very much at one, with everyone else that was around me and very warm, and I experienced people as being very warm to me, hmm, exhilarated (Participant 8).

... I had never felt so calm and inside of myself before ... its paradoxical because you feel completely calm yet infinitely excited and, hmm, elated, you know like the feeling of anticipation but without any anxiety, like, like feeling very aware and very interested and wanting to explore and talk to people and wanting to connect, and, and you know, how to say it without sounding corny, but, hmm, full of caring and understanding ... a feeling of being together and being a part of something, hmm, bigger ... its really good for getting the bigger picture ... for making connections between things and people stand out, ja like a big dose of insight ... (Participant 9).

the mood change in terms of the euphoria, hmm, and my wish in a way to reach out to people to communicate to people, hmm, which I really like, and the reason why I like that so much is because I tend to be quite an introverted person, so to me for me to feel this kind of euphoria and want to share this with other people is quite a thing (Participant 1).

It appears here that participants' are describing a complex set of experiences that follows the ingestion of MDMA. The most sought after experience appears to be related to the state of empathy that MDMA is able to induce which participants report gives them additional insight into themselves and makes them feel more connected to other people. Included in this is an experience of being connected to a larger community. Such experiences are described by the participants as being very unique and special and unlike experiences they have had in an unaltered state of consciousness. The explanatory powers

of the majority of the models or frameworks presented in Chapter One, are unable to account for the desire to want to induce this distinctive experience, and in particular to want to do this repeatedly. Transpersonal theories appear to have the greatest explanatory power in terms of accounting for participants' experiences and their desire to repeat such experiences. The theory hypothesises that the ingestion of certain psychoactive substances allows for some users to experience changes in their awareness and perception of reality, which is seen to serve an adaptive function in terms of helping people cope with their interpersonal life as well as their environment. Participants' initial reports of their MDMA usage appear to support such a conceptualization. As Participant 3 states:

After about the third time I used, things seemed to slot, to slot into place, I mean there was a lot of shit going down in my life at the time ... and ja, I remember sort of being able to get some perspective on things and that helped ... especially with XXX (partner) it sort of helped me accept things more ...

The second most common theme to emerge was around MDMA allowing participants to play and have fun. This category was present in every one of the interviews, but was emphasised differently by different participants.

ja, its, its more that (pause) it was more about playing with I'm going to have fun ... I take them very much in kind of a leisure, frivolous kind of way, its an enjoyment pleasure thing ... I mean the way that I see it now is that I say that its been more about playing and about about hmm accessing certain facets of myself, in a way, hmm, that I haven't explored for some time, and I see my drug, substance use, as very much an adjunct to that (Participant 1).

I don't know any other way to put it, and that's fun, that's fun its fun, that's what it is, its fun, its pleasure, it's a pleasure drug (Participant 2).

to me it was just to get high, it wasn't to, it wasn't, I didn't you know, it wasn't because I had problems and I needed to take this to feel this or that, it wasn't like that with me, I wanted to have fun with it, I wanted to experience new things with it, you know (Participant 3).

Here participants appear to link their experiences, whilst under the influence of MDMA, with their rationales for wanting to use it. Many of the interviews contained animated

anecdotal material relating experiences of playfulness, pleasure and enjoyment whilst under the influence of MDMA. Seven of the participants related that their experiences had helped them gain insight. Participant 9 states:

... I've had huge insights, I mean self-insight ... being able to reflect, hmm, in a sort of undefended way, and, and its let me explore things, I mean really get to the bottom of things, and that's something I really appreciate about it ...

Participant 3 reports:

... on the dance floor, I've really worked it all about before, been able to see my past, present, and, and my future in a different way, and its let me go places, like go places with myself that I don't know if I would have otherwise ...

It is hypothesised that MDMA allows for users to undergo experiences of transcendence, following the ingestion of MDMA. The categories of an increased enjoyment of music, dancing and socializing were unanimously given as reasons for repeated MDMA ingestion. As Participant 3 describes one of her most enjoyable experiences on MDMA:

... the first time it really worked, hmm, I was on the dance floor for like 6 hours, and time sort of like flew, I mean, I remember looking up and noticing the light coming through the windows, and I, I, was still going strong, my body felt incredibly energized ... as the music was building up, so I was getting higher, and it would build up and never quite reach a climax, until hmm, it eventually did ... you know even just talking about it now I can almost like feel the rush, feel the buildup, hmm, but its difficult to explain, difficult to describe, because its not like ... when you reach, hmm, a sexual climax and then its over, its more like you feel flooded with, with, bliss that comes in waves ...

Participant 10 states:

... you know E has the ability to make even a dripping tap sound interesting, I mean on the way back from parties, I mean I have no sound system in my car, but I swear just the noise of the engine sounds like brilliant fucking techno ... so can you just imagine what it can do to real music ...

The theme relating to the participants' enhanced enjoyment of socializing appears to be linked to participants' increased ability to be able to socialize, due to a decrease in

feelings of anxiety combined with an increase in feelings of empathy. As Participant 5 articulates, ingesting MDMA allowed her entry into a different social world:

... (after taking MDMA) I feel much less anxious and it makes it possible to hmm, meet new people, because you know, the sort of pre-conceived ideas that you have about people that you don't know, like aren't there anymore, and you can just see and meet people for who they are and not for who you think they are if you know what I mean ...

Participant 3 describes some of the benefits she has experienced, in terms of changes in her social world, following the ingestion of MDMA.

The amount of people that I've met since I've started partying has been phenomenal ... I mean all sorts of people, different people ... but also I think its because I became more open to meeting people ...once you start going to the same places you see the same people and then it becomes like you , like you develop a second family ... a new group of friends ... you know if you can't sleep at three in the morning, I can just jeet (slang for go quickly) down to XXX (name of a nightclub in Cape Town) and I'm almost certain I'll know someone, even if its just XXX (name of person) behind the bar, I'll have someone to tell I can't fucking sleep ... have a smoke, talk some shit and then go back home ...

The theme of participants' developing new social connections will be further explored in Section 3.5.1.

3.5.1. Exploring Repeated Use In More Depth

In terms of focusing on repeated use in more depth, it was considered necessary to ask all the participants to offer explanations relating to their frequency of use. This included asking participants who reported that they use MDMA on an infrequent basis, to offer explanations as to why they use MDMA infrequently. Explanations offered by participants who used MDMA less frequently appears to be related to fears around losing control of their MDMA intake. Amongst participants who use MDMA more frequently, their initial explanations offered for usage, tended to be complimented with categories relating to notions of deficits as well as hypothesised self-destructive tendencies. Secondly, a theme emerged relating to the impact of new social contacts and a different

lifestyle in further explaining repeated usage. Thirdly, some of the participants referred to their substance use as playing a part of a larger ritual.

Table 5. Themes Relating To Participants' Further Explanations Of Repeated Usage.

	1	2	3	4	5	6	7	8	9	10
Control	X				X	X				
Recapture experience			X	X			X	X	X	X
Social worlds			X	X			X	X	X	X
Rituals							X	X		X
Deficit and disease	X			X		X	X		X	X
Self-destruction		X		X			X	X		X

The primary rationale offered by participants who had used MDMA on a less frequent basis related to issues around control. The three participants in my sample who used MDMA infrequently (i.e. have consumed between 10 and 20 pills each), all reported that they had in the past experienced difficulties with controlling their intake of psychoactive substances. These experiences of a perceived 'loss of control' around substance use thus appear to have affected the way that they approach and explain their MDMA usage. As Participant 1 states:

... hmm ja (pause) I don't want to I'm sort of a bit wary of sort of using it too often, in the sense of it becoming a habit to me, instead of more of hmm, a very nice kind of not exactly a novelty, but I don't want the almost, I don't want the novelty factor to wear off, I don't want it to become too hmm something that I'm almost dependent upon, in a sense, for pleasure.

Interviewer - have you had that experience with other substances?

Participant 1 – sure (laughs) ...

Later in the interview he returns to the same point.

Participant 1 –... I think I don't want to over do it, and also if one does overdo it the whole uniqueness in a way, in a way the things that one really likes about it, which are quite novel in a way, becomes simply, one becomes habituated to them, hmm, then they in a sense lose a bit of their charm ...

