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Inside the Lives of Filipinos in Substance Use Rehabilitation Without Familial Support

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Abstract. This qualitative study explored the lived experiences of Filipino men undergoing substance use rehabilitation without sustained familial support. It examined their challenges, coping strategies, alternative sources of support, and the meanings and motivations sustaining recovery. Using Interpretative Phenomenological Analysis (IPA), the study involved ten male participants aged 18–50 years undergoing rehabilitation in Department of Health (DOH)-accredited facilities in Bulacan, Rizal, and Cavite who had experienced prolonged absence of familial support. Data were collected through individual semi-structured interviews and analyzed through an idiographic, interpretative process, examining individual accounts before identifying patterns across participants. Three overarching themes emerged: (1) Challenges of Recovering Without Familial Support, (2) Reconstructing Support, Coping, and Personal Agency, and (3) Reconstructing Purpose and a Future Beyond Rehabilitation. Participants described loneliness, emotional distress, perceived relational loss, regret, resentment, and comparisons with peers receiving family support. They also described rebuilding support through peer relationships, meaningful roles, constructive activities, spirituality, acceptance, and personal responsibility. Their accounts reflected efforts to navigate relational absence while developing belonging, coping resources, and personal agency within the rehabilitation environment. Participants expressed future-oriented motivations involving personal improvement, health, employment, independence, responsibility, and a meaningful life beyond rehabilitation. The findings indicate that absent familial support creates emotional and relational challenges but does not preclude recovery. Participants actively reconstructed belonging, meaning, identity, and agency through available relationships, activities, and personal commitments.

Keywords: *Familial support; Intrinsic motivation; Rehabilitation; Substance use recovery; Spirituality.*

Substance use remains a critical and multifaceted challenge in the Philippines, deeply rooted in socio-economic, cultural, and systemic factors. While recent policy shifts under the current administration have transitioned toward a more public health-centered approach—emphasizing community-based rehabilitation and prevention—drug-related violence and systemic barriers persist. In the Filipino context, recovery is further complicated by societal stigma, which often frames addiction as a moral failing rather than a health condition, reinforcing feelings of shame and isolation among individuals attempting to rebuild their lives (Alibudbud, 2023; Medina et al., 2022). These conditions suggest that recovery cannot be understood solely in terms of treatment access or abstinence; it is also shaped by the social environments in which individuals attempt to reconstruct their identities and maintain recovery.

The significance of social support in substance use recovery has been increasingly recognized, particularly because

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recovery involves changes in interpersonal relationships, social identity, and access to resources. Qualitative research indicates that supportive relationships and recovery-oriented communities can facilitate social recovery by providing connection, recognition, and opportunities for individuals to develop meaningful roles beyond substance use (Vigdal et al., 2022). Similarly, peer support has been associated with personal and clinical recovery, suggesting that relationships outside the traditional family structure may contribute to recovery processes (Egmose et al., 2023). However, these findings also raise an important question: what happens when the individual does not have access to the family relationships commonly assumed to be the primary source of support?

The question is particularly significant in the Filipino context, where family relationships are closely associated with social and emotional well-being. For Filipino individuals undergoing substance use rehabilitation, family support may provide not only emotional encouragement but also practical resources and a sense of belonging. Sy and Hechanova (2020), for example, found that family support moderated the relationship between coping skills and substance use dependence among Filipinos who use drugs, demonstrating that the role of family is not merely relational but may interact with individuals' capacity to cope with substance-related difficulties. Thus, the absence of family support represents more than the loss of a conventional support resource; it may alter the social and psychological context through which recovery is experienced.

Nevertheless, the relationship between family and recovery should not be viewed as uniformly protective. Family relationships may also be associated with conflict, stigma, rejection, or strained interpersonal dynamics, particularly in the context of substance use. Alibudbud (2023) emphasizes the persistence of stigma surrounding substance use and addiction in the Philippines, while Medina et al. (2022) demonstrated how stigma can become a significant barrier within individuals' recovery experiences. Taken together, these studies suggest that the presence, quality, and accessibility of social relationships may be more important than the mere existence of family ties. This distinction is particularly relevant for individuals whose recovery occurs without sustained familial support.

Previous research has begun to examine this population directly. Co and Canoy (2022) explored the lived experiences of recovering Filipino persons who use drugs without perceived family support through an Interpretative Phenomenological Analysis. Their findings highlighted experiences of loss and longing, as well as the development of social connections beyond biological kinship. This study provides an important foundation for understanding recovery in the absence of family support and demonstrates the value of examining the subjective experiences of Filipino persons who use drugs within their cultural context.

However, the present study extends this line of inquiry in several important ways. First, rather than focusing primarily on recovering without perceived family support, the present study examines how participants understand and navigate the specific challenges, coping processes, and motivations that sustain their rehabilitation in the continued absence of familial support. Second, the study gives particular attention to the internal and alternative resources through which participants reconstruct belonging, self-worth, purpose, and personal agency. Third, the study considers how spirituality, peer relationships, institutional roles, and personal meaning contribute to participants' efforts to sustain recovery. In this way, the study moves beyond documenting the absence of family support toward examining the processes through which individuals develop alternative pathways for recovery.

