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"I Want to Stop Using Substances, But I Cannot": Lived Experiences of Mental Health Care Users with Substance-Induced Psychosis

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Abstract
Substance-induced psychosis presents a significant mental health challenge in resource-constrained communities in Limpopo Province, South Africa, where poverty, unemployment, stigma and limited support may complicate recovery following psychiatric care. Although research has largely emphasised neurobiological relationships between substance use and psychosis, this focus may inadequately explain recurrent post-discharge relapse when the social conditions shaping mental illness and recovery remain unaddressed. This qualitative exploratory study examined how mental health care users experience substance-induced psychosis, treatment, relapse and recovery within these conditions. Five participants were purposively selected to enable an in-depth, idiographic exploration of their direct experiences, and data were generated through semi-structured interviews. Findings revealed a recurring cycle of psychiatric stabilisation followed by relapse after discharge, as participants returned to environments marked by substance availability, unemployment, stigma and limited opportunities for social reintegration. Beyond difficulties discontinuing substance use, participants experienced disrupted identities, strained relationships and diminished social acceptance associated with psychosis and repeated psychiatric admission. Participants nevertheless expressed aspirations for recovery, dignity and belonging. Informed by Bourdieu's theory of practice and Moltmann's theology of hope, the study demonstrates that addressing social conditions alongside clinical treatment is important for understanding relapse and strengthening sustained recovery and community reintegration after psychiatric discharge.

Introduction
Mental health is increasingly recognised as a major public health and social challenge, affecting individual wellbeing, family relationships and participation in society (World Health Organization, 2022). Although advances in psychiatric care have improved the diagnosis and treatment of mental disorders, an over-reliance on biomedical approaches may reduce recovery to symptom management while overlooking the structural conditions that contribute to relapse after discharge. Poverty, unemployment, inequality and social exclusion can continue to constrain recovery even after clinical stabilisation (Boardman et al., 2022; Kirkbride et al., 2024).

This concern is particularly important in substance-induced psychosis, a severe psychiatric condition in which substance intoxication, withdrawal or prolonged use precipitates psychotic symptoms (Fiorentini et al., 2021). While substance use may initially be associated with experimentation, peer influence or coping with difficult circumstances (Quadri et al., 2025), the onset of psychosis introduces consequences extending beyond substance use itself. Psychosis may disrupt an individual's sense of self, family relationships and social participation, while exposing mental health care users to stigma, social rejection and repeated psychiatric admission.

Psychiatric hospitals play a critical role in stabilising individuals experiencing substance-induced psychosis through structured care, medication and temporary separation from substance-use environments. However, clinical stabilisation within the hospital does not necessarily translate into sustained recovery after discharge. Mental health care users may return to communities where substance availability, unemployment, poverty, stigma and limited psychosocial support remain unchanged. This creates a critical gap between **institutional stabilisation and community-based recovery**, where conditions outside the hospital may undermine gains achieved during admission and contribute to recurrent relapse and readmission (Widyarini et al., 2025).

This gap is particularly relevant in resource-constrained communities in Limpopo Province, South Africa, where socioeconomic disadvantage and limited support services may restrict opportunities for recovery and social reintegration (Mngoma & Ayonrinde, 2023; Nyathi et al., 2024). Yet, limited attention has been given to how mental health care users themselves experience this transition from psychiatric care back into their communities. Understanding their experiences is important for developing post-discharge responses that address not only psychiatric symptoms and substance use but also the social conditions within which recovery must be sustained.

This study therefore explores the lived experiences of mental health care users diagnosed with substance-induced psychosis at a psychiatric hospital in Limpopo Province. Guided by Bourdieu's theory of practice and Moltmann's theology of hope, the study examines recovery at the intersection of structural constraint and human agency. Bourdieu illuminates how social environments and unequal resources shape recovery, while Moltmann provides a complementary lens for understanding participants' continuing pursuit of dignity, restoration and a meaningful future despite relapse and social exclusion.