An example from Participant 5:

Interviewer – and then after that how regularly have you been using?

Participant 5 – ... maybe like two or three times a year, and then its like a special occasion kind of thing

Interviewer - okay why do you keep it down to that amount?

Participant 5 – because a lot of other people are using it really very often and, firstly it costs a lot of money hmm and secondly I don't want to get into the habit of using chemicals, hmm, and thirdly because it feels lekker (slang for nice) on it I don't want it to become stale, so if I'm going to do it, I want to have fun, you know and hmm, then make an occasion of it ...

Interviewer – ... but now tell me have you ever had the experience of using any other substances that its become habitual, that you've become habituated to it?

Participant 5 – ja, dope, ja ... and it wasn't such a fun experience, I mean I was smoking all the time and not even getting high ... became extremely demotivated and I was probably also quite depressed, ja I'd say clinically depressed ... not that I'm trying to blame that on the dope ... just that I wasn't in such a good space.

Participant 6 expressed very similar concerns and fears around 'overdoing' the special MDMA experience and possibly becoming dependent on it. He reports that he would not like his MDMA usage to start approximating his cannabis usage.

What arises from these excerpts is that some participants have knowledge and experience of using certain psychoactive substances habitually, and there appears to be a fear related to using MDMA in a similar way. This fear appears, on the one hand, to be linked to not wanting to form a dependence on MDMA, and, on the other hand, to a fear that if they use MDMA indiscriminately they may lose some of the so called 'special' effects which they appear to value. These participants can thus be seen to be exercising control around their MDMA usage, which appears to be linked to their experiences of a 'loss of control' with regards to the use of other psychoactive substances. However it is interesting to note that the cause of this 'loss of control' was hypothesised to be a result of 'the self'

and not a property of the psychoactive substance as is usually suggested by the universal exposure model. As Participant 6 states:

... the thing is that hmm I, I've got an addictive personality, if I get into something I can really get into something ...

Participant 6 hypothesises that his so called 'addictive personality' is a result of coming from, what he describes to be an alcoholic family. Participant 6 can thus be seen to be utilizing a genetically based explanatory model in order to explain his psychoactive substance use. What is interesting to note though is that he does not restrict the concept of addiction to psychoactive substances but generalizes it to other forms of behaviour, as he states:

... addiction doesn't just apply to drugs I mean you can be a sex addict, obsessive about something you can be addicted to straightening your carpet or what (laughs), but its like you know addiction its like hmm its er a sort of like a comfort its sort of like a comforting mechanism almost and you its something that you that you crave, and its not necessarily on a chemical level ...

It appears that Participant 6 generalizes the potential to becoming addicted to any activity on the basis that it provides a potentially soothing or comforting quality. Such an explanation can be seen to be in keeping with more psychodynamically orientated models, like for example Self Psychological explanations of repeated substance use. Participant 9 similarly states:

... you know its not just drugs that you can get addicted to, I mean, you can also get addicted to lets say for instance gambling or sex, or sometimes even music I think, you know I know some people who are just not happy unless the trance is playing full volume, you know it sort of serves to calm them, make them feel more balanced, ... I mean I suppose you could call that a sort of an addiction, why not ...

It must be noted that participants were offering these explanations, but were not necessarily relating them to their own MDMA usage. However, it is interesting to note that the fear around a 'loss of control' came from those participants who have reportedly taken less MDMA. This finding is striking as I imagined that it would be the more

frequent users, as opposed to those who use less MDMA, who would have concerns around a 'loss of control'. This finding could be due to the fact that the remaining participants have never experienced such a loss of control or that they are repressing or denying such concerns in order to maintain thoughts and feelings of being in control. Further exploration is necessary to ascertain possible causes for this discrepancy.

The primary rationale for repeated usage, offered by participants who had used MDMA on more than forty occasions, revolved around a desire to re-attain or recapture the initial empathogenic and euphoric feelings that they have experienced using MDMA. However, as the following excerpts illustrate, the ability to re-experience the highly valued empathogenic qualities of the experience appears to be less than straightforward.

As Participant 7 states in response to me asking him if he had ever re-experienced what he felt was his best MDMA trip:

Participant 7 – (interrupts) hmm I would er no, not on ecstasy by itself, hmm, I have experienced that effect if I've taken a lot of E but then its also comes along with other side-effects, so that was pretty clear of side-effects and that's what made it you know so significant, other times have been even perhaps more kind of hmm overwhelming powerful and the drug was a lot stronger but it also came along with other side-effects which

Interviewer – (interrupts) and what are the side effects that you are talking about?

Participant 7 – hmm things like a sense of absolute confusion, not really knowing where you are what you're doing hmm, having your vision blurred that you can't really see what's going on and not being able to focus on things, having people that you know very well in front of you and not actually recognizing their face or seeing absolute strangers and thinking that you know them and they're someone else, it's the strangest sensation when you can't actually see who a person is or if they are a person that you're thinking of or if not, real disorientation hmm, some physical side effects like jaw clenching and hmm biting your cheeks and tongue and that hmm sometimes just so that by the end of the night your cheeks and your lips are totally raw and lacerated hmm, what else, not being able to speak, hmm, or being you know, at night I find the energetic part of it is normally a nice thing hmm and maybe being in a state where I couldn't really move, I'd just be so drugged out that I'd have to lie down somewhere and not be able to do much hmm, also on too much of the drug I find it has a more of a trip effect like LSD, although that might be because of MDA or MDEA or some other variant of ecstasy hmm, where the the kind of introspective trippy part interferes a bit with the good like euphoric connecting or energetic parts of it.

Participant 7 describes what sounds to be fairly severe side effects after repeated ingestion of MDMA, however, towards the end of the excerpt he appears to down play these side effects. The quality of the side effects he describes appears to severely inhibit his ability to be able to recapture the parts of the MDMA experience that he values. It is possible that his downplaying of the side effects could be related to him wanting to present a more coherent and less contradictory picture, in order to more successfully warrant voice.

Participant 8 also offers an example of how she experienced an increase in unwanted so called side effects:

Interviewer – okay was there ever a time when the pills stopped having the effect that you were looking for, regardless of the amount that you had taken?

Participant 8 – ja, I suppose so ja,

Interviewer – hmm can you remember sort of at what stage did that happen?

Participant 8 – hmm, ja I guess towards, towards hmm, hmm, look if I took enough then they would have an effect, but hmm, I'd say while I would be energized and while I would be I became, while the other effects, the energizedness the, hmm, hmm, were still there, I was awake and I was with it and I could still dance and I could do whatever, I felt myself becoming more confused, there was like a huge lack of, like really confused, really stupid, I mean to the point of like, you know, not being able to communicate well with people, very disorientated, disorientation, the confusion hmm my connection, my ability to connect with people was completely lessened, afterwards though, I wasn't euphoric, I wasn't happy, I was sad inside actually, it didn't make me happy.

And Participant 10 similarly states:

...you know, its difficult to hold onto the point of it all after a while, because you know I was taking the pills to help me connect, to make me feel connected to others, but in the end it was having exactly the opposite effect. I was becoming more confused, much, much less clear, even paranoid, hmm, having bad thoughts about people, become self-conscious and you know it, you know, hmm, it became such a thing, you know that I was really having to manage myself on pills, and keep such a close eye, that I wouldn't start to get into a negative headspace, and fear that I was losing touch with everything ...its difficult to explain the level of confusion, you know, ... very unclear, confused and I suppose disorientated, not for my own person, but definitely for time and place, and ja, struggling to recognise people, you know when you

recognise people you don't know and don't recognise those you do, its not a nice feeling hmm,. its confusion and disorientation on a grand scale.

Participant 4 also reported similar experiences. However, she emphasised the development of paranoid feelings and an almost complete loss of empathy as she started to see other club goers losing their human qualities.

and I always used to when I, when I took E when I was doing such a lot of it at the beginning of the year, hmm I used to just get these images of, of, hmm, Duracell batteries like when I was at clubs and people, I would see them taking E's I would just like see these little pink bunnies you know, just in my head like filling themselves with E's and then like buzzing off and then being left with like nothing, its like there, they, there was nothing beyond that, there was nothing in them that could get them going other than that, it it it was a horrible image, you know, our existence must be defined by something more than that, no?