This distinction is important because an exclusive emphasis on family-based recovery models may inadvertently overlook individuals who cannot access such support. Existing evidence suggests that peer relationships and recovery-supportive communities can provide important social resources (Vigdal et al., 2022; Egmose et al., 2023), while Self-Determination Theory research indicates the relevance of autonomy, competence, and relatedness to substance use and its treatment (Herchenroeder et al., 2024). These perspectives provide a basis for examining whether individuals without sustained familial support can develop alternative sources of connection, competence, and motivation within rehabilitation settings.

Despite these emerging findings, qualitative understanding of how Filipino individuals make sense of recovery when sustained familial support is unavailable remains limited. We need to understand not only the difficulties associated with family absence but also the psychological, social, and spiritual resources participants mobilize to continue their recovery. Addressing this gap may support rehabilitation approaches that do not assume a

supportive family network and respond to the diverse social circumstances of individuals in recovery. Accordingly, this study employed an Interpretative Phenomenological Analysis to explore the lived experiences of Filipino men undergoing substance use rehabilitation without sustained familial support. Specifically, it sought to understand the challenges they encountered, the coping mechanisms and alternative sources of support they utilized, and the internal motivations that sustained their commitment to recovery. By examining these experiences within the Filipino cultural context, the study aims to contribute to the development of more inclusive and culturally responsive rehabilitation practices that recognize alternative sources of belonging, support, and personal meaning.

Methodology

Research Design

This study employed a qualitative research approach using Interpretative Phenomenological Analysis (IPA) as its specific research design to explore the lived experiences of Filipinos undergoing substance use rehabilitation without familial support. Smith et al. (2021) describe IPA as a qualitative approach focused on understanding how individuals make sense of significant life experiences. The design was selected because the present study sought to understand how participants experienced, interpreted, and constructed meaning from their recovery journey within the context of limited or absent familial support. Rather than measuring predetermined variables or testing causal relationships, IPA enabled participants to articulate their experiences in their own words while allowing the researcher to develop an interpretative account of the meanings they attributed to those experiences.

Researcher Reflexivity and Positionality

In qualitative research, particularly within Interpretative Phenomenological Analysis (IPA), the researcher is recognized as an active participant in the interpretative process rather than a completely detached observer. The researcher therefore acknowledged that professional experiences, assumptions, and prior understanding of substance use rehabilitation could influence the interpretation of participants' accounts. Rather than attempting to eliminate the researcher's interpretative role, reflexivity in this study involved explicitly recognizing the researcher's positionality and taking methodological measures to keep participants' accounts central to the analysis.

The researcher approaches this study with a substantial professional and clinical background in mental health and addiction recovery in the Philippines. The researcher is a Registered Psychologist (RPsy), Registered Psychometrician (RPm), Certified Mental Health Therapist (CMHT), and Certified Mental Health First Responder (CMHFR). Professionally, the researcher has direct clinical experience as a psychometrician at the National Center for Mental Health (NCMH) and, relevant to this study, at the Bulacan Drug Rehabilitation Foundation, Inc. (BDRFI). In these roles, the researcher was actively involved in conducting individual patient intakes, implementing mental health programs, and managing a consultation help-line for individuals with substance use disorders. This professional background positioned the researcher as an insider in the Philippine drug rehabilitation context. This familiarity helped the researcher understand the institutional setting and communicate sensitively with participants. However, the researcher also recognized the possibility that prior clinical experiences could create assumptions about substance use, recovery, family relationships, coping, and psychological functioning. The researcher therefore remained attentive to the distinction between participants' lived experiences and the researcher's prior professional experiences. To manage this positionality and maintain the integrity of the participants' accounts, several methodological safeguards were implemented.

Participants and Sampling Technique

The participants of the study were ten (10) male individuals undergoing substance use rehabilitation in Department of Health (DOH)-accredited drug rehabilitation facilities located in Bulacan, Rizal, and Cavite. The participants were selected based on predetermined eligibility criteria aligned with the study's purpose and the requirements of Interpretative Phenomenological Analysis (IPA). The sample included male participants aged 18 to 50 years who had experienced no familial contact during rehabilitation for at least one year. The researcher employed purposive sampling, a non-probability sampling technique in which participants are deliberately selected because they possess specific characteristics and direct experiences relevant to the phenomenon under investigation. This technique was appropriate because the study specifically required individuals who had firsthand and sustained experience of undergoing substance use rehabilitation without familial contact. Through purposive sampling, the researcher identified information-rich participants whose experiences could provide

detailed accounts of the challenges, coping processes, support systems, and motivations associated with recovery without traditional familial involvement.

