Interpretive Phenomenological Analysis of self-states in recovering addicts during phases of addiction and recovery

Shannon Ownhouse

Supervisor: Professor Duncan Cartwright

2013

Submitted in partial fulfilment of the requirements for the degree of Master of Social Sciences in the Graduate Programme in Clinical Psychology, University of KwaZulu-Natal, Howard College, South Africa.

Declaration

This is to declare that this work is the author's original work and that all sources have been accurately reported and acknowledged.

Shannon Ownhouse

2013 April

Abstract

This study attempts to explore the different self-states and the sense-of-self amongst individuals suffering from substance dependency during phases of active addiction and recovery in South Africa. One of the aims of the research is to ascertain whether or not there is a change in the way participants view them selves once they have received treatment for addiction. An Interpretive Phenomenological Analysis is conducted using accounts provided by members of Narcotics Anonymous South Africa on the organization's official website. Results showed a partial shift in certain aspects of the participants' self-images and self-concepts during stages of recovery.

Acknowledgements

To my supervisor, Duncan Cartwright, thank you for your guidance and patience.

To Gareth Ownhouse and the many souls like him who have inspired this work, you have been my greatest teachers.

Table of Contents

Chapter One

Introduction

According to the United Nations Office on Drugs and Crime (2002) South Africa is the principle market for illegal drugs entering Southern Africa due to its perceived affluence within the region. Since 1994, the relaxation of South Africa's borders, the increase in international trade and the incursion of fresh cultural influences have contributed to an escalation in drug abuse and drug trafficking (UNODC, 2002). The South African Community Epidemiology Network on Drug Use (2002) reports that the most ubiquitous illegal substance used in South Africa is Canninis/Marijuana, closely followed by Mandrax (methaqalone). There has been a significant increase in the use of heroin, cocaine and ecstacy since 1994 and there is a rising trend toward the use of injections to administer heroin (SACENDU, 2002). The use of drugs is highly associated with addiction which often leads the user to search for instant cash, often by engaging in prostitution or crime (UNODC, 2002). The drug trafficking industry is also closely linked to organized crime in South Africa, with syndicates involved in stealing and transporting cars across South African borders in exchange for drugs (INSCR, 2001). "Drug trafficking and organized crime have unquestionably grown in a symbiotic relationship in South Africa since the mid-1990s." (UNODC, 2002). Thus, the effects of illicit drug use have far reaching consequences within our country and therefore contextually relevant when dealing with South African social ills.

Addiction is considered to be a life-long disease of the mind (Hunsicker, 2007). In this study we understand addiction along a continuum that includes: a) active addiction, which implies regular use or abuse of drugs (including prescription drug, over-the-counter medication and alcohol), and b) passive addiction that implies an individual is sober or "clean". Sobriety, however, is not to be confused with recovery. Recovery is regarded as the active participation by an addict in minimising the probability of relapse. As with addiction,

recovery is a life-long process and requires life-long maintenance. Recovery is measured according to scales of psychological and physical health, spirituality and independence (World Health Organization, 2009).

Substance dependants generally begin their journey in the experimental phase, where a curiosity about the effects of certain drugs develops (Doweiko, 1993). Many people who experiment with narcotics do not develop a substance dependency disorder but all addicts started by experimenting with drugs. Addicts then generally develop a dependency on drugs, which is characterized by an obsessive relationship with drugs and compulsive use even when the use of drugs is responsible for a multitude of negative experiences (Doweiko, 1993). Recovery is usually brought about by an intervention that is characterised by a motivational event that can be accelerated by loved-ones or the addict experiences the result of a series of negative events (Fisher & Harrison, 1997). Finally, the individual enters treatment where professional help is available. Treatment specifically focuses on abstinence and relapse prevention strategies (Fisher & Harrison, 1997).

Each person has a personal self-concept or an idea of who they are as an individual. This perception is their sense of self or identity. One of the aims of this study is to explore the shift in perceptions of self as experienced by the participants. There are three frameworks through which the concept of the self can be understood: a) the individual self, b) the relational self and c) the collective self (Sedikides & Brewer,2001). Using Bromberg's (1996; 2006) theory of self-states, the individual self is understood as a collection of multiple self-states that exist simultaneously to form a unified whole. The theory postulates that traumatic intra-psychic conflict may cause an individual to abandon the idea of a unified whole in order to identify with a self-state that suits the individual's feelings of "me" at a particular point in time.

Higgins (1987) suggested that self-representations are a combination of the beliefs that the individual and others have about personal attributes. Salgado and Hermans (2005) postulated that interpersonal relationships are essential for the construction of meaning about human experiences. Although there is an abundance of literature available about addiction, recovery and self-states, there is a modest amount on South African addicts' experiences. Further, very few studies have considered the perspective of recovering addicts who are able to reflect back on past and present states of self.

The research employs an Interpretive Phenomenological approach that is concerned with meanings people attach to their personal experiences and the ways in which they make sense of these human experiences (Smith & Osborn, 2003). Smith (2008) describes IPA as being "concerned with trying to understand what it is like, from the point of view of the participants, to take their side" (p. 48). The interpretivist paradigm (Thomas, 2006) used in the study requires the understanding and application of a double hermeneutic (Smith, 2008) whereby the researcher interprets the perceptions that the participants have as they make sense of their personal realities. The participants used in the study are all recovering substance dependants belonging to the Narcotics Anonymous Fellowship. The data provides an account of experiences during addiction and recovery and reflections of personal feelings of 'self' during each phase.

The aim of this study is to explore the possible shifts in self-states that people suffering with substance dependency experience when they enter recovery programs. There is an abundance of literature regarding substance abuse and experiences related to addiction. Much has also been studied about self-states, self-concepts and self-representations. However, this study hopes to look at self-states related to addiction through a new lens by considering how recovering addicts to reflect back on their experiences and compare and contrast them with current experiences of recovery.

Chapter Two

Literature Review

Addiction. Substance dependency or addiction has become a worldwide phenomenon, which is widely debated (Gonet, 1994). The main topic of debate appears to be the definition of addiction. Fisher and Harrison (1996) define addiction as a psychological, and sometimes physical, dependence on alcohol or drugs resulting in the compulsive use of these substances irrespective of harmful and destructive effects. This definition is by no means the only definition available but it provides a holistic view of addiction by incorporating psychological and physical dimensions. The psychological aspects of addiction are a point of central concern in this research. As Gonet (1994) explains, the regularity of drug use does not signify the intensity of the compulsive nature of addiction. The relationship a person has with drugs and the nature of their experiences is far more crucial.

Hunsicker (2007) suggests that addiction is a chronic disease that requires life-long management. Thus, the concept of recovery implies a continuous journey and a process rather than an event. The Betty Ford Institute Consensus Panel (2007) states, "Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship" (p. 222). According to this definition, recovery encompasses more than just sobriety and begins with a voluntary action on the part of the individual suffering with addiction. The World Health Organization (2009) uses scales relating to "physical health, psychological health, independence and spirituality" to measure "quality of life" associated with recovery (p.1). These scales could provide a platform against which recovery can be surveyed.

It is necessary to understand the term 'relapse' as it is a fundamental part of both addiction and recovery (Ramo & Brown, 2008, p. 372). Witkiewitz and Marlatt (2004) thought of drug addiction as a "chronically relapsing condition" (p. 224). Ramo and Brown (2008) describe a relapse situation as a return to substance abuse after treatment. Narcotics

Anonymous literature reveals that these 'relapse' episodes may last days or years (Narcotics Anonymous [NA], 1988). Relapse is as much a part of recovery as abstinence is because the psychological effects of relapse may entice the substance abuser to try harder to maintain sobriety. In this study drug addiction will be expressed and understood as a mental disease (Timmerick, 1998), and the terms 'drug addiction' and 'substance dependency' will be used interchangeably as used in the literature on addiction (Doweiko, 1993). In order to prevent monotony, the acceptable term, people suffering from addiction, will occasionally be replaced with the terms 'addicts', 'addicted individuals' and 'substance dependents' as these terms frequently occur in the literature.

Similar to how a disease develops (O'Brien, 2008), addiction has been shown to have different phases (Gonet, 1994) and both psychological and biological factors are implicated as indicated by Doweiko (1993). Doweiko (1993) explains that the path to addiction begins with a person experimenting with substances to achieve the enjoyable feelings drugs generate. Different perspectives provide numerous reasons for the motivations behind this initial experimentation, such as loneliness (Gottdiener, 2008), environmental pressure (Burger, 2004) or an unstable family environment (Tarter & Vanyukov, 1994). Doweiko (1993) further proposes that, for reasons either psychological or biological or both, the individual develops an irresistible compulsion to continue with their use of substances and it is at this point that a dependency develops.

According to Fisher and Harrison (1996), the next phase occurs in the form of an intervention, which involves a set of specific motivational procedures enticing an individual to seek treatment. They reported that an intervention could take the form of an "emotionally charged confrontation" from someone close to the individual suffering with addiction (Fisher & Harrison, 1996, p. 129). This is often termed the "Johnson Intervention Process" (Loneck,

Garrett & Banks, 1996, p.1). Frequent negative experiences resulting from their dependence often lead to the individual seeking interventions.

There are a number of mental processes that an individual must go through before they are willing to enter a treatment program and begin the recovery process (DiClemente, 2003). However, within the treatment and recovery phase there are further phases regarding relapse and relapse prevention (Sussman & Ames, 2001). Ramo & Brown (2008) consider relapse to be an interchangeable component of recovery. Narcotics Anonymous (1988) testifies that although people suffering from addiction display similar behaviour, there are differences between individual recovery times and the extent of each person's disease differs too. Therefore, each person suffering with addiction will experience all the aforementioned phases at different rates and for different lengths of time.

In summary, the phases of addiction are experimentation, dependence, intervention, treatment, recovery and relapse. For NA users the recovery phase incorporates the 12-step programme and the programme incorporates relapse prevention strategies to aid in the management of addiction.

Identity and conceptualising the self. Sedikides and Brewer (2001) define the concept of identity as a combination of the way in which people define and interpret themselves. According to Brewer and Gardner (1996), individuals seek to characterize their identities in three primary ways: (a) in relation to their unique qualities, (b) in terms of their relationships with another individual, (c) with regards to belonging to a group. The "individual self" (Sedikides & Brewer, 2001, p.1) refers to unique qualities possessed by an individual that separates them from other individuals in a social context. Representing the self in this way depends on the comparison of oneself with others (Markus, 1997).

