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RESEARCH ARTICLE

Influence of Culture Among Users of Illegal Substances in Oman: An Ethnographic Study

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Abstract

Introduction: The Oman citizen's community significantly shapes the drug user's life and identity after incarceration. We acknowledge that community support plays a significant role in life of users of illegal substances. The community's attitude towards users of illegal substances after imprisonment is very much linked to the tribal nature of society, which is supported by how most Oman citizens interpret their religion. We seek to investigate the impact of cultural influences and familial reintegration among Oman citizens on individuals who turn to illicit substances following their incarceration.

Methods: We recruited 19 Omani males aged 18-35 imprisoned in Oman Central Prison using purposive sampling. We conducted a qualitative study using an ethnography method and collected data over 8 months to explore users of illegal substances' life experiences both outside and during prison. Face-to-face, semi-structured interviews with the participants yielded detailed transcripts and field notes. We analyzed using a thematic framework and compared the results with existing literature.

Results: The participants described how stigmatization and rejection from society and family thwarted their attempts to reintegrate into the Omani community after their release from prison. The participants were facing difficulties in maintaining relationships with their family members and feeling a part of the family, despite their status. The primary reason for their loss of identity and self-worth appeared to be their lost or detached bonding with their families. The enormity of their accumulated psychophysiological trauma contributed to their early relapse and reincarceration.

Conclusion: Users of illegal substances face the challenge of reestablishing contact with their families. Most participants reported that their family's lack of support was the primary factor contributing to their early relapse. Close family connections individualize the internal feeling of self-worth of users of illegal substances and increase motivation to seek help from family, especially during the period soon after release from prison.

Introduction

Omani Culture

Culture as a part of Omani society represent belief, common language, religion, identity, food tradition, rituals, norms shared by Omani people. In this context^[1] characterised Omani culture as the total of beliefs, values, and practices that are common in any population or society. At present the majority of Omani families are moderately to extremely wealthy^[2]. Thus, the problem is that economic inequality between these extremes influenced their lifestyle negatively. Traditionally Omani families have followed the joint family system where three generation or more live together^[1]. Nowadays most Oman families reside in single residences in urban areas; however, the joint family is still important^[1]. Though physically separate, members keep in constant contact with each other through either daily visits or regular telephone calls. The definition of family in Oman is linked with many factors such as the relationships between father and sons (including uncles and male cousins) which is considered to be the backbone of the family.

Omani families are known to be men dominant in all aspects and perspectives for years and this has not changed despite the new developments and increased modern lifestyle. The attachment between Omani family members is strong and linked to the collective nature of Omani culture which was further supported by Islamic principles. For example, Quran makes it mandatory to obey and respect one's parents. *And We have enjoined upon man [care] for his parents. His mother carried him, [increasing her] in weakness upon weakness, and his weaning is in two years. Be grateful to Me and to your parents; to Me is the [final] destination. [Quran 31:14]*

There are common rituals that are shared by majority of Omani family. For example, when greeting each other, the members have to enquire about the health of the person and his family, neighbours and all the people around^[1]. Omanis take care not to directly confront or express anger during conversations, even in conflicting situations. The culture itself is designed to avoid face-to-face conflict situations which have spilled over to modern settings as well and this ritual is still the case in the 21st Century^[2]. For example, visitors' chairs in Omani offices are arranged parallel to the official's desk, not facing it. The purpose of this is to discourage personal conflicts triggered by face-to-face arguments. Families in cities return to their ancestral homes during weekends, which serves to keep the joint family system alive. All family members must join the gathering especially men as a pride to their parents as all men will join the elderly men in family and women will be sitting in a separate room^[3]. Attending funeral is a religiously and culturally highly practiced even if the dead member is not family members, here, men must attend the ceremony in the graveyard whereas women cannot attend. Women usually stay in house of the deceased for three days.

Gender differences between members plays important role in Omani family, having boys being considered the pride of the family, boys are so much sought after, which leads to one reason for Omani men's tendency for polygyny. This may also be the main reason for the families being big in Oman, where the husband would have more than one wife and children from each of them. Like the many traditional Middle Eastern societies (both Arab and Semitic), a deep thread of tribalism runs through Omani social structure^[1]. Almost all native Omanis have strong tribal ancestries and are encouraged to learn by heart their family tree going back several generations. Both paternal and maternal tribal history are acknowledged but it is the paternal history that carries real weightage. Thus, married Omani women will continue to be known after her father's name and tribe and not by their husbands^[4]. There are many prominent tribes in Oman such as

Al Said, Al Harthy, Al Kharusi, Al Riyami, Al Busaidy, and so on, each is representing certain region of the Sultanate^[2]. In these areas, each tribe will have their own place of gathering or practicing religion. In the case of marriage, the tribal issue has great influence on the approval and success of the marriage. For instance, if the proposed man is less culturally standard or common tribe the family will not approve and likewise for the women. Tribe-centred societies have many positive socio-political and economic features. However, it has also made consanguineal marriages the norm, particularly marriage between first cousins. Native Omani population is vulnerable to several genetic vulnerabilities. It is not known whether this has an impact on patterns of genetic vulnerabilities and resistance to addictive personality. This needs to be investigated so that Omanis who are genetically vulnerable to addiction of illegal substances could be identified and guided from youth. One characteristic of societies with strong tribal structure is their honour culture. Honour of the family, the joint family and the tribe must be protected at all costs^[1]. Addiction of illegal substances, like all other forms of deviant behaviour, brings intense shame to the addict's family and community itself^[2]. The shame causes the family to hide the member's addiction and when it becomes uncontrollable, to ban him. The community also rejects him as his presence dents their own honour and is additionally perceived as corrupting to youth. Being rejected by one's family and community is much more traumatic for an Omani than for a western individual because here one is trained from one's childhood to sacrifice his individual selfhood to the collective self of the community^[1]. Thus, when he is no longer part of the society, he has lost his identity. It is not surprising that such a person will seek to lower his pain in any manner possible, the most direct route being more drugs. In return the whole family will be affected because of shame and being stigmatized. Unfortunately, people affected by substance addiction form one of the most frequently stigmatized population groups in Oman regardless of their social status^[1]. For example, fear of being seen as an "addict" or even an "ex-addict" will or the family will start hiding and not socializing because of having a drug user member in the family. In Oman users of illegal substances and their family as a whole will experience discrimination that clearly limits the stigmatized person's ability to be part of Omani community including avoidance of the "other" in social situations.