These descriptions sound like the opposite effects of what participants are attempting to achieve through using MDMA. Within this small group of participants it thus appears that with frequent, repeated usage there comes a lessening of the empathogenic effects of MDMA and an increase in the unwanted so called 'side effects'. It must be noted that Participants 3 and 9 also alluded to such experiences, but did not speak about them in any depth. This could be either due to them not experiencing them to as great a degree as the other participants, or it could be a result of them not wanting to 'spoil' the picture that they had presented of MDMA as a relatively mild psychoactive substance with relatively minor side-effects. Participants 4, 7, 8 and 10's experiences of an increase in the unwanted 'side effects' following repeated ingestion can be seen to alter their MDMA related experiences. This alteration is seen to result in participants needing to develop different explanations in order to account for their repeated usage, as the initial categories used to explain usage, do not always adequately reflect, or account for, the experiences that they relayed during the interviewing process. In an attempt to account for an increase in the experience of so called 'side effects' some participants firstly raised an issue relating to the quality of MDMA that is locally available.

As Participant 8 states:

I always wanted it to be as good as the first times, hmm, I believed that I could get back to that, and I suppose ja now that the issue of the quality of the pills has been broached, I suppose then there would be an occasion when it would be like wow, wow, wow, because it would be like a superb pill, hmm, hmm, so you would always be hoping that you would get back to that wonderful state of being, so I think that was ... why I persisted, because it would be ja about getting back to the first

The quality of MDMA tablets available world wide is known to vary widely and such disparities could effect participants' experiences whilst under the influence of MDMA (Saunders, 1998). Participants report being aware of the effects of different analogues of MDMA as well as the increase of positive effects when combining MDMA with other substances that have a synergistic effect with it (e.g. 2CB). However, there appeared to be an absence of discussion around the notion of tolerance due to taking MDMA too frequently. This absence was striking considering the sample that I interviewed all demonstrated familiarity with notions of increased tolerance due to repeated exposure to a particular substance.

The second issue raised by participants' with regards to experiencing an increase in so called 'side effects' related to the effects of set and setting. As has been discussed above there are many different variables that are known to affect the experience of taking psychoactive substances. As has been outlined in Chapter 1, the set (the psychological state and expectations that the user brings to the experience) and setting (the place where the psychoactive substance is consumed) amongst many other variables are known to be able to significantly alter the course of a psychoactive induced experience. However it appears from the reports that it is difficult for participants to clearly ascertain the reasons why they sometimes have better or worse 'trips'. It is hypothesised that the variables of set and setting, combined with issues relating to tolerance and/or varying qualities of substances or combinations of substances, appears to cloud the issue of users ascertaining, for certain, that they are experiencing ill effects due to taking too much MDMA. This clouding is hypothesised to affect users' rationales and explanations for continuing usage, which in turn appears to affect their actual usage.

As Participant 10 states:

You see it can be confusing, because sometimes you get just the right dosage of really good stuff, and maybe its because it was the right time to take, and everyone is up for it and in a good space, that it would be really fantastic again, you know, almost like the first time, and your faith would be restored, you know it would work, as opposed to the five previous times when it didn't do the trick, in fact it did the opposite ...

Later on in the interview, Participant 10 describes a process where she would frequently take MDMA on consecutive week-ends until the experience of the so called 'side effects' would outweigh the empathogenic effects of the experience, and she would be left:

not feeling loved-up (slang term for empathogenic experiences) at all, but rather speedy and anxious, and ja, also confused, not clear ... feeling left out and out of the moment ...

Such experiences would result in her moderating her MDMA usage, as she wanted to avoid such experiences. She reports however:

... it's still extremely difficult to know for sure that I'm not going to have a brilliant time ... 'cause I remember when it was sort of at the peak of season ... and we'd been partying almost every weekend and not always only on Friday nights ... after it felt like the pills would never work again, I had a had some pure MDMA powder from Amsterdam, it did the trick alright ... we had such a brilliant experience, I mean we were all up for most of the next day, just chilling, being together ... it's a nice memory to think back on.

Participant 10 can be seen to be struggling to ascertain why she sometimes has better or worse experiences whilst under the influence of MDMA. It appears that she tries to regulate the frequency with which she uses MDMA on the basis of her most recent experiences. Once she starts to experience an increase in the so called 'side effects' she reports that she attempts to moderate her usage. However, as the above excerpt shows, it is difficult for her to clearly ascertain if her experiences are indeed due to too frequent use, or if it is due to other reasons, such as a poor quality of MDMA or a better set and/or setting.

Another function of repeated usage is that it appears to have the effect of shifting participants into different social worlds, which come with their own set of norms and practices. Such norms and practices appear to have an effect on repeated usage. The importance of social worlds emerged as an important theme in participants' accounts of repeated usage. As Participant 8 explains:

so it was such a regular thing it became an habitual thing, it wasn't, it was habitual, ja and it was also very much socially entrenched in that the social like, the people that I was living with, my boyfriend, my boyfriend's friends, my friends and their boyfriends and everyone that I knew was doing it so, it was an entrenched way of life, so that was the second reason why, and it was very very hard, I think that's important is that had I, had I wanted not to do it, I would have been challenging a whole hmm, you know my whole lifestyle, I would have been on my own on Saturday night you know.

Participant 9 similarly states:

... its difficult to explain how difficult it is to break the habit of going clubbing every weekend. Firstly, you know, it's a thing about that's what all your friends are doing and it's a horrible feeling to think that you're missing out on a fat jorl (party), you know then everyone comes home and tells you what happened ... and you're just in such a different head space and you also want to connect but its hard 'cause you're straight, and then its about leaving ... and having to find other things to do, which isn't so easy considering all you've done for the last 52 weekends is get fucked and spending the rest of it recovering together ...

Participant 4 articulated similar experiences. As can be seen from these excerpts, frequent MDMA usage appears to shift participants into different social worlds, that appear to be intricately, interwoven with psychoactive substance usage. Participants' described their shifting into different social worlds as having many positive benefits. As MDMA can be seen to be a specific enhancer of empathic communication it is hypothesised that it has the ability to 'speed up' the process of getting to know people, and allows for the more rapid shifting of boundaries that are usually present in social interactions. As some of the above excerpts suggest, MDMA can allow individuals to feel more 'connected', to give users an experience of 'togetherness'. From participants accounts it appears that it is this feeling of 'togetherness' that is a strongly desired part of the MDMA induced experience and that influences repeated usage.

It is possible to interpret the ingestion of MDMA, in particular settings, as a ritual, which is performed together by a group of people, in order to achieve a specific end. In the case of MDMA usage, this end is hypothesised to be a feelings or experiences of 'togetherness'. To reiterate Participant's 7 description of what he considers being his most valued experience under the influence of MDMA:

I felt that no-one was really a stranger to me in the club hmm I'd be buying a drink at the bar and someone next to me, we'd just start talking and I'd immediately feel a bond with them and be able to talk to them about anything and it seemed like everyone was sort of glowing with a sense of we're all kind of a family involved in this together and the whole dancing and the music and everything was, was a part of it hmm, ja and very strong ties with other people.

This point is further illustrated through extracts from Participants 7, 8 and 10 interviews who make additional comments on the use of psychoactive substances as a ritual and the functions that they serve as an explanation for continued usage. As Participant 7 states:

Interviewer – okay I just want to come back to that if you think that you've experienced pretty much everything that you can experience on drugs, why would you say you still use them?