Du gay, Evans and Redman (2002) suggest that the self develops along the path from past to predicted future. The individual understands the events contained within his/her past

and anticipates the future self, considering the past and present self. "Letting go of the past, through the various techniques of becoming free from oppressive emotional habits, generates a multiplicity of opportunities for self-development" (Baumeister, 1986, p. 10). As stated by Weinreich and Saunderson (2003), identity changes according to "biographical episodes" (p. 22) and changing circumstantial frameworks, as well as different mood conditions like depression, anxiety or cheerfulness. The concept of self also extends to the body (Du Gay et al., 2002).

Sedikides and Brewer (2001) describe the "relational self" as being that part of the self, like self-concept, that is interlinked with others with whom the individual has relationships (p.1). The relational self characterizes the individual's functional role within meaningful relationships (Sedikides & Brewer, 2001). According to Tice and Baumeister (2001) self-awareness is preceded by the relational self. Thus, interpersonal relationships are essential to the development of self-awareness. Hogg (2001) further explains how individuals tend to develop relationships with others based on "proximity and similarity" and, therefore, tend to seek out individuals who belong to common groups (p.124).

Salgado and Hermans (2005) link the experience of the relational self to the experience of emotion. They proposed that traditionally the emotional experience has been a subjective and socially comprised "relational device" (Salgado & Hermans, 2005, p. 6). "The sense of continuity and permanence- the sense of identity- is something that arises from the continuous process of creating and granting intelligibility and coherence in the course of relationships with others" (Salgado & Hermans, 2005, p. 6). Therefore, the inner self can be better described as a "performed self" that is a social manifestation of the individual (Salgado & Hermans, 2005, p. 6). Salgado and Hermans (2005) claim that meanings about the human experience are constructed "within and by relationships" because no person exists entirely on

their own (p.8). Everyone is involved in a communicative relationship from birth (Salgado & Hermans, 2005, p. 8).

The "collective self", as defined by Sedikides and Brewer (2001), concerns being included in sizeable social groups or cliques and being able to identify differences between the group to which one belongs and other social groups (p.2). Thus, the collective self is based on identification with a particular social group. For example, an addict may identify as an addict with a group like NA. "The collective self relies on inter-group comparison processes and is associated with the motive of protecting or enhancing the in-group" (Brewer & Gardener, 1996, p. 84.). Hogg (2001) suggests that a shared trait between groups is that they provide socially normative expectations. The peripheral differences between groups are caused by different acceptable norms between the groups. Thus, people within a group are more likely to have similar "perception, attitudes, feelings and action" (Hogg, 2001, p.123). The groups to which individuals belong directly influence their sense of identity. Moral agency is greatly influenced by the standards required by the group or society to which one belongs (Brewer & Gardner, 1996; Deigh, 1996; Du Gay, Evans & Redman, 2002).

Bromberg's theory on self-states. Bromberg's (2006) theory maintains that each individual possesses a kaleidoscope of self- states that coexist simultaneously to form the whole 'multiple' self. Each self-state has its own perceived reality of which well developed individuals are usually only momentarily aware so that "a healthy illusion of cohesive personal identity—an overarching cognitive and experiential state felt as 'me'" is maintained (Bromberg, 2001, p. 273). He continues to theorize that each self state rarely functions completely outside of the individual's sense of 'me' even where there are conflicting or opposing self states. The reason Bromberg (2006) postulates is that "each self-state is a piece of a functional whole, informed by a process of internal negotiation with the realities, values, affects, and perspectives of the others" (p. 512) In Bromberg's (1996) paper, *Standing in the*

Spaces, he described "a person's relative capacity to make room at any given moment for subjective reality that is not readily containable by the self he experiences as 'me' at that moment" (p.513). Bromberg expands on his theory using the idea of dissociation.

Bromberg (2001) suggested that dissociation is chiefly a process that allows an individual to preserve "personal continuity, coherence, and integrity of the sense of self" (p. 182). He explains that the experience of self comprises the experience of separate and coherent self states and that the illusion of a unitary self is developed and adapted. The experience of a unitary self is usually a healthy illusion according to Bromberg (2006). The occurrence of a traumatic disruption threatening the illusion of a unitary self can cause the illusion to become a "liability" (Bromberg, 2006, p.512). Bromberg (2001) proposes that this occurs "because it is in jeopardy of being overwhelmed by input it cannot process symbolically and deal with as a state of conflict" (p. 273). Dissociation then occurs as a simple and effective defense response to avoid the repeat of potential trauma (Bromberg, 2006, p.512). Thus, the illusion of unity is shattered.

"Bromberg's central point is that in normal development one is more or less able to simultaneously access a range of self-states that despite their contrasting and even opposing perspectives on personal reality; establish a configuration of discreet, more or less overlapping schemata that, taken together, define who one is" (Person, 2007, p. 735). Traumatic events often cause the individual to sacrifice coherence of the self to ensure self-continuity but as a consequence, conflicting or opposing parts of the self exist separately from one another do not contribute to the intra-psychic conflict necessary for introspection and self-observation (Person, 2007).

Expanding on Bromberg's theory of self. Salgado and Hermans (2005) suggest that the self is regarded as a cognitive configuration composed of multiple 'self schemata' or 'self-representations' (p. 4). They further suggest that each schema receives and interprets

information and decides on a plan of action. Therefore, the concept of self is based on the concept of self-knowledge. Thus, in order to develop a self-concept, one has to have knowledge of one's self. In order for one to easily recognize one's identity, one needs to create a self-concept of "I am a single person" (Salgado & Hermans, 2005, p. 5).

Markus and Nurius (1986) claim that the 'actual self' can be broken up into two selves. One part of the self comprises who an individual thinks he/she is, the other part comprises what the individual thinks others believe about him/her. 'Others' can be significant others such as parents, spouses, siblings or friends or others can be a more generalized population. As well as 'actual selves', there are a number of diverse 'potential selves' that can be recognized (Markus & Nurius, 1986, p. 958).

James (as cited in Higgins, 1987, p.320) made the distinction between the "spiritual self" and the "social self". The spiritual self is constituted by one's conscience and moral agency, while the "social self" is described as being the part that is "worthy of being approved by the highest social judge" (Higgins, 1987, p. 320). Alternatively, Rogers (1961) differentiated between the "ought self" (p. 168) and the "ideal self" (p.236). The "ought self" being what others think a person ought to be and the "ideal self" reflects an individual's personal belief about who he/she would like to be.

Using the theories of Rogers (1961) and James (1948) about the "self", Higgins (1987) broke down the 'self' further into three fundamental domains. The first domain is the "actual self" which is the representation of the attributes that the individual or a significant other believes the individual actually possesses (p. 320). The second domain is the "ideal self" which is a representation of the qualities that the individual or significant other wants the individual to possess, for example, hopes and aspirations for an individual (p. 320). The final domain is the "ought self" which is a representation of the attributes that the individual or

significant other believes the individual should possess, for example, a sense of obligation (Higgins, 1987, p. p.321).

Higgins (1987) also differentiates between different "standpoints on the self" (p. 321). Turner (as cited in Higgins, 1987, p. 321) defined a standpoint on the self as being "a point of view from which you can be judged that reflects a set of attitudes or values". The two standpoints outlined in the literature are an individual's personal standpoint and the standpoint of significant others (Higgins, 1987). Individuals can have representative standpoints from multiple significant others (Higgins, 1987).

Higgins (1987) combined the "domains of the self" and "standpoints on the self" to illicit six fundamental "self state representations", namely: actual/own, actual/other, ideal/own, ideal/other, ought/own, ought/other (p. 321). Wylie (1979) described an individual's self-concept as being a constitution of actual/own and actual/other self state representations. The remaining four self state representations act as "self-directive standards or acquired guides" (Higgins, 1987, p. 321). "Self-discrepancy theory proposes that people differ as to which self-guide they are especially motivated to meet" (Higgins, 1987, p. 321).

Existing research on experiences relating to addiction. An Interpretive Phenomenological Analysis study conducted by Larkin and Griffiths (2002) focussed on the subjective experiences of people suffering from addiction and more precisely, the relationship between "addiction, self and identity" (p.281). The data analysis results indicated that difficulties surrounding identity and 'self' might be vital components in the comprehension of experiences associated with addiction and the recovery process. Findings of this nature may have significant inferences for treatment of substance abuse disorders partly because concepts of identity and 'self' are comprehensible and attainable in therapy.

Other studies have focussed less on the tools used during recovery, such as NA, but rather on the experiences of people suffering from addiction. In the case of research

conducted by Masters and Carlson (2006) the participants in the study illustrated occurrences of "connectedness and disconnectedness" during their addiction and recovery phases and even before these phases (p. 208). The research produced findings that sustain the idea that creating associations and ascertaining wholesome relations is crucial for sobriety and recovery continuance. The roles that family, society and environment perform in the experience of addiction are implicated in the milieu of addictive behaviour (Allaman, 2008).

Hypotheses about the reasons for the onset of addiction include genetic disposition, physical compulsion, peer pressure, pleasure seeking and self-medication (Ng, 2002; Raven, 1997). Thus, it is not unreasonable to assume that distress caused by loss can lead people to drug use as a way of self-medicating (Lubit, Rovine, Defrancisci, & Spencer, 2003; Marcenko, Kemp & Larson, 2000). Etherington's (2007) study linking childhood trauma to substance dependency illustrates how the relationship between trauma and addiction also affects the individual's sense of self or their identity. In studying the experiences of addiction and recovery, we are better able to understand the disease and its psychological effects.

The use of substances and intoxication are linked to elevated impulsive behaviours and are significantly associated with failed and successful attempts at suicide (Miller, 1991; Ries, 2001). Miller (1991) further affirms that drug abuse is the single most significant factor contributing to an increase in suicide amongst youth in the United States. According to research conducted by Ries (2001), 40-60% of successful suicide attempts across Europe and the U.S are linked to the effects of drugs or alcohol. The same study revealed, though, that suicidality decreases considerably after the individual has completed treatment for addiction. Suicidality rates for participants in the study decreased from 28% a year before treatment to a mere 4% one year after treatment. One of the scales used to measure suicidality is the Becks Hopelessness Scale (Coombs & Howatt, 2005), which measures three aspects of hopelessness: feelings about the future, loss of motivation and expectancies.

Seligman (1991) proposes that the existence of hope depends on two criteria: "permanence and pervasiveness" (p. 48). What is meant by these terms is that when one finds temporary foundations for tribulation, one limits helplessness against time (i.e the helplessness one feels is also temporary). In the same way, when an individual finds specific foundations for tribulations, the individual is reassured that the universal system is not acting against them. However, hope and hopelessness depend largely on feelings of helplessness. In a study about learned helplessness conducted by Seligman, the results showed that learned helplessness was caused by experiences in which the subjects rightly felt that their responses were futile and nothing they did could deliver what they wanted (1991). He did however; suggest that learned helplessness could be remedied by showing his subjects that their responses could work at another time. Therefore, "learned helplessness seemed to be at the core of defeat and failure" (Seligman, 1991, p. 67) but more importantly, learned helplessness could be unlearned.

