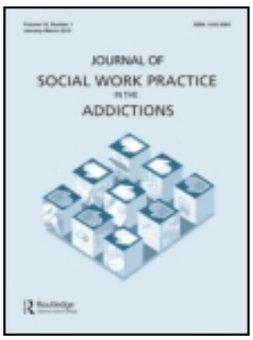

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Recovery From Substance Abuse: A Narrative Approach to Understanding the Motivation and Ambivalence About Change

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Various studies have employed quantitative and qualitative methods to explore the process of behavioral, emotional, and cognitive change that emerges during drug addiction treatment, including the factors both encouraging and discouraging such change. This article focuses on the narrative approach to the motivation and ambivalence inherent in recovery over the course of a residential treatment program. The study sample consisted of 46 clients undergoing substance abuse treatment in a residential facility in Greece. All conversations were taped and later elaborated on with the help of narrative analysis. Seven main types of narrative emerged from the overall analysis: optimistic, overly optimistic, pessimistic, overly pessimistic, "tough life," troubled/confused, and balanced. Results based on these categorizations reveal common thoughts, skepticism, and difficulties patients face during recovery, with the linkage between each type of narrative.

KEYWORDS addiction, change process, Labov's structural analysis, narrative analysis, qualitative study, recovery, treatment

Since Winick (1962) first presented his "maturing out" theory 50 years ago, recovery from substance abuse has been the object of numerous studies. According to this theory, around their mid-40s, substance abusers go through a recovery process as they begin to adopt grown-up roles and recognize their responsibilities. Although Winick's thesis has been widely analyzed by

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researchers, it explains only certain parts of the recovery process. The second most popular theory, proposed by Waldorf (1983), describes recovery as the result of a "sudden change" occurring in a person's life as a result of a series of negative experiences such as imprisonment, homelessness, ruptured family bonds, or other stressors that have the ability to affect the individual to such a degree that recovery seems to be the only option. This sudden behavioral change is called by some, including Maddux and Desmond (1980), the "rock bottom experience," whereas others see it as an existential realization or a powerful mental flash (Greaves, 1980).

In fact, there might be no real antithesis in the two beliefs: that a person's behavior can change after an unexpected apperception, and that people change over time as they mature. Whatever means they might use to deal with their addiction, substance abusers often must reconstruct their lives to live sober lives. Some experts believe that clients tend to deliberately change their behavior once they decide to deal with their addiction, whereas others claim that behavioral changes are already in progress before a person starts the recovery process (Wille, 1983).

According to Prochaska, DiClemente, and Norcross (1992), the modification of addictive behaviors progresses through five separate stages: precontemplation, contemplation, preparation, action, and maintenance. Individuals normally cycle through these stages several times before finally putting an end to their addiction. Prochaska et al. (1992) concluded by emphasizing that "probably the most obvious and direct implication of our research is the need to assess the stage of a client's readiness for change and to tailor interventions accordingly" (p. 1110).

Substance abusers seeking help often question whether a change in their lives is necessary in the first place, or if change is possible at all. Their own answers show they must first tackle those preliminary issues before any behavioral change can be achieved (Prochaska et al., 1992). This "action-oriented" approach, which most treatment programs employ, addresses the needs of those who are already prepared to effect changes in their lives. Consequently, many patients in such programs show poor results, especially those who are undergoing an addiction treatment for the first time and those who are still at odds with the need for change (Miller & Hester, 1986). The process of behavioral change has been thoroughly studied by Miller and Rollnick (2002), who introduced motivational interviewing (MI) as a new clinical method to help people resolve their ambivalence by evoking intrinsic motivation and commitment to all that changing would mean for them.

Following an evolutionary constructivist perspective, the linkage between substance abuse and different forms of organizing the self suggests that "substance-centered selves" (i.e., addictions) evolve over the course of a person's active efforts to construct meaning and adapt to construed social contexts (Burrell & Jaffe, 1999). The need to build a new identity has been highlighted by contemporary researchers in the field as an extremely

important parameter of recovery. There are three key elements that have been identified in substance abusers' narratives about recovery as contributing to the construction of a new, nonaddict identity: The first element concerns a reinterpretation of the substance abusers' belief that their life revolves around drug abuse; the second considers a restoration of the client's self-image; and the final element involves users adopting certain narrative explanations relating to their recovery (McIntosh & McKeganey, 2001).