Religion

Oman is an Islamic country where the overwhelming majority of people have traditionally been Muslims. For Arab societies Islam is the most natural religion which fits with their ancient social structure, customs and values. Islamic roles and principles permeate every aspect of Omani daily life, and thus permeate every aspect of Omani State as well. However, the state and society have benign attitude towards other religions of the world, and they are permitted to build their houses of worship and practice their faith.

Islam's Attitude Towards Drugs According to Islamic beliefs, health is a blessing which has been bestowed to an individual by God and, as such, should not be misused or squandered. One particular hadith (canonical saying) of the Prophet Muhammad (PUH) states: "There are two blessings which many people lose: health and free time for doing good" (Hadith no. 6412).

This hadith can be considered to represent a directive Islamic principle on any intentional act that may have an adverse effect on health, such as drug abuse. Another hadith asserts: "Every intoxicant is khamr (alcohol) and all khamr is haram

(unlawful or not permitted)". Muslims are thus forbidden from using or consuming substances such as non-prescribed drugs which would cause them to become intoxicated, lose control of their faculties or escape from reality, as they cannot serve Allah while under the influence of these substances. The Qur'an similarly discusses intoxicants (khamr) and, more specifically, alcohol. Under Sharia law, ethics and theology, the production and consumption of mind-altering substances such as alcohol and illegal substances is clearly prohibited^[5] Indeed, the Qur'an is very specific regarding the immorality associated with alcohol, referring to it as the "handiwork of Satan"^[5] (al-Ma'ida 5:90). In turn, the Prophet Muhammad gradually forbade the consumption of alcohol in three distinct phases^[5], as a result of witnessing the effect of alcohol on a person's cognitive abilities and the resulting social consequences. Prophet Muhammad provided his companions with Qur'anic guidance: "They ask you [the Prophet] about intoxicants (khamr) and gambling: say, 'There is great sin in both, and some benefit for people: the sin is greater than the benefit'."^[5] (al Baqara 2:219). After this verse was revealed, during the first phase of restriction, many of Prophet Muhammad's followers refrained from drinking alcohol; however, some continued.

The second phase of prohibition began when the leader of a prayer, after a heavy drinking session, recited the Qur'an so incorrectly that the recitation itself amounted to blasphemy^[5]. The Qur'an states: "You who believe, do not come anywhere near the prayer if you are intoxicated, not until you know what you are saying..."^[5], al-Nisa 4:43). This verse marks the second phase of prohibition, wherein believers were still permitted to drink provided they were sober during prayer times. Ultimately, the final phase, in which all alcohol was strictly prohibited for Muslims, was established following this verse: "You who believe, intoxicants (khamr) and gambling, idolatrous practices, and [divining with] arrows are repugnant acts—Satan's doing—shun them so that you may prosper. With intoxicants and gambling, Satan seeks only to incite enmity and hatred among you, and to stop you remembering God and prayer. Will you not give them up?"^[5], al-Ma'ida 5:90-91). Strict religious prohibition thus shuts out religious succour also to users of illegal substances. This includes not being allowed to attend prayers in mosques or being present in various Islamic religious gatherings and communal prayers. According to Islamic rules an individual who is in a state of mental disorientation due to intoxication is not allowed to pray or attend the mosque for group prayers or during Quran recitation. Thus, the users of illegal substances develop guilt and shame feelings of being rejected by God in addition to their family and community. Some Omani communities have a belief that drug addiction is a punishment from Allah or that his addiction is the result of his being disconnected from Allah by not performing his prayers and other religious duties. Omani community believe that users of illegal substances need to seek forgiveness from God, in other words, they should be treated spiritually rather than medically. Another popular belief in rural Oman is that problems of the mind (addiction and mental diseases) are the results of black magic or possession by evil spirits. All these have resulted in the emergence of religious facilities for users of illegal substances such as Islamic healing centres that offer intense prayers, and various Islamic exorcism rituals, which tend to be a mix of Islam and indigenous cultural traditions specific to that particular region. The effectiveness of such methods in cases of addiction need to be established by ethnographic (and if possible quantitative) methods which are still at their infancy in Oman. Despite all these prohibitions, it has not stopped some Omani people from using illegal substances. Consequently, disclosure of illegal substances use is perceived as a crime and directing the Islamic law in Omani culture.

Globally, a family systems viewpoint is likely most recognized for the phrase, "The whole is greater than the sum of its parts." This implies that if we merely look at each person in the family, we won't grasp the dynamic interplay that happens when those people join together^[1]. The connection between insecure attachment and substances use signifies a distinct attachment stance, exemplified by the avoidance attachment pattern, which involves balancing negative emotions and attachment requirements^[2].

Hence, this study aims to investigate the impact of Oman citizens' cultural influences and family reintegration on users of illegal substances after imprisonment in Oman.