Participants were included if they met all of the following criteria: (1) were male; (2) were between 18 and 50 years old; (3) were currently admitted to a DOH-accredited drug rehabilitation facility; (4) had been residing in the rehabilitation institution for at least one (1) year; and (5) had experienced no familial contact for at least one (1) year prior to and during their participation in the study. For purposes of this study, absence of familial contact referred to having no direct or meaningful communication or interaction with family members during the specified period. Individuals were excluded if they did not meet any of the established inclusion criteria, including those who were female, below 18 or above 50 years old, had been in the rehabilitation facility for less than one year, were not currently admitted to a DOH-accredited rehabilitation facility, or had maintained familial contact within the specified one-year period. Individuals unable or unwilling to provide informed consent were also excluded from participation.

Research Instrument

The primary data collection instrument used in this study was a researcher-developed semi-structured interview guide designed specifically to address the research questions and elicit in-depth accounts of participants' lived experiences of substance use rehabilitation without familial support. A semi-structured interview guide was appropriate because it provided a consistent set of core questions across participants while allowing the researcher to use follow-up questions and probes based on participants' responses. This format balances methodological consistency and flexibility, enabling participants to elaborate on experiences that were personally meaningful to them (Flick, 2020). The interview guide included questions about participants' demographic characteristics, experiences and challenges during rehabilitation, coping mechanisms, sources of support, and motivations for sustaining recovery. Interviews lasted approximately 30 to 45 minutes.

The interview questions were developed based on the study's statement of the problem and research objectives and were structured to facilitate exploration of the phenomenon without imposing predetermined responses. Consistent with the principles of IPA, the questions were designed to encourage participants to describe their experiences and the meanings they attributed to them rather than to confirm predetermined theoretical assumptions (Smith et al., 2021). The semi-structured format further allowed the researcher to ask clarifying and probing questions when participants introduced experiences requiring deeper exploration. To establish the content validity and appropriateness of the researcher-developed interview guide, the instrument underwent expert validation prior to data collection. The guide was reviewed by qualified professionals in the field, including a Clinical Director and Registered Psychologists, who assessed the relevance, clarity, appropriateness, and alignment of the interview questions with the research objectives. Expert review is particularly relevant to qualitative interview research because the quality of the interview guide can influence the relevance and depth of the data generated (Jones & Donmoyer, 2021). The researchers incorporated revisions based on the experts' recommendations before conducting the interviews.

Data Gathering Procedure

Data gathering commenced after obtaining approval from the research adviser and the appropriate ethics committee. The procedure followed the approved research protocol and was designed to safeguard participants' rights, safety, privacy, and voluntary participation throughout data collection. The researcher initially approached potential participants from DOH-accredited drug rehabilitation facilities and explained the study's purpose, nature, procedures, and participation requirements. The researcher addressed questions and concerns raised by potential participants before requesting their participation. Individuals who agreed to participate were provided with an informed consent form, which they reviewed and signed before the interview. Participants were informed that their participation was voluntary and that they could withdraw from the study at any point without penalty or adverse consequences.

Data were collected through individual, face-to-face, semi-structured interviews conducted at times most convenient for the participants. All ten interviews were conducted by the researcher on the same day. Each participant was interviewed individually using the same validated semi-structured interview guide and the same general interview procedure. This provided consistency in the core questions and data collection process across participants while retaining the flexibility necessary for an IPA study.

The researcher recognized that conducting multiple interviews within one day could potentially introduce interviewer fatigue or inconsistency. To minimize this concern, the researcher followed the established interview guide throughout data collection and maintained the same general interviewing approach across all participants. The researcher also used active listening and appropriate probing questions to clarify and deepen participants' responses while avoiding imposing predetermined interpretations. The researcher took notes during each interview to document relevant information and observations, and audio recordings provided a complete record of participants' narratives for subsequent transcription and verification.

Each interview lasted approximately 30 to 45 minutes. The researcher used the researcher-developed semi-structured interview guide to facilitate the discussion while allowing sufficient flexibility to ask follow-up and probing questions based on participants' responses. The interviews focused on participants' demographic characteristics and their experiences of rehabilitation without familial support, including the challenges they encountered, coping mechanisms they utilized, sources of support, and motivations for sustaining recovery. The 30- to 45-minute duration was based on the depth and relevance of the information obtained, not duration alone. Probing and follow-up questions were used whenever participants raised experiences requiring further elaboration, allowing the researcher to obtain detailed accounts relevant to the research questions. With participants' prior consent, each interview was audio-recorded to ensure an accurate and complete account of their narratives. After data collection, the audio recordings were transcribed, and the transcripts were cross-verified against the original recordings to ensure accuracy and completeness. Participant confidentiality was maintained throughout the process by assigning code names to the participants and excluding identifying information from the transcripts and research records.