In further study of the interpretations substance abusers have of their recovery, two points stand out when one is making the decision to give up drug abuse: (a) the motivation to quit substance abuse, related to the client's wish to reconstruct his or her new identity, and (b) the client's sense of a future that could differ from his or her present. For a considerable number of drug abusers, there comes a time when they look at what they have become, feel dissatisfied, and decide to change. This turning point comes only after an accumulation of experiences that gradually reveals to them the depth of their addiction, simultaneously propelling them to believe in an alternative future possibility. Many of these revealing experiences and messages are naturally evident even before the recovery decision is made. The moment clients decide to truly break the addictive cycle is determined by the point that they have reached in their so-called career of abuse and the way in which the consequences of their actions are being interpreted in respect to their self-image of that given time. This decisive moment is often the result of an emotional or existential crisis or a sparking experienced by the client, allowing him or her to face the nature and extent of the undone identity (McIntosh & McKeganey, 2001).

Understanding recovery and change through the narratives of former substance abusers has been studied extensively (see Hänninen & Koski-Jännes, 1999; Hydén, 1995; McIntosh & McKeganey, 2000; Rácz, 2006). In one study, researchers focused on exploring the ways in which people who have recovered from various addictions realize and represent their process of change. Analysis revealed five different types of story among these self-narratives: the Alcoholics Anonymous (AA) story, the growth story, the codependence story, the love story, and the mastery story. Results show that as long as there are various ways to halt any addictive behavior, there are also various ways to interpret the change. People trying to quit addictive behaviors should be encouraged to give their own interpretation to their personal experience in overcoming their addiction (Hänninen & Koski-Jännes, 1999).

PURPOSE OF THE STUDY

This article presents the findings of a qualitative study exploring the recovery process of substance abusers from their own perspective. This qualitative

study was conducted within the framework of a doctoral research project concerning the variables facilitating transition from one treatment phase to another as well as the completion of treatment. The project included both quantitative and qualitative components. From a research perspective, I was interested in capturing the deeper qualitative components of the recovery process and understanding the development of motivation and the kind of support that helps the individual to commence and continue treatment.

METHOD

Participants and Design

The participants were clients undergoing treatment in a residential treatment program operating at the Public Psychiatric Hospital of Attica in Greece. The research was conducted from February 2008 to November 2009. I attended the residential treatment program as a volunteer-researcher three times a week, with the task of observing the groups, providing the clients with questionnaires, and interviewing them to collect all necessary data for the subsequent assessment of the treatment.

The treatment program follows a three-pillars structure:

1. The outpatient counseling center phase, lasting 2 to 3 months, is designed to explore and build on the motivation the client experiences to break the substance abuse cycle. It involves participation in a twice-weekly psychotherapeutic group that embraces a therapy contract that includes no use of substances, no violence, and no sexual relationships among the clients. The psychotherapeutic group remains a fixture of treatment until the program is completed and is a point of reference for each individual undergoing treatment.
2. The residential phase lasts 7 to 9 months and makes up the main body of the psychological rehabilitation process. This phase includes individual and group (both supportive and psychodynamic) psychotherapy sessions twice a week, occupational therapy groups, clinical groups (a meeting of all members of the staff once a week), sharing in the daily unit care routine (with patients responsible for cleaning, cooking, serving, library work, etc.), and participation in groups operating in accordance with the principles of Narcotics Anonymous.
3. The social reintegration phase lasts 10 to 12 months and takes place outside the residence. This treatment phase is conducted on a separate premise in downtown Athens and consists of individual and group psychotherapy sessions twice a week (supportive psychotherapy based on the psychodynamic model and adjusted to social reintegration issues

such as employment and relationships with parents and society), as well as participation in the daily social reintegration program.