Materials and Methods

Study Setting

We conducted this study at the central prison in Sumail, Oman, which is located approximately 80 kilometers—roughly one hour's drive—from the capital city, Muscat. This is the only central prison in the country with a capacity of 5000 prisoners, and it houses adults (men and women) sentenced by Omani courts for various crimes. We divide the buildings into separate sections for serving long and short sentences, women and men, and a section exclusively for illegal drug users. The Directorate General of Prisons, under the Oman Royal Police, supervises and runs the prison.

The central prison consists of two main areas: the first area consists of administration buildings and prison blocks that house long-term prisoners. We conducted this study in the second area, known as Al-Iwaa. The Al-Iwaa area is home to the majority of users of illegal substances, some minors (other crimes), and detainees awaiting trial.

Study Participants & Recruitment

We conducted an ethnographic study between 2019 and 2020. Due to the difficulties of recruiting participants from prison settings, a total of 19 individuals were selected from Oman Central Prison's records using purposive sampling. According to the literature, focused ethnography can recruit up to 30 participants in a study^[6].

Table 1. Summary of demographic data of participants

Participants Pseudo Names	Age	Education	Number of re-entries	Current prison term (years) and fine (Omani Rials)	Type of drugs
Munthir (P1)	24	Left school at 16	3	2 y + 2000 OMR	A B
Ahmed (P2)	21	12 Grade	2	2 y + 2000 OMR	A B
Nasser (P3)	30	12 Grade	3	3 y + 3000 OMR	A
Hussain (P4)	25	College	3	3 y + 3000 OMR	A B
Mahmood (P5)	18	Left school at 16	2	2 y + 2000 OMR	A B
Zahir (P6)	20	College	4	3 y + 3000 OMR	A B
Wasim (P7)	25	College	3	2 y + 2000 OMR	A B
Haitham (P8)	26	Left school at 17	2	4 y + 3000 OMR	A B
Saad (P9)	29	12 Grade	4	3 y + 3000 OMR	A B
Jasim (P10)	22	12 Grade	2	3 y + 3000 OMR	A B
Abid (P11)	24	College	3	3 y + 1000 OMR	A
Adil (P12)	30	College	3	2 y + 3000 OMR	A B
Saif (P13)	27	Left school at 17	4	4 y + 6000 OMR	A
Faisal (P14)	20	College	2	3 y + 1000 OMR	A B
Marwan (P15)	23	12 Grade	2	2 y + 2000 OMR	A B
Abdallah (P16)	33	College	2	3 y + 3000 OMR	A
Ibrahim (P17)	27	College	4	4y + 4000 OMR	A B
Salim (P18)	30	12 Grade	4	3 y + 2000 OMR	A B
Amir (P19)	30	College	3	3 y + 2000 OMR	A B

* **A** and **B** refers to classification of illegal drugs in Oman, **OMR** refers to Omani Rial, **P** refers to Participant

Inclusion and Exclusion Criteria

Inclusion criteria include men aged 18 to 40 years, those who have been convicted of using illegal drugs and not for any other crime, those who have multiple entries with a break of 6 months from the previous sentence, and those recently sentenced to prison for less than 6 months. Those who had committed other crimes in addition to using illegal drugs were excluded.

Data Collection Method

We use semi-structured interviews to explore issues and gather information about the phenomena under investigation because they enable participants to share their stories in greater detail^{[7][8]}. We developed these interview guides based on their personal understanding of the topic under investigation. We asked the participants to elaborate on their journey and how they reintegrated into their families shortly after their release from prison based on the guide. The question guide included open-ended questions about close relationships with their family members. (Table 2) After their release from

prison, the participants discussed returning to their families, friends, and neighborhoods. Participants had experienced obstacles and difficulties because their families had misconceptions about addiction, even though many families were educated; however, they were still under the influence of old traditional Omani families, where illiteracy was prevalent. The study will present the participants' initials as P followed by a number.

#	Questions Guide
1	Where do you go soon after you release from prison?
2	What is your first feelings when you met your family?
3	Describe your relationship with your family members?
4	Do you feel supported by your family?
5	Describe your life experiences with members of your community?
6	Describe your spirituality?
7	Describe your feelings on practicing your religion?
8	Do you think that religion has an impact on your addiction?
9	What is the impact of bonding and attachment relationships on your addiction issues?

Data Collection Procedure

The actual data collection was conducted at the central prison over a period of about 8½ months, but not continuously. Conducting ethnographic research in a prison is challenging to any researcher due to highly structured organization that has security considerations, protocols and rules which can potentially overrule some research considerations [Accessing the prison for data collection and keeping to predetermined schedules posed several challenges not normally encountered in non-prison ethnographic studies. I faced limited choice for participant selection, lack of privacy in the interview room, as well as interruptions during interviews. Some scheduled interviews were postponed by the prison staff for various official requirements without notifying me. To overcome this challenge, I made it a point to telephonically confirm in the morning of the interview that there were no changes in the interview changes.

Another challenge that interrupted the data collection was the interruptions while conducting interviews by the high ranked officers. Some of the interviews with the participants exceeded the time allotted by the authorities before we could conclude and therefore had to be completed the next day. In other instances, some participants would not be available for a scheduled interview because they had to attend court or hospital or were assigned some task by the prison officials. It was deemed very important to finish up with each participant before moving on to another during that period so as to avoid missing any participants. However, there was sometimes an issue continuing pending interviews with participants from previous meetings. I did not have control over which participant would be interviewed on a specific day as they were brought to the interview room by the police staff randomly. Therefore, 'mop-up' interviews were arranged for those who could not keep their initial interview schedule; accordingly, all interviews were successfully completed in their entirety. The continuation of unfinished or interrupted interviews with the same participant was deemed very important in order to retain

the participant in the study, complete the guided questions and gain a more complete overview of the topic in question.