Data Analysis Procedure

The data were analyzed using a qualitative framework, specifically Interpretative Phenomenological Analysis (IPA), to examine the lived experiences of participants undergoing substance use rehabilitation without familial support. The analysis followed Carla Willig's four-step process, which provided a systematic structure for examining participants' narratives while maintaining the depth and idiographic orientation required in phenomenological inquiry (Willig, 2021). The process enabled the researcher to move from detailed examination of individual accounts to identifying and organizing meaningful patterns across participants' experiences.

The first step involved reading and rereading the interview transcripts to facilitate immersion in the participants' narratives. The researcher reviewed each transcript repeatedly to develop familiarity with the content and context of each participant's experience and documented initial observations and significant points emerging from the accounts. The second step involved identifying and grouping themes from the transcripts. Significant statements and meaningful portions of the narratives were examined to identify recurring concepts and experiences. The researcher initially considered emerging themes within each participant's account to preserve the individuality of the experience. Related concepts were subsequently grouped according to their similarities and relevance to the research questions. The third step involved structuring the analysis by establishing relationships among themes. The researcher examined how emerging themes were connected, related, or differed within and across participants' narratives. This process allowed broader patterns and shared meanings to emerge while maintaining the contextual meaning of individual experiences. Consistent with IPA's interpretative orientation, the researcher sought to understand not only what participants experienced but also how they interpreted and made sense of those experiences (Smith et al., 2021). The fourth step involved creating a summary table to organize the major themes, relevant participant accounts, and representative quotations that best illustrated the central issues identified during the analysis. The summary table organized the analytical findings and supported the presentation of themes and subthemes in the results section.

The analysis was further informed by the Theory of Filipino Substance Use Recovery (SUR) and Viktor Frankl's Meaning-Seeking Model. These theoretical perspectives served as interpretative lenses for understanding participants' recovery experiences, particularly their coping processes, sources of meaning, motivation, spirituality, and efforts toward personal growth in the absence of traditional familial support. Nevertheless, the researcher maintained the primacy of participants' narratives, allowing themes to emerge from the data rather than imposing the theoretical frameworks on participants' accounts. The researcher used coding throughout the analysis to organize key portions of the transcripts and identify concepts relevant to the research questions. The

researcher examined and grouped related codes to develop themes and subthemes. The transcripts were repeatedly revisited to ensure that interpretations remained grounded in participants' actual statements and that the context of their individual experiences was retained.

Trustworthiness of the Study

The study's trustworthiness was considered in terms of credibility, dependability, confirmability, and transferability. Because the researcher served as the sole interviewer, transcriber, coder, and analyst, no second independent coder was used. Likewise, formal member checking, peer debriefing of codes and themes, and a formal reflexive journal were not conducted. The study therefore reports the procedures that were implemented rather than attributing trustworthiness to procedures that were not undertaken.

Ethical Considerations

The ethical conduct of this study was guided by the Psychological Association of the Philippines (PAP) Code of Ethics (PAP, 2022) and the ethical requirements approved by the appropriate research oversight body. Attention was given to the protection of participants' rights, dignity, privacy, and psychological well-being given the sensitive nature of substance use recovery and the participants' experiences of limited or absent familial support.

Results and Discussion

The analysis generated three overarching themes corresponding to the study questions: (1) Challenges of Recovering Without Familial Support, (2) Reconstructing Support, Coping, and Personal Agency, and (3) Reconstructing Purpose and a Future Beyond Rehabilitation. These themes were developed inductively from participants' accounts through the Interpretative Phenomenological Analysis (IPA) process. Initial codes were first identified from significant statements and meaningful portions of individual transcripts. Related codes were then clustered by similarities and differences within and across participants' accounts, resulting in subthemes and, subsequently, broader overarching themes. The theoretical perspectives discussed in this section were applied only after the experiential patterns had been identified, serving as interpretative lenses rather than as predetermined categories imposed on the data. Consistent with IPA's idiographic orientation, interpretation began with individual participant accounts before examining patterns across cases. The findings below therefore prioritize participants' descriptions and the meanings they attached to their experiences before relating those meanings to existing literature or psychological perspectives.

Table 1. *Development of Initial Codes, Subthemes, and Overarching Themes*

Illustrative participant experience	Initial code	Subtheme	Overarching theme
Seeing other residents receive family visits and encouragement	Comparing one's situation with peers	Comparison and perceived deprivation	Challenges of Recovering Without Familial Support
Missing family and uncertainty about their condition	Emotional absence and uncertainty	Loneliness and emotional isolation	Challenges of Recovering Without Familial Support
Anger, sadness, regret, and unresolved family-related emotions	Unresolved relational emotions	Regret, resentment, and relational loss	Challenges of Recovering Without Familial Support
Engaging in activities, talking with peers, and singing to manage sadness	Redirecting distress into constructive activity	Constructive coping and emotional regulation	Reconstructing Support, Coping, and Personal Agency
Helping newer residents and participating in rehabilitation programs	Helping others and meaningful participation	Belonging and meaningful social roles	Reconstructing Support, Coping, and Personal Agency
Using spirituality to manage distress and maintain hope	Spiritual coping and meaning	Spirituality and hope	Reconstructing Support, Coping, and Personal Agency
Accepting the absence of family involvement and taking responsibility for recovery	Acceptance and personal responsibility	Acceptance and accountability	Reconstructing Support, Coping, and Personal Agency
Wanting to work, become independent, improve health, and build a better future	Future-oriented self-improvement	Intrinsic motivation and future reconstruction	Reconstructing Purpose and a Future Beyond Rehabilitation
Desire to repair relationships and become a better parent or family member	Restoring valued roles	Responsibility and future identity	Reconstructing Purpose and a Future Beyond Rehabilitation

