ANALYSING THE DEVELOPMENT OF ALCOHOL-DEPENDENT WOMEN'S IDENTITY: THE MAIN FINDINGS OF GROUNDED THEORY

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Abstract

Women's alcohol dependence is a serious concern for the whole of society, negatively affecting not only various important areas of the lives of women themselves, but essentially the mental health of future generations. Researchers have attempted to address the main problems associated with women's drinking; nevertheless, their findings are still incomplete. Moreover, relatively little scholarly attention has been paid to exploring idiosyncratic alcohol-dependent women identity development processes. This study aims to fill the existing gap in the literature, by conducting an empirical study that would help elucidate the main psycho-social aspects contributing significantly to the identity development of alcohol-dependent women. Ten self-identified alcohol-dependent women participated in the study. Data was collected through life stories and in-depth interviews. The constructivist grounded theory approach (K. Charmaz) was used as a methodological strategy to explore how alcohol-dependent women develop and express their identities in their life stories. In this study, we present internal and external identity development processes, revealing the dilemma of internal detachment by alcohol-dependent women developing an illusory identity. The main aspects of this theoretical structure include compensatory adaptation, power seeking, and avoiding helplessness, which create a vicious triangle, with the need for acceptance and the fear of rejection at its core, all contributing to the development of an illusory identity. Moreover, based on traditional theoretical frameworks, the study builds on the premise that such internal detachment is linked to self-integrity problems, which is further associated with participants' pursuit of a search for self-meaning in important others. The findings provide new insights about alcohol-dependent identity development processes, discuss the limitations and strengths of the current study, suggest directions for future studies, and highlight the need to see alcohol-dependent women's problems from the perspective of identity, which is different from traditional psycho-pathological views.
KEY WORDS: alcohol-dependence, identity, women, self.

Anotacija

Moterų priklausomybė nuo alkoholio yra rimta socialinė problema, neigiamai veikianti ne tik pagrindines nuo alkoholio priklausomų moterų gyvenimo sritis, bet ir ateities kartų psichinę sveikatą. Nors mokslininkai bandė nustatyti pagrindines su moterų priklausomybe nuo alkoholio susijusias problemas, tyrimų išvados neišsamios. Be to, pernelyg mažai dėmesio skiriama tapatumo kūrimo procesų tyrinėjimams, sutelkiant dėmesį į moterų, kurios save identifikavo kaip priklausomas nuo alkoholio, patirtis ir perspektyvas. Šiuo tyrimu siekiama tą spragą mokslinėje literatūroje užpildyti, atskleidžiant pagrindinius psichosocialinius aspektus, kurie veikia nuo alkoholio priklausomų moterų tapatumo formavimąsi. Tyrime dalyvavo dešimt moterų, kurios save identifikavo kaip priklausomas nuo alkoholio. Empiriniai duomenys rinkti pasitelkus gyvenimo istorijas ir giluminius interviu. K. Charmaz konstruktyvistinės grindžiamosios teorijos prieiga pasirinkta kaip metodologinė strategija, siekiant atskleisti, kaip nuo alkoholio priklausomos moterys kuria ir išreiškia savąjį tapatumą savo gyvenimo istorijose. Grindžiamojoje teorijoje pristatomi vidiniai ir išoriniai tapatumo kūrimo procesai, atskleidžiantys nuo alkoholio priklausomų moterų vidinės atskirties dilemą kuriant iliuzinį tapatumą. Pagrindinė šios teorijos struktūra apima kompensacinio prisitaikymo, galios siekimo, bejėgiškumo

vengimo aspektus, kurie formuoja uždarą trikampę figūrą, jos centre – poreikio būti priimtai ir atmetimo baimės dilema, tai reikšmingai prisideda prie iliuzinio tapatumo kūrimo. Interpretuojant surinktus kokybinius duomenis remiamamasi tradicinėmis teorinėmis perspektyvomis ir keliama prielaida, kad vidinės atskirties procesas susijęs su savasties integravimo sunkumais, kurie savo ruožtu dalyves kreipia link savojo prasmingumo paieškų reikšminguose kituose. Bendrąja prasme tyrimo rezultatuose atsiskleidžia pastovus tarpasmeninės traumos centriškumas, jo svarba kuriant nuo alkoholio priklausomų moterų tapatumą. Tyrimo rezultatai leidžia pateikti naujų įžvalgų apie nuo alkoholio priklausomo tapatumo kūrimo procesus, nurodo ateities tyrinėjimų kryptis, pabrėžia poreikį pažvelgti į nuo alkoholio priklausomų moterų problemas iš tapatumo perspektyvos, kuri skiriasi nuo tradicinio psichopatologijos požiūrio.
PAGRINDINIAI ŽODŽIAI: priklausomybė nuo alkoholio, tapatumas, moterys, savastis.