Literature Review

Substance-induced psychosis has been examined from both biomedical and sociological perspectives, with differing explanations for its causes, relapse and recovery. While biomedical research has advanced understanding of diagnosis and treatment, sociological scholarship has highlighted the influence of social conditions on mental health outcomes (Schnittker, 2025). This review critically examines these perspectives to identify gaps in the existing literature and establish the conceptual foundation for the present study.

Substance-induced psychosis

Substance-induced psychosis is predominantly understood within psychiatry as a disorder in which psychotic symptoms arise following intoxication, withdrawal or prolonged exposure to psychoactive substances (Paparrigopoulos, 2026). Biomedical research has established clear associations between substances such as cannabis, methamphetamine and other illicit drugs and the onset of psychotic symptoms, leading to significant advances in diagnosis and pharmacological management (Semancikova et al., 2026). These studies have been instrumental in explaining the biological mechanisms of psychosis and improving acute clinical care.

However, the biomedical paradigm has been criticised for locating the causes of relapse primarily within the individual through concepts such as treatment adherence, substance dependence or neurochemical vulnerability (Weinrabe & Murphy, 2026). Such explanations offer limited insight into why substance use becomes concentrated within communities or why individuals continue returning to substance use despite repeated psychiatric admissions. In contrast, sociological scholarship argues that substance-induced psychosis should be understood as emerging within broader contexts of poverty, inequality, unemployment and social exclusion (Tielking & Rabes, 2025). Bourdieu's theory of Practice extends this argument by suggesting that substance use is not merely an individual behaviour but a socially situated practice shaped by habitus, field and unequal access to different forms of capital (Sandberg, & Fleetwood, 2017). This shift from individual pathology to social context provides a more comprehensive understanding of recovery and relapse.

Social pathways into substance use and the challenge of recovery

Research consistently identifies adolescence and early adulthood as the period during which substance use is initiated, often through peer influence, experimentation and the search for belonging (Quadri et al., 2025). While these explanations identify important risk factors, they frequently portray young people as passive recipients of peer influence, paying less attention to the structural conditions that make substance use meaningful or attractive.

Studies from South Africa increasingly demonstrate that youth substance use is embedded within contexts characterised by unemployment, fractured family relationships, poverty and limited opportunities (Nyathi et al., 2024). From a Bourdieusian perspective, these conditions shape habitus by influencing how individuals interpret distress and the coping strategies available to them. Substance use therefore becomes less an isolated decision than a socially learned practice that offers temporary belonging, escape or relief (Dimitrova-Georgieva., 2023). Despite these insights, existing research rarely follows individuals beyond substance initiation to explore how these early experiences evolve into substance-induced psychosis, repeated psychiatric admissions and ongoing recovery struggles.

Relapse as a socially embedded process

Relapse among individuals living with substance-induced psychosis is commonly attributed to continued substance use, poor treatment adherence or insufficient engagement with mental health services (Fiorentini et al., 2021). Although these explanations remain clinically important, they provide only a partial account of why many individuals who achieve stability during hospitalisation relapse shortly after returning to their communities. Increasingly, researchers argue that recovery must be understood within the social environments in which it is attempted rather than solely within clinical settings (Topor et al., 2022).

Bourdieu's concepts of field and capital provide a useful explanation for this contradiction. Psychiatric hospitals constitute structured social fields characterised by professional support, medication and routine, whereas communities may be marked by unemployment, substance availability, stigma and limited rehabilitation services (Brown & Baker 2020). Consequently, recovery is shaped not only by individual commitment but also by unequal access to economic, social and symbolic capital (Potter, 2021). Existing literature acknowledges these structural influences but rarely examines how mental health care users themselves understand the recurring movement between recovery and relapse.

Stigma, identity and social exclusion

Beyond the clinical consequences of substance-induced psychosis, recovery is greatly influenced by stigma. Individuals living with both mental illness and substance-use disorders often experience multiple layers of discrimination that affect family relationships, employment opportunities and

participation in community life (Colizzi et al., 2020). While much of the literature conceptualises stigma as a matter of negative attitudes, sociological scholars argue that it also reflects unequal social relations that determine whose identities are recognised and valued (Liamputtong, & Rice, 2021).