By the end of March 2018 twelve participants had been interviewed. The original plan was to conduct three one-hour-long interviews (one hour each per participant) over three days in the course of one week. The plan could not be carried through fully as planned because the participant availability was subject to changes based on the circumstances of the prison. Ongoing analysis of scripts suggested that saturation point had been reached after three to four-hour interviews for the selected participants. The second data collection period was planned to begin in September 2018 but began only on 1st November 2018 for the remaining participants. The last interview was successfully completed on 31st January 2019. By that time the data collection process was terminated as all participants of this study were interviewed in sufficient time to reach to data saturation.

Ethnographic Thematic Data Analysis

This study used thematic analysis as a basis for qualitative data analysis. Mainly, it followed the six-step process outlined by^[9] for thematic analysis. First, become familiar with the data itself. Second, generate preliminary and systematic codes as you go through the data. Third, re-organize the codes into tentative themes. Fourth, review the themes created. Fifth, determine the research's final set of themes and/or subthemes. Lastly, summarize the research findings based on the selected themes or subthemes. We defined the thematic analysis and procedural guidelines; qualitative research widely uses model^{[7][8]}.

Ethical Approval

The Research Ethics the Royal Oman Police (ROP) in Oman granted ethical approval for this study. The study also took into account the rights of the participants, who are prisoners, by protecting their privacy, maintaining research confidentiality, and considering the reporting process for any observed violations of their human rights. We obtained informed consent from all the participants.

Results

Living in a community is one of the challenges for Substance users. All participants assert that the culture of Oman's citizens is characterized by reserve, perceiving addiction as malevolent and criminal, and stigmatizing individuals with addiction as not religious. People who use illegal substances face discrimination, stigma, and rejection, which has impeded their recovery. The community views them as individuals who have brought shame to both themselves and their families. The themes below reveal participants' experiences as drug users in the Omani community.

Theme One: Users of Illegal Substances and Omani Family

The participants' responses suggested they were experiencing severance of family bonds. Most revealed that they felt they no longer belonged to an Omani family as their addiction on illegal substances had dented the family honor. This is

brought out by the statements of two participants:

'... I don't feel I belong to this family anymore; I get kicked out of my house almost every day by my father but I don't have anywhere else to live so I am forced to stay in my parents' house though I know that I'm not welcomed not because of my addiction, but because my father doesn't count me as his son anymore I am someone who put our family down (p2).

In terms of family reputation, the image of the family name is the main concern of each family in the community. The family names and tribal names demonstrate the status of a person in their neighborhood or region.

'... Most of the time I don't mention my family name or tribe ... if anyone comes to know who I am then my family is going to be shamed and discriminated against as much as I am My family and tribe are very well known, and I have brought shame to my family (p1)'

I am from a very well-known tribe in Oman ... My father is the Sheikh of our area ... I have 9 brothers and I am number 8, all my older brothers are well-educated, and married to very well-known families ... I am a student of Islamic law (Sharia) My brothers and I were the pride of our tribe until I became an addict then everything fell apart (p13)'

Thus, one member's addiction can sink an entire family's reputation that they have carefully preserved, perhaps over generations. The family shame, anger, and frustration are then targeted on the users of illegal drugs.

Theme Two: Users of Illegal Substances Family's Shame and Loss of Honour

The participants are aware of this, and in addition to their defensiveness, they also deeply feel guilt, which intensifies their self-blame. Despite this, upon release from prison, most former users of illegal substances have nowhere else to go except to their homes. However, bringing them back could potentially cause further social alienation within the family. Recidivism among former addicts is high; society tends to believe that 'once an addict, always an addict'. Such continued discrimination resulted in the participants experiencing a significant amount of guilt.

. Last year my sister's marriage proposal was rejected when the family who proposed the alliance came to know that I was a drug addict ... thereafter everyone kept blaming me for how I shamed my family it's so sad to put them in this position ... I wish I could change the past' (p5).

'... My family used to be a welcoming family for people in our area whole neighborhood and relatives used to visit my father every week we used to have big family gatherings to welcome guests every week after Friday prayers ...since I became a drug addict, they stopped coming' (p6).

P7 believed that he was responsible for his father's early resignation from his job and the diminishment of the reputation of their family, he said:

'... My father held a high post in the police department as a colonel ... everybody knew my father ... when I became addicted and caught by the police, he took early retirement and remained away from his colleagues to avoid shame ... Since then, he never spoke to me again He put on me the responsibility of what happened to our family ...'. (p19).

From these responses, a bigger picture emerges — how the ripples generated by one person's exposure as an addict spread to his immediate family, then the extended family, and the entire tribe. There is a drastic fall in the marriage value due to the reputation risk for all involved.

'... I fell in love with a girl. I went to propose to her, the family was willing at the beginning because they knew of my family's reputation but after a few days, the proposal was rejected because they came to know that I am a drug addict ...'(p8).

All participants acknowledged that after their release from prison, they found they had lost their social reputation and were distanced from their community as well as their families.

Theme Three: Users of Illegal Substances Labeled as Criminals

Family members also may make accusations of theft, leading to a loss of self-respect and dignity among users of illegal drugs.

P9 mentioned:

'...Sometimes at home, they misplace things, and they start accusing me of stealing but after sometimes they find it How many times do I have to convince them that I did not steal or even use their belongings? It takes time for them to realize that I am innocent. These accusations are killing me

Participants have disclosed how the label of criminal affects them. Their main concern is that accusations without evidence are made even by the closest people around them.