Introduction

Although problem drinking (PD) and the development of alcohol dependence are traditionally linked to the male gender, the findings of recent research reveal that PD among women is increasing dramatically, particularly at a younger age (Cotto et.al., 2010). In scientific literature, PD is defined as a maladaptive pattern of alcohol use associated with adverse outcomes in mental health and functioning (Tuithof, Have, van den Brink, Vollebergh, de Graaf, 2014), which may eventually lead to a well-established behavioural and physical pattern of alcohol use, a syndrome clinically known as dependence (DSM-V). PD in women calls for special attention, as it is associated with numerous health and social risks. First, the evidence shows that when using even relatively small amounts of alcohol, women are prone to the rapid onset of alcohol dependence and progression to its more severe forms (Diehl et al., 2007). Additionally, the emergence of PD in women is rarely a singular problem: it is often comorbid with other serious mental and health issues. For instance, women with eating disorders are more likely to engage in PD or suffer from alcohol dependence (Hunt, Forbush, 2016). Likewise, nearly one third of women suffering from post-traumatic stress disorder are also diagnosed with alcohol dependence, and vice versa (Kessler et al., 1997). Moreover, recent research demonstrates that PD is closely associated with an increased risk of experiencing (re)victimisation, especially while intoxicated (Bagdonaitė, Pilkauskaitė Valickienė, 2017). Furthermore, negative affectivity or depressive disorders are related to comorbidity of PD in women: most cross-sectional studies investigating negative affective states and PD in women largely support the premise that a significant link exists between depressive states and PD (Newland, Meshberg-Cohen, Flick, Beatty, Smith, 2015). The authors of studies analysing comorbidity of women PD consistently emphasise both misdiagnosis of disorders and poor treatment outcomes. Finally, PD in women is a cause of accelerated aging, general health problems, and

increased mortality rates (CDC, 2013). PD in women not only has a detrimental effect on these women's own lives, but is also harmful to the mental health of their growing offspring (Wolf, 2016; 2017). As such, PD in women affects society as a whole, which demands increased attention from health care specialists, including health practitioners, social care workers and researchers.

An international group of researchers sought to investigate how socio-cultural factors worldwide influence PD in women, as part of the Gender, Alcohol and Culture: An International Study (GenACIS) project (Wilsnack, 2012). These researchers found that PD was significantly more pronounced for women who cohabit with a partner (Li, Wilsnack, Wilsnack, Kristjanson, 2010), engage in fewer social roles (Kuntsche, Knibbe, Gmel, 2009) or in multiple social roles (Kuntsche, Knibbe, Kuntsche, Gmel, 2011), have attained higher levels of education, particularly in lower-income countries (Grittner, Kuntsche, Gmel, Bloomfield, 2011), are employed in low- and middle-income countries (Kuntsche et al., 2011), and experience intimate partner violence (Wilsnack, 2012; Graham, Bernards, Wilsnack, Gmel, 2011). Although offering useful points, research exploring socio-cultural factors affecting PD in women reflect a somewhat incomplete and perhaps superficial perspective on this complex phenomenon. A qualitative, in-depth approach is needed to better understand the wholeness and uniqueness of the person by understanding the depth of their unique views, experiences and contexts revealed through their life story.

The literature review demonstrated a lack of qualitative research investigating identity development aspects of women who identify themselves as alcohol dependent. A thorough analysis of this literature revealed that most of the studies conducted using qualitative approaches emphasised social aspects of identity construction. For instance, Jasiukevičiūtė (2013) analysed how identity is reconstructed during recovery from alcohol dependence in a mixed gender sample. Emslie, Hunt and Lyons (2015) examined how early mid-life women who drink construct their gender identities. In another study, Emslie, Lennox and Ireland (2017) investigated the role of alcohol in the identity construction in a sample of lesbian, gay, bisexual and transgender (LGBT) people. Others analysed how young women construct their identities through alcohol consumption and display this consumption on social media (Lennox, Emslie, Sweeting, Lyons, 2018). Overall, these studies offered the view that social structures such as gender and role stereotypes remain central to the construction of identity through drinking.

Quantitative studies addressing the idiosyncratic experiences of alcohol-dependent women revealed the prevalence of ambivalence between feelings of inferiority and worthlessness, and superiority and powerfulness (Hanpatchaiyakul, Eriksson, Kijsomporn, Östlund, 2017). Similarly, Thurang and Tops (2013), who sought to

better understand everyday life for alcohol-dependent women, found a prevalence of unstable self, introspectiveness, and attempts to perform normality as the main facets of their everyday living. Based on the analysis of one alcohol-dependent female participant's story, Shinebourne and Smith (2009) illuminated how inner instability and alcohol use impact the sense of self. Although these studies address idiosyncratic experiences, they fail to identify the processes involved in identity development in alcohol-dependent women, and invite further psychological research investigating how identity is developed, experienced and shared by women who identify as alcohol dependent.

These limitations demand a study that analyses idiosyncratic identity development processes, focusing on the perspectives and experiences of self-identified alcohol-dependent women. Moreover, further research is required to explore the interactional processes (coping, emotion regulation, interpersonal and individual processes) from the perspective of identity development in alcohol-dependent women. Therefore, the aim of this study is to bridge the existing gap in the literature by conducting an empirical study to elucidate the main psycho-social aspects that contribute significantly to identity development in alcohol-dependent women. Furthermore, the focus of the study is identity development in alcohol-dependent women during the life course and onset of alcohol dependence. The main research question is as follows: How do alcohol-dependent women develop and express their identities from childhood to the current points in their life stories?