Bourdieu's notion of symbolic capital broadens this discussion by illustrating how psychiatric diagnoses and substance use may diminish individuals' social recognition and legitimacy (Brossard & Chandler, 2022). Rather than being seen as parents, workers or community members, individuals may become reduced to labels such as *mentally ill* or *drug user.* Although stigma has been widely documented, comparatively little research has examined how people with substance-induced psychosis attempt to reconstruct their identities while repeatedly navigating psychiatric care and community reintegration. This remains an important gap in understanding recovery

Recovery, hope and the research gap

Recovery-oriented mental health literature has increasingly shifted attention from symptom reduction towards identity reconstruction, social participation and meaningful living (Melillo et al., 2025). Nevertheless, recovery models may overemphasise individual resilience while paying insufficient attention to the structural conditions that enable or constrain recovery (Dell et al., 2021). This tension is particularly significant for individuals with substance-induced psychosis, whose recovery may involve not only managing substance use and psychiatric symptoms but also rebuilding identities, relationships and social belonging disrupted by psychotic episodes.

Moltmann's theology of hope provides a useful lens for understanding how individuals may continue to imagine a different future despite these disruptions. Hope is conceptualised not simply as optimism, but as an orientation towards possibilities beyond present suffering (Moltmann, 2021). Read alongside Bourdieu, this does not imply that hope removes structural constraints. Rather, moments of psychiatric stabilisation may enable individuals to envision alternative lives, while their capacity to realise these aspirations remain shaped by the social fields and resources available after discharge. Moltmann therefore complements Bourdieu by illuminating the continuing pursuit of dignity, restored identity and belonging within conditions that may constrain their achievement.

Although substantial literature exists on substance-induced psychosis, limited qualitative research has examined how mental health care users negotiate this tension between structural constraint and the possibility of recovery, particularly within rural South African settings. Examining their lived experiences is important for understanding how individuals attempt to reconstruct identities disrupted by psychosis while negotiating relapse, stigma and social exclusion. This study addresses this gap by offering a sociological understanding of recovery that extends beyond symptom stabilisation to include identity, social conditions and future possibility.

Methodology

This study adopted a qualitative approach informed by a phenomenological orientation to understand how mental health care users experienced and made sense of substance-induced psychosis, treatment, relapse and recovery. The study was conducted at a psychiatric hospital in the Vhembe District of Limpopo Province, South Africa. Purposive sampling was used to select five mental health care users because they had direct experience of the phenomenon under investigation. Participants were male, aged (18 to 45 years), and were admitted inpatients at the time of recruitment with a history of multiple readmissions. Inclusion criteria required participants to be adults aged 18 years or older, have a documented clinical diagnosis of substance-induced psychosis or schizophrenia comorbid substance induced abuse, be receiving care at the study site, have direct experience of substance use and psychosis, and have the capacity to provide informed consent and participate in an interview. Individuals without a documented diagnosis of substance-induced psychosis, those younger than 18

years, those unable to provide informed consent, and those who were clinically unstable or experiencing acute psychotic symptoms at the time of recruitment were excluded. The small sample was intentionally selected to facilitate an in-depth, idiographic exploration of participants lived experiences rather than statistical generalisation (Staller, 2021). Semi-structured interviews explored experiences of substance use, psychosis, psychiatric treatment, relapse, family and community relationships, recovery and future aspirations (Maxwell, 2020).

Data were analysed using Braun and Clarke's (2023) thematic analysis. Following repeated engagement with the interview transcripts, initial codes were generated and refined into themes representing patterns across participants' accounts. Interpretation was subsequently informed by Bourdieu's concepts of habitus, field and capital and Moltmann's notions of hope and restoration. Reflexivity was maintained throughout the research process, particularly regarding the researcher's background in social work and sociology and its potential influence on interpretation. Ethical approval was obtained from the University of Venda ethics committee (Ethics Reference No: SHSS/18/AS/08/0307) before data collection. Participation was voluntary and based on informed consent, confidentiality and the right to withdraw without consequence. To protect participants' identities, numerical pseudonyms were assigned, and participants are identified throughout the findings as participant 1, participant 2, participant 3, participant 4 and participant 5. The study provides context-specific, in-depth accounts from a single psychiatric facility and does not seek statistical generalisation.