Table 1 presents the analytical progression from participants' statements to initial codes, subthemes, and overarching themes. The table does not represent a quantitative frequency count. Instead, it shows how the researcher moved from participants' specific accounts to increasingly abstract interpretative patterns while retaining IPA's idiographic orientation.

Theme 1: Challenges of Recovering Without Familial Support

The first overarching theme captures the emotional and relational difficulties participants experienced while undergoing rehabilitation without sustained familial support. Across the accounts, participants described the absence of family not merely as a lack of practical assistance. Participants experienced it as an emotional absence that became particularly visible when they encountered reminders of the family relationships available to other residents. Three interrelated subthemes emerged: (1) comparison and perceived deprivation, (2) loneliness and emotional isolation, and (3) regret, resentment, and relational loss.

Comparison and Perceived Deprivation

A particularly salient experience was jealousy or sadness when participants observed peers receiving visits and encouragement from their families. Participant 1 stated:

> *"Nalulungkot ako lalo na kapag nakikita ko na yung mga kasama ko diyan sa loob kapag binisita sila ng pamilya nila at sinusuportahan sila sa pagbabago nila kasi yung pamilya ko kahit nagbabago ako di nila ako inaano."*

The significance of this account extends beyond jealousy. The participant's comparison with peers made the absence of his own family support more psychologically visible. The rehabilitation environment therefore functioned not only as a place of treatment but also as a social setting in which differences in family involvement became apparent. Witnessing other residents receive encouragement appeared to intensify the participant's awareness of what was unavailable to him. This finding suggests that familial absence was experienced relationally. Participants did not evaluate their situation in isolation; their understanding of being unsupported was partly shaped by observing how others were supported. The emotional impact therefore arose not only from a lack of family contact but also from seeing family support enacted around them. This interpretation is consistent with literature emphasizing the role of social connection in recovery. Medina et al. (2022) identified stigma and limited supportive resources as barriers experienced by individuals in substance use recovery, while peer recovery support and recovery groups were identified as valuable resources. The present findings extend this understanding by showing how the social environment can make relational deprivation more visible. In participants' experience, recovery occurred in a setting where the presence of family support among peers could simultaneously show what supportive relationships look like and remind participants of their own relational loss.

Loneliness and Emotional Isolation

Loneliness was repeatedly described as an ongoing emotional burden. Participant 5 explained:

> *"pagka lungkot di maiwasan. Mahirap po kasi di ko alam kung anong sitwasyon nila doon eh, kung ayos ba sila."*

The account reveals that loneliness involved more than physical separation. The participant's uncertainty about their family members' condition shows that the lack of communication also created unanswered questions and emotional uncertainty. Thus, participants could be surrounded by others in the rehabilitation facility and still experience the absence of significant relationships. This distinction is important for understanding recovery without familial support. The participants' experiences suggest that social presence and emotional connectedness are not necessarily equivalent. The rehabilitation community could provide companionship, yet it could not automatically resolve the emotional significance of absent family relationships. Best et al. (2022) similarly emphasized that social recovery involves rebuilding meaningful relationships and a sense of connection, indicating that recovery extends beyond abstinence or symptom reduction. For these participants, therefore, loneliness represented an interruption in relational continuity. Their challenge was not simply having fewer people around them, but having limited access to particular relationships that carried personal and familial meaning.

Regret, Resentment, and Relational Loss

Participants also described regret and resentment associated with past actions and their relationships with family.

Participant 8 described a persistent awareness of mistakes that needed to change, while Participant 1 expressed anger and sadness over a lack of recognition from family members despite his perceived efforts to change. These accounts suggest that rehabilitation involved an ongoing evaluation of the past alongside an attempt to construct a different future. Participants were not only recovering from substance-related consequences; they were also confronting the relational consequences of their previous behavior and the possibility that opportunities to repair family relationships might have been lost. Taken together, the first theme shows that recovering without familial support was an emotional and relational challenge. Participants negotiated loneliness, comparison, unresolved emotions, regret, and uncertainty about relationships while also trying to change their lives. Familial absence therefore shaped not only the amount of support available to participants but also how they understood themselves and their recovery.