1. Methodology

Study participants

We used targeted theoretical sampling to identify the study participants, ten women who self-identified as alcohol dependent. Participants were recruited in two ways: (a) through a special call published on a social networking platform (Institute of Phenomenological Research) to which researchers, psychologists and general community members belong; and (b) by word of mouth in a clinical setting, by directly approaching alcohol-dependent women seeking help. According to the constructivist approach (Charmaz, 2014), the development of inductively based theory requires both similar and different cases to empirically saturate individual aspects of the phenomenon under study. Based on this principle, we sought participants with some similar characteristics, such as gender, alcohol dependency and being currently sober, and some different characteristics, such as age and marital, educational and occupational status. In this way, the general criteria for the homogeneity and heterogeneity of the study sample were met.

We conducted the study in Vilnius, the capital of Lithuania, from November 2018 to July 2019. Participant interviews were scheduled at times of the participants' choosing, and conducted in a clinical setting. Before the interviews, participants were introduced to the topic and purpose of the study, and informed of their confidentiality and participant rights. Each interview was recorded on a voice recorder. To ensure participants' confidentiality and anonymity, names and other identifying information have been changed. The overall demographic and background data of the study participants is presented in Table 1.

Table 1. The demographic and background data of participants.

Participants	Age (years)	Family status (children)	Education	Alcohol dependence length (years)	Interview time
Rasa	41	Married (3)	College	1	1 h 07 min
Jurgita	33	Single (-)	College	1	1 h 05 min
Ugnė	35	Married (3)	PhD	1	1 h 43 min
Regina	57	Married (2)	Higher	12	1 h 14 min
Ineta	25	Single (-)	College	3	1 h 25 min
Laima	26	Married (-)	Higher	6	1 h 11 min
Aistė	33	Married (1)	Higher	1	57 min
Daiva	47	Divorced (2)	Higher	16	1 h 07 min
Justė	64	Divorced (2)	Higher	2	59 min
Gitana	30	Divorced (1)	Higher	3	56 min

Data collection

We used the life story and in-depth interview methods to collect empirical data. Each method has advantages for the type of study we conducted.

Life story method. This method focuses on participants' understanding of and the meaning they ascribe to experiences. It allows a person to tell a life story in a way that is as full and open as possible, which helps to approach participants' genuine experiences, to instinctively understand the structure of these experiences, and to observe non-verbal expression. Finally, the telling of a life story reveals various components of and conflicts within identity and social contexts.

In-depth interview. Several questions were composed to guide the interview (e.g. 'Please describe your relationship with your mother/father,' 'Please describe your teenage years') and helpful prompts were included (e.g., 'Would you explain that further?' 'Is there anything else you think would be important to add?'). Each completed interview was fully transcribed and coded by the same researcher. Interviews lasted from 56 minutes to one hour and 43 minutes.

Important analytical ideas that emerged in the early stages of the data analysis were further pursued during the next interviews and analysis. In this way, inter-

view collection and data analysis occurred simultaneously, allowing the researchers to go further and deeper into the research problem (Charmaz, 2014). In order to avoid researcher bias, several researchers participated during every stage of the data analysis.

Data analysis

We chose Charmaz's grounded theory methodology as an analytical strategy to reveal the processes of identity development in alcohol-dependent women presented through participants' stories. Grounded theory has significantly progressed from its early form, which was based on the objectivist perspective. Charmaz (2006) repositioned the method of grounded theory in line with constructivist epistemology, in which data represents the constructions of participants' experiences, with the researcher fulfilling the role of active interpreter of the meaning of the data. We opted for the constructivist approach in this study because it views data as constructed rather than discovered, and analysis as interpretive representation, not as objective reports or the only viewpoint on the topic (Charmaz, 2014).

During the analytical process, we followed steps outlined by Charmaz (2014), namely data coding, conceptualisation and comparison, category distinction, development of fundamental categories, and ultimate theory building. The essential analytical turn in grounded theory is coding, consisting of a few key phases: initial (naming each word, line or segment of data), focused (selective phase that uses the most important or frequent initial codes to sort, synthesise, integrate and organise large amounts of data), and theoretical coding, which follows after focused coding and aids in making analysis coherent and comprehensible. Further analytical stages involved memo writing and a constant comparison process, searching for similarities and diversities in the data set, which helps to relate categories and integrate all significant variables into the whole theory. Finally, in vivo (words used by participants) codes were used in all data analysis processes to maintain the focus on participants' experiences and the subject under study. Quoted participant responses have been translated into English without correcting original language errors.

Due to the scope of this article, the current study presents the largest component of the qualitative research findings: internal and external aspects of the grounded theory established on the basis of empirical data regarding the development of an illusory identity, where the main process is internal detachment.