The only criterion for choosing the participants for this study was their attendance at the residential treatment program. The participants were chosen through random sampling out of all patients, with every fifth patient on the patient list chosen to take part in this study. A total of 46 of the 51 eligible patients agreed to participate Thirty-seven of the participants were male and 9 were female, between 19 and 38 years old, with an average age of 30 years old when entering the program. Fourteen participants were from the initial phase of the program in the counseling center, 22 participants were in the residential phase, and 10 were in the social reintegration phase. Three out of every four participants had participated in other addiction treatments in the past. For 67% of the participants, the main substance abused was heroin, 29% used various substances simultaneously, and 75% reported cannabis as the first addictive substance they ever tried. The age of first drug experience was 15.5 years on average, and the average length of the main substance abused—heroin—was 11 years.

The main goal of the study was to elicit information about the recovery process during the three main stages of treatment. The participants were promised access to the results of the study once the project was completed. Formal approval for this study was obtained from the hospital.

Measures

The research instrument employed was a semistructured interview in which patients were asked to describe their process of transformation during treatment and to name the aspects most important to them. Interviews were conducted in 28 sessions between the volunteer-researcher and the 46 respondents, participating in 11 different therapy groups. The duration of each interview was approximately 40 to 50 min. All interviews were taped and transcribed.

Data Analysis

The narrative analysis method focuses on obtaining a very basic narrative report. This particular analysis focuses on conveying the details and, of course, possible meanings of the narrative(s). This narrative analysis is separated into different types of qualitative analysis based on the emphasis placed on the structure of the narrative as a whole. Whereas traditional thematic analysis breaks text into pieces, codifying smaller bits and afterward moving on to their classification, narrative analysis selects larger lexical units to codify their structure and thematic content.

The primary function of narrative is to turn disorder into order. By telling a story, the narrator tries to organize the narrative to convey a message; that is, the meaning of the story. The actual process of putting things in order is completed through organizing a series of events in a plot (Ricoeur, 1984).

More specifically, to underline the manner in which a participant's story unfolds, the Labov's structural analysis method was employed. This type of analysis aims both to pinpoint the function of each phrase used within the narrative and to reveal the meaning these can convey to the audience. Structural analysis consists of examining the main concept of the narrative (i.e., the narrative's orientation), its complex action, the evaluation of all things narrated by the narrator himself or herself, the answer (solution) he or she provides, and the closure of the story when transferring it to the present time (Labov, 1982).

The analysis of the clients' narrative reports was completed in two broad phases: descriptive and interpretative. A thorough reading of the recorded narratives preceded this two-level analysis. While reading the narrative reports, my main goal was to become acquainted with their structure and content. At this point, a brief overview of the narratives was prepared for the reader to better recognize the narratives' main components (i.e., beginning, middle, and end). This process of careful reading revealed various coding methods that conveyed a general sense of the narratives' overall meaning as well as of the specific themes emerging in each one of them (Murray, 2003).

The second part of the study dealt with the correlation of all narratives to wider theoretical literature pertinent to their interpretation, moving from the descriptive phase into the interpretation phase. Every story was examined in search of specific narrative components—and how these are connected within the story, what issues are highlighted, and what metaphors are being employed by the client (Murray, 2003).

In the following examples, two researchers undertook the task of carefully reading the data collected and identifying some specific components or codes, out of which the researchers finally formed a list of categories or themes. These components were chosen according to one or both of the two following criteria: (a) specific facts, emotions, and situations the client chose to speak about relevant to his or her recovery from the addiction and (b) some words or phrases indicative of the course of treatment and reflecting the recovering addict's beliefs that he or she has made important steps toward change or not.

After the determination of the criteria, the researchers made the analysis separately and then compared their notes and identified the differences in the initial material (categories).The differences found were discussed on the basis of the two criteria just mentioned. An examination of the cases of disagreements between the researchers revealed that these differences were

due more to the particular words each researcher chose to describe each category, rather than to any difference in the basic meaning of the narratives. The researchers then used their final list of components to perform the analysis and proceeded with evaluation of the credibility of the data. The degree of coherence amounted to 94%, 0.8 on the Cohen's kappa reliability scale. There were no preexisting hypotheses, given that the analysis used the reverse research model of a grounded theory. Analysis centered around the structure, plot, and main concept of the narrative, with particular attention paid to tone, any pauses, the arguments developed, and the general tenor with which the interview was conducted.