Robinson, Krentzman, Webb and Bower (2011) conducted a longitudinal study of the predicted substance use among recovering addicts who engage in spiritual practices as part of their treatment plan. Robinson et al. (2011) specifically explored the following areas: forgiveness, private spiritual and religious practices, negative religious coping, daily spiritual experiences and purpose in life. The idea of forgiveness encompassed forgiveness of self, forgiveness of others and forgiveness by God. The study found an increase in forgiveness of self to be predictive of decreased alcohol use after nine months of recovery time. Robinson et al. (2011) argue that self-forgiveness is possibly the most crucial element of overall forgiveness in addiction and recovery (when compared to forgiveness of others and forgiveness by God). The same study explored the benefit of private religious practices such as meditation, prayer and spiritual reading and found a correlation between these practices and initial sobriety (Robinson et al., 2011). Similar findings occurred for daily spiritual

experiences where participants reported feeling peaceful and in awe of their deity. Negative religious coping looked at participants who viewed their higher power as judgemental, disapproving God. These participants had a slightly less favourable outcome at nine months compared to the participants who viewed their higher power as being more benevolent (Robinson et al., 2011). Life purpose or meaning was a predictor of decreased outcomes in drinking in recovery.

Deigh (1996) implies that feelings of guilt demonstrate anxiety and manifest as frustration and eventually anger. According to Deigh (1996), feelings of shame come about when an individual realises that his/her philosophies and beliefs are substandard and this realisation results in a lowered self-esteem. Shame and identity are closely linked and it is through the feelings of shame that one has a keen sense of themselves. "In this experience, the subject has a sense of having disgraced himself, which means he [or she] has an acute sense of who he [or she] is" (Deigh, 1996, p.237). He adds that the corresponding feelings to shame are fear and shyness (isolation).

There is a great deal of research written about addiction in general and even the experiences relating to addiction. The aim of this paper is to look at recovering addicts reflections on their past and present self-states and how they may have shifted between periods of active addiction and periods of recovery. Is there a change in the way that these individuals experience themselves when they are in recovery and if so, how do they experience them selves differently?

Chapter Three

The 12-Step Program

This section aims to provide the reader with some context concerning the 12-step program as the data contains a great deal of discussion about the fundamentals of the program, especially pertaining to Narcotics Anonymous. The 12 steps are available for perusal in Appendix 1. This section will reflect on the program's basic principles.

One of the most effective ways of managing addiction is the twelve-step program (Gonet, 1994). According to the Narcotics Anonymous (1988), the twelve steps are tools to be used on a daily basis in order to maintain sobriety and eventually become a lifestyle. Learning the steps is just the beginning of recovery and the emphasis on spirituality serves to create a moral code for those suffering from addiction (See Appendix 1).

Reflecting on the 12-steps. The first step in the 12-step program is to admit one's lack of control over their use of drugs. It seems that this first step is a necessary bridge between the intervention phase of addiction and the treatment phase. Once the person suffering from addiction admits they have a substance abuse problem, they are able to take the necessary steps to rectify the problem.

Steps two, three and eleven are associated with understanding the importance of spirituality in recovery. NA does not prescribe a religion or a specific God, but rather, encourages its members to search for their own personal higher power. This ensures express the importance of not trying to control circumstances, which are uncontrollable. In this way, the individual is released from feelings of guilt about issues over which they are powerless.

Steps six and seven express the process of spiritual growth by allowing an individual to rely on their spiritual beliefs to guide them. Their spirituality is seen as a tool and aids in their personal growth.

Step four encourages the individual to "take a moral inventory" (NA, 1988, p. 15) and to be honest about there moral shortcomings. They have to self-reflect to be able to identify and understand their moral weaknesses. Step five and ten involve the individual taking responsibility for and admitting to their mistakes. People suffering from addiction are encouraged to admit when they are at fault through these two steps, which generates an ethos of accountability and responsibility.

Steps eight and nine are about making amends to people whom an individual may have harmed through their behaviour during active addiction. The steps are careful to indicate that this process should not create any more harm or damage and amends should only be made in this spirit. However, the process of making amends allows the individual an opportunity to be forgiven by friends, family or society, which aids in shedding feelings of guilt and is a necessary step in personal growth.

The final step requires the individual to use what they have learned in the 12-step program to aid others suffering from addiction. This service promotes feelings of self-worth, a sense of responsibility and ensures that the individual will continue to use the steps in daily living so that the practice of these steps becomes a life-style.

Narcotics Anonymous. Narcotics Anonymous (NA) started in 1953 in the United States (Narcotics Anonymous, 1988). The organization is actually a subsidiary of Alcoholics Anonymous and is based on the same principles but with a focus on narcotics (being all illicit drugs and abused prescription/ over-the-counter medication), although alcoholics are welcome to attend NA too. According to Craig (1985), among its many other services and teachings, one of NA's core functions is to educate its members on the disease of addiction. Leshner's (1997) research on addiction shows that addiction is a brain disease and that all dependence-forming drugs have definite carnal impacts on the human brain. These impacts on the brain are what keep drug dependents using drugs and are life-long, even if the user

stops using drugs. "Thus the biological nature of substance use, and the long-lasting changes in the brain that it causes, makes substance use for most people, a chronic, relapsing disorder, with total abstinence a relatively rare outcome" (Leshner, 1997, p. 45). Another alluring feature regarding NA according to Kelly and Myers (2007) is the fact that there is no charge for membership (whereas inpatient treatment centres are usually expensive) and meetings are easily accessible because of the large quantity of meetings occurring in all countries.

Narcotics Anonymous SA (2009) describes their organization as a "non-profit fellowship of men and women for whom drugs had become a major problem. We are recovering addicts who meet regularly to help each other stay clean" (p.1). Members of NA worldwide follow the 12-step principles (Christo & Franey, 1995) to remain sober and drug free. NA is an outpatient program (Doweiko, 1996) that consists of regular group meetings. There are also inpatient programs (Sussman & Ames, 2001) that require the patient to stay at a rehabilitation facility for a period of weeks or months to undergo individual and group therapy sessions. Fisher and Harrison (1997) note how treatment models are usually integrative and it is common for inpatient and outpatient programs to work in conjunction with one another. In other words, patients at drug treatment facilities are often required to attend NA meetings while they are at the facility.

Narcotics Anonymous (1988) explains how NA meetings are successful because of the great deal of support members receive from and give to each other. Meetings are a safe and non-judgmental environment where anyone suffering from the disease can share their concerns and trepidations with one another without fear of criticism or disapproval. Narcotics Anonymous (1998) furthermore affirms that, to the best of their knowledge, none of their members who have worked their program properly has ever been unsuccessful in recovery. However, measuring the success of recovery is difficult as recovery is a life-long

management process, therefore, NA's efficacy in successfully treating addiction can only be

measured through the subjective perceptions of members of the fellowship.

<center>**Chapter Four**</center>

Methodology

In order to explore and understand the experiences of the addicted person an Interpretive Phenomenological approach, situated in an interpretivist paradigm, was conducted. According to Thomas (2006), there are four important aspects of the interpretivist paradigm: a) reality is not an external experience, but people are subjectively participating in the way they experience reality, b) the interpretivist paradigm emphasises the role of observation in research, c) this paradigm endeavours to comprehend how people perceive their experiences, d) there is a necessity to cognise the world because it is the heart of the interpretivist paradigm.

According to Kopala and Suzuki (1999), the interpretivist paradigm was preceded by and founded on the concept of hermeneutics. Hermeneutics is the reconstruction of the "world of meaning" encompassing an experience or event (Meichenbaum, 1988, p.117). Interpretive Phenomenological Analysis (Terre Blanche et al., 2006) is concerned with meanings people attach to their personal experiences and life events and the ways they make sense out of these occurrences (Smith & Osborn, 2003). Smith's (2008) explanation of "double hermeneutics" (p.51) was utilised to analyse the experiences of individuals to explore their understanding of these experiences and the researcher's own interpretation of the way they understand their experiences. Smith (2008) reveals that double hermeneutic occurs when "the participants are trying to make sense of their world; the researcher is trying to make sense of the participants making sense of their world" (p. 51)**.**

Participants. Experiences constructed by recovering addicts in South Africa on the Narcotics Anonymous South Africa website were used as data. The official Narcotics Anonymous South Africa website publishes audio clips of some of the experiences shared by

people suffering from addiction at the organization's conventions. These clips are the primary data source for this study.

The accounts chronicle the path from addiction to recovery and were narrated by addicts at NA conventions hosted nationally. The accounts allowed for an observation of the participants' attempts to make sense of their experiences through auditory means. These experiences are rich, thick and intimate (Terre Blanche, Durheim & Painter, 2006) descriptions of the nature of living with the disease of drug addiction and provided an in depth look at the emotional and psychological processes of people suffering with addiction. This is important when considering one of Thomas' (2006) points that "reality does not lie outside the individual" and that people are subjectively participatory in their experiences (p. 63). The data also captured the way in which the addicts make sense of the world and the way in which they make sense of their roles in relation to that world. The participants are all members of NA, which ensures that they have experience with the twelve-step program and that they are currently in the recovery process. Due to the anonymity of the participants, there is very little available demographic information. The data revealed that there were eight males and two female participants, all of who are South African. Due to the anonymity of the participants, pseudonyms were given to each of them.

"Purposive sampling", which requires the selection of a representative and available sample, (Terre Blanche, Durheim & Painter, 2006, p. 50) was used to obtain rich, descriptive experiences that represent the emotive complications of living with a disease like addiction. Teddlie and Yu (2007) define purposive sampling as deliberately selecting participants or data based on specific criteria needed to answer the research question. In this case, the research question was based on a specific knowledge that only people recovering from substance dependency could possess. Purposive sampling ensures that essential information, that may not be available in a random sample, can be obtained (Teddlie & Yu, 2007, p. 77).

The participants chosen for their narrations were in a recovery program for at least a year so that they were able to give an accurate account of active addiction as well as abstinence. Thus, purposive sampling was useful in allowing the researcher to exercise her own judgment when selecting data and participants.