2. Results

The life stories of the participants revealed that the development of their identity is based on internal detachment processes affecting two sides of their identities: visible or perceptible, and hidden or imperceptible. That is, the vertical axis of the alcohol-dependent identity construct is established on the basis of the detachment principle, which forms distinctive meaningful dimensions of the identity, as revealed by participants. The vertical axis of the construct holds the horizontal theory layer, which combines other elements of the identity construct, also as revealed in participants' stories, with two poles of contrasting means. The process of internal detachment, keeping contrasting sides of the identity separate without conscious communication, is a key component of the development of an illusory identity.

The grounded theory regarding the dilemma of internal detachment by developing an illusory identity is discussed in this study. The main aspects of this theoretical structure are illustrated schematically (Fig. 1) and described below.

The process of internal detachment
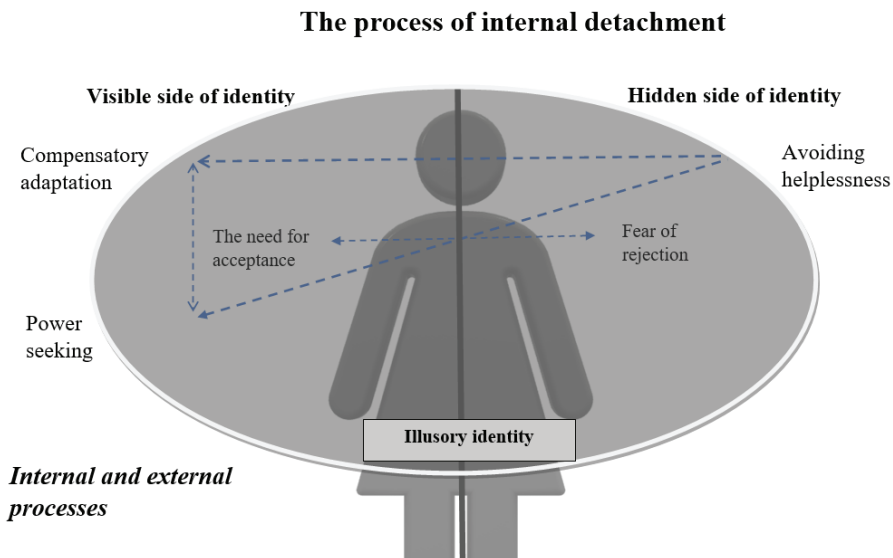
Figure 1. Internal and external processes of the grounded theory regarding the development of an illusory identity

3. Internal detachment

The process of internal detachment consists of two main elements: the visible, overtly presented side of the identity, and the hidden and unknowable side, which is denied by participants. The visible, overtly presented side of identity represents as the foundation of life stories, expressed on an obvious level. As such, this aspect of identity appears in a rather superficial way, intensified by positive social aspects, which helps participants to maintain a positive self-image. In contrast, the hidden, covert side of identity is revealed only when participants talk about those aspects of self that are inconceivable or perceived as emotionally burdensome while sharing experiences of struggling to define a clear sense of self: '*I don't know who I am. I can't imagine what it is*' (Laima). '*I don't know what I want from my husband ... I don't know what I need and like that*' (Aistė). '*I don't know what I feel; how can I explain to my husband if I can't name* [it] *myself?*' (Rasa). '*Maybe I am not as strong as I try to be*' (Justė).

The main researcher noted the process of detachment of the two sides of identity from the very first moments of participants' storytelling. When reflecting on their childhood, they spoke about situations or relationships with their mothers that did not resonate with their expressed emotions or needs. As such, the one-sided relationship with their mothers in their stories was created in two ways: by idealising the mother, or by mixed roles between the two of them. Such experiences with participants' mothers contributed significantly to the development of a one-sided identity structure, which in this study is revealed as both an unfinished process of identity accomplishment and a restless search for it in others.

4. Internal and external processes

This dimension emerged as the largest component of the empirical data analysis, connecting participants' internal detachment process and compensatory aspects such as submissive social adaptation, power seeking and avoiding helplessness, particular experiences and behaviours leading to participants establishing an illusory identity. This dimension also emerges as a fundamental component of internal detachment processes, as it is the basis for mental resources to maintain lived identities, involving behaviours, effects and dynamics of behavioural change. Aspects of internal and external processes of identity development in alcohol-dependent women include *compensatory adaptation*, *power seeking* and *avoiding helplessness*, which creates *a vicious triangle*, with the *need for acceptance and fear of rejection* at its core, all maintaining the establishment of *illusory identity*.