FINDINGS

Analysis revealed seven types of narratives used by respondents following treatment: the optimistic, the pessimistic, the overly pessimistic, the overly optimistic/enthusiastic, the "tough life," the troubled/confused, and lastly the balanced narrative.[1]

Optimistic Narrative

This type of narrative is found only during the early stages of treatment (counseling center and beginning of the residential therapeutic phase) in a relatively low number of participants (7 out of 46; 15%). In this particular narrative, it is typical to witness a measured optimism regarding the treatment's course as revealed by the steps taken up to that moment and the client's understanding of the importance these steps hold for the therapeutic process. Value is placed on the addict's present situation and on every positive step he or she might take during the daily treatment routine.

EXAMPLE: INITIAL TREATMENT PHASE—COUNSELING CENTER

> I see myself changing and I'm glad about that. By this I don't mean I am healed or that I am recovered, but I like it. It's a part of me I have never seen before. My relationships to others have changed and I see a side of them that was never clear to me before.

Pessimistic Narrative

This type of storytelling is also only used throughout the beginnings of treatment (counseling center and beginning of residential treatment stage) by

[1] Some respondents (especially those engaged in very long interviews) might employ more than one type of narrative. The percentages referred to here, therefore, are only reflective of the qualitative information required for the prevalence of each type of narrative.

a very low percentage of participants (i.e., 6 out of 46; 13%). The narration is characterized by an overall disappointment and negative perception of the present situation and the treatment's course. A lack of social support and relationships—sometimes a result of the tendency of substance abusers to keep to themselves—are often contributing factors to the building up of this pessimism.

EXAMPLE: RESIDENTIAL TREATMENT PHASE

> I believe I am at point zero because I have never been straightforward with anything. Had I been, I'd be different. . . . I'd like to replace the words "disappointment" and "sorrow" but I don't know with what words I would do that. I can't say "joy" and "satisfaction." I can think of some words I'd like, but . . . in truth they don't really come to me. I try to feel something sometimes . . . anything at all but it just won't come to me.

Overly Pessimistic Narrative

This type of narrative also occurs during early treatment stages (counseling center and beginning of residential treatment) among a very small number of patients (4 out of 46 participants; around 8%). Although it seems that in this type of narrative the prevailing feeling is negative, the basic concept revolves around specific problems and the need substance abusers experience to express themselves about the issues they are facing in any possible way. As a result of these problems, the patient consistently exaggerates the gloom of his or her circumstances.

EXAMPLE: BEGINNING OF TREATMENT—COUNSELING CENTER

> Most of the time I don't feel well. I live with my parents, and they think this is some kind of security for me. I think this is fascistic. I feel anger toward them. And one reason I want to join the residential program is that I will not see them at all for 6 months. They used to treat me like an adult but now I'm like a child to them. That happened because of my addiction. I've let them take over every sense of control I once had. They interfere with things that drive me crazy, such as when I am supposed to eat, shave, or take a shower. They believe they are helping me in this way.

Overly Optimistic/Enthusiastic Narrative

As with the three previously mentioned narratives, this one is recorded only in the beginning of treatment (counseling center, beginning of residential

stage) and in a very small number of people (4 out of 46 participants; 8%). It is a very unique type of narrative, characterized by enthusiastic references to the steps taken, a sense of overoptimism for the positive outcomes of treatment, and a general feeling of "I know what I'm doing."

EXAMPLE: BEGINNING OF RESIDENTIAL PHASE

> It's nice. It's . . . well, actually, I'll tell you the basics. I can breathe and it's not a mechanical motion anymore. I can smell the air I am breathing, I feel it. I can see. I can feel. I feel so good with myself and with others too. I used to see things bad—not gloomy—just bad. Bad and pointless. Now, I don't know, I've reconsidered. . . . I'm optimistic because I am certain—not that I will make it through the program—but that I will get what I want. I feel rather eager to get back out and start my life over once again, start creating things.