Data collection. NA South Africa's website provided data for the research via the audio narrations supplied by some of its members.The "reliability" (Terre Blanche et al., 2006, p. 154) of the data collection was ensured by transcribing the audio clips directly from the NA website. The information obtained from the internet source was fairly reliable as these experiences were initially recorded at conventions held by the NA organization and later published on the website. The nature of this study is interpretive and, therefore, reliability of the data and findings is limited. According to Terre Blanche et al. (2006), in interpretive studies, reliability gives way to the concept of dependability. Dependability is measured by the extent to which the reader is persuaded that what the researcher finds in the data actually happened according to the researcher's interpretation (Terre Blanche et al., 2006). Thus, a detailed description of the data analysis is provided below.

Data analysis. Smith (2008) describes IPA as being "concerned with trying to understand what it is like, from the point of view of the participants, to take their side" (p. 81). Van Zuuren, Wertz and Mook (1987) outlined three levels of interpretation that were used in this study. The first level of interpretation is "self-understanding" (p.31). "Self-understanding" refers to the analysis of what the participants understand their experiences to mean. This level of interpretation is done from the researcher's point of view, which is similar to the concept of hermeneutics referred to earlier. The second level of interpretation, according to Van Zuuren et al. (1987), is "common sense" (p.31). A broader frame of understanding using general knowledge is used to interpret a theme. Common sense also goes beyond 'what is said' and examines how something is said. Questions are posed to the text to

gain a deeper understanding of what is being said in the text. Questions can be "content-centered" where an exploration of what the statement says about a particular topic is pursued or questions can be "person-centered" where the focus is on what the statement says about the participant (Van Zuuren et al., 1987, p.32). The final level of interpretation is "theoretical interpretation" refers to the theoretical framework used in the data analysis (Van Zuuren et al., 1987, p. 34). Thus, the researcher draws on the available theory to transcend the participants' self-understanding and the common sense understanding.

Storey (2007) outlines the specific phases of Interpretive Phenomenological Analysis. The first step entails the initial reading of the transcript. Karlsson (1993) suggests that the purpose of this step is to create "sufficient understanding" of the data (p. 96). The researcher read and re-read the transcript to obtain an overall sense of the experience being relayed. An overall theme may be identified in this stage. Notes are made when re-reading the material, which creates an interactive process of identifying central concerns within the data. There were ten participants in this study and each provided an account of their experiences with addiction and recovery. The researcher listened to the audio clips several times to get a sense of the emotion and tone of the accounts. The transcribed data was then read and re-read multiple times with notes being made throughout the process.

Step two involves the identification of several preliminary themes according to Storey (2007). These preliminary themes are recognized through the process of examination of notes made and a closer examination of the data. The researcher made notes throughout the first step of analysis and then reviewed these notes to identify common themes that emerged. The data was then reviewed again with closer attention being paid to the recognizable themes.

Storey (2007) recommends the third step consist of linking preliminary themes and recognizing thematic clusters. Connections between the preliminary themes are made and are clustered together to form a larger, superordinate theme. The following table illustrates the

superordinate themes and their subordinate themes occurring at different phases of the addiction process.

Superordinate	Subordinate
Self loathing as an addict	1. Sense of self 2. Physical health 3. Guilt and shame
Desperation as an addict	1. Anger 2. Helplessness and hopelessness 3. Rock bottom
Escapism as an addict	1. Denial
Omnipotence as an addict	1. Arrogance 2. Risky behaviour
Interpersonal Relationships	1. Isolation as an addict 2. Feeling of belonging as a recovered addict
Belief in a Higher Power in recovery	1. Spirituality

Karlsson (1993) adds a step to the process, which requires the researcher to create a synopsis of the themes. This stage entitles the researcher to shift the themes and omit those, which do not add enough value to the understanding of the data. For example, the researcher rearranges and integrates the data to flow better. The researcher arranged themes such as loss, desperation and hopelessness in such a way as to illustrate the journey through the experience of addiction by linking desperation to loss, and hopelessness to desperation.

Participant "validity" is usually addressed by returning to the participants to ensure that the interpretations made by the researcher are valid (Terre Blanche et al., 2006, p. 147). However, the nature of this study prevented the interaction between participants and the researcher. "Transferability" can be used to measure validity in qualitative studies (Daniel & Onwuegbuzie, 2002, p. 2). However, people suffering from addiction are members of a unique population and their experiences probably could not be transferred to other populations. Within the data, provided by participants who have no knowledge of one another and who come from different parts of the country, similar experiences, feelings and accounts were described which contribute to the "credibility" of the findings (Terre Blanche et al., 2006, p. 90).

Ethical considerations included the anonymity of the subjects. NA fosters anonymity within the organization and no surnames are given on the website which makes it difficult to recognize any of the subjects. However, pseudonyms were assigned to each of the narrators to ensure absolute anonymity. As a result, informed consent was not attained but online published data is available to the public. The Kwazulu-Natal University Humanities & Social Sciences Research Ethics Committee provided the researcher with an ethical clearance letter that can be found in the appendices.

<center>**Chapter Five**</center>

Analysis

       Self loathing as an addict.

       Sense of self. In this section, the researcher attempts to understand how the participant's views about themselves have changed by analysing their reflections on past and current experiences. In analysing the 'sense of self', it is believed that the concept of 'self' encompassed self-worth, self-respect, self-love and the physical self. It appears that all of the participants had an element of self loathing during their active addiction but have learned to accept and even love aspects of themselves during recovery. Some of the participants had poor self-concepts before their drug use and others developed these ideas as a result of drug use.

       Both Claire and Ellis reflect on how they felt about themselves during their addiction. Ellis illustrates the loss of self-worth in his statement: "I was so lost that I…I…I became actually nothing." Claire cements this theme in her description of her inability to respect herself and her lacking belief in her own worth. "I wasn't able to respect my body, respect my mind, and respect the fact that I'm worth more than that. I'm worth more than the girl about town. I'm worth more than the good time girl." There appears to have been a complete lack of self nurturance or care. Both participants seemed to have thought of themselves as worthless individuals.

       Alan reflected on how his feelings of worthlessness were cemented long before he started using narcotics. He illustrated how his "dysfunctional" family contributed to his inadequate sense of self-worth. He described his mother as having chronic depression and his father, grandfather and sister as all having substance abuse problems. Alan's analogy of two fighting dogs captured the influence his family had on his identity:

If there were 2 dogs of equal size and weight…you know, and they're fighting…which one will win? The one you feed…The one you feed. And inside my head there are two dogs fighting…and one of them is my recovery and one of them is my disease. And I firmly believe that growing up in my family, a lot of the stuff, for what reason I'm not sure, you know, fed the bad dog, fed the disease. Fed my disease and, you know, all kinds of horrible messages, about you know, inadequacy and not being good enough. I don't think it's their, you know, my family's fault. I don't think they were trying to give me that, it's just what I was picking up and, you know, my upbringing fed the bad dog…

The data demonstrates the process of recollecting the experiences associated with addiction and considering the newer, more favourable experiences of recovery. This process allows the participants to measure their personal progress and it is obvious that progress is one of the more appreciated gifts of recovery.

However, it seems that the participants considered even the most trivial series of events to be paramount developments in their individual progress. Karl stated:

I'm not good at self-loving things. I'm not good at taking care of myself. I've showered before and I've come into this programme and I never used to brush my teeth or shower, brush my hair. I still l don't really brush my hair that often, but I do try to fix it up a little bit. And since I've come into this programme I've started taking care of myself. The whole self-loving thing… where I'd brush my teeth every single day and shower every single day.

Louis reflects on how little he valued himself during his addiction and illustrates how his sense of self-worth shifted once he had been in recovery for thirteen years. Louis has apparently discovered the importance of "letting himself off the hook", which is the opposite of self-loathing. He has chosen to forgive himself in the same way that he would forgive another person in his situation.

Uh…so when I came into these rooms, I mean, I felt useless. And in that preamble, I like, said one of the things that is important- self-forgiveness…I really did. I felt like this horrible leach on life…just like… as if… just like there was nothing…nothing good about me…I have learned to forgive myself for being an addict, for all the damage I did to my life, my physical health, my career and my finances. Most importantly for me, I've forgiven myself all the terrible, negative, unloving things I have thought

about myself. Only after I had accepted the forgiveness that I had offered to myself was I able to truly grow in my recovery.

Previously Alan's analogy of two hungry dogs was discussed. Here it is used to describe two separate identities that he maintains. Alan maintains that his persona has not shifted but his decision of which 'dog to feed' has altered: "I think I did, I think I woke up one morning and was like "you know what, I wanna be a heroin addict like Lou Reed, David Bowie, Iggy Pop, Mick Jagger…You know, these are the people I want to emulate". However, Alan describes how, currently: "I come to these meetings to nurture my…what I like to call, my higher self. You know, the bit of me that thinks I'm worth recovering". Alan's perception is that he has a part of himself that is self-loathing and at the same time he has a part that is nurturing and loving. They are not separate self states based on drug use or abstinence. There is constant inner conflict.

A common trend in the data shows that these individuals entered recovery programs with very little self-esteem which is evident in statements such as Inge's: "I never thought I was good enough". However, they begin to develop a sense of self-worth gradually after some time spent in the recovery phase. Dylan explains that he recognizes there has been a positive shift in his perceived identity:

> …Came to this room or these rooms a couple of years ago when I was defeated. I had destroyed a marriage with 2 kids. I had used up a business and I got to a stage where I didn't even own a mattress…Without positive change, I wouldn't want to stay… if I was the same piece of shit I was when I walked in, this would be agonizing.

Roman reiterates this point by illustrating how his perception of success has changed through the recovery process. He implies that what he once took for granted as being mediocre, he now considers a success: "I'm not in jail, I've got a job, got a place to stay. And if I have a roof over my head, food to eat and a bed to sleep on, then I've had a good day in

recovery, you know. That means I'm successful". The perception of "success" may positively influence Roman's sense of self and his ideas of self-worth.

Many individuals and societies view success and achievement as directly proportional to the possessions that one is able to accumulate. A significant aspect of substance dependency was the loss of possessions to "feed" the disorder. Possessions became a means to an end and their monetary value was tied closely to their financial needs related to their substance use. The stronger the need to abuse drugs, the less sentimental value possessions retained. Possessions had no value beyond their current need to use drugs. This can be clearly understood through Ellis's revelations: "Ja, I sold my stuff" and "I used to have a lot of musical instruments. I sold them all". By selling off many of their possessions, the participants' previous feeling of being successful dissipated and left them feeling inadequate.

Thus, a crucial element of the recovery process was being able to possess material items and appreciate their actual value in terms of sentiment and currency. Ellis is trying to rebuild his collection of instruments, which are necessary for his profession. He reflected on how difficult it is for him to gain back the possessions he lost during his addiction: "For me today to buy one musical instrument it takes me a year now, and I'm only 20 months clean".

The "sense of self" extends beyond the emotional to the physical well-being of an individual as is evidenced in the following section.