Participant 7 – ... the drug taking is a communal ritual you're all together simultaneously elevate yourselves to another state, bond in a hmm, in a transcendental state, and then come down again, but hmm, I mean I've got all kinds of personal theories about this sort of thing, I think that well part of it is due to the fact that we're living in overpopulated modern cities ... now we've lost that tribal group that used to be so ingrained in our way of thinking and way of living a millenium back, even a couple of centuries back you know where people living in smaller villages in smaller bands, now we've lost that tribal aspect so, I mean that's why I think sub-cultures emerge, it's the feeling that the culture that we're a part of is just too big to allow us any sense of identification. Sub-cultures emerge because you feel a need to identify yourself with a smaller group of some sort and that's how kind of the new tribes emerge and the kind of rave culture as it is called is in itself a new tribe, hmm, and one of the rituals of the tribe is the drug use

Participant 7 can be understood to be utilizing several different explanatory models in an attempt to explain repeated usage. Firstly, he identifies the use of psychoactive

substances as a ritual that is being performed within a specific subculture in order to achieve a state of transcendence. He further draws links between the current state of society in South Africa and the benefits of forming subcultural groupings in terms of finding preferred and more applicable identity options. Such explanations are more frequently utilized within the fields of anthropology and transpersonal psychology.

Participant 8 and 10 offered similar explanations when describing an increase in frequency of the MDMA usage, as well as highlighting other benefits that they've experienced from finding a sub-culture with which to identify. As Participant 10 states:

... (a) good thing about dance culture is that already a whole lot of weeding out has taken place, not that I'm trying to say that everyone is the same or is even necessarily into the same thing but at least you know when you're at a party that you're not going to have to deal with a whole lot of shit ... dutchmen (slang for Afrikaaner) who are fucked on alcohol and oblivious to the fact that you're just absolutely not interested in being picked ... but its different at parties, especially the outdoor ones where there is a common understanding around how to behave and that its just not cool to hassle people, especially women, you know it's a very safe scene, I'm of course not talking about the nutters, but you, you will always find a couple of them anywhere ...

Participant 10 identifies further benefits of having shifted into a different sub-culture, in that she feels less harassed by men. Participants 8 and 9 also mentioned this as a reason for why they enjoy and continue going to parties where MDMA and other psychoactive substances are consumed. The female participants spoke at some length about the benefits of going out and not having to be deal with the old patriarchal South African culture of alcohol abuse and the behaviour that follows. In addition, some of the male participants stated that they too felt freer and less restricted in terms of not having to behave in stereotypical South African male ways. Such discussions can be linked to explanations that emphasis social factors as well as the development of sub-cultural groupings, which are seen to offer different identity options which participants describe as being more fulfilling than the mainstream identity options.

The influence of social worlds as well as the cohesive effects of rituals were, however, not always explicitly identified by participants as rationales or explanations for continued

usage, but rather emerged through more general discussions relating to how their lives had changed since they started participating in what has been referred to as 'dance culture'. It is therefore hypothesised that the effects of moving into different social worlds are more difficult for participants to clearly discern and therefore are not necessarily considered by participants as part of a rationale for continued usage. It is hypothesised that this is possibly due to the difficulty in being able to discern the influence of social worlds and rituals upon the maintenance of a cohesive identity and sense of self. It is hypothesised that in the absence of a clear awareness of the effects of moving into different social worlds, and the possible binding effects of rituals on the construction and maintenance of identity, more frequent users of MDMA start to call on more commonly known and utilized explanations of substance *abuse*. Such explanations tend to individualize and pathologize substance users, through explaining repeated usage as being a result of inherent deficits within the self. For example, Participant 4, 7 and 10 spoke about being, or feeling, hollow and needing to fill a gap. As Participant 4 states:

...and then you do come to a realisation that its not going to give you that, its not going to fill, and that might account for that self-destruction that takes over that's like shit you know, like what is there, so do more more more, let me just try, let me just see if something can fill that gap...

Participant 10 similarly states:

well I've actually really struggled to understand it all, you know, all the chasing all the rushing around, after what you know, after what? Especially once you notice that this is actually becoming more than a mere week-end dalliance ... and then you can't but help ask yourself what's this all about, are we all just running around trying to fill this huge gaping hole hmm, this hole that needs filling, hmm, that nothing anymore can satisfy, not even pills, you know what I mean, the destructive element becomes clearer and its not just about getting loved up its about something more, something deeper and perhaps even sinister ...

Such explanations are more frequently utilized by disease orientated and psychodynamic frameworks to explain repeated usage. It can be seen that participants start to focus inwards, and hypothesis that their may be something at a more fundamental level that is wrong with them, not only in terms of having a 'hole' or a 'gap that needs filling', but that perhaps they have so called 'self-destructive tendencies'. In attempting to understand what these deeper factors could be, four of the participants drew connections between

possible childhood experiences and hypothesised around the effects that such experiences might have on their adult substance use. For example Participant 7 states:

I don't know ... may be the old case of the unhappy childhood part, it wasn't necessarily unhappy but just certain stages of it were not very pleasant, hmm, maybe feelings of guilt for something I don't know maybe related to my parents maybe something like that so maybe taking drugs or body piercing or that is kind of a penitent move hmm ...

He re-iterates such ideas later in the interview:

(my) reasons for taking ecstasy might be a bit of a self destructive effect, hmm maybe something that I'm only unconsciously aware of but hmm I don't know its something that I've thought of, that maybe I do have a self-destructive streak which manifests itself in my drug use or body piercings and you know a couple of features like that.

Participant 4 similarly states:

... I think that's I started using it for pleasure, after that it became a self-destructive thing, and it was like, it was like you know I was like punishing myself for something ...

Participant 2 and 10 similarly attempted to link childhood experiences to current substance taking behaviour. It must be noted that such musings could be related to the fact that participants were aware that they were being interviewed for a dissertation being undertaken in the field of psychology. It is hypothesised that people frequently perceive that psychologists are very interested in childhood experiences, and it is possible that participants were conforming, to what they perceived my expectations to be, through offering such explanations. However, in the absence of other presented explanations, the possible effects of participants looking back on their own past histories to explain current behaviour, will be considered in the discussion section.

3.6. Explanations Relating To A Decrease In Usage

It was clear from the interviews that the participants had been through different cycles or patterns of usage. Factors that are seen to support continued usage have been briefly focused on above. Two additional factors namely, the process of accepting the

limitations of the experience, as well as the buffering effects of work, require consideration as factors that have helped participants moderate usage.

Table 6. Categories relating to participants' explanations of decrease in their own MDMA usage.

	1	2	3	4	5	6	7	8	9	10
Accepting limitations	N/A	N/A	X	X	N/A	N/A	X	X	X	X
Buffering of work	N/A	N/A	X	X	N/A	N/A	X	X		X

A theme that emerged from the participants who had used MDMA on a more frequent basis, related to a process of coming to terms and accepting the limitations of the MDMA induced experience. This process took varying lengths of time, and appeared to be effected by the many different experiences, both positive and negative, that participants had undergone following the ingestion of MDMA. The following factors were also mentioned as important milestones along the path of moderating usage. First, is the issue of the physical stress and strain experienced due to repeated use of MDMA.

As participant 4 describes:

hmm, well I was having, I wasn't sleeping much and and I was feeling chronically tired all the time during the week ... my body was feeling bad and I was getting sick all the time ... but you just start feeling drained of energy like it's a, it's a its almost like a mission to smile sometimes, and I don't know if that's, you know, there's all these things about serotonin that it depletes your serotonin which can predispose you to depression, I mean, I guess it was depression, but it didn't after the withdrawal period it finished you know after about two weeks of doing exercise and eating healthily I was feeling fine again

This extract focuses on another important factor that participants stated helped them to moderate usage, and that is an increase in feelings of depression that many participants reported they experienced after prolonged usage. This was discussed not only in terms of increased feelings of instability once the effects of the substances themselves wore off,

but also in terms of feelings of depression, experienced two to three days after taking. This has been termed the 'mid-week' comedown and has been widely reported by more frequent users of MDMA (Eisner, 1994; Saunders, 1997). Thirdly, is the experience of an increase in incidence of so called 'side effects' whilst under the influence of the substance itself, which is reported to seriously interfere with the empathogenic qualities of the experience. These factors appear to have resulted in more frequent users becoming disillusioned with the MDMA induced experience as it fails to reliably deliver what users are hoping for and expecting. This realization appears to have come with some difficulty for some participants. As Participant 4 states:

Participant 4 – ja, ja, definitely, I mean I, you do initially take it and it satisfies a certain need that you have you know, that feeling or whatever, that heightened effect that love for everything, but hmm, after a while, it doesn't satisfy that need anymore, and hmm, and its temporary, and ja, so you need to actually find it in something else I think, I think that that's the realisation that I've come to now.