"Tough Life" Narrative

This narrative is adopted by one out of four respondents (11 out of 46 participants; 24%), especially during the early stages of treatment. This type of storytelling details a negative account of drug abuse and all the consequences that come with it, including stories of violence, imprisonment, illegal offenses, and harsh family issues, as well as other problems and perceived "dead ends." The difficulties described are compounded by numerous and unsuccessful therapeutic efforts in the past. A sense of guilt dominates this narrative in a more or less open way. In the final treatment stages, patients attempt to refer to the therapeutic process as their present reality, but their narrative winds back once again to their past experiences. Only toward the end of the residential program are the substance abusers who relate a "tough life story" capable of focusing their attention on the steps and changes they have made and toward their future plans. It should be stressed that the respondents employing this particular type of narrative are not expressing any pessimistic feelings over their current therapeutic effort and its results, but are rather reflecting on the weight and importance of difficult and intense experiences of the consequences of drug abuse and efforts to quit in the past.

EXAMPLE: INITIAL PHASE OF RESIDENTIAL TREATMENT—COUNSELING CENTER

> I want to overcome my addiction. I don't wanna go there again and I believe in what I'm telling you. The most important thing for me is to stay clean. I've lost so many years of my life. I missed so many things while in jail and the worst of it was that I lost my freedom. I'm tired.

> I can't take it any longer. It's the most enclosed place that one can live in and you can see reality in there: you drink, wake up, drink again and at some point you go nuts. And, well, there are many other problems, too.

Troubled/Confused Narrative

This type of storytelling is evident in all treatment stages (12 out of 46 participants used this type of narrative; 26%), particularly during the final phases of residential treatment and just before the patients transition to the social reintegration phase. In this narrative style, the narrator often expresses rapid mood swings and it is highly common to jump from expressing negative feelings to using positively charged expressions. The dominant feeling is vagueness, and the arguments are often contradictory (e.g., "Well yes, but on the other hand . . . "). The substance abusers do not focus on one specific theme and might rush to negate what they have just said. Their thoughts about the present are penetrated by thoughts about the future and their final expression is never complete or definitive. Apart from a general confusion, these narratives express the patients' doubts as to whether they will be able to use the treatment to their benefit and as to what lies in store for them after finishing the program.

Example: Residential treatment phase

> What's important to me is to start doing things that please me. I want to have a good time, not in the sense of living it up but rather in giving myself more quality time. To be quite honest, I don't care about what I have to do or what the meaning of any of this is . . . I have a job and a family that loves me. Well, yes, I mean I believe I will find the meaning of this . . . through this all, step by step.

Balanced Narrative

This type of storytelling was employed by almost half of the patients throughout all stages of treatment—in a less obvious way in the first stages and then more tangibly toward the end of treatment (21 out of 46 participants used this type of narrative; 47%). This narrative depicts situations, whether helpful or not to treatment, in an emotionally controlled and neutral way. Respondents appear to fully comprehend the issues and problems they are facing, as well as the life balance they wish to obtain. During the final stages of treatment every respondent employed this particular type of narrative to very calmly describe all the processes they completed, the positive changes they experienced, the steps still to be taken, and the possible difficulties raised by recovery.

EXAMPLE: RESIDENTIAL TREATMENT PHASE

> Well, it is a very crucial moment now. I say "crucial" because I've moved on to recognizing things I might have known before or have even buried away in a closet. You know . . . I was out of people, out of feelings . . . I was usually all by myself, as they say it. Okay, I've been through a sort of process in this residential. Everybody has. It's one of the hardest places to be, but I'm through with it and now work needs to be done. Things are being dredged up. I still have to work hard. For example on the relationship thing . . .

DISCUSSION

All the types of narrative described reflect prevailing cognitive and emotional conceptual tendencies among these substance abusers during their treatment. Study findings show that in the early stages of treatment the narratives express a basic level of emotionality that is not nuanced and are, therefore, optimistic or pessimistic (i.e., positive or negative toward treatment and its end result). Later on, more complicated narratives start to form with a more skeptical position toward treatment. These substance abusers undergoing treatment revealed more details and facets of their lives, including their drug abuse and efforts at recovery. At the same time, they learned how to distinguish between the good and bad aspects of treatment (e.g., the positive steps they took and the difficulties they faced), producing in this way more "balanced" narratives. Each of the narratives reflects a usually dominant feeling or emotional condition of the client. Thus, a given narrative can be related to cool headedness, optimism, or disappointment, depending specifically on the occasion and the client's psychological state.