Theme Four: Religion Life of Users of Illegal Substances in Oman

Some participants belonged to very religious families:

(p1) said: '... My parents took me to all the traditional healers in our area and they wasted a lot of money trying to

find treatment for me I was just following what they asked me to do, though the treatment given was not beneficial to me my parents did not accept that my addiction needed medical and psychological treatment

(p5) '.... I learned how to use drugs inside the mosque while waiting for prayer timings.... I was deeply religious to the extent that I used to be the imam of the prayers and sometimes I used to call for prayers (Azan) I used to be a happy boy since my childhood, and I have memorized as much Qur'an as I could I still practice my prayers, but I cannot attend the same mosque I used to go to as a child because I am not welcome there anymore, but religion is in my heart and my head ...' (p3).

The participants also revealed that they were not welcomed in the mosque or any other religious function:

'.... Nowadays I can't approach the mosque. I hate how people look at me as if I am evil and hopeless I decided to pray at home and continuing practicing my religion without being affected on how people look at me I don't believe that there is a relationship between lack of faith and using drugs ...' (p9).

A few participants opined that religion might bring peace of mind to drug users, but may not reduce the effect of the drugs on the brain:

'.... During my last recovery, I decided to join a religious group that traveled all over to disseminate Islam, hoping it would help me get rid of my addiction ...I got so much involved in practicing religion with that group but the more that I rejected the thoughts of drugs the more I was getting cravings while in the middle of the religious group' (p10).

None of the participants reported having become more spiritually individualistic, for instance by claiming that their religion was “between God and I.” In short, they seemed to be abandoning the collective religiosity characteristic of traditional Omani society. Some even declared they were spiritually superior to ‘mainstream’ Muslims:

'.... I feel that I'm better than all who attend the mosque at least I'm not pretending to be religious or doing wrong things secretly not all who pray and attend mosque are good my community's judgment on me is wrong practicing my religious is between me and my GOD (p11).

This is although there is a strong Islamic argument against such exclusion: “How can you judge whether anyone is abandoned by God? From the participants’ side there was bitter opposition to this:

'.... People practice religion in the manner that suits them the same people who judge me that I'm not practicing my religion are the ones who don't follow it They don't even respect the dignity of the dead person my friends' funerals have never been attended by religious people they judge us even after death (p1).

'... My brother's funeral was attended by only four people Religious people think that drug users are to be in hell My father said that one attendee at my brother's funeral was indirectly telling him that he was relieved that my brother died In addition, not many attended for three days to pass condolences (in the mosque or home) as culture is done (p12) Even after the funeral, the abandonment of drug users does not end.

Discussion

Despite the diverse life experiences of the participants, strong commonalities emerged. The participants discussed the difficulties they faced in transitioning from a structured prison life to an unstructured and unsupported community life, which resulted in barriers and emotional turmoil, ultimately leading to early relapse. They linked their early relapse to a lack of support, both within and outside the prison.

The Omani society contributed to their early relapse and re-entry. Public attitudes and behavior significantly influence substance users of illegal substances, both in terms of relapse and participant outcomes. The participants' key findings of this study were divided into these main areas: (a) users of illegal substance use and Omani family; (b) users of illegal substances and Omani community; and (c) users of illegal substances and religion. Encompassing these were the (d) predictable life circles of the Omani users of illegal substances, which suggested that the first three factors (a–c) may have only accelerated the inevitable fourth (d).

Influence of Omani Family on Users of Illegal Substances

Family is usually the first place that a user of illegal substances seeks after release from prison, since most participants were still living with their family. Despite Oman's rapid civilization and development, the definition of the Omani family remains unchanged, characterized by traditional Arabic and Islamic features^[10]. An anthropological study of Omani culture describes Omani families as extended families, typically housing four generations under one roof, with the godfather serving as the provider^{[4][10]}.

A published study^[4] asserts that men in Oman families wield power over their womenfolk in numerous aspects. From this point of view, the participants, who conveyed in various ways that they had lost their self-worth and respect within themselves and from the other male members of the family, may have lost the traditional status of a male who protects the females under his care. Instead, they are likely to seek and receive protection from their mothers and sisters.

This bonding between the drug user and his mother and sisters often leads to conflicts between the men and women in the family^[10]. P9 suffered from abusive relationships with his father and brothers; however, he had support from his mother and sisters. All participants attributed the main cause of this conflict to the men's perceived strictness and the women's perceived leniency. In addition, the male family members would stop talking to the participant, and they could communicate with their fathers and brothers only through their mothers or sisters.

The Omani family faces two threats to family cohesion: internal and external^[4]. Internal threats were primarily a lack of

positive communication among family members, fathers' propensity to impose rules, and a lack of opportunities for lower-ranking family members to express themselves. In this study, these threats seemed to prevent participants from taking their own decisions as parents were imposing their own rules, which they were required to follow without question.

In the context of an Oman citizen's family, the participants experienced culturally imposed difficulties as well. All Arab-Islamic families, including those in Oman, are supreme, and individuals are subservient to it. Male members are the family's pillars. A user of illegal Substances is a failed pillar that should be discarded. The influences that contributed to damaging relationships between their families (siblings, parents, and extended family members) led to extended family relations fracturing due to the users histories of illegal substances', particularly their imprisonment. Family abandonment or painful shaming appeared to be a common experience for the participants. This is consistent with results from various studies^{[11][12]}. The entire Omani family experienced shame and stigmatization due to the presence of a drug-using family member. Participants expressed that while they experienced shame and stigmatization, their family also took on the burden of this shame. These findings are consistent with studies conducted about shame in traditional cultures, such as those in the Middle East and South Asia^[13].