Interviewer – it also sounds like its been a difficult realisation to come to?

Participant 4 – ja, I think so, I think it is, it it was a difficult realisation because it, because I had to go through that that bad period you know, that emptiness, realising that I wasn't going to get it from what I was doing, and that I had to look for it somewhere else, and I mean I still am, and I can't tell you that I've found it.

And participant 8 states:

when I saw myself taking pills, it seemed like such a pointless exercise, because I knew that this feeling was going to last for x amount of time and then I'd feel shit again, and then I'd you know and the world would carry on, and and it wasn't going to change my world, it wasn't going to change my emotional state, permanently, it wasn't going to take me to a higher place for ever, and so I didn't hmm, it felt like a, like chasing your tail, you know, and never getting anywhere ...

Participant 10 states:

And you know it really took me ages to come to terms with the fact that I wasn't you know, I wasn't going to really reach those hights and be able to feel those feelings with taking anymore pills, you know, not that the feelings aren't real or anything like that, but rather that they aren't permanent ... and I'm not sorry at all 'cause I've been fortunate enough to have had experienced such bliss and you know all the other things that goes with it, now I know what to look out for, I know what heights you can reach, and for that E has been

so revelatory, its rather now-a-days about needing to find ways of sustaining such experiences, you know other than swallowing a pill which you always will eventually have to come down from, but rather finding the things in life which give me such feelings and trying to hold onto them.

It appears that this process of coming to terms with and accepting the limitations of the MDMA experience is an integral part of users modifying their substance taking behaviour. It appears that only through the acceptance of such limitations were participants able to start moderating their MDMA intake.

An additional factor, namely work commitments, appears to have a bearing on participants ability to moderate their MDMA intake. It is clear from the interviews, with this group of participants, that work acts as a successful buffer against going out and ingesting psychoactive substances.

As Participant 8 states:

I think largely why I am not taking more is because I cannot afford to lose time and I'm working very, very hard and I cannot, I can't afford to lose a day, so therefore the only times I take is when I'm on holiday or when I can afford to lose the next day in recovery, so ja, a because it works and b, because I don't have time to.

Participant 10 states:

With a lot of work there just isn't the time you know to go out and get schmangled (slang for taking a lot of E), too much to do at work, I just can't afford to lose the time, and feel down and have to push myself through a work day, hmm, its not really worth it ...

Participants 1, 5, 7, and 10 speak similarly. Participants' explanations of how they've managed to decrease their usage can be seen to be linked to more sociologically orientated frameworks, such as Control Theory, which focuses on the bonds that individuals are hypothesised to develop in relation to society. What is interesting to note from these interviews, is that there is a complete absence of any explanations relating to deviance with regards to participants' explanations of their own substance use. It is hypothesised that such an absence is connected to participants' experiences within a

particular sub-culture where substance use is seen as the norm rather than the exception, as well as a desire to avoid the negative identity label of being called a ‘drug addict’.

3.6. Explanations Relating To Why Other People Use MDMA

When asking participants why other people use MDMA, explanations of usage differed significantly from the explanations participants’ gave for their own usage.

Table 7. Categories relating to participants’ explanations of other peoples MDMA usage.

	1	2	3	4	5	6	7	8	9	10
Peer Pressure		X		X	X		X	X		X
Youth culture	X	X		X	X	X	X		X	X
Boredom				X	X	X	X		X	X
Lack of Knowledge		X		X	X	X	X	X		X
Avoidance		X		X	X	X	X	X	X	
Fooled by experience		X		X	X	X	X	X		X

The most common rationale given concerning other peoples’ use of MDMA relates to the perceived strong influence of peer pressure. The effects of peer pressure were seen to be the greatest amongst youth, and the majority of participants’ appeared to frame their responses with younger people in mind. Participants spoke about the so called youth of today as being ‘bored’, ‘aimless’, and ‘empty’ with fewer opportunities to look forward to. This is in keeping with explanations that focus on the importance of social worlds on influencing psychoactive substance use. What is interesting to note is that this group of participants positioned themselves as being outside of this so called ‘youth culture’, including the youngest participant, Participant 7, who is 21 years old. As participant 7 states:

I'm not actually part of the E generation I'm just like maybe a year or two ahead of them or whatever, so hmm, I'd I couldn't speak for the E generation, 'cause I'm almost certain that the reason that they're taking all those drugs is to fit in, you know and its an acceptance thing ... you start taking E at the age of 14 ... puberty is already there and your peer pressure's happening and hmm, you know I could see it being purely just so you aren't left out, and so you take the E and you feel good and its like hey why not, and you end up taking like between the age of 14 and 18 you end up taking like whatever, like 60, 70, 80, 120 whatever E's ...

Participant 9 similarly comments:

... I don't think its so easy growing up now a days, you know, I can only imagine the amount of pressure there must be, you know to keep up, to stay cool, to be, hmm, part of the crowd ... I think that its especially bad now with everything being so different, classes being so big, families being broken, you know I'm sure that many young kids turn to their friends to start developing their own families, take like say now the development of gangs ... I mean its just kids trying to find some sort of structure to fit into when the existing structures fail to provide the right meaning, or they are, they are hmm, just so out of touch that it's a joke, you know then you turn to your friends for the support ... and then when drugs come into the picture, I mean what sort of chance do you stand, especially because it becomes what your group is doing and it starts becoming a bigger part of the picture ...

Participant 9's explanation appears to fit more closely into the sociological explanations regarding substance use. She appears here to be drawing links between the breaking down of societal structures and the development of new ones, which she feels provide needed support and meaning, but also come with their own pressures.

Participants also feared that the so called 'youth' lack sufficient knowledge to be able to appropriately control their substance intake. This coupled with the influence of peer pressure is seen to lay the groundwork for escalating and uncontrolled usage. As participant 7 articulates:

what I hear about my little cousin who is 13 and friends of hers you know a girl that she goes to school with are going out clubbing and taking ecstasy and that and that's young its hmm, if I think back to when I was 13 and my friends and that of mine were 13 you know you're very emotionally vulnerable and you're not

very street wise or you don't really have much smart you need to, you know its often a lack of common sense at that age and I think that common sense is a big factor if you're going to be taking drugs you need to be keeping common sense about you, you need to be keeping your wits about you all the time, so for them to be fooling around with the chemicals in your brain you know that's that's risky ...

The participants state that the difference between the so called 'youth' and themselves is experience, and with this experience comes a different set of knowledge and approach to substance taking. Participant 7 makes an important observation around some of the risks that younger and less experienced users face:

... I'm a little bit worried about them (young users), from the point of view that its illegal, that other kids are going to be hmm you know putting themselves at quite considerable danger, because they don't know how to go about getting hold of drugs in a discrete manner ... it will be through some dodgy dealer on the street corner or something and putting themselves at risk ...

Several of the participants were also concerned about less experienced users being so called 'fooled by the experience' of taking MDMA. That such experiences would alter their understanding and expectations of reality. As participant 10 states:

... thank god I was a bit older when I had my first real E experience, I'm not sure what sort of state I might have ended up in, I mean, at least I have a better idea of what is expected from me in terms of like having to earn dosh (money) , and and realising that its not fair to the people that have to deal with me during the the week, you know, if I'm permanently coming down ... I'm not sure I would have had, had this insight at fifteen or sixteen, even at twenty one, twenty two ...

There was also a fear that other users, particularly younger users, would struggle to accept, deal with and take responsibility for their reality without regularly altering their state of consciousness. There was a sense that this fear has arisen through some of the participants feeling that the MDMA induced experience so special and attractive that younger users might not be able to withstand its allure once exposed. Such explanations can be seen to be in keeping with the universal exposure model that postulates that illicit psychoactive substances are inherently extremely powerful and the act of using them is sufficient to result in escalating uncontrolled usage.