Maintaining the vicious triangle: dynamics of personal powerlessness. Specific behaviour participants maintained, exposed through their life stories, allowed us

to consider the establishment of a vicious triangle, consisting of the main behavioural aspects of compensatory adaptation, power seeking and avoiding helplessness. Due to the repetitive, dynamic nature of these behaviours, and participants' lack of self-reflection, participants experienced this vicious triangle as a dead end. In interpreting the triangle, the expression of those behavioural aspects is closely linked to the dynamics of a non-integrated sense of individual power: in the case of compensatory adaptation, participants delegated their sense of power to others, while in seeking power they attributed too much power to themselves. In cases of helplessness, participants felt powerless to overcome frustrating conditions. In life situations, these positions changed rapidly, from submissive adaptation and taking over responsibilities from others, to experiencing a sense of power, which would immediately transform into helplessness once they experienced rejection or too much distance from others. During phases of helplessness, participants disclose over-identification with self-pity and an inability to find alternative ways to cope with difficulties.

Internal detachment is the unifying aspect of taking on these positions. Participants' inherent self-abandonment forces them to prioritise the needs of others while hoping to be accepted. Thus, internal detachment plays a crucial role in the maintenance of the vicious triangle because it is an unconscious process that affects behavioural motivation and hinders participants' conscious perception of their own positions, emotions and needs. Such a failure also leads to misreading the behaviours of others, which in turn impedes their sense of continuity and maintains the fragmented identity experience.

Compensatory adaptation. Within the context of this study, the term 'compensatory adaptation' is used to reflect participants' adaptation to their social environments to such an extreme that they lose sight of self. That is, compensatory adaptation denotes participants' semi-conscious, excessive desire to fit into the adult world, stemming from the detached, non-integrated side of the self, rooted in childhood yet compelling their present behavioural motivation. Therefore, one pole of identity is dominated by the desire to fit into the adult world; while another pole, unconsciously hidden, is based on the avoidance of rejection and helplessness. In participants' stories, this was manifested as a lack of a sense of power to act, make decisions, and influence others and their own lives. On one hand, compensatory adjustment helped participants to ostensibly adapt to the outer world because they were effective in terms of quantity or productivity and 'favourable' to a social environment that tends to exploit them. On the other hand, this type of survival is an endless source of tension, inevitably leading to disappointment.

The aspect of compensatory adaptation of participants is embellished with taking on a controlling position, which throughout participants' stories was revealed

as maintaining the well-being of others. This behavioural strategy is a well-established and mastered part of participants' maternal relationships. In order to please their mothers, they had to deny their own needs and emotions, taking over age-inappropriate responsibilities (e.g., raising sisters, looking after drunken mothers or fathers). In adulthood, this behavioural tendency shifts into a broader interpersonal context, causing problems to deny the needs of others and set firm boundaries: '*I always try to be good anyway; it's hard to give up when I have to ... yeah, I'm very afraid of offending others ... I always think I wouldn't hurt others*' (Laima). Another controlling tendency revealed in participants' stories is controlling external images to gain positive appreciation or approval, or to make a good impression on others. For such purposes, participants indulged in various social roles, such as '*happy mommy*' no matter what, or being a submissive daughter 'for ever'. Participants consciously perceived controlling behaviours as helping them to maintain an illusory sense of bonding and self-importance in the relational context.

From an internal perspective, compensatory adaptation is associated with specific characteristics of participants: excessive submissiveness, perfectionist demands of the self, and loneliness. Here, the loneliness of participants is understood as the subjective inability to experience closeness with others and to approach others when facing hard times, which leads to isolation. Excessive submissiveness, in participants' stories, was manifested in the inability to act on or to resist, on time, forces or will imposed by others, or, in other words, to defend their boundaries: '*I didn't even try to change anything; somehow I scrolled and that's it ... I never demanded anything from him*' (Daiva). Instead, participants tended to act passively, not acknowledging underlying anger, which when excessively accumulated is usually expressed in a passive form of aggression, that is, secretly using alcohol. Notably, the stories of several participants revealed transgenerational aspects of excessive submissiveness, where such behavioural traits might have been passed on from one generation to another as an example of womanhood: being submissive and hardworking ('*grandmother was quite a submissive and hard worker*', '*mother was heavily burdened for her whole life*' Regina).

Participants' perfectionist demands of themselves contributed significantly to compensatory adaptation by inhibiting them from resting or treating themselves with empathy in domestic, relationship and professional contexts: '*I don't know why I did, nobody demanded* [it] *of me ... you do* [it], *don't want* [to], *but you do* [it], *because you have to do* [it]' (Daiva). Such internal traits of the participants helped them to avoid the hostility of others and adapt to the demands of the environment. Nonetheless, this behaviour led to experiences of inner emptiness, which participants reached after many unsuccessful attempts to relate to others. In summary, it can be supposed that the passive stance participants took towards others

may be related to their weak sense of self-worth and lack of a sense of personal power, which did not allow them to oppose external figures they deemed powerful because their sense of value and meaning depended on these figures' acceptance of them.

Power seeking. The participants' life stories revealed the pursuit of power, which is associated with an amplified self-image, characterised by their experience of being exceptional, perfect and unshakable, without realising their real qualities and limitations. For example, one participant, Ugnė, in relation to her children, repeatedly described herself as a '*perfect mommy*', creating a picture of constant and inexhaustible happiness ('*always happy mommy*'), which she tried to maintain with the help of alcohol, instead of recognising her parenting and relationship difficulties. Another participant, Ineta, felt that she had an exceptional bond with her mother, imagining that only she could pull her mother out of alcohol dependence ('*I can do everything; everything is under control. I'm the only one in the family who can help*') each time denying to herself the repetitive painful consequences of her mother's drinking.