Participants reported a significant loss in family bonding after spending time away from their families during their prison sentence. Participants expressed feelings of detachment, inequality, and unfairness, and observed discrimination in the treatment of other siblings by their parents and other family members. When describing relationships and communicating with family, the majority of participants expressed painful and destructive emotions, highlighting how these have changed over time. According to family system theory^[14], unhealthy relationships with family members and fractured communication patterns lead to negative psychological well-being.

Participants reported a failure to establish a close relationship with their parents following their imprisonment and separation, which has led to an increase in the distance between them. P11 lost most of the practical, emotional, and financial support from his family from the time he entered prison. Conversely, upon their release from prison, their parents hold unjustifiably high expectations, believing that their son's imprisonment has completely transformed him. The conflict between expectations and reality resulted in a rapid deterioration of their relationship, which ended in the restarting of labeling and re-stigmatization. These findings are consistent with studies^[15]. However, it revealed no detrimental effects of close relationships or social interactions on users of illegal substances^{[15][16]}. These inconsistent findings regarding the relationship between family bonds and drug use, particularly in close relationships, likely stem from the poor quality of these relationships^{[15][16]}. However, we should exercise caution when interpreting these findings, as they originate from different cultures, where the level of social stigma associated with having an addict in the family likely varies from Oman's experience.

Many psychological theories have examined parental relationships, and some have suggested that poor parental relationships at a young age could contribute to illegal substances use later^[16]. A growing number of studies on attachment theory explain how psychopathology and psychological disorders can disrupt attachment between family members, potentially leading to addiction^[17]. Participants in this study reported experiencing intense, painful emotions and rising fear, which led to mental health issues from the time they lost contact with family upon entering prison and during

their incarceration. According to^[18], dealing with parental stress through parental modeling shows that relapse happens due to an inability to cope with these stresses.

The external threats to Omani family cohesion manifest in the family's representation in the community or society due to the presence of illegal drug users. Families of illegal substances users often self-stigmatize because they have either experienced or anticipate facing social stigma. The user of illegal substances often expresses these negative feelings, believing they bear responsibility for the situation. P17's family members face isolation from the community and self-stigmatization. The groom's family withdrew a marriage proposal for his sister, and his father started to avoid social situations. During his post-imprisonment stay at home, his family began labeling and stigmatizing him. According to him, the resultant stress accelerated his return to drugs. Many studies have focused on the effect of self-stigmatization on individuals, identifying it as a cause of poor quality of life outcomes and self-isolating behaviors^[19].

Some participants indicated that as returnee prisoners, they were bearing a dual burden—personal self-stigma ('I am an addict') and family self-stigma ('I harmed my family'). Those who spent their brief stint of freedom with their families reported that their presence triggered conflicts between the family members, increasing their guilt feelings. Participants in this study also indicated that self-stigmatization deters them from seeking treatment. The findings of a Saudi Arabian study on 614 substance use patients, which revealed that social stigma hindered seeking treatment, also supported this^[14]. While Oman's illegal substances management strategies still do not prioritize tackling stigma and self-stigma, some other countries place significant emphasis on this issue. For example, the Scottish Government action plan for 2019-21 gives priority to stigma, self-stigma, and public stigma in their report on Rights, Respect, and Recovery: Alcohol and Drug Treatment Strategy^[20]. We might investigate and, if suitable, adopt such strategies in a culturally appropriate manner in Oman, given that social stigma is likely to pose an even greater barrier for Omani users of illegal substances compared to their Western counterparts.

Influence of Omani Community on Users of Illegal Substances

According to Omani, the community is distinguished by its Islamic identity, tribal orientation, and male dominance, as well as its strong code of conduct and social support. The interrelationships within the community, ranging from the family connection to the neighborhood to the shared activities, rituals, habits, and religious functions, serve as an umbrella for the individual^[10]. The community's reputation is dependent on the reputation of its constituent families^[10]. The family's reputation is dependent on the behavior of its individual members. Thus, the participants experienced stigmatization from both their family, whose tribal reputation suffered, and their community, whose overall reputation suffered, albeit slightly. P1 stated that his own community perceived him as "lost." He experienced being stigmatized, rejected, and not welcome in any of the community functions. People within his community even stopped calling him by his own name, instead referring to him by stigmatizing labels such as 'substance drug user' (mukhadarati). According to the majority of participants, neighboring families frequently forbade their sons from being welcomed into their homes.

In Omani culture, members of the community traditionally gather for functions such as weddings or funeral ceremonies, with men getting together in mosques. In this regard, participants revealed that they felt humiliated and stigmatized by the

community, and their families also experienced the same shame. P4 recalled how he stopped accompanying his father to the mosque and other social functions to avoid discriminatory (often nonverbal) community behavior. According to^[11] findings, shame results from ongoing negative relationships and damages the relationship's dynamics. In terms of community service, participants mentioned experiencing discrimination in receiving services provided for needy individuals. For instance, several community charity organizations rejected P10's applications to access training of drug use and imprisonment served as the justification for the rejections. He Informal sources informed him that companies offering community service would prefer not to associate their brand with drug users due to the potential damage to their reputation.

Participants also revealed that after their release, they did not receive any support from any governmental or non-governmental organization. Research reveals the importance of community services, including housing benefits and employment, for illegal substances newly released from prison to help them remain drug-free^[21]. Also recommended preparing community support in advance to ensure it is ready for the prisoner upon their release. Waiting longer increases the prisoner's risk of relapse. We need to institute community services for drug users recently released from Omani prisons. It is also important to conduct research to monitor the effectiveness of such community services and tweak them as required.