It is interesting to note the difference between participants' explanations of their own MDMA usage as compared to their explanations of other peoples' MDMA usage. It is hypothesised that these differences could partly be due to participants' desire to successfully warrant voice, through presenting their explanations in an unambiguous and uncontradicting manner, so as to portray a state of being psychological healthy and unaffected by their choice to use psychoactive substances. Gergen (1989) feels that the most successful way of warranting voice is through asserting a particular state of mind as there is little besides social convention that can refute such claims. It is possible that in the absence of direct knowledge, that participants can call on to explain other peoples' repeated usage, participants fall back on more commonly accepted explanations in order to successfully explain why other people might use psychoactive substances. This point will be further elaborated upon in the discussion section.

3.7. Participants Perception Of Non-Users Explanations Of Why People Use MDMA

Participants had a further category of explanations relating to why people use psychoactive substances and that is explanations regarding people that have not/do not use psychoactive substances. The most common rationale offered by participants, relating to how non-users might explain their substance use, are explanations relating to deviance and deficit. Deviancy and deficits were postulated in the following areas; morality, self-control, judgement, knowledge and maturity as well as self-destructive tendencies. It was clear from the process of interviewing that these perceived judgements severely hinder participants' ability to express and disclose their activities and experiences (both positive and negative) on certain psychoactive substances. In addition, 7 of the 10 participants intimated that they felt that health care professionals fall into the category of non-users and therefore share similar attitudes. The possible effects of this perception shall be looked at in the discussion section.

Table 8. Participants' perceptions of non-users explanations of why people use MDMA.

	1	2	3	4	5	6	7	8	9	10
Deviant	X	X	X	X	X	X	X	X	X	X
Immature		X		X	X	X	X	X	X	X
Excessive	X	X	X	X	X	X	X	X	X	X
Escapist	X	X		X	X	X	X	X		X
Addict	X			X	X	X			X	
Avoidant		X			X	X	X			X
Self-destructive				X	X	X	X		X	

As Participant 4 articulates her parent's (who are non psychoactive substance users) attitudes to substance use:

I don't think they do understand substance use, its they only see the abusers they don't see the recreational users, which I mean there is very I mean defined, hmm, group of people that have been using drugs for a long time and have never become abusers necessarily or addicted to it and they can function completely normally, hmm, hmm with doing that and hmm but I don't think they recognise it, they see it as a very bad thing which is going to cause all these, I mean they obviously watch TV and they see Carte Blanche ... all the drama's ... I mean you can get those, but I think that you can get that ten times worse from alcohol, as well and there is kind of a blind eye to that in that in my family at least, hmm, ja its kind of a tolerance for something they're familiar with but the things that they're unfamiliar with its, its completely bad, not even spoken about, my brothers very open about it with then and hmm ja, but my parents, I mean he used to tell them that he'd taken E and coke and all that, hmm and they were very disappointed you know they felt as if they'd failed, you know they'd been a failure you know in raising him, because he was doing this, they kind of took the responsibility for it which was obviously not what he intended ...

Participant 4 appears to be highlighting the 'older generations' difficulties in distinguishing between addictive behaviour and so called 'recreational' substance taking. From this excerpt it appears that her parents understanding of repeated psychoactive substance taking is firmly centered on the addiction construct. It is interesting to note their reported reaction to their son disclosing his substance use; namely that they felt a

sense of responsibility, as if they have not been 'good-enough' parents. This clearly points to the potential far-reaching impact of labeling certain behaviour as being a direct result of illness or pathology.

Participant 6 states in referring to his mothers' explanation of why people use psychoactive substances:

so her explanations of why people would take like so called recreational drugs is because they've got problems they've got emotional problems ...

Participant 3 states similarly states that:

well, my mom found out eventually, not while I was taking, she found out eventually, to her its like you know its, she's like born again you know she's like (laughs) its completely out for her, ja and she you know, and like her and her friends, and also even some of my old school friends, I know that they just wouldn't get it, like you now, it would be seen as me just like bingeing, you know and like they actually thought that I'd lost it, gone completely off the rails, because you know they see me as not wanting to deal with life, ... like I haven't studied further, that's quite a big thing, also for me, but you know its all sort of related back to the drugs, but you know that misses the point ... because there are other reasons, its just that if you haven't had the experience its difficult to know what others are going on about.

What can be seen from these extracts is that participants' explanations of how non-users of psychoactive substances explain their behaviour is deeply tied to explanations relating to the addiction construct, as well as psychologically based explanations of deviance and deficit. Two examples are offered relating to Participant's understanding of how the medical profession views psychoactive substance use. As Participant 9, states:

You know I would never ever disclose my substance use to either my G.P. or in fact I would be hesitant to even disclose it in therapy, come to think of it not that I haven't, but I realised pretty quickly that I was entering a no go area, you know when someone starts asking you questions and you just know they don't have a fucking clue as to what is going on out there, and you know hmm, they are going to interpret what you say in a negative way, you know like either thinking that you are actually much sicker than you've let out to be ... I mean what's the point if you know they're not going to catch it and what's more all your

problems are going to be interpreted as hmm, as a result of what I get up to on the week-ends, no thank you very much ...

And Participant 10 adds:

.. I tried to talk about it in therapy, but it really got in the way, you know all of a sudden I was being asked how much are you using and when and where and with whom and I just didn't like that approach you know, hmm, ja, and also that feeling of being judged, you know of being seen to be doing something which is supposedly bad for me, and that I'm being self-destructive or whatever, hmm, but it also sort of opened up a gulf for me in therapy, because I came to realise just how much of a different world he [therapist] comes from and I found it disturbing, you know, hmm, ... even to the point of thinking this person is just too out of touch with what's going on around them to really be of any assistance, ja, so I left ...

In these two final extracts it appears that users' perceptions of non-users explanations of their substance use directly affects their ability to be able to openly discuss their substance taking behaviour. This is of particular concern with regards to help-seeking behaviour patterns of psychoactive substance users, as their perception of service providers' attitudes to their habits and lifestyles appears to inhibit the development of a working relationship. This finding requires very careful consideration in terms of health care professionals' ability to be able provide effective and appropriate services.

3.8. Summary

It can be seen that there are similarities and differences in participants' explanations for using psychoactive substances, in particular MDMA. What emerged from the interviews, is that participants give different accounts with regards to initial usage and repeated usage. Differences also emerged with regards to whose substance use the participants' were referring to. Participants' accounts of their own MDMA use, can be seen to differ greatly from their accounts of other peoples' substance use. In addition, participants' perceptions of non-users' perceptions of their substance use appear to be very negative.

The themes that emerged with regards to initial use related to a desire to re-experience the empathogenic feelings that MDMA is known to induce, to play and have fun and to

explore. Additional themes related to an increased enjoyment of music, dancing and socializing. The themes that emerged with regards to repeated use related to notions of control and a desire to recapture empathogenic feelings of togetherness. Changes in the social worlds of participants emerged as a strong theme with regards to repeated usage, as did a theme relating to MDMA usage as a ritual. Lastly, themes relating to deficits and disease, as well as self-destructed tendencies, emerged in some of the participants' accounts in order to explain repeated usage.

Participants' accounts of other peoples' MDMA usage focused on what appears to be a fairly stereotyped view of users. Firstly, there was a shift onto younger users, who were hypothesised to be unable to withstand peer group pressure and the allure of the MDMA induced experience. Explanations emerged that are more in keeping with the basic tenets of the addiction construct in order to explain other peoples repeated usage, and participants' expressed concern with regards to other peoples' usage. Participants' explanations of how non-users explain their substance use was very firmly placed within the bounds of the addiction construct and here explanations relating to deviancy and deficit were most common. The insider/outsider dynamic emerged as a critical issue. Health care professionals were considered to fall within this 'outsider' category. In Chapter Four these findings and their implications are explored in more details.

CHAPTER FOUR

DISCUSSION

The data collected in this study suggests the importance of exploring multiple levels of analysis in order to understand how users of illicit psychoactive substances, in particular MDMA, construct and perceive their activities. Participants' accounts about substance use suggest that their experiences traverse the 'boundaries' of different models and perspectives to include multiple and shifting meanings of why they use substances. The discussion that follows highlights these contentions.