Physical health. Besides the loss of positive emotional feelings of self, addiction robbed the participants of physical health. The extent of their disease caused them to be "physically absolutely ruined," as Claire reveals, and caused a multitude of serious physical troubles: "I'm going to spend Christmas in hospital with metal in my face and stitches everywhere. I'm going to be deformed for the rest of my life".

Louis recollected how his health was severely compromised while he was still using substances. He viewed himself as being a man on his death bed, as someone who had journeyed beyond the point of no return.

> Um…I carried on using and I ended up leaving that fellowship and I was dying…I mean, I was past death. Um…My heart was shooting clots, I had renal failure, my blood was septic…septicaemia…um…when I arrived at the hospital, my temperature was 44 degrees and that was kind of the end of that phase.

Louis implied in his recollection that the discovery of his ill health prompted him to change his lifestyle and seek help for his addiction again. Many of the participants recalled how they entered recovery in a poor physical state either directly or indirectly caused by their drug abuse. Roman's injuries were the result of a car accident he had while intoxicated: "…the first time I came in here, I came in here handicapped. I was in a huge car accident and I was crippled. I had one leg and one arm". He also recalled how his health has improved since being in a recovery program: "I never used to eat. I came into recovery weighing like sixty five kilograms. I weigh a hundred and five now".

The participants' physical health during addiction was almost completely ruined. They were so self-loathing that they attempted to destroy themselves physically through chronic drug abuse or risky behaviour. However, their physical and not their emotional health was often more of a catalyst for recovery. Perhaps the physical injury they imposed on them selves was a tangible reminder of their capacities for self destruction, whereas their emotional wounds were too overwhelming in their complexities.

However, it appears that although the participants often felt shame about what they had done to themselves physically and emotionally, these feelings were enhanced when reflecting on the damage they had done to others.

Guilt and shame. Most participants recollected an inability to feel certain emotions during the active addiction phase. In fact, the research found that the only emotions the

participants admitted to experiencing were guilt, shame and anger. This section focuses primarily on feelings of guilt and shame while feelings of anger will be explored at a later stage.

The foundation for the experience of guilt and shame in the participants emerged from their own moral boundaries. Realising they could not consign themselves to their moral standards or beliefs bothered them and resulted in guilt and shame. It appears that the feelings of guilt and shame were not enough to incentivise people suffering with addiction to commit to recovery. Feelings of guilt and shame only incentivised addicts to self-medicate further in an attempt to numb those feelings, as evidenced by treatment being sought only when participants reached 'rock bottom' (which will be explored later).

Usually these feelings were experienced in recovery after individuals were able to reflect on their past addictive behaviour. Louis' guilt about his contribution to his sister's substance dependency was evident in his share.

> Um…um… a couple of years before I came into this fellowship, my sister came into this fellowship and um…she, she came into treatment and five days after she came into treatment, I got arrested in the UK for importation…importation of cannabis and…um…I spent a year in jail in the UK. And I look at it…this is how I look at it…I look at it as a higher power thing in a way because, um, my sister's life story begins with: "My first line of cocaine was given to me by my brother." And um, I think it was, um, so fortuitous, um, that I was out of her life for that first year of her recovery…that she go through that first year.

Ellis tells the story of being a teacher and being a bad role model to the children he taught and how it "got to [his] conscience". He reveals his feelings of guilt and shame more profoundly when he talks about his influence on his peers:

> I mean I've used for so long and I've actually created other little addicts behind me because my friends used to think that, you know, I'm that cool one. You know, I know all about it. And you know we used to talk about how good it is to really binge with me. And today it makes me so sad. It saddens my heart

to see people who used to, you know, value my presence or take me as a role model. But being such a negative role model I wish I could fix that, every time I see them, you know.

Darryl similarly expressed shame over his actions that led him to have inadequate relationships: "I hardly saw my kids. I was renting a room from another girl who I didn't really get along with…I had no friends and life was empty…um (chokes up)…through my own doing".

As has previously been stated, substance dependents often did not seek to recover based on their feelings of guilt and shame alone. Perhaps these feelings caused the participants to want to punish themselves further by continuing their destructive addict behaviour. The feelings of guilt and shame possibly exacerbated already existing feelings of self-loathing.

Desperation as an addict.

Anger. In the previous section, feelings of guilt and shame were discussed. There was a third emotion related to the addiction phase that was identified in the data. This section looks at anger. During the state of desperation that the participants experienced, anger was often a result of not being able to control their addiction. Claire describes how she "held a lot of resentment" and "blamed everyone else". She could not bare the brunt of her own anger on top of all the other negative feelings she had towards herself: "It wasn't me. I couldn't do anything wrong. It was everyone else's fault". She also relates how she was full of rage after a failed suicide attempt. In her desperate state, she could not handle having failed to take her own life and being consigned to remaining in the desperate state she was trying to escape.

Anger expressed by the participants often seemed to be a manifestation of their feelings of helplessness (which will be explored in the following section). The context of several of the admissions of anger seemed to surround a fear of not being able to recover and the fear of not being able to cope. Fanie tells how he became "jaded" and "started to see NA as a group of kind of politicised people who were out to get everybody else and point fingers

at those who weren't doing recovery properly". Claire described how "with every surge of anger" her drug use became worse.

Much of the anger experienced during the addiction phase was perceived by the researcher to be misdirected. The reason is probably that they were unaware that their anger was a manifestation of other feelings they had not yet identified. Another observation was that anger was often directed at inappropriate targets. The easiest or closest target was selected in order to avoid the difficult task of directing their anger at themselves.

> But at the time I was so angry I was just raging against the universe. 'How could you do this to me? I'm going to spend Christmas in hospital with metal in my face and stitches everywhere. I'm going to be deformed for the rest of my life. 'How could you do this to me?' I was so angry after spending time in ICU and High Care.

Karl directed his anger towards his mother for securing her house to prevent him from stealing any more of her belongings. He even questioned his mother's parental role revealing that he "was angry with her... I thought Jesus how can she do this? This isn't very nice. What kind of mother would do such a thing?'" Perhaps knowing that he had contributed to and was responsible for the breakdown of his relationship with his mother was the actual reason for his anger.

Ellis reflected upon how he was only able to grieve for his father many years after his father's passing. An analysis of Ellis's recollection of his experience of finally grieving for his father reveals an element of anger at this loss. Ellis states, "When I was about nineteen I started crying about him and saying 'where are you now? I need you now. You're supposed to be giving me advice on how to do stuff..." His anger is directed at his father for leaving him but the data suggests that Ellis is angry with himself for not being able to grieve and cry for his father earlier.

It appears as though individuals are unable to appropriately identify many of their emotions when they initially entered recovery, possibly because they had not allowed

themselves to experience a variety of emotions during their addiction. However, during the recovery process, it seems that they developed better insights into their primary feelings.

Helplessness and hopelessness. There appear to be two distinct, yet intertwined areas of hopelessness experienced by the participant. The hopelessness of sobriety leads to feelings of hopelessness regarding a better life and vice versa. The participants' admission that they felt it impossible to attain sobriety is indicative of the desperation they felt in active addiction. Their desperate need for "the next fix" resulted in an absolute disbelief that they would ever overcome that need long enough to achieve a sober state. Fanie reveals that he wasn't sure whether he would ever be able to go one day without using drugs and to be able to cope with life on a daily basis without using drugs. Claire also speaks about needing drugs to cope and feeling like she would never be able to stop using drugs:

> I never thought it was possible. If someone told me… eighteen months ago that I would go through a day without using it would have been like 'Ja right'. Too many things happening, too many disappointments, everything is the end of the world. The end of the world happened at least three times a week for me. I couldn't cope.

The feelings of hopelessness could also be translated as feelings of powerlessness or helplessness in terms of their addiction. They believed the disease to be more powerful than they were and felt defeated as a result. Roman's lack of hope was evident when he recalled: "Um, to me, up until this time, people did not get clean. That was just like it didn't happen".

Understandably, without hope for sobriety, an addict cannot maintain hope for a better life. The experience of hopelessness is linked to the feelings and acts of desperation, guilt and shame and loss and a "better life" would entail the absence of these experiences to a reasonable extent. However, as these experiences are all characteristic of the experience of addiction, their absence is dependent on sobriety. Thus, if there is no hope for sobriety, there cannot be hope for a better life. Claire reveals that she never experienced hope during active

addiction. She "never had a positive thought". Karl tells how he did not think he would "make it to [his] twenty-first birthday".

Claire provided valuable insight into her own desperation by exposing her numerous suicide attempts: "The first time I tried to commit suicide was when I was 14 and I spent a lot of years just trying to take myself out of the equation" and "…the suicide attempts, the times when I used so much that I wished… I was like, please just take me out of this. I can't deal with this anymore". Suicide ideation or attempt is a clear indication of an individual's level of desperation to remove themselves from their dire circumstances. A crucial detail that emerged from the data is that people suffering with addiction may think of suicide as an easier and more attainable solution to their problems than sobriety. This may be because the thought of sobriety and recovery is hopeless to them at that particular stage.

Obviously thoughts and attempts of suicide are extremely serious and attempts are often successful and there can be very little, if no, positive outcome in such a situation. But it may be worth noting that a *failed* suicide attempt may have one positive outcome (besides the fact that it was a failure) in that, this particular failure may elevate the addict's desperation to the point that they seek help and begin the recovery process. A failed suicide leaves the individual with very few alternatives. If one can no longer bear to live as a substance abuser, and one cannot successfully commit suicide, the one's only alternative is to seek a life of sobriety.

It is believed that the last stage of the desperate experience seemed to be the desperate desire for sobriety. The addict's life has become so unmanageable and the appealing effects of their drug use have vanished. The addict becomes desperate for a change and realises the only viable option is sobriety. It should be noted that the participants still felt hopeless about their ability to recover but they had exhausted all other options and had nothing left to lose which made the idea of sobriety far less overwhelming. Recovery was the only alternative to

the life they were living and they no longer wished to maintain the active addiction lifestyle. Claire relays her first day of recovery: "I remember the day I surrendered. I was so desperate that I came to the programme. I don't even want to think about where I would be if I didn't... if I didn't have that desperation I had when I came in".

The theme of hope is a development of the theme of hopelessness. However, the two themes are independent of each other in the data suggesting an unconscious journey linking the two. The themes of hope and hopelessness symbolise the positions addiction and recovery occupy on the continuum of a substance-dependent's experiences.

During the addictive phase, the participants struggled to experience hope for any type of future but in the recovery phase, they not only exhibited hope for a future life but an escalated hope for a better life. Claire recounted:

> In recovery today I have a fighting chance. If I keep doing the right thing. If I keep hanging out with you guys and I keep practising my programme and I surrender...I have a fighting chance to have a good life.