Theme 2: Reconstructing Support, Coping, and Personal Agency

Although the absence of familial support created significant difficulties, participants did not describe themselves as completely without resources. Their accounts revealed an active process of reconstructing support and developing ways of managing emotional distress within the rehabilitation environment. Three subthemes were identified: (1) constructive coping, (2) belonging and meaningful social roles, and (3) acceptance and accountability. Spirituality also emerged as an important resource within participants' accounts and is discussed as a dimension of coping and meaning rather than as a predetermined theoretical category.

Constructive Coping

Participants described several ways of managing difficult emotions while remaining engaged in rehabilitation. Participant 9 explained:

> *"Dinadaan ko nalang sa paggawa ng function dito, galaw galaw nalang para di malungkot. Dinadaan ko sa libang o pagkausap sa mga ka-brother ko dito o kaya idadaan ko sa kanta."*

Rather than focusing on loneliness, the participant redirected attention to activities, interaction with peers, and music. The important finding here is not simply that the participant used a particular coping strategy, but that the rehabilitation environment provided accessible activities through which emotional distress could be managed. The participant actively transformed periods of sadness into participation, social interaction, and activity.

Participant 1 similarly described attempting to understand why his family was unable to provide support:

> *"iniintindi ko na nga lang po sila dahil wala din naman pong isusuporta sakin yung mga magulang ko dahil mahirap lang po kami."*

The statement suggests an effort to make the absence of family support understandable. Rather than treating the participant's explanation immediately as a clinical defense mechanism, the account can first be understood as a meaning-making process: the participant was attempting to construct an explanation that allowed him to live with a painful relational circumstance. Only at this interpretative level may concepts such as rationalization or sublimation be considered as secondary psychological lenses. The present analysis does not claim that participants consciously employed formal defense mechanisms. Instead, the participants' statements first demonstrate attempts to regulate distress, reinterpret difficult circumstances, and redirect emotional energy into constructive activity. This distinction strengthens the interpretation because defense-mechanism terminology can potentially impose a clinical explanation on participants' experiences. In the present study, the participant-centered interpretation takes precedence, while defense mechanisms are used cautiously as one possible theoretical explanation of observed coping processes.

Belonging and Meaningful Social Roles

Participants also described relationships with peers, opportunities to help newer residents, participation in programs, and constructive roles within the rehabilitation institution. Participant 2 explained that he made his stay meaningful by helping new "ka-brothers" and sharing what he had learned with them. Participant 8 similarly described participation in a program as an opportunity to recognize aspects of himself that needed to change. These accounts suggest that the rehabilitation community became more than a treatment setting. It became a social environment in which participants could experience belonging, usefulness, recognition, and responsibility.

Helping another resident allowed participants to take on a role that differed from their previous identity as people receiving treatment. In this sense, meaningful participation appeared to contribute to reconstructing a more positive sense of self.

The significance of peer relationships is supported by contemporary evidence. Egmose et al. (2023) found evidence supporting peer support as a component of personal and clinical recovery, while qualitative research has emphasized the role of social communities in fostering connection, identity, and meaningful participation. Maslow's hierarchy of needs can be used as a secondary interpretative lens for understanding this pattern, particularly in relation to belongingness and esteem. However, the participants' accounts themselves provided the basis for identifying the experience: they described connecting with peers, helping others, participating in activities, and developing meaningful roles. The theory therefore helps interpret the significance of the finding rather than determining the theme.

Spirituality, Hope, and Meaning

Spirituality also emerged from participants' accounts as a resource for coping with distress and sustaining hope. Rather than treating spirituality as an assumed component of Filipino recovery, this analysis considers it significant because participants described it as meaningful within their recovery experiences. The participants' narratives indicated that spiritual practices could help them manage distress, cultivate hope, and maintain a sense of purpose. The meaning of spirituality in these accounts therefore appears relational and personal: it provided orientation when conventional familial support was unavailable. Existing literature similarly identifies spirituality, fellowship, service, and recovery identity as interconnected dimensions of addiction recovery. Importantly, the findings do not establish that spirituality directly prevents relapse or guarantees recovery. Rather, the participants' accounts indicate that spirituality functioned as one personally meaningful resource within a broader network of coping, relationships, and motivation.

Acceptance and Accountability

A further pattern identified in participants' accounts was the gradual movement toward acceptance and personal accountability. Participant 3 acknowledged responsibility for past mistakes while recognizing how difficult it was to have family members who were physically or emotionally distant. Participant 10 described how, after repeatedly missing family visits during earlier periods of incarceration, he eventually learned to become less dependent on family presence and to accept responsibility for the consequences of his actions. These accounts suggest that acceptance did not mean that participants stopped valuing their families. Instead, acceptance involved recognizing the reality of limited familial involvement while acknowledging that their recovery remained something they themselves had to sustain. Accountability similarly connected past actions with present choices and future goals. This movement represents an important shift in agency. Participants initially described family absence as a source of pain and uncertainty, but their accounts also showed a gradual recognition that waiting for family involvement could not become the condition for continuing recovery. Personal responsibility therefore emerged not as a rejection of family but as an adaptation to the reality of limited family involvement. The finding is consistent with contemporary research emphasizing autonomy and personal agency in substance use treatment. A recent scoping review applying Self-Determination Theory to substance use and its treatment found that psychological needs and autonomous forms of motivation are relevant to substance use and treatment outcomes. Within the present study, however, acceptance and accountability were first identified from participants' descriptions of their changing relationship with responsibility. Self-Determination Theory is therefore used to deepen interpretation of the finding rather than to define it.