Findings and discussion

The findings demonstrate that participants' experiences of substance-induced psychosis were characterised by a continuous tension between awareness and inability, recovery aspirations and relapse, and personal agency and structural constraints. Although participants recognised that substance use contributed to their psychiatric difficulties, their narratives revealed that stopping substance use was shaped by complex social, emotional and economic realities.

Unlike approaches that interpret relapse primarily as individual non-compliance or lack of motivation, this study demonstrates that participants' recovery journeys were surrounded within broader social environments characterised by unemployment, stigma, strained relationships, substance availability and limited opportunities for reintegration.

This finding supports sociological approaches to mental health that argue psychological distress cannot be separated from social conditions and unequal access to resources (Kirkbride et al., 2024, Boardman et al., 2022). Through Bourdieu's theory of practice, participants' experiences can be understood as occurring within social contexts that shape both their vulnerabilities and their possibilities for recovery (Rudzinski & Strike, 2020).

From this study five themes emerged from the analysis. The themes will be presented in Table 1 below.

Table 1: Emerging themes

THEMES	
Theme 1	**Social pathways into substance use and psychosis**
Theme 2	**Negotiating agency, dependence and recovery**
Theme 3	**The social production of relapse**
Theme 4	**Stigma, identity and loss of symbolic capital**
Theme 5	**Hope, dignity and the possibility of transformation**

Social pathways into substance use and psychosis

Participants' narratives revealed that their experiences with substance-induced psychosis were not sudden events but developed through gradual pathways of substance initiation, experimentation and

escalation. Most participants described beginning substance use at a young age, often influenced by peers, curiosity, experimentation or difficult social circumstances.

Participants 1, *"At first, I was just experimenting. I did not think it would become a problem".*

Participant 4, *"I started smoking because my friends were smoking".*

These narratives challenge explanations that locate substance use exclusively within individual decision-making. Instead, participants' accounts demonstrate that substance use was socially situated. The initial engagement with substances was often connected to social relationships and environments where substance use was accessible and normalised.

This finding corresponds with existing research showing that youth substance use is influenced by peer networks, social belonging and environmental exposure (Begun et al 2020, Heris et al., 2020). However, while much existing literature identifies peer influence and experimentation as risk factors, participants' narratives provide deeper insight into the meanings attached to substance use. For these participants, substances were not initially experienced as destructive; rather, they represented social connection, experimentation or temporary escape from difficult realities.

Bourdieu's concept of habitus provides a useful interpretation of this finding. Habitus refers to the internalised dispositions developed through individuals' social experiences, shaping how they perceive and respond to their circumstances (Sharlamanov et al., 2024). Through this lens, substance use becomes understood as a practice shaped by social histories rather than simply an isolated individual choice.

Participants' accounts further revealed progression from initial substance use to stronger substances when previous substances no longer produced the desired effects.

Participant 1 *shared that, "smoking was not enough anymore, so I started using other things"*

Participant 2 indicated *"It became worse because I kept moving from one drug to another"*

Although biomedical research explains this progression through concepts such as tolerance, dependence and neurobiological adaptation (Volkow & Blanco, 2023), a sociological interpretation highlights the conditions that make continued use possible. The question is not only why substances affect individuals, but also why particular individuals become positioned within environments where harmful substance use becomes increasingly difficult to escape.

This finding supports Bourdieu's argument that individual practices emerge from the interaction between personal experiences and social structures (Bourdieu & Wacquant, 1992). Participants exercised agency in making decisions; however, those decisions were shaped within social environments characterised by limited alternatives and accumulated vulnerabilities.