> Similarly, Karl also exhibited hope for a better life by revealing:

> My life will get better. And I've seen that. It's happened to me. It has kept on getting better and I don't think that it'll ever, ever stop. As long as I keep doing these things, things will continuously get better.

The participants understood that their own participation was required for a better life and there was an acknowledgement that the quality of their lives was directly dependent on their actions. Inge illustrated this point well when she commented: "Cause that's also what's different about living fully is that I can change my mind. I do have a choice. I never used to have a choice. I did… but I chose not to choose another option". Thus, the experience of being a hopeful individual is a consequence of self-reflection, which appears to predominantly occur during the recovery process.

Experiencing hope for recovery was yet another milestone in the participants' journeys. During active addiction, the participants expressed a crippling disbelief in their

abilities to attain even the shortest period of sobriety. However, after being sober for a relatively substantial period of time, there was a renewed sense of hope that recovery is possible. Claire reveals how meeting other addicts at NA meetings with considerable clean time gave her hope for her own recovery. Similarly, Karl related how observing the changes in fellow NA members also inspired hope in him: "I've seen coming in like broken people and kind of get better. Get their shit together and get well. And it's happened with me as well".

As a member of the entertainment industry, where temptation and availability of drugs is rife, Ellis found that every time he was able to abstain from succumbing to temptation, his feelings of hope were fortified:

> …it's a fight. But this fight is actually leading me to a better freedom. Once I can be able to resist that, in that day, for me that's a good feeling. That's what I call freedom and freedom and freedom.

Louis recounted feeling hopeful after entering a treatment program for the second time:

> I was just like acquainted with one of the Yeoville crowd. [He] was celebrating 3 years of sobriety. And I looked at this person and I thought…whoa, if they can do it maybe there is something to this. I decided to shut up and listen.

Louis' surprise at the possibility that someone he knew could be celebrating three years of sobriety implies that he had not thought this possible before that meeting. Louis had had no hope but through his exposure during the recovery process to his peers acquiring successful clean time, Louis became hopeful for his own sobriety.

The idea of having dreams is closely related to the idea of a better life. However, dreams get special mention in this section to communicate the specific conditions on which the participants' ideas of a better life are based.

Claire expressed her desire to start a family in the future and has hope that there is a real chance at realising her dream. Karl voiced his belief that although his dreams were

"pretty wild", he had "things beyond those dreams today". He further affirmed his beliefs by saying: "Today I can dream and I know I can do anything I put my mind to" even "travelling the world". Roman reiterated his belief that: "Today that's possible, anything's possible". Through the participants' emphasis on 'today', one can assume that in the past, they did experience the hope they currently do and thus evolved from hopeless persons into hopeful persons during their transition from active substance dependents to recovering addicts.

Likewise, the building of a career had far greater consequences than merely maintaining employment, although being employed seemed to create a sense of pride in the participants. The idea of having a career, though, extends to the idea of having a future and facilitates hope in the individual, whereas hopelessness was a constant theme in experiences of addiction. Karl displayed enthusiasm in his personal account of his career options, stating: "I've got a career path that I've chosen that I can go work anywhere in the world in a couple of years". Claire conveyed a sense of pride in being able to "work" and specifically at being a "productive member of society". Roman expressed how his perception of his occupational abilities and interests evolved over the course of his transition from addiction to recovery; "Like it's awesome. I can do these things. I never used to think that I would like certain things that I do today…you know. I can go to work, I can do my work…I have a career today that is awesome".

There is an element of fear in all the accounts of relapse. The participants fear not being able to maintain recovery and as a result they relapse. All the data demonstrates the self-destructive nature of addicts. By relapsing, they return to the familiarity of self-medication to ease their fears. However, the participants relied on the concepts that NA prescribes such as "keep coming back" and "it's progress not perfection" and were able to maintain a stable attitude towards their recovery. Fanie explained that he realised that he was not perfect and that if he could've "just given up using, [he] would have". He realised that

attending meetings regularly helped him to manage his risk of relapse. Karl illustrated a similar situation, revealing that the idea of "just keep coming back" endorsed by NA encouraged him after he relapsed. He also relates how his relapse experience proved how much he desired sobriety and cemented his commitment to recovery.

The idea of relapse is often perceived to be a failure of recovery. However, relapse can further cement the addict's commitment to recovery by taking the individual back to a place of desperation, anger, guilt and shame and loss. Despite the resurgence of negative feelings associated with their addiction, participants that experienced a relapse maintained the hope they had achieved through sobriety. They knew they could recover and maintain sobriety and they used NA meetings to recommit to the recovery process. Fanie illustrated how his anger returned immediately after relapsing and was directed at the members of NA, while he was actually angry with himself for obstructing his own recovery. He thought his recovery was going "really well" but when his house burned down he relapsed. It is believed that the stress of this traumatic event was a trigger for relapse. He related how he went to an NA meeting the night after he relapsed and felt a sense of rejection and failure. However, he recommitted himself to the program after relapsing for six months and described how that period was "worse than [his] previous rock bottom" because he had had a taste of recovery and knew it was possible.

Rock bottom. 'Rock Bottom' is a term the participants used to describe the point in their addiction that they decided to enter recovery. It is the point that each participant made a conscious decision to alter their identities. There were two identifiable moments in the participants recollection that seemed to signify them 'hitting rock bottom'. The first was that the drugs they were using stopped having the same affect on them. The second was that they were isolated and felt lonely. One could argue that 'Rock Bottom' occurred at the height of each participant's desperation.

Roman's recantation of his 'rock bottom' included loss of family and friends and an increased tolerance for his drug of choice.

Um…I was basically broken…emotionally, spiritually. Um, the drugs had stopped working. I remember using, using and using and I was sitting in a park and, um, the thought occurred to me that I had no one to talk to, you now. I couldn't even phone my friends cause they would just wanna use my drugs. Like, that was my friends. My friends were using partners, and um, even at that we had a lot of beef between us. Um, it just occurred to me that this is no life and I had a taste of NA.

Inge reported a similar watershed moment in her addiction:

My rock bottom came when…I went straight back to the same psychiatrist. But the difference was this time my brother gave me a lift to the hospital and told me that I either had to choose between the drugs or him. I could have one or the other. And after…and my mother had passed away and my brother was then my surrogate mother and I knew that I couldn't do without him…And that…that didn't stop me using cause I stopped 3 weeks before that cause the drugs weren't working anymore…

A repetitive theme in the addiction phase was the obsession over obtaining drugs and the compulsion to keep on using them which the literature defined as the nature of addiction. Claire described that "any reason was a good reason for [her] to use" which called attention to using any excuse to justify her use so as to disguise her obsession.

Karl spoke extensively about his relentless need to use and the lengths he would go to ensure this need was satisfied. "I had to wake up every morning and figure out how I was going to get the fix for today. And that was it. That was my existence. That was all I cared about, all I worried about. Nothing else mattered to me". He spoke about the time his mother put up an electric fence to keep him out of the house because he would steal her possessions and sell them for drug money but it didn't bother him that his mother had gone to such extreme measures because his focus was on obtaining drugs and nothing else. The shift in moral boundaries and the lack of any "real" justifications for their drug use implied desperation in their actions.

It appears that while the drugs were having the desired affect on the participants, they could numb the feelings of loneliness and therefore, the loss of relationships was not a significant enough drive for them to enter recovery. However, when the drugs were no longer sufficient in numbing the participants' emotions, they began to experience the effects of their loneliness and isolation which became unbearable. Seemingly, the participants realized they would need to change their lifestyles and behaviours to regain companionship and through those changes, their identities naturally evolved.

Desire in the context of recovery encompasses two objects of desire. The desire for change is a pivotal moment in beginning the recovery process. The desire for sobriety is essential to the maintenance of recovery. The desire for change can be assumed to be an extension of the participants' desperation to achieve sobriety. The difference between these two experiences lies in the negative experience of desperation and the positive experience of desire. Ellis described looking forward to his first NA meeting and the surprising discovery that NA would be a "new high in [his] life". He reveals that his desire to stop using occurred before he made a commitment to recovery, which indicates the fine line between a desperate need to stop using and a healthy desire to change an unhealthy lifestyle.

Whilst recounting their recovery stories, most of the participants in the study used the same phrase Louis did when he revealed: "Um…I decided to be willing", or when Roman stated: "When I came into the program this time around, all of a sudden there was a little bit of willingness, you know". Usually this willingness manifested after several failed attempts at sobriety and an acknowledgement that the participants required support during recovery.

Once the participants were in recovery and had a relatively substantial amount of clean time (no less than a year each), their desire to remain sober was greatly emphasised. The combination of memories from their addiction phase and the current experience of recovery motivated their desire to remain sober.

Attention is drawn to the voluntary aspect of recovery through the insistence by participants that they had no desire to re-experience active addiction. Claire expressed a choice to "stay clean" so that she didn't have to "go back to where [she] used to be". Karl expressed similar sentiments:

> But if I can kind of get through that period and have a look back and realise that it's really not as bad as active addiction. Like the quality of my problems today it's just…I wouldn't change them for anything. Not the problems I had before.

The participants also seemed to understand recovery as a maintained lifestyle and viewed sobriety as a daily goal. Ellis even maintained that he still says his serenity prayer almost twenty times a day. Claire and Karl both perceived a "clean day" to be a "successful" or "good" day.

The desire for the maintenance of sobriety by participants was even more apparent in their acceptance of the difficulties associated with recovery and their commitment to making an effort. Claire revealed her understanding of the process and her willingness to work with the process:

> It's a progressive illness. It's not going to be… it's not going to be easy on me. It's going to come back with a vengeance. I heard someone say once 'while I'm in a meeting my disease is out in the parking lot doing push-ups, waiting'. I don't want to give that a chance.

The desperation that an addict experiences begins with a desperation for their "next fix" but is consequently exacerbated by the experiences of loss, guilt and shame and their feelings of hopelessness. It is believed that the desperation associated with the need to remain in active addiction eventually evolved into desperation for sobriety, although the addict needed to exhaust his/her alternatives, which often involved suicide attempts. Hence, the popular belief that one needs to 'hit rock bottom' before they are able to commit to recovery.

Escapism as an addict.

Denial. This section will explore the way that the participants attempted to escape the losses they experienced through the internal process of denial. Loss was a recurring experience in the data provided by the participants of this study. The literature revealed that distress caused by trauma or loss can lead addicted persons to self-medicate through drug use. Most of the participants experienced loss as a direct result of their addiction. As discussed in previous sections, the participants' obsession with drugs and their unmanageable lifestyles resulted in the loss of possessions, relationships with other people, their physical and psychological health and in some cases, even the ability to feel and express emotion. This created a cycle of using drugs to numb the reality of their losses and losing more as a consequence of their drug use. However, perhaps most significant of all the losses experienced was the loss of the 'ideal self'.