Theme 3: Reconstructing Purpose and a Future Beyond Rehabilitation

The third overarching theme concerns the meaning and purpose that sustained participants' commitment to rehabilitation. Whereas the first theme emphasized the pain of familial absence and the second showed how participants reconstructed support and coping resources, this theme shows how participants increasingly oriented their recovery toward a future they personally valued. The dominant pattern was intrinsic, future-oriented motivation involving personal improvement, health, independence, employment, livelihood, responsibility, and meaningful future roles. All ten participants described their motivation as primarily intrinsic, with personal improvement, health, independence, employment, livelihood, and future aspirations emerging as important reasons for continuing recovery.

Participant 8 expressed this internal orientation:

> *"chinachallenge ako para panghawakan ko yung sarili ko sa mga ganung bagay kasi pagdating ng panahon di naman habang buhay na andito ako kailangan kong panghawakan yung sarili ko hanggang sa paglabas ko."*

The participant's statement illustrates that rehabilitation was understood as preparation for a future in which he would need to rely on his own capacity to maintain change. Recovery was therefore not framed only as compliance with the rehabilitation program; it was connected to the anticipated responsibility of managing life after discharge.

Participant 10 similarly expressed a desire to work after rehabilitation while recognizing the difficulties associated with his past and limited educational opportunities:

> *"paglabas ko sana, gusto ko magtrabaho ng matino, kung tutuusin ma'am ang hirap maghanap ng trabaho kapag ex-convict ka tapos wala kang pinag-aralan."*

This account demonstrates that motivation was connected to a concrete future identity. The participant imagined himself not simply as someone completing rehabilitation but as someone who could work, become independent, and participate productively in society. At the same time, his statement reveals that future-oriented motivation existed alongside awareness of substantial structural barriers.

The finding is consistent with contemporary work emphasizing autonomy and self-determined motivation in substance use treatment. Self-Determination Theory research highlights the relevance of autonomy, competence, and relatedness to substance use and treatment outcomes. The present findings add an important experiential dimension to this literature. Participants' motivation appeared to become increasingly anchored in personally meaningful goals when sustained familial reinforcement was unavailable. Their accounts suggest a movement from seeking external validation toward developing an internally grounded reason to continue recovery. Purpose was therefore closely connected to identity reconstruction. Participants were not merely attempting to stop substance use; they were imagining who they wanted to become after rehabilitation. Employment, independence, health, family responsibility, and personal improvement provided concrete representations of that future identity.

Integrative Interpretation of the Findings

Taken together, the three themes reveal a dynamic process rather than three isolated categories. Participants initially experienced the absence of familial support as emotional and relational loss. They then reconstructed alternative forms of support and developed coping processes within the rehabilitation environment. Over time, these experiences were connected to greater acceptance, accountability, personal agency, and future-oriented motivation. The findings therefore suggest a movement from relational deprivation toward reconstructed sources of belonging, coping, agency, and meaning. This does not imply that participants simply "replaced" their families with peers or institutional support. Rather, their accounts suggest that they developed additional relational and personal resources that enabled them to continue recovery despite the continuing absence of traditional familial support.

The therapeutic community was particularly important because it provided opportunities for belonging, competence, and social contribution that could partially compensate for the absence of familial support. Contemporary evidence likewise indicates that peer support and recovery communities can strengthen social recovery and engagement. The primary interpretative framework for this study remains Interpretative Phenomenological Analysis. IPA provides the central framework because the study is fundamentally concerned with how participants experienced and made sense of recovery without familial support. The psychological theories discussed above—such as defense-mechanism concepts, Maslow's hierarchy of needs, and Self-Determination Theory—are therefore treated as complementary interpretative perspectives rather than competing frameworks or sources of predetermined themes. This distinction matters because the findings emerged from participants' accounts before theoretical interpretation was introduced. For example, participants first described redirecting sadness into activities, helping peers, accepting family absence, taking responsibility, and imagining future employment. These experiential patterns were subsequently interpreted through relevant psychological concepts. The theoretical perspectives therefore enrich the interpretation without replacing the participants' own meanings.

Conclusion

This study contributes a culturally grounded, participant-centered understanding of how Filipino men experience substance use rehabilitation when sustained familial support is unavailable. Using Interpretative Phenomenological Analysis, the study moves beyond viewing recovery as simply abstinence from substance use and shows that, in this context, recovery involves reconstructing identity, relationships, purpose, belonging, and personal agency. The findings show that familial absence is not merely a lack of practical assistance; it can become an emotionally significant experience characterized by loneliness, relational loss, regret, resentment, and comparison with peers who receive family support. At the same time, participants demonstrated the capacity to reconstruct alternative pathways toward recovery through peer relationships, meaningful roles, constructive coping, spirituality, acceptance, accountability, and internally grounded future goals.