Negotiating agency, dependence and recovery

A central contradiction within participants' narratives was their simultaneous recognition that substances contributed to their illness and their inability to stop using them. Participants demonstrated significant insight into their condition and understood that continued substance use increased their likelihood of relapse. Participant 2 reflected, *"I know that the drugs are making me sick. When I use them, I become worse and I end up back in hospital, but sometimes I still find myself using them."***.**

However, awareness did not automatically produce recovery. Participants described experiences of craving, difficulty managing withdrawal symptoms and emotional struggles when attempting to stop. Participant 5 explained, *"I tried to stop many times. I would stay without using for some time, but then the cravings would come back and I would start again."*

These finding challenges interpretations that frame relapse as a lack of motivation or unwillingness to recover. Instead, participants' experiences reveal the tension between agency and constraint.

Research within addiction studies demonstrates that substance dependence involves complex interactions between neurological processes, emotional regulation and environmental influences (Volkow et al., 2020). However, sociological perspectives extend this understanding by examining how social circumstances influence the development and maintenance of substance use practices.

Through Bourdieu's concept of habitus, participants' struggles can be understood as reflecting deeply established patterns developed through repeated experiences. Substance use may become incorporated into everyday coping strategies, making behavioural change difficult even when individuals recognise harm.

This finding contributes to existing literature by demonstrating that recovery requires more than individual willingness. Participants wanted to stop, however, their ability to sustain change was influenced by the availability of alternative coping mechanisms, social support and opportunities for meaningful participation.

This tension also connects with Moltmann's theology of hope. For Moltmann (1967), hope emerges within conditions of suffering and limitation. Participants' desire to recover despite repeated relapse demonstrates that hope continues to exist alongside struggle. Participant 3 expressed this aspiration clearly: *"I just want my life back. I want to stop using and show my family that I can change."*

Rather than interpreting relapse as evidence that individuals have abandoned recovery, this study suggests that relapse often occurs within the tension between hope and difficult social realities.

The social production of relapse and the unequal conditions of recovery

A significant finding emerging from participants' narratives was the repeated cycle of stabilisation during psychiatric admission followed by relapse after returning to the community. Participants described hospital admission as a period where they were able to stop using substances, adhere to medication and regain some level of psychological stability. However, this stability was often disrupted when they returned to their everyday social environments.

Participant 1 explained, *"when I am in hospital, I can stop using. I take my medication and I feel better because I am away from everything outside."*

Participants' accounts suggest that psychiatric admission temporarily removed them from some of the social conditions associated with substance use. Within the hospital environment, access to substances was restricted, routines were structured, medication was monitored and professional support was available. However, discharge often represented a return to environments where the social factors contributing to substance use remained unresolved.

Participant 2 reflected, *"when I leave hospital, I go back home and after some time I start using again. It is the same place and the same people, so it becomes difficult to stay away."*

This finding reflects what mental health scholars have described as the revolving door phenomenon, where individuals repeatedly move between psychiatric institutions and community settings due to difficulties maintaining recovery after discharge (Fonseca & Gama, 2023). While existing explanations often focus on treatment adherence, medication compliance or individual relapse behaviour, participants' narratives suggest that relapse must also be understood as a socially produced experience.

Bourdieu's concept of field provides an important framework for interpreting this finding. A field represents a social space structured by conditions, expectations and available resources that influence how individuals act within it (Cockerham, 2025). In this study, the psychiatric hospital and community represent two contrasting fields.

The psychiatric hospital functioned as a protective field where participants had access to professional mental healthcare, medication, structured routines, and temporary separation from substance-use environments. In contrast, the community field often exposed participants to unemployment, substance availability, peer influence, family conflict, stigma, and limited rehabilitation opportunities. The movement between these fields created a significant challenge. Participants were expected to maintain recovery achieved within a structured therapeutic environment while returning to communities that often lacked the resources necessary to sustain that recovery.

This finding aligns with literature on the social determinants of mental health, which emphasises that mental health outcomes are influenced by social and economic conditions, including employment, poverty, social exclusion and access to community resources (Kirkbride et al., 2024, Alegría et al., 2023). However, this study extends existing research by demonstrating how these structural conditions are experienced by individuals themselves. Participants did not simply describe poverty or unemployment as background circumstances; they experienced them as active forces influencing their ability to recover.