The first four types of narrative (optimistic, pessimistic, overly pessimistic, overly optimistic), which were mostly employed during the early stages of treatment, mirror the precontemplation and contemplation stages of change, as described by Prochaska et al. (1992). In these stages, either there is no intention of changing one's behavior (precontemplation) or the individuals are aware of an existing problem and are seriously thinking about overcoming it but have not yet made a commitment to take action (contemplation).

The same level of readiness as those in the contemplation stage is visible in most "tough life" narratives, but with a different inner quality because those "harsh" experiences are still part of the individual's identity. As we notice, only toward the end of the residential program were these substance abusers with a "tough life" story in a position to direct their attention to the changes they had made and begin to think about their future plans. This observation suggests that the development of a positive attitude within

the client toward therapy as treatment progresses indicates a substantial difference between the "tough life" type of narrative and those guided by pessimistic feelings.

The troubled/confused narrative seems to indicate that change in addiction is such a complex process that, even in the final stages of treatment, confusing feelings and thoughts can emerge regarding the next steps, the future, or the treatment itself. This "confusion" is observed mostly during the transition from one phase of treatment to another, when individuals realize that they will need to respond to new challenges.

The balanced narrative was the most common type of storytelling among these substance abusers and was used even more frequently as the treatment process advanced. Therefore, it appears to signify the development of a steadily clearer picture within treatment participants' minds of the supports and limitations of the treatment program. Most likely this development is based on the readiness of the client to follow a substance abuse treatment regimen, a fact that has been highlighted by different researchers (Williams et al., 2006). The two basic components of this readiness consist of recognizing an addiction problem and putting an effort into changing, two steps that all patients employing this particular type of narrative eventually make.

In comparing the troubled/confused and the balanced narratives with the theory of stages of change, the researchers noticed that these two types of narrative correspond to the preparation stage and action stage, respectively, in which individuals gradually pass from the intention to the behavioral level of change. Particularly, the action stage involves behavioral changes and a strong sense of commitment to the treatment process, as is seen in the balanced narrative.

CONCLUSION

This research project aimed to contribute to a better understanding of the complicated mechanisms of addiction and recovery by exploring both the recovery process demonstrated by inpatients and the personal ways in which they experience the course of therapeutic treatment.

On the whole, the results of this study indicate important differences in the different phases of treatment. Furthermore, it seems that these recovering substance abusers construed their identities in relation to their past experiences and their current motivation and ambivalence about change. Supporting the findings of other researchers' work (McIntosh & McKeganey, 2001), the conclusion to be drawn from this study is that narratives allow each individual to unfold one or more "explanatory schemas" concerning his or her recovery, giving meaning to the "painful" recovery process and to the forthcoming successful or unsuccessful therapeutic result.

A narrative contains facts that connect to a particular theme, unfolds in time, and has a certain plot. A story is presented as a chosen sequence of specific facts or circumstances that are more important or realistic than others. As the story unfolds, the narrator is called on to choose specific information that advances the story, as opposed to other information that will not. Therapists interested in narrative ideas and practice collaborate with clients to help them leave their past-connected stories of disappointment behind and move toward the discovery of the untold story of their desired future life (new goals, hopes, commitments, values, desires, and dreams). The main goal of the narrative approach is not for therapists to solve their clients' problems, but for the clients to discover for themselves through conversation the hopes, desires, and so-far-unidentified potential hidden in their past stories. It is what White and Epston (1990) described as the process of "revision" of the stories and the lives of people.

To overcome the limitations of this study, which are the relatively small number of participants and the use of one addiction treatment program, future research could connect all types of narrative to the treatment's course and look deeper into other fields, such as defining what drives an addicted person to employ a specific type of narrative at a specific moment in time and whether each type of narrative lasts over time and throughout treatment.

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