Regina felt powerful in partnership, while impulsively taking over the responsibilities of her partner and '*pulling*' the heavy burden alone; she denied to herself the importance of painful feelings experienced due to her partner's indifference, yet believing she could handle everything ('*somehow I felt strong enough*', '*I have all this, have myself, and so on, it's my family*' Regina). In this way, she retained her sense of omnipotence, but concealed her desire for closeness with her partner, her own needs. However, she could not avoid feelings of frustration and internal neglect: '*I am alone again, with those unfinished spreads ... holes in the places of lamps*, *and so on, all standing again, somehow like this again*' (Regina), which she could manage only by drinking alcohol alone.

Several participants expressed their sense of power compared to men, highlighting their ability to consume more alcohol than men, and the weakness of men in this regard. As Aistė proudly proclaimed, '*I can drink much more; he drinks a bit and he is drunk ... yeah, yeah, I always could drink a lot*', not taking into account the problem of drinking in the family in general. One participant felt powerful at home, which hindered her from accepting assistance from her partner: '*It's annoying when he does something, annoying me, not the way I want, so it's better if he does not get involved in it, I do it myself*' (Rasa), in the long-run leaving her overloaded and left with the housework.

Hence, on one hand, an inflated, grandiose sense of self under certain circumstances protected participants by allowing them to avoid acknowledging painful experiences, which in turn allowed them to temporarily experience an illusory sense of control and superiority. On the other hand, without realising their own ne-

eds, real suffering and behavioural motives, participants inevitably faced feelings of frustration and abandonment, which further led to states of helplessness, and maintained the experience of a fragmented identity.

Avoiding helplessness. Participants' inability to accept feelings of helplessness revealed in their stories became a serious challenge in the process of identity establishment. Since this part of experience is unconsciously detached from the self, it inhibits both realising a more realistic self-image and the perception of the surrounding world and the self-regulating function, as participants consciously seek to maintain the external side of identity only, the one that lives for others. A thorough analysis of the data showed that in experiences of helplessness, when facing seemingly unsolvable experiences (usually rejection by a partner or mother), participants retreated backwards (i.e., they regressed to times when they experienced similar situations with their mothers in childhood), felt helpless and unwanted, and tried to manage these emotional states on their own. In this way, repressed traumatised childhood identification returns to participants present in the same shape. Because this part of experience lacked empathy from the mother and was detached from the self in the unconscious, in adulthood it cannot be consciously recognised, reflected on, and handled alone, and thus integrated into a cohesive whole.

Here, it is important to mention the manner in which traumatic fragments appeared in participants' stories. When talking about traumatic childhood experiences, most participants distanced themselves from these experiences by presenting themselves as '*a child*': '*When, I, a child, had to pull him* [drunken father] *out of the car and pull* [him] *up the stairs, take him home, it used to be so scary, so scary*' (Gitana); '*I wished, then, as a child, understood, that I wanted Dad and Mum not to fight ... I remember that I used to change my sister's diapers myself, I knew how to do it, holding hands and everything else, it was like, as a child not noticing any more whether mother was drinking alone or not*' (Jurgita). By separating these experiences from the self, participants maintained a distance from painful emotions. However, as has already been mentioned, such separation inevitably led to integrative challenges related to these experiences, why this role of a helpless, bemused child becomes an alien and displaced part of the participant's identity. In conclusion, it can be supposed that participants' disintegration of experiences of helplessness and avoidance of the recognition and perception of the meanings of these experiences to the self in the present is manifold. It maintains a fragmented identity experience, and is a prerequisite for the development of an illusory identity, which is a driving force for alcohol dependency, in turn fostering the maintenance of the fragmented identity experience.

In addition, the inability to face and overcome the feelings of helplessness revealed in the participants' stories is closely linked to their impaired ability to express fear and anger: a fear of their own and others' anger. Resistance to feelings of helplessness requires participants to object, which can cause hostile reactions from others or loss of relationships, that is, things they greatly fear and avoid. Moreover, frightened by the anger of others, participants avoid expressing their own anger, and unleash their pent-up rage secretly drinking alcohol instead.

When summarising the three aspects of the vicious triangle, it is important to note that submissive and power-seeking positions dominated participants' stories: participants devoted most of their internal and external resources to maintaining these positions. Conversely, participants consciously avoided feelings of helplessness arising from rejection by using alcohol.