One of the first losses experienced by each of the participants was the loss of their childhood dreams, ambition and future plans. Karl described how he "dropped out of school" and "didn't really have a future". The lack of drive became a consequence or symptom of a more aggressive need to focus on "getting the next fix". This concept was cemented in Ellis's disclosure of wanting to be an astronaut when he was younger but ending up as "the other kind of astronaut" who "used to fly so high that it was so tricky …to come back down to earth". Prior to their drug use, the participants had developed expectations of who they would become or who they should be, the 'ideal self'. However, their inability to meet their own expectations proved too difficult to digest and drug use was either initiated or exacerbated to escape the loss of the 'ideal self'.

During active addiction, the loss of the 'ideal self' progressed to a feeling of complete loss of everything that constituted their former selves. Claire disclosed how she "was emotionally and spiritually bankrupt… physically absolutely ruined. And I had…I had

nothing inside me anymore". The 'self' discussed in this section relates to the 'self' that addiction has created. Ellis perceived himself to be "the most terrible guy in the world" and Claire thought of herself as being "evil" or "bad". Claire explained: "I didn't give a shit about myself…I didn't feel like I deserved anything. I didn't feel like I could do anything besides use". The negative perceptions the participants had about themselves were another excuse to carry on the addiction cycle so that they could escape the loss of their former selves.

By abusing substances the participants were able to numb any disappointments or shameful feelings they had about identities. Thus, they perpetuated a cycle of denial in which they convinced themselves that they were confident, self-loving individuals. They could also convince themselves that they used narcotics for recreational purposes as opposed to using them to self-medicate.

The data showed a superfluous shift in self states between active addiction and recovery. An important shift occurred between individuals living in denial as substance dependents and learning to accept their character flaws and, essentially, their 'disease' during recovery. Alan recounted how he was raised in a family who taught him the art of denial. However in his recovery he has been able to identify his character defects and accept them, which ultimately helps him to manage his behaviour better.

> All that time I was growing up…all those feelings that I wasn't allowed to talk about all made me some how defective. I know now that they are good and okay. Someone was talking about character defects…Brings out my disease, this stuff, You know, I've had 15 red bulls, smoked 200 cigarettes, made passes at 15 different chicks, you know…

It appears as though the 12 step program requires introspection on the member's part which aids the individual in gaining insight into why they act out or behave in a manner that is self-destructive. It seems there are certain character traits that are deep seated and do not alter after recovery. Thus, the individual's fundamental personality remains unchanged; however, their identity still shifts as they respond to these characteristics differently. Inge

recalled: "Um… I still battle with…not doing things differently…um…For instance, last night I wanted to do something that I had done before that really turned out extremely badly".

Many of the participants described their individual 'character defects'. Roman described one of his as being: "Like I'm a hard learner…People tell me 'Don't do this' and I have to go do it to try it". Similarly Alan stated: "As soon as you tell me I can't do something, I have to do it". Inge and Roman both stated 'people pleasing' as one of their most dangerous character defects with Roman stating: "People pleasing is one of my biggest character defects and it takes me down time and time again". However Inge has found a way to manage her tendency to 'people please'. Inge "chooses to just be instead of trying to please other people and be something that I'm not…to be something in other people's eyes instead of being something behind my eyes that I'm really, really proud of". Darryl spoke about how he is still obsessive: "Sat down. Had to clean all the bottles on the table because I'm not that well… But I'm getting better". Although the participants showed how their character defects remain ingrained, what does shift within is a willingness to acknowledge them and deal with them instead of denying they exist altogether. Inge illustrated this point well in her revelation:

> Um…I used to be terrified of people finding out about my addiction and today I'm still a bit loud about telling people who I am and why I do things a certain way. I'm never gonna be perfect and that's okay cause…I wouldn't be human and I like to be a human.

Once in a recovery programme, individuals began to repair the damage caused to themselves and others during active addiction. Individuals began to actively form new identities such as Roman, who stated: "And I just saw my current sponsor and he had something that I wanted. Like, he was a very assertive person and I wanted those qualities, you know. I sometimes have a problem with being assertive". The four areas of focus in the data were the participants' careers, relationships, sense of self and possessions. It was through the restoration of these areas that the participants began to rebuild their lives.

Louis reported that even after his initial time in recovery, he struggled to overcome his denial: "But pretty soon after that, my like, normal reserve came in, in which I said alcohol is not a drug, marijuana is not a drug". Roman described more vividly the extent of his denial when he was actively abusing substances:

> I met so many addicts and we used to pass each other on the corner of Sunnyside and used to go: "How you doing bro?" And he used to say "No I'm clean" and I used to go "Ja I'm clean as well. I'm just standing here just checking out the view"… and we both standing there waiting for our dealers and we know that…But um, I was in such denial, I thought if I told people I was doing well, they would leave me alone. But the whole world knew what I was up to…I was in denial about what I was busy with.

The line between denial and acceptance appears to have been drawn when individuals realised their lives had become too chaotic to continue along the same course without dire consequences. The participants were somewhat forced to accept their 'disease', their 'character defects' and their role in their current situations. Roman reported how through accepting his 'defect' he was able to manage them: "Today I can accept myself for me…Character defects, assets and today I can work on the assets you know". Louis accepted that he suffers from a disease that does not allow for moderation.

> …and one of the most important things that I heard was that I am powerless over my addiction and that my life is unmanageable. And, um, what that means to me is, um, I suffer from an allergic reaction to drugs. It's pretty simple. It's pretty subtle. I don't always succumb to it but it always happens…if I use, I want more.

Roman's story illustrates the complexities that arise with acceptance. It is not a 'black or white' scenario, but rather a progression that requires constant attention. Roman uses the 12 steps to remind himself of his character defects that often sabotage his progress, even in recovery.

> And the first, after the, after my first year, I thought all this knowledge, you know, it's so powerful and I kept on making mistakes and I thought to myself what's wrong with me. You know, why do I like keep acting out on like these character defects Life on life's terms…I don't find it easy, honestly.

Like…It's like …I wouldn't say it's a struggle. Its manageable today, you know. It's manageable in the form that if I work this program, I can cope with it you know. I have this sponsor to speak to. Um…I'm a step work junkie at the moment…

Darryl described how he saw himself as neither in denial or absolutely accepting. He illustrated that while he aware of his 'character defect', they still confuse him and his identity is not clear to him yet.

But I sit today in a meeting without judgement. And that's big for me. My whole life I've judged or justified my actions… Um…trying to the best of my ability not to be egotistic, not to be self-centred, not to be obsessive. My obsessiveness and my perfectionism comes from a place of judging and when I do things better than anybody else I can judge them for being less than me. And it keeps me stuck…I accept myself…um, still with difficulty and a lot of confusion. Sometimes because there's a lot of different aspects to me…And I'm not one or the other…I'm not Jekyll, I'm not Hyde. I'm somebody in-between that. I'm okay with that today. It took me a long time to become okay with just being me.

Omnipotence as an addict.

Arrogance. In the previous section, we discussed the use of denial as a defence mechanism. This section can be thought of as an extension of that idea. Upon entering a treatment program, many of the participants described how they felt a sense of arrogance and believed they could manipulate the system. Perhaps their arrogance served to disguise their actual feelings of self-loathing or helplessness with regards to their addiction.

Roman explained that because of his age he did not buy into the recovery process the first time he entered treatment: "Um, I entered this program for the first time 6 years ago and I was 18 years old and I was very arrogant. Louis' description of his first experience at a treatment facility captured his disregard for the knowledge and experience the staff had:

Um, I was in a treatment centre and when I arrived at the treatment centre they said to me, "You must take out your earrings and you must take out, off any jewellery you are wearing and this is what we call drug addict behaviour and this is what we call drug addict music and…" It was straight people who were telling me this and I knew they didn't understand what the hell was going on in my mind.

Darryl also described how he felt superior to his peers when he attended fellowship meetings:

> When I came into the rooms I had a huge mask and I had a mask of superiority…I felt better than everybody else and so when the suggestions were made of what lets talk about …They went in one ear and out the other. And I sat in a couple of meetings and quickly I found out how to play this game. I had to look cool, act like I was well, make people laugh while I share, pull the chicks and all sorted.

It seemed to the researcher that the participants felt a sense of arrogance because they did not have the benefit of experience. They neither had the experience of recovery, nor relapse. Thus, when the participants first entered recovery, they had not yet experienced the difficulties associated with remaining clean and sober and therefore were under the illusion that they would be able to manage their recovery far more effortlessly than their peers.

However, the participants described how they came to realize that by maintaining this attitude, they were essentially sabotaging their chance at sobriety. It is clear that when the participants became desperate for sobriety because of their, sometimes several, attempts at recovery on their own, they expressed a sense of humility, admitting that they were unable to remain sober without the help of other people.

Louis described how several failed attempts at sobriety lead to a change in his attitude:

> I decided to actually shut up and listen. I was always great at arguing myself out of like, anything good, and um going my own way…and kind of like thinking I had won this great victory when actually I was losing battle after battle.

However, like Louis, by Roman's second attempt at recovery, his attitude had changed: "Um, I decided when I came in I was gonna try follow suggestions". Darryl described how finally, after two years of struggling to remain sober, constantly leaving and returning to the fellowship, his mindset altered. His sense of humility echo's in the following passage:

> I walked in with a lot of willingness. And that willingness was to listen to any body who had more clean time than I did. Um…didn't judge them on the car that they drove, didn't judge them on their

backgrounds, their religion, colour of their skin, their cell phone. They had something that I wanted and that was 24 hours clean. I couldn't do that by myself.

Throughout the recovery process, it seems that the participants' humility grows and becomes an asset and a tool to gain insight, as Darryl explained: "And I'm sure that people get frustrated with me too and that's okay. Today I'm willing to listen to those people. I'm willing to hear what they say, get pissed off and maybe start considering it and try to change it". Participants no longer needed to mask their insecurities about them selves or their sobriety while in recovery and came to accept that they required the help of more experienced individuals to manage their recovery effectively.

Risky behaviour.

The overall theme of this section is the omnipotence that addicts feel when they are on drugs. In the previous section, the participants arrogance was discussed, which is part of their omnipotent personas. The participants felt "all-knowing" and "infallible". This section will look at the more dangerous side their feelings of omnipotence by exploring the risky behaviours in which they engaged. The use of drugs provided the participants with a 'God-Like' complex.