For example, participants described frustration, hopelessness and feelings of having limited alternatives after discharge. Participant 4 described the difficulty of returning to everyday life: *"In hospital they help you, but when you come back there is nothing to do. You are at home; you have no job and the people around you are still using."*

These experiences illustrate Bourdieu's argument that individuals' actions are shaped by the relationship between their personal dispositions and the resources available within their social field (Hennekam et al., 2023). Participants wanted to change, but their capacity to transform their lives was constrained by limited economic and social capital.

Therefore, relapse should not be interpreted simply as a failure of the individual. Rather, it reflects the interaction between individual vulnerability and social environments that continue to reproduce conditions associated with substance use.

Stigma, identity disruption and loss of symbolic capital

Beyond the challenges of substance use and relapse, participants described stigma as one of the most damaging consequences of living with substance-induced psychosis. Their narratives revealed that mental illness altered not only their health status but also their social identities, relationships and sense of belonging.

Participant 5 indicated that, *"before I became sick, people treated me like everyone else. Now some people look at me differently. Even when I am well, they still think there is something wrong with me."*

Participants expressed feelings that others no longer viewed them as capable individuals but instead defined them through their diagnosis and substance-use history. This demonstrates that mental illness operates within social contexts where certain identities become devalued.

Goffman's (1963) theory of stigma as cited Walmsley (2026) remains influential in explaining how individuals with socially discredited characteristics experience identity disruption. It is highlighted that stigma occurs when an attribute becomes so dominant that it overshadows other aspects of a person's identity. In this study, participants experienced their psychiatric diagnosis and substance use

history as identities that replaced previous social identities such as family member, worker or community participant.

However, while Goffman explains interpersonal experiences of stigma, Bourdieu's concept of symbolic capital provides deeper insight into the structural consequences of stigma. Symbolic capital refers to social recognition, legitimacy and the value assigned to individuals within particular social fields (Bourdieu, 2023).

Participants' narratives suggest that substance-induced psychosis reduced their symbolic capital. They felt they had lost respect, trust and recognition within their families and communities.

Participant 3 *"Sometimes I feel like people have already given up on me. They think because I use drugs and have been in this hospital many times, I cannot do anything with my life."*

This loss of recognition affected participants' confidence and motivation. Some participants described feeling that they had disappointed their families and healthcare providers because they repeatedly relapsed despite promising to improve.

Participant 5: *"Every time I leave here, I tell my family and the nurses that I am going to stop. Then I come back again. I feel like I have disappointed them because they believed that this time I would change."*

These experiences demonstrate that recovery involves more than symptom management. It involves restoring social identity and rebuilding relationships.

Existing recovery literature argues that recovery is a personal and social process involving hope, empowerment, identity reconstruction and meaningful participation in society (Gyamfi et al., 2025, Hennekam et al., 2023). However, the findings of this study demonstrate that identity reconstruction becomes difficult when individuals return to communities where stigma continues to limit acceptance.

The study therefore contributes to stigma literature by demonstrating that stigma is not merely an emotional burden but a social process that affects individuals' access to recognition, belonging and opportunities.

Hope, dignity and the struggle for transformation

Despite experiencing repeated relapse, stigma and social exclusion, participants' narratives were not characterised only by hopelessness. A powerful finding was the continued presence of hope and the desire to reclaim meaningful lives. Participants 3 expressed aspirations to stop using substances, restore relationships, become productive members of society and regain acceptance.

Participant 3*: "I want my life back. I want to stop using drugs, find something to do and be able to look after myself. I don't want my life to be hospital, home and then hospital again."*

These finding challenges assumptions that people experiencing substance-induced psychosis have lost the capacity or desire for recovery. Instead, participants demonstrated what Moltmann (1967) as cited to Rehmann (2023) describes as hope, the ability to imagine possibilities beyond current suffering.