Influence of Religion on Users Illegal Substances

It is impossible to separate Omani culture and religion. Regardless of their level of involvement in the drug subculture, an Omani who uses illegal substances is culturally an Omani, and their religion forms an integral part of their identity, even if they do not actively practice it. Moreover, the collective nature of Omani culture strongly bonds an individual's identity to the culture. Therefore, labeling an Omani user of illegal substances as an 'apostate,' 'cursed,' 'destined to hell' etc., is equivalent to erasing his identity. Participants reported feeling 'bothered' and treated as apostates and cursed by God. People told them that their loss of imaan (religious faith) could have preceded their drug addiction even before they started using illegal substances. P8 experienced discrimination while participating in all religious functions, whether inside or outside the mosque. He claimed that the religious establishment and elders treated addicts like him as 'lost'. However, the Quran does not declare users of intoxicants cursed; rather, it expresses its strong disapproval for such behavior. The following are the two key verses from the Quran that deal with intoxicants.

Particularly, certain verses of the Quran warn that the behavior of people who practice vices may escalate to hatred and animosity in the community. Modern Arab societies appear to be upholding the same policy of unity and honor by weeding out potential disruptors, such as illegal substances addicts. The verses also mention Satan as the instigator of forbidden behavior.

Thus, Oman's cultural practice includes allusions to evil forces, controlled by black magicians, targeting respectable families and individuals with the intention of destroying their religious faith. Families who suspect such evil influence often first approach Islamic healers. The families of P10 and P2 adopted this method, taking their loved ones to traditional healers. P9's family spent a significant amount of money, taking him to various healers and refusing to consider modern

methods of divination. P12 endured long hours of prayer at the mosque. Because these methods failed to stop their addiction, their families subjected them to labeling and stigmatization. P6 faced severe stigmatization and expulsion from his community.

The community appeared to be trying to shield itself by stigmatizing P6, who had developed an addiction to an Islamic college where he was studying Islamic law, despite his father being a respected sheikh. Most participants were aware of their religion, declared a commitment to it, and believed their addiction was an illness separate from their faith. The community's mistake, they said, was mixing these together. P3, 5, and 8 described having insight into the Quranic verse 5:90 and asserted that the community was misinterpreting it. The participants said they loved Prophet Muhammad. They pointed out that the Prophet had asked them to gradually stop using intoxicants, presumably due to his understanding of their effects on the human body, and that the process of washing out the substance required time and psychological effort to achieve complete intoxication.

The Prophet, along with the participants, emphasized that alcoholism affects both the body and the mind of an individual. Therefore, he instructed his people to refrain from alcohol consumption by refraining from participating in communal prayers while intoxicated. These restrictions were gradually tightened over several years. The participants sought to understand if the community was accusing and discriminating against them due to religious beliefs, questioning why the Prophet did not apply the same rules to alcoholic individuals. They acknowledged the negative effect that drugs had had on them but described themselves as spiritual; indeed, they felt that holding on to their faith would help them to overcome their addiction gradually, as taught by the Prophet. They believed that they needed government support and community treatment without stigma. The research question revealed that the most significant cultural influence on substances addiction in Omani culture is religion as evidenced in literature^{[1][22]}. The participants also said religion shaped their cultural identity.

Combining the findings from family, community, and religion in Omani society, it appears that most individuals are seeking an identity after unsuccessful attempts within their own homes and communities. The process of transforming into illegal substances user, addicts, prisoners, ex-prisoners, and now relapsed prisoners has eroded their previous sense of self.^[23] According to^[24], illegal substances users struggle with themselves and find it difficult to find a comfortable sense of self. The participants in my research appeared to convey that searching for their sense of self lost between their lives in prison and outside prison was a long endeavor. For instance, the majority of participants believed that they could have become better individuals or enhanced themselves if they had received support or recognition as individuals in need from their family and community.

The majority of participants blamed their parents for their sense of lost self, as they pretended to be the person their parents wanted them to be, compromising their authenticity in all aspects of their lives to please their parents. Participants expressed that despite abstaining from drugs and striving for personal growth, their family and community continued to reject them. They recount challenges in distinguishing their genuine identities from the ones they portray. From a sociological perspective, individuals who use illegal drugs may attempt to forge a new identity during their stage of recovery or when they are free from drug use^{[25][26]}. One could argue that the participants were grappling with their

relationships with family members and adapting to their new status within the family. The main reason for the participants' loss of identity and self-worth appeared to be their lost or detached bonding with their families.^[27] Systematic reviews on the relationship between attachments and drug or substance use examined 35 cross-sectional studies and found a relationship between insecure attachment and illegal substances use,^[27] highlighted various attachment positions, such as the avoidance attachment pattern that stems from balancing negative emotions and attachment requirements.

Some participants in this study revealed that they no longer needed close relationships with their parents, which seemed to indicate an avoidant attachment pattern. Preoccupied attachment patterns may lead users of illegal substances to social fear, causing them to seek reassurance from the predictable sensation of happiness or contentment provided by illegal substances. In this regard, all study participants recalled experiencing a progressive fear of facing the community after a few instances of labeling and stigmatization. The meta-analysis of^[17] also supported the social fear associated with the avoidant attachment pattern. The disorganized attachment pattern addresses residual fear, such as posttraumatic symptoms.

Participants in this study have described their sufferings and struggles as traumatizing experiences that remained strongly in their consciousness. They were experiencing built-up pain and emotional trauma after being rejected from three key sources on which their identity as an Omani rested: family, community, and religion. Feelings of detachment contributed to self-damage and made them more susceptible to mental illness. Understanding the attachment patterns from participants' specific experiences involved many aspects of participant life, including dealing with unresolved close relationships^{[28][29]}.