Participants offer many different explanations regarding why they use psychoactive substances, and in particular MDMA. Firstly, participants offer different accounts in order to explain initial usage as opposed to repeated usage. Explanations related to wanting to experience the empathogenic qualities that they had heard MDMA is able to induce, as well as expressing a desire to have fun and explore the possibilities of a new psychoactive substance appeared as strong motivators preceding initial use. Included in rationales for initial usage, was meeting new people, starting new relationships and the increased enjoyment of music and dancing. In addition, many of the participants reported that their initial experiences on MDMA have afforded them a greater insight into their lives, as well as increasing their experiences of joy and appreciation of life. Participants' accounts relating to initial usage totally lacked reference to explanations relating to deviancy or deficit, as is proposed by many of the models reviewed in Chapter One. In addition, as MDMA usage was preceded by usage of other psychoactive substances, anthropological explanations relating to initial use as a 'rite de passage' could not be successfully applied to this sample of MDMA users.

Secondly, participants' accounts of their own repeated usage showed similarities and differences. The first point of difference relates to participants who have used MDMA on less than twenty occasions as compared to those who have used MDMA on more than fifty occasions. Issues relating to 'control' emerged from participants' interviews who

had used MDMA on less than twenty occasions. This subgroup of participants all reported that they had previously experienced difficulties with regards to controlling their intake of other psychoactive substances, and such experience was offered as a rationale for limiting their intake of MDMA.

In contrast, some of the participants who had used MDMA on more than forty occasions did not speak of their use in terms of a 'loss of control', regardless of how frequently they had ingested MDMA. This subgroup of participants utilized a different set of explanations in order to account for their repeated usage. The uniqueness and attractiveness of the MDMA experience was more strongly highlighted by this subgroup of participants. They spoke at length during the interviews about the desire to recapture the empathogenic qualities of the experience, in particular the so called feeling of 'togetherness' that MDMA is known to induce. However, with frequent and repeated usage, participants started to undergo different experiences following the ingestion of MDMA. Participants started speaking about a wide range of 'side effects', which include unwanted physical, psychological, cognitive and behavioural changes following repeated ingestion. Such experiences appear to radically alter the MDMA experience and it is hypothesised that this results in participants needing to develop different explanations in order to account for repeated usage, as the initial explanations relating to fun/playfulness and exploration appear to be less applicable. However, it appears that the development of changes in patterns of usage was hindered by many variable experiences following the repeated ingestion of MDMA. Some participants accounted for these different experiences in terms of varying qualities of MDMA, issues relating to an increase in tolerance (though the issue of tolerance was not directly broached by any of the participants) and the effects of set and setting.

Focusing on the effects of setting, it appeared that the more interwoven the social world of the participant became with their identity the more difficult it was for them to moderate usage. This finding does not negate the possibility that there may exist intrapsychic factors that also contribute to repeated use, but rather the effects of social worlds emerged as a strong contributing factor with regards to repeated usage for many

participants. Despite the large amount of reference made to the importance of moving into different social worlds and the binding effects of ritual following the repeated ingestion of MDMA in particular social situations, participants did not appear to view this as having sufficient explanatory power in order to account for high levels of repeated usage. Some of this subgroup thus started to utilize explanations that relate to pathology and deficits within the self in order to try and account for repeated usage. Such explanations are more commonly utilized in mainstream approaches to explaining substance *abuse*, as well as some psychodynamic formulations. It is interesting to note, that both the mainstream and psychodynamic approaches, propose that abusers enter 12-step programs in order to learn how to abstain, or they undergo in-depth psychotherapy in order to overcome the deficits or pathology that are seen to directly result in escalating and uncontrolled abuse. However, what is interesting to note from this sample of MDMA users, is that all of them reported that they have been able to moderate their usage (at the time of the interview). This process of moderating usage appears to be like a personal journey that users need to undertake in order to explore the boundaries of the MDMA induced experience. This process can be seen to differ greatly from participant to participant. Part of this discovery appears to be linked to the realisation that the MDMA induced experience is itself limited and that once the desired effects of the substance wear-off, and the party is over, life is still essentially the same. This process was very clearly articulated by Participant's 4, 8 and 10.

It is considered useful to focus, in more depth, on participants' interpretation of MDMA usage as being part of a larger ritual. It is here that La Barre's analysis of the possible functions and outcomes of rituals could be usefully applied, especially with regards to trying to understand some of the difficulties that participants' have with regards to modifying their MDMA intake. The ingestion of MDMA, together with other people in particular settings, can be interpreted as a ritual technique that certain subcultures have developed in order to experience feelings of 'togetherness'. It is this feeling of 'togetherness' that many of the participants report is the most desired part of the MDMA induced experience. As La Barre (1994) points out, rituals can and do have real social consequences. It does appear that the use of MDMA for many of the participants' in this

study has had the effect of moving them into different social worlds, which come with different norms and standards, and which reportedly offer participants preferred identity options. However, due to the variable experiences following MDMA ingestion some participants have either developed, or are in the process of developing, alternative ways to achieve similar experiences.

For other participants this has meant having to develop 'better drug management' strategies, with regards to decreasing the amount of MDMA consumed, through either combining it with other substances that are known to have a synergistic effect, or through swapping over to different psychoactive substances such as LSD. This has allowed some participants to still remain within the subculture whilst limiting the so called 'side effects' of the MDMA experience. For other participants, a decrease in usage needed to be accompanied by a development of other interests; for example work was reported as a successful diversion from excessive psychoactive substance usage. It must be noted that two of the participants described a very difficult process of needing to make new friends or get reacquainted with old ones, who were not part of the 'scene', in order to modify usage. It can thus be interpreted that for the time period when MDMA, or certain other psychoactive substances, are ingested the social order, in particular, appears to have changed. But in reality, alterations that occur at a societal or interpersonal level usually are part of a much longer and altogether different process. Thus La Barre's (1994) statement that relates to rituals being a technique that groups develop in order to magically pretend something that is not true, appears to some extent to be applicable. What is perceived, in this instance, to be un-true is the notion that 'we are all together' (this is especially significant in the South African context which is characterised by huge social divides). It appears from some participants' accounts that the personal journeys that they have had to undertake in order to modify usage, has needed to include the realization that so called feelings of 'togetherness' are achievable through other means.

Drawing the focus back to differences in participants explanations with regards to their own rationales for using, as compared to their rationales for other people using, it can be seen that participants are more likely to invoke explanations of a more simple, cause and

effect nature, when discussing other people's substance use, especially younger people. This finding was fairly striking and can be the result of several factors. Firstly, the strength and influence of the addiction construct in explaining psychoactive substance use appears to be more prevalent when discussing fears around possible negative consequences of using such substances. However, participants did not attribute such effects to themselves during the interviewing procedure. Proponents of the dominant treatment paradigm, i.e. the 12 step program, would assert that this is due to the mechanism of denial which is seen to be inherent in all users of certain psychoactive substances. It is possible that participants felt they needed to paint a positive uncontradicting picture of their own use, for fear of being misunderstood or seen to be pathological, in order to most successfully warrant voice. However, it is also possible that in the absence of direct knowledge and experience, participants fall back on more commonly accepted explanations in order to successfully explain why other people might use psychoactive substances. It would be an interesting point to further explore, as it is difficult to ascertain from one-off interviews the various factors that could be influencing such discrepancies.

It appears from these interviews that this sample of users of psychoactive substances view users and non-users in a very different light. Non-users are constructed as not being able to understand or relate to participants' rationales for using MDMA, based on their lack of knowledge and experience of using psychoactive substances, in particular MDMA. Unfortunately many of the participants' categorise health care professionals as falling within this category. This classification appears to be additionally influenced by the fact that the model and explanations that health care professionals promulgate appear to contradict this group of participants' knowledge and experience of using a variety of psychoactive substances, particularly with regards to patterns of usage, as well as underlying rationales for usage.