Moltmann's theology of hope is particularly relevant because participants' experiences were characterised by a tension between despair and the continued desire for change. Repeated relapse, stigma and uncertainty challenged participants' expectations of recovery, yet these experiences did not necessarily eliminate their ability to imagine a different future. This tension was particularly evident in Participant 5's account, where previous experiences of failure existed alongside a continuing belief in the possibility of personal change and restored social recognition:

Participant 5: *"I still believe I can change. I have failed before, but I don't want to give up. I want people to see that I can still become something and live a better life."*

Participant 5's account illustrates that hope was not simply an expectation that recovery would be easy or immediate. Rather, hope persisted alongside experiences of relapse and was connected to the desire to reconstruct a valued identity and regain recognition from others. This finding resonates with recovery-oriented mental health literature, which conceptualises recovery not simply as the elimination of symptoms but as the restoration of meaning, identity and purpose (Faccio, 2025). Participants were therefore not only seeking freedom from substance use but also attempting to restore dignity, belonging and a sense of social worth.

However, the study also demonstrates that hope requires social conditions that allow it to flourish. While Moltmann emphasises human possibility, Bourdieu reminds us that possibilities are shaped by access to resources. Participants' hopes were often constrained by unemployment, stigma and limited community support. Therefore, recovery requires both internal hope and external opportunities. A person may hope to rebuild their life, but without access to employment, supportive relationships and non-stigmatising communities, that hope may remain difficult to realise.

This finding highlights the importance of integrating psychosocial interventions with psychiatric care. Treatment should not only focus on symptom reduction but should also create pathways for social reintegration and restoration of dignity.

Integrated interpretation of findings

Taken together, the findings demonstrate that substance-induced psychosis is a socially embedded experience shaped by the interaction between individual agency and structural conditions.

Participants' narratives reveal three interconnected processes:

1. Substance use developed within social environments where substances became associated with belonging, experimentation and coping. Through Bourdieu's concept of habitus, these pathways demonstrate how social experiences shape patterns of action.
2. Recovery was challenged by movement between unequal social fields. While psychiatric care provided temporary stability, communities often lacked the resources necessary to sustain recovery.
3. Participants continued searching for dignity, recognition and transformation despite repeated setbacks. Through Moltmann's theology of hope, these aspirations demonstrate that individuals living with substance-induced psychosis remain active subjects capable of imagining alternative futures.

Therefore, this study challenges individualised interpretations of relapse and argues that substance-induced psychosis must be understood through the intersection of mental health, substance use, poverty, stigma, social exclusion, identity, and hope and human dignity.

Conclusion

This study demonstrates that substance-induced psychosis is not solely a clinical condition, but a socially embedded experience shaped by substance-use histories, socioeconomic conditions, relationships and stigma. Participants' accounts showed that returning to environments characterised by substance availability, unemployment, limited support and social exclusion complicated efforts to sustain recovery after psychiatric stabilisation and may contribute to recurrent substance use, psychotic episodes and psychiatric readmission. Bourdieu's theory of practice illustrates how these experiences were shaped by unequal access to capital: limited economic capital restricted access to

recovery-supporting resources and opportunities; weakened social capital was reflected in strained relationships and limited supportive networks; and diminished symbolic capital was evident in the loss of dignity, trust and social recognition associated with psychosis, substance use and repeated psychiatric admission. Moltmann's theology of hope complements this understanding by illuminating how participants continued to envision restored relationships, dignity, belonging and meaningful lives despite these structural constraints.

The findings therefore recommend strengthening continuity between psychiatric stabilisation and community-based recovery, particularly through integrated mental health and substance-use services, structured transitional support following discharge, community-based social work and psychosocial support, family involvement, stigma-reduction initiatives, and rehabilitation and social reintegration programmes. In rural Limpopo, stronger coordination between psychiatric, substance-use and social development services may help address the gap between clinical treatment and the social realities participants encounter following discharge. Future research should examine the perspectives of families, mental health professionals and other community stakeholders involved in supporting people with substance-induced psychosis and consider comparative studies across rural and urban settings to further understand how different social environments shape relapse and recovery.

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