The need for acceptance and fear of rejection. Finally, aspects of the continuation of the vicious triangle are undoubtedly related to the inner conflict revealed in participants' stories: rejection trauma. The dilemma of the need for acceptance and the fear of rejection seemed to be at the core of all participants' stories. The motifs of interpersonal relationships revolved around this core, with participants either pursuing closeness or keeping their distance to maintain safety. For instance, one participant, Laima, disclosed attachment difficulties in a relationship: '*So, I am afraid of closeness and of rejection ... I am terrified of that closeness because I am very afraid to love deeply, because if I do, something will happen, and it will be even more painful.*' Laima also referred to difficulties in intimate relations, perceiving intimate closeness as a '*dirty*' affair. Ugnė, another participant, expected her partner to reject her, which made it difficult for her to open up: '*I know that he won't understand me, he won't support me, but instead will judge and criticise me.*' Such relationship difficulties create a vicious triangle of psychological suffering, as participants suffered from both an inability to experience closeness and feelings of guilt arising from their 'defectiveness'. As Laima noted, '*I suffer and he suffers, and I suffer because of him, because he is sick of me.*'

The dilemma of acceptance and rejection is closely linked with several participants' disclosed personifications of a 'good girl' and 'bad girl'. Most life stories revealed participants' desire to embody the characteristics of a 'good girl' when sober to be accepted by others. However, once participants felt rejected and used alcohol to cope with underlying negative feelings, the personification of a 'bad girl' tended to emerge. 'Bad girl' behaviour is the complete opposite of 'good girl' behaviour, particularly the expression of anger and dissatisfaction. Such 'bad girl' behaviour is not consciously acceptable to participants, that is, they tend to fear or be ashamed of this side of the self: '*I was not me, and it frightened* [me], *frightened* [me] *really, very, very* [much]' (Justė). Although one participant discussed in detail

the dynamic interchange between 'good girl' and 'bad girl' personifications, she could not unite them into one cohesive whole, as she lacked a perception of the meanings and motifs of such behaviour in relation to herself. Participants further revealed expectations or pressures to meet 'good girl' standards imposed by their parents from childhood and even during adulthood. Here, it should be said that such societal demands applied to the upbringing of girls reflects the morbid and degrading attitudes towards women prevalent in society itself, which in the long run not only harms aspects of women's psychological existence, but also promotes the opposite result, the manifestation of a 'bad girl' side.

Illusory identity. According to international dictionaries (*Cambridge Dictionary*, *Merriam-Webster*), the term 'illusory' means holding an idea or belief that is not true or real; or implies a false impression based on a deceptive resemblance or faulty observation, influenced by emotions that prevent a clear view. A close investigation of participants' accounts revealed the tendency for illusory identity establishment, grounded in illusory experiences derived from the relational context. First, participants recounted dominant themes of devaluing the self and idealising either mothers or partners, which they perceived as crucial to maintain their sense of worth and meaning. Second, because of the individual significance prescribed to (m)others, participants sought anxiously to attach and adapt to them by creating relationships based on illusory experiences of control, closeness, sense of superiority and helplessness. Thus, participants' undefined positions in terms of their needs, feelings and boundaries in relation to (m)others strongly supported the development of illusory identity experiences. Moreover, due to the lack of acceptance and integration of the traumatised side of self in childhood, participants tend to project themselves and hold illusory expectations of their partners as a vision of a little, helpless child. In addition, the unconscious longing for maternal care and expectations for psychological nourishment projected into their partners, inevitably leads participants towards experiences of frustration, which they cannot 'metabolise' consciously due to a lack of perception of their own and other feelings and behavioural motives.

In addition, the relationship between the detached sides of the identity and the development of an illusory identity displays fascinating paradoxes. For instance, participants tended to control others but could not control themselves, felt responsible for others but not for themselves, denied helplessness by appearing too strong, tended to act 'perfect' but could not avoid the emergence of the 'negative' side when drunk, and so forth. In other words, to hide the detached side of themselves, which is based on a negative self-concept, participants tended to compensate for it by displaying only 'perfect' social traits and behaviours. However, such behaviour inevitably led them to experience self and others abandonment, which

they could not solve on their own, but by turning to alcohol instead. In conclusion, participants' establishment of an illusory identity is based on an illusory perception of self, embedded in the relational context, which is based on one-sidedness, that is, relational experiences that fail to deliver a subjective sense of real, mutual interaction.

Discussion of results

The grounded theory methodology helped the researchers of this study to understand how women who self-identified as alcohol-dependent develop and experience their identity in their life stories. From the perspective of participants of this study, alcohol dependence was greatly associated with an existential problem associated with a sense of self, and thus allowed to know alcohol dependence beyond a medical approach. Furthermore, problems regarding sense of self were also related to the search to obtain meaning and confirmation of the self in relation to others. Illustrations of participants' relational fields revealed that they behaved either over-assertively or over-submissively in relation to their partners or parents, causing strong feelings of helplessness and frustration, and creating a dysfunction in their lives that they could manage only by drinking alcohol. The issue of interpersonal difficulties stemming from an undefined sense of self played a crucial role in participants' lives. This characteristic of alcohol-dependent people has been documented in previous quantitative research (De Rick, 2007; 2009), although without identifying its meaning and significance to afflicted persons. In a recent psychoanalytical work, Kullman (2017) elaborated on the significance to women of the failure to relate to others and the meanings of these experiences to the self, and preceding such emotional states by abusing food.