A central scholarly contribution of the study is identifying the rehabilitation community as an important alternative relational environment for individuals who cannot rely on conventional family-based support. Participants' accounts show that peers, meaningful participation, opportunities to help others, and institutional relationships can provide belonging, competence, recognition, and social connection. This finding extends the understanding of recovery without familial support by showing that the absence of family does not necessarily mean the absence of relational resources. Rather, participants actively reconstructed sources of support and meaning within their available social environment.

The study further contributes to understanding motivation in recovery by showing how participants' commitment to rehabilitation became increasingly tied to personally meaningful goals, including health, employment, independence, responsibility, personal improvement, and developing a different future identity. Their accounts suggest that recovery can involve a movement toward greater personal agency and self-directed motivation even when sustained familial reinforcement is unavailable. Importantly, this does not imply that participants no longer valued their families. Instead, they learned to continue their recovery while acknowledging the reality of limited familial involvement.

For clinical practice and rehabilitation programming, the findings suggest that services should not assume that every person entering rehabilitation has an available or supportive family system. Rehabilitation programs may therefore strengthen structured peer-support opportunities, meaningful responsibilities, emotional regulation and coping interventions, self-efficacy, and preparation for independent living. Spirituality and other personally meaningful resources may also be incorporated when they are consistent with the participant's preferences and values. These approaches should complement, rather than replace, professional psychological and medical care. For policy and service development, rehabilitation and community-based recovery systems may benefit from more inclusive models that recognize individuals with limited or absent familial support. Continuity-of-care mechanisms extending beyond residential rehabilitation may be particularly important in supporting transitions toward employment, independent living, social reintegration, and sustained recovery. Policies should also continue to address stigma and promote public health-oriented approaches to substance use so that individuals are not further marginalized because of their substance use history or family circumstances. For education and professional training, mental health and rehabilitation professionals should be prepared to recognize the cultural significance of family relationships, kapwa, spirituality, peer relationships, and social belonging while avoiding the assumption that family support is universally available. Culturally responsive, trauma-informed, and recovery-oriented training may help professionals recognize diverse recovery pathways and develop interventions that are responsive to individuals whose social circumstances differ from family-supported models. The study also has implications for future research. Longitudinal research may examine how participants' coping strategies, alternative support networks, identity reconstruction, and motivation develop following discharge from rehabilitation. Future studies may further investigate peer-based, community-based, and digital support systems and their potential contribution to sustained recovery among individuals with limited familial involvement. Comparative research involving individuals with varying levels of familial support may also provide greater insight into how different social contexts influence recovery trajectories.

The findings should be interpreted in light of several limitations. First, the study involved only ten male participants who were purposively selected from DOH-accredited rehabilitation facilities in Bulacan, Rizal, and Cavite. The findings therefore provide an in-depth and context-specific account of the phenomenon rather than statistically generalizable conclusions. The experiences of women, individuals outside the specified age range,

individuals in other geographic areas, and those receiving treatment in other types of rehabilitation or community settings may differ. Second, all interviews were conducted by the researcher, who also served as the sole transcriber, coder, and analyst. The researcher's professional experience in mental health and substance use rehabilitation provided contextual familiarity but also represented a potential source of interpretative influence. The researcher acknowledged and addressed this positionality through methodological transparency, consistent use of the validated interview guide, repeated engagement with the transcripts, and grounding interpretations in participants' statements. However, no second independent coder, formal member checking, peer debriefing, or formal reflexive journal was used. Third, the interviews were conducted on the same day and lasted approximately 30 to 45 minutes. Although the researcher used the same semi-structured interview guide, probing questions, note-taking, and audio recording across participants, the concentrated data-collection schedule and interview duration may have limited opportunities for some participants to elaborate further on particularly complex experiences. Finally, the study focused on participants' experiences during rehabilitation and did not longitudinally examine whether the coping strategies, alternative support systems, and motivations identified in the study were maintained after discharge. Consequently, the findings should not be interpreted as evidence that the identified resources independently guarantee long-term recovery. Despite these limitations, the study provides an in-depth account of an underexamined recovery context and demonstrates that the absence of familial support should not be equated with the absence of recovery potential. Its central contribution is the recognition that sustainable recovery may involve actively reconstructing sources of belonging, meaning, responsibility, identity, and hope. Rehabilitation systems that recognize these diverse pathways and intentionally cultivate alternative relational and personal resources may be better positioned to support individuals whose recovery extends beyond the traditional Filipino family support structure.

Contributions of Authors

April Joy P. Domingo conceptualized and designed the study, collected and transcribed the data, conducted the analysis and interpretation, and wrote and revised the manuscript.

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Conflict of Interests

The author declares no conflicts of interest related to this study.

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