Due to the fact that many substance users are part of what has been termed a 'hidden population' it is very difficult to gain accurate epidemiological indicators. However, it appears that MDMA usage is not an uncommon experience for a certain sector of

younger generations. The effect therefore, of claiming across the board, that users of psychoactive substance have deficits within the self, needs to be carefully thought through. Similarly, the usefulness, and effect, of labeling large portions of the population as suffering from a disease needs careful consideration. The possible effects on identity of such labeling requires consideration in the light of the creation of deviant identities. The creation and effects of deviant identities has been thoroughly explored in other fields of psychology, and such possible effects should be included when focusing on the addiction construct's view of all substance users.

The mainstream media, with the support of the medical profession, continue to portray users of illicit psychoactive substances as deviant, irresponsible, out of control and diseased individuals. Such a conceptualization provides very negative identity options for psychoactive substance users, and has resulted in users of such substances remaining silent about their activities. This silence is believed to be linked to participants wanting to avoid the negative connotations and associations that are linked to the 'drug addict' label. This clearly illustrates the power of labeling certain activities as being 'bad' and those that participate in them as being diseased or suffering from some sort of deficit. One of the more concerning effects of negative self-labeling is the effect it has on help-seeking behaviour. Several of the participants commented on this, and if findings were to be generalized from this sample, it would appear that if users of certain psychoactive substances are to experience negative consequences from their activities, they would be unlikely to disclose their activities to a perceived outsider, in order to avoid possible negative labelling. This factor needs serious consideration from health-care professionals, as it appears that the perceived attitudes of the profession are potentially hindering a significant part of the population from seeking help, if needed. In addition, due to psychoactive substance users' perceptions of the way that they are positioned by medical professionals, they may play down some of the negative effects or experiences encountered through psychoactive substances usage. This factor also needs to be considered when focusing on the data collected in this study.

The explanations offered by participants do not clearly correspond to any of the various theories offered to explain substance use. Rather they reflect several, different kinds of views, some partially overlapping with existing explanations and some suggesting new areas of exploration. The important point here is that there are complex and shifting explanations which seem to be used by participant in accounting for their substance use. These differences between participants' accounts and those provided by any one theory do not however necessarily invalidate the theories. Some could argue for example that participants utilise the classic denials of addicts to protect themselves against the knowledge of their abuse and that their varied explanations are simply examples of this. However it is probable, based both on the broad range of available theories and the corresponding variation within participants accounts, that theoretical explanations which can accommodate a complex range of factors in the use of psychoactive substances is probably going to be most helpful. Perhaps more importantly, this research does suggest that the majority of theoretical explanations utilised on their own are unlikely to be thought by users of substances to be of help for them. Until treatment programs can speak in a language which users can interpret as being valid and applicable to themselves they may miss out on a crucial area of intervention.

4.1 Conclusion

There are many factors that can be seen to affect participants' explanations of their MDMA usage. Firstly, participants appear wary of how their accounts could be perceived and appear to modify their explanations depending on who the audience is, as well as whether they are referring to themselves as substances users, or other people. In general, participants appear to reject the biomedical model's basic tenets, especially the universal exposure model. However, there appears to be a remaining residual influence of other variants of the model, which some participants do refer to in order to explain frequent usage. Many of these explanations appear to be highly individualistic and are unable to account for unconscious dynamics as well as the influence of social worlds on psychoactive substance taking behaviour.

Treatment and research recommendations center on the need to not alienate users of psychoactive substances through affording them limited and negative identity options in order to receive appropriate treatment. Policy recommendations center around the need for legislators to be able to adjust to cultural and social changes in order to be able to account for and reflect reality, without creating unnecessary criminals or patients of people who are participating in what they perceived to be culturally and socially acceptable activities. The main implications for theorizing on substance use from this perspective are (1) there is no single comprehensive model or perspective which alone adequately can account for the meaning that substance users attribute to use for themselves, and (2) that it is essential to understand the way in which users' explanations of their substance use shapes their experiences as this can be seen to ultimately shape their practices. What has been highlighted throughout this paper is that it is extremely difficult to declare any given substance, as being necessarily addictive, because addiction is not necessarily a peculiar characteristic of illicit natural or chemical substances. It is, more properly, a characteristic of the involvement that a person forms with a substance or an activity. It is this involvement, rather than the substance use per se, that needs to be focused on, not only in terms of research, but also in terms of treatment. The creation of a new model that can successfully explain substance use, in all of its forms and variations therefore requires serious attention.

4.2. Recommendations

Recommendations following this study concern two areas. Firstly, recommendations in terms of treatment and prevention programs and secondly, recommendations for further research. Focusing on treatment and prevention programs, it is considered essential that such programs be specifically targeted to the population that they are trying to reach. Therefore, with regards to treatment programs it would be considered useful if programs could incorporate the way that users' themselves speak about and describe their substance use, in order to set about ways of trying to modify such usage. It is not considered useful to insist on users admitting that they have 'lost control' in order to modify their usage patterns (overcoming the 12-step programs' fixation on denial), but rather to build on

what users bring to treatment. However in a society that does not support controlled use, it follows that state funded treatment programs will focus on abstinence as a treatment goal. However, it appears that such treatment approaches automatically exclude many users, who may require a space to be able to discuss and deal with issues of concern, but who do not necessarily want to stop using psychoactive substances completely.

Considering the general climate concerning psychoactive substances, it is very unlikely that users of psychoactive substances will be afforded testing facilities to be able to ascertain accurately what substances they are ingesting. However, this is hypothesised to be an important service that users of psychoactive substances could utilize, in order to assess possible reasons for so called 'bad' trips. If users were provided with such information it is hypothesised that they will be able to assess with more certainty that they are experiencing negative effects from taking too much of a particular substance. This could also serve to further educate users around the possible effects of set and setting in influencing any psychoactive induced experience.

The above recommendation is a step in the direction of trying to distinguish between drug abuse and drug use information, as is proposed by harm reduction approaches to substance use. RaveSafe, an organization set up by users of psychoactive substances to provide accurate information in an accessible and sensitive manner, follows a harm reduction approach and appears to have the greatest possibility of reaching certain groups of psychoactive substance users. It is clear from RaveSafe's publications that they use the same language as the group they are trying to reach and they do not disseminate inaccurate information that would immediately alienate them from their target group. RaveSafe's aim can be summed up in their slogan which states 'Just Say Know'⁸ in an attempt to raise the awareness of users of psychoactive substances around both the positive as well as negative effects that can follow the ingestion of psychoactive substances. It appears that RaveSafe is successfully able to get its message across whilst still retaining its credibility. It is felt that it is organisations such as this one that should

⁸ As opposed to Nancy Regan's much criticised message of 'Just say No'

get state funding for research as well as prevention programs. For as long as psychoactive substance use is criminalized it appears that users of such substances will be marginalized, and it becomes increasingly difficult to work towards the emergence of a safer psychoactive substance using culture. In order for this to occur, it is necessary to adopt a progressive policy towards psychoactive substance users – a policy that is assimilative, rather than coercive, that seeks to integrate substance users into society rather than marginalize them (McDermott, 1992).

With regards to recommendations around future research in this area, it is felt that it is essential to develop theoretical frameworks that are able to account for social realities without employing a reductionist approach. As Peele (1985) notes, a successful model should be able to incorporate pharmacological, experiential, cultural, situational and personality components in a fluid description in order to adequately account for repeated psychoactive substance use. Such a framework must be able to account for why a psychoactive substance is used more frequently in one society as opposed to another; why one individual would be more inclined to use psychoactive substances compulsively as compared to another, as well as why ingestion is more frequent at certain times and not others. In addition, it would be useful if the model could draw links to essentially similar behaviour that takes place with non-psychoactive substance involvement.

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APPENDIX A

The interview schedule

What substances have you used in the past?

What substances are you currently using?

In what frequency?

What is your drug of choice?

When was the first time that you used MDMA?

- where did you get it from
- tell me about the experience
- how long was it before you repeated it

How many times in total have you taken MDMA?

- Has the experienced changed over your using career?
- Why do you want to repeat the experience?
- How frequently are you currently using?
- If current use differs from past use probe further?
- If yes to above, then probe around how use has changed and what were the factors that assisted change and those that hindered it.

Are your reasons for taking MDMA the same as other peoples' reasons – probe?