The theories of secure and insecure attachments suggest that the relationship between attachments and drug use begins either in early childhood or adulthood. Given the significant accumulation of relationship defects among the participants in this study, it is possible for individuals to turn to drugs as a means of exploring their identity^{[23][30]}. In this study, some participants were more attached to community functions and religious ceremonies, such as visiting the mosque or doing volunteer work in the community, whereas others were attached to family gatherings and feelings of pride when representing themselves among the extended family members^[22]. Loss of these attachments, which provided them with anchorage, meant that participants developed an avoidance attachment pattern by isolating and distancing themselves. There are a considerable number of scholars who explain attachment theory, interpersonal relationships, and the deteriorating condition of illegal substances^{[26][31]}.

Study limitations

The research setting associated administrative and security restrictions, and the population under study are the main potential limitations of this study. The rules and regulations of prison impose numerous limitations on conducting research in this setting. These rules created so many challenges in terms of recruiting the participants. The intended sample size was 30 participants, or until data saturation, but only 19 were recruited. Conducting face-to-face interviews with prisoners posed additional challenges, particularly regarding the researcher's safety and the confidentiality of participant data, given the presence of a prison guard in the interview room. The use of a paper-and-pencil format to record responses instead of audio recordings may have limited the richness and depth of the data collected. Given that Arab culture traditionally

values oral communication over written communication, relying on written responses may have limited the depth and expressiveness of the participant's input. The study involved translating responses from Arabic to English, which can introduce translation bias and a possible loss of meaning. To generalize the findings of this study, mixed method research methodology can be considered with bigger population in future.

Recommendation and Implication to Practice

The influence of culture on illegal substance misuse is profound and multifaceted, impacting nursing practice in several ways. Cultural values, beliefs, and social norms play a significant role in how individuals perceive, engage with, and recover from substance misuse. Below are key points on how this influence translates to nursing practice:

Cultural Perceptions of Substance Misuse

- **Stigma and Shame:** Some cultures view substance misuse as highly shameful, leading individuals to hide their problems or avoid seeking help. Nurses need to be culturally sensitive to this stigma when assessing and providing care.
- **Acceptance or Normalization:** In other cultures, the use of certain substances might be more normalized, influencing how people view addiction. For instance, some communities might see certain drugs as part of social rituals or acceptable behaviors, which may delay recognition of misuse as a health issue.

Access to Care and Support Systems

- **Family and Community Role:** Family and community often play key roles in the treatment of substance misuse. In some cultures, collective decision-making is important, so nurses may need to involve family members in discussions about treatment plans, while being mindful of confidentiality and the patient's preferences.
- **Barriers to Care:** Cultural barriers such as language, socioeconomic factors, or fear of law enforcement (especially in cases of undocumented immigrants) may prevent individuals from seeking help. Nurses must be advocates, helping to reduce these barriers by connecting patients to culturally appropriate resources.

Culturally Competent Care

- **Tailored Interventions:** Nurses must consider cultural differences when developing intervention strategies. This may involve understanding culturally specific health beliefs, alternative medicines, or spiritual practices that can either conflict with or complement medical treatments.
- **Motivational Interviewing:** Culturally adapted motivational interviewing techniques can be used to encourage patients to discuss their substance use in a non-judgmental way. Nurses can use empathy and understanding of cultural background to foster trust and openness.

Impact of Culture on Recovery

- **Cultural Views on Recovery:** Some cultures may have a holistic approach to recovery, involving mind, body, and spirit. Nurses need to support these holistic models and work with culturally sensitive frameworks that align with patients' belief systems.
- **Support Networks:** Recovery may also be more successful when supported by cultural or faith-based groups. Nurses should be aware of these networks and refer patients to them where appropriate.

Ethical Considerations

- **Cultural Relativism vs. Harm Reduction:** Nurses must navigate between respecting cultural practices and ensuring patient safety. In cases where cultural beliefs might conflict with evidence-based practices (e.g., rejecting certain medications), nurses need to use education and harm-reduction strategies sensitively.
- **Legal Implications:** Nursing practice must balance cultural competence with legal and ethical obligations, especially when addressing issues like substance misuse among populations facing criminalization or marginalization.

Implications for Nursing Practice

- **Cultural Competency Training:** Nurses must receive training in cultural competence to understand diverse patient backgrounds and avoid bias in treatment.
- **Patient-Centered Care:** Nurses should provide personalized care that respects cultural diversity and addresses each patient's unique needs, incorporating cultural beliefs and values into care plans.
- **Interdisciplinary Collaboration:** Nurses often collaborate with social workers, counselors, and community leaders who are familiar with the patient's cultural background to deliver comprehensive care.
- **Advocacy and Policy Influence:** Nurses may also advocate for policies that consider the cultural factors affecting substance misuse and promote equitable access to treatment for all individuals, regardless of cultural background.

Conclusions

The Omani community had a significant impact on the substance user's identity and livelihood after their imprisonment. Community support is one of the most important factors in a substance user's life. The community's attitude toward a substance user who has been released from incarceration is closely linked to the tribal nature of society, which is bolstered by the majority of Oman's citizens' interpretation of religion. The study found that the lack of support and stigmatization within the community significantly negatively impacts the life of a drug user, leading to early relapse. There is a substantial need for research that suggests implementing a referral system from prison to the community to ensure the continuation of support and facilitate an extended rehabilitation period following incarceration.

Statements and Declarations

Author Contributions

All authors have contributed equally.

Conflicts of Interest

Authors declare no conflict of interest.

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Ethical Approval Statement

The study was approved by the Scientific Research Committee at the Royal Hospital, Ministry of Health, Muscat, Oman, which certified that the study was performed in accordance with the ethical standards in the 1964 Declaration of Helsinki and its later amendments.

Consent for publication

All authors have agreed to the publication and to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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