Several traditional theoretical perspectives have been helpful in interpreting the participants' internal and interpersonal difficulties. As many authors of a psychodynamic approach have proposed, a profound lack of sense of self could be determined by the quality of the relationship with a person's mother, specifically the emotional resonance the individual obtained from the relationship. Accordingly, Winnicott (1960) posited that when individual needs are not validated in childhood, a child tends to accommodate the needs of the parents, developing an undifferentiated organisation of self, called a 'false' self. Further, the development of a 'false' self involves a tendency to mimic the caretaker's environment, setting aside creative gestures, lacking spontaneity and originality. Moreover, a person experiences a 'false' self as an empty self because caretakers have not recognised the true self, and the affective states activated lack corresponding connections with the self. Therefore, individuals with a developed 'false' self might feel that their

internal experiences are worthless and might look for powerful others to merge with or extraneously cause (alcohol-induced) physical experiences of arousal to fill the vacuum with borrowed strength or ideals (Fonagy, Gergely, Jurist, Target, 2018). The participants in this study described such experiences in terms of being unable to define and cope with their emotional states, and taking on too much responsibility from others to remain close to them and feel worthy.

Similarly, authors writing from the perspective of analytical psychology have emphasised the process of affective attunement between mother and child, which is identical to emotional resonance, and is of decisive importance for the maturation of a person's sense of self (Jacoby, 2003). Analytical theorists maintain that if affective attunement fails, a child identifies with what the mother loves at the cost of his or her own impulses, and the true self is disavowed. Furthermore, a motivation for disavowal serving to divide the true and 'false' selves has to do mainly with the need for attachment and affiliation with important others. Participants described this as attempts to meet the expectations of others, particularly parental figures, but also partners, by continuously presenting subservient 'good girl' behaviours.

Finally, instead of the term 'false' self, some analytical psychology theorists speak about narcissistic self-estrangement stemming from insufficient mothering during childhood, resulting in an inadequately actualised self, which remains latent in the shadow (Asper, 1993; the analytical term 'shadow' refers to the side of the identity that is inferior, underdeveloped and rejected). Such self-estrangement experienced during early childhood leads to the development of a weak and rigid ego, which cuts off early experiences of pain, but causes uncertainty in the child about their feelings, leading to a sense of not having the right to feel. Moreover, Asper (1993) proposed that in these cases a child develops a strong persona (in analytical terms, 'persona' is defined as a compromise between true identity and the expectations of others), relegating the child's true nature to the shadow aspect of the self. Notably, the main logics underlying grounded theory, presented schematically, are analogous to persona and shadow identity aspects, with persona corresponding to the left side of schema, that is, with the visible, compensatory and grandiose side of identity, and the right side of schema corresponding with the shadow, that is, with hidden aspects of identity, consisting of unexpressed rage, depression, guilt, impotence and helplessness.

To the best of the authors' knowledge, this is the first study that has explored how alcohol-dependent women develop their identities through their life stories. One strength of this study is the use of qualitative analysis and in-depth interviews with voluntary self-identified alcohol-dependent women to collect empirical data. Additionally, a sample of this study was based on women from different

backgrounds, coming from different groups: in-patient and out-patient clinics, Alcoholics Anonymous, and self-help programmes.

However, the study also has some limitations. First, study participants were interviewed only once, without any possibility to expand on their life stories after the interviews were collected. Second, the sample size was relatively small, although the aim of grounded theory is not to provide a representational study but to build a concrete theory in a field of interest (Charmaz, 2010). Finally, the findings are based on interviews collected solely from women living in Lithuania, a country with a historically traumatic cultural background, which could have influenced participants' parents' mental health (Gailienė, 2015) and participants' upbringing. Interestingly, concepts that emerged from grounded theory analysis revealed the presence of a patriarchal role model on the participants' mothers' side (participants being the third generation). This could be an important transgenerational aspect of identity development in alcohol-dependent women that causes detrimental effects not only to their identity development and psychic functions but to the whole process of women's emancipation. Future studies could further analyse transgenerational aspects of alcohol-dependent women to see how and why the third generation tends to develop alcohol-dependence disorders.

Despite the limitations identified, this study adds to the currently limited literature on identity development in alcohol-dependent women. The findings of this study build upon previous research by others (Jasiukevičiūtė, 2013; Kearney, 1998; Kim-Lok, Ahmad, Hayati, Bahari, Voo, 2016; Matthews, Lorah, Fenton, 2005) by systematically categorising the reflections of alcohol-dependent people's identity construction. Although some aspects of our findings can be discharged as nothing novel, the findings provide useful insights on the studied topic. Overall, this study suggests the importance of the findings in demonstrating the constant centrality of interpersonal trauma in the identity development of alcohol-dependent women. These findings can help to inform future studies and practitioners to understand that identity problems encountered by alcohol-dependent women are different to traditional psycho-pathological views. Thus, fostering an understanding of the problems of alcohol-dependent women from the perspective of identity is essential for improving mental health outcomes.

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