Gary reflected on an incident that occurred during his addiction that he now finds terrifying:

> …The one night… I didn't want to go out and do drugs…so I took a whole whack of sleeping pills cause I thought: "well if I just put myself out to sleep, then I won't do drugs." And I thought "Wow, that's such a sensible solution"…so I took about 8 and I found myself basically… um… in a crack den in Hillbrow. I woke up and there I was in this crack den and on the sleeping pills I had taken myself there, in my sleep and I didn't remember. And though some of it I remember as sort of a lucid dream-walking type state, there were parts of that night that I didn't remember…and that terrified me because I was such an addict that I was doing stuff in my sleep and I was completely out of control.

One could argue that substance abuse in and of itself is risky behaviour due to the devastating effects it has on one's health and life in general. But it also lowers one's

inhibitions causing one to enter into further risky situations such as driving-under-the-influence, having unprotected sex, recycling needles and so forth. One can only assume that these individuals are pathologically self-loathing or believe they are omnipotent and above consequence. Gary described another frightening situation he survived during his active addiction:

> Um… I… took a whole lot of stuff…I had one of those weekends where you've taken everything and at the end of the weekend, you've taken whatever you can get your hands on,. I've forgotten what it was. And somehow, I started driving and my objective was to drive home and once again I passed out and I remembered while driving…there's uh…there's two distinct moments. First of all, I remember passing out and then I remember driving along the highway and I realized I was driving…the cars were swerving and I was driving towards the oncoming traffic. And what is completely distinct about that moment is that in that moment I realized that I was not in control of my life…

Louis described the concept of risky behaviour and drug abuse as being comparable to a bee allergy. He described how most people who are allergic to bees generally avoid bees: "If you see a hive of bees, you know, you see possible death in that hive for you." However, a person like him would not see the danger in bees but rather the honey that the bee could provide. "Somewhere along the line, my mind blanks out and I can't put two and two together and actually equate that bee with…at the very least, extreme discomfort. And, and very possible death".

Interpersonal relationships.

Isolation as an addict. Much has been written about the loss of health, the 'ideal self', hope and inhibitions in the previous sections. This section shows that participants reflections on the loss of interpersonal relationships during their active addiction and their interpretations of why maintaining these relationships became so difficult.

Each of the participants revealed their failure to maintain relationships throughout their active addiction phases. Their disease led to the destruction and loss of significant

relationships. Karl severely damaged his relationship with his mother describing how he thought he would "never speak to her again. She'd kind of written me off, I'd written her off". Claire speaks about her experiences with broken relationships and notes how "towards the end, the only friends that I had were dealers that would come and visit because no one else would hang out with me anymore". Roman reiterated this notion by stating: "Um…and I came in this time round not by force, not by anyone telling me to cause there was no one telling me to…People didn't want anything to do with me". The participants' recollections describe a profound loneliness during their addiction.

Some of the participants illustrated the extent to which they became isolated from family and friends. Roman explained: "I remember using, using and using and I was sitting in a park and, um, the thought occurred to me that I had no one to talk to, you know". Similarly Inge spoke about her realization of her own withdrawal from family and friends:

> …My active addiction…it started out as fun and landed up with me only having two really…real friend in the whole world. And those were my two German shepherd dogs cause they loved me unconditionally and I didn't have to share my drugs with them and no matter what happened, they were there and that was good. And I didn't realise how isolated I had become until going on six years ago

Loss of interpersonal relationships was not only experienced as a consequence of addiction but also co-occurred during the addiction phase and seemed to remain an important theme of addiction irrespective of its causality. Ellis expresses the difficulty of losing his deceased father. Claire also recounted the loss of a potential family: "I had that chance [to have a family] a couple of years ago and because my addiction was more important, I…I gave that up". The loss of relationships and family seemed particularly distressing for the participants but instead of being a catalyst in recovery, it had the opposite effect for some individuals, driving them deeper into addiction. The loss of loved ones was too unbearable to experience sober and the participants self-medicated to ease their discomfort.

The extent of dysfunction that occurred in some individuals relationships was disturbing, especially during active addiction. In these cases, there was a substantial shift in individuals' interpersonal styles between the addiction phase and recovery. Most chilling was Romans account of his relationship with his father:

> There was a topic about relationships. Like man do I struggle with those. Relationships are not easy but once again, they are much better today than they were. Someone spoke earlier, um…one guy from Texas said he made like plans to kill his father, you know….I made those plans as well. My father was someone that I wanted gone. He was never ever a part of my life but he kept coming in to like take me out of addiction. Today my father and me are best friends, you know. Like we work together…I can sit and talk to him about my recovery and he's so amped up about this.

The loss of relationships appeared to be especially tough for the participants. The theme evolved in this section as the participants discovered that recovery provided a platform on which to rebuild broken relationships. When discussing "loss", Karl disclosed the details of the breakdown of his relationship with his mother. It is not surprising that he considered his most important experience in recovery to be the restoration of that relationship. There is a sense of gratitude in the participants' accounts of the opportunity to mend their relationships. Claire expressed her newfound ability to "let other people love me until I love myself" and to "let other people share my joy and my pain". The idea of sharing joy and pain and allowing people to express their love indicates an ability to create intimate bonds with people, which is essential to the formation of healthy relationships. She expressed pride and excitement at the thought of her parents' proud feelings towards her and not having to hide anything from her parents.

The data showed that although the participants' relationships with their families and friends improved once in recovery, they still struggled to maintain healthy relationships and had to constantly work at improving these relationships. Alan joked: "What's interesting about it is that my sister lives in America, my brother lives in England, my parents live in

Cape Town and I live in Joburg and we feel crowded". He went on to describe how his dysfunctional interpersonal skills, taught to him in childhood, still resonate today, in spite of his 13 years in recovery.

> I heard all these speakers earlier talking about relationships and uh…I'm not good at them. I'm not good…I mean I learned how to do relationships in my family. And you know, as I said they're even way too close 1500 miles away. And you know, I bring that into my relationships here. I really do. You know…"You can't come too close, you can't come too close". You know, but I have moments, where I will drop my guard and you are patient with me and I love that.

Most participants expressed a sense of gratitude about being able to participate in functional, healthy relationships as a result of their recovery. Perhaps the experience of losing family and friends during their active addiction made the rebuilding of relationships in recovery all the sweeter. Darryl explained: "Its about being grateful for beautiful people that we have in our lives…not some chemically produced crap….that gives us a sense, a false sense of security, false sense of achievement".

Feeling of belonging as a recovered addict. All of the participants described the loneliness they experienced as active addicts because they became isolated and withdrawn. They also described a sense of "not belonging". However, through the recovery process, they were introduced to many peers who had had similar experiences and a sense of belonging developed within the individuals. NA has played an essential role in the recovery of the participants and their gratitude to the organisation and its members is clearly expressed through statements like Karl's': "Coming to this programme has given me so much more" and "this programme has given me so much" and "there's no ways I'd be able to do it without this programme". However, special mention is repeatedly given to the members that constitute the NA fellowship. The participants display a high regard and appreciation to the members of the fellowship and the contribution they have made to each participant's successful recovery. Claire stated: "It's because of you in this programme…that I'm able to

stand here today". Ellis gave special mention to his sponsor and the fact that he believed he wouldn't be alive if he was not given the opportunity to attend meetings. Alan equated the members of the fellowship to his family when he stated: "Um my family is in this room…My family are you guys and I like that much better. You can live in the same town as me and I feel safe and comfortable".

Participants revealed how the support they received through the NA fellowship was invaluable to their recovery. Darryl explained that he would not have remained sober without the support he received from his peers: "Um…standing here talking as if I've done this by myself… If I could do this by myself I wouldn't be part of this fellowship. I wouldn't need each and every one of you here". Inge, similarly, credited the fellowship with her return to her former pre-addiction self: "I love that this program has given me my life back and I can live fully just for today". Alan expressed how early exposure to the program allowed him to utilize their support when he was ready to enter treatment and that the support of his peers still surprises him.

> Um…But when I was ready to clean up, I knew where to come…For that, you know, I'll be forever grateful… Somebody said when I first came in: "We are going to love you until you learn to love yourself". And uh…and I haven't yet and you still are. And I think that's quite cool.

Louis described how he was unable to buy into the concept of recovery when he entered treatment the first time because the staff at the treatment centre were not substance dependents. However, when he attended a fellowship meeting some years later, he felt more able to identify with his peers. "Something about the fact of just an addict talking to me made a big difference". Similarly Inge described her delight when she attended her first fellowship meeting: "Um, I did join the program at that stage and it was lovely to find people who thought just like me and spoke just like me". Roman expressed how he finally feels as though he belongs: "Like today I know I'm equal. I used always be under or over and today, like, to come to a convention like this, I feel 'a part of'".

Interestingly, many of the participants noted a shift between their prior self-obsessed selves and their more recent altruistic selves as members of NA because one of the requirements of the organization is "service". Understandably, the participants described a lack of regard for others while they were in their addiction phase and a total dedication to fulfilling their own desires. However, once in treatment, service to others in the fellowship, which is a requirement of the twelve steps, reconnected them to the needs and desires of others. Roman recollected how his shift occurred very early on in treatment:

> I remember when I came in; I went to places like the Aids babies…Like sit there and feed children. And I thought to myself "How the hell is this gonna help me stay clean?" You know, these people are just trying to make me feel guilty. And, um…I think it worked, you know, cause I sat there and all of a sudden I started caring. You know, like this is something I'd never done. I used to only care about myself. You know, the universe revolved around me, like people have said before…You know, just to get out of myself. You know, that's what service does for me. Less of me and just like experience and get things from other people. That's where I get happiness from.

Other participants described how they easily fall back into a pattern of self-obsession. For instance, Alan stated at a convention: "I've got such a huge ego, you know… what lights my disease at this convention is telling me to get up here in front of 300 people and share….and suddenly its all about me". Similarly, Inge relayed a story where she felt a speech she did at an addictions centre was boring because people were yawning. Her therapist had to remind her that the speech was delivered on a Friday night and people may have been tired. "Um…But being an addict I know that it's always all about me". Louis described how he has mixed feelings towards service because it requires energy for other people rather than himself: "Um…sometimes, I mean, I have a…a love/hate relationship with service. You know, sometimes I really love it and sometimes, I really hate it".

However, it was clear that all the participants agreed that service to others was a necessary component in their recovery. Self-obsession includes more than an over-developed ego like

Alan described. It includes obsessing about one's own lack of self-worth. Louis described how service has helped to elevate his self-esteem:

> And the way that I continue to address my low self-esteem…try to, um, amend the problems of my past and actually learn to move away from that…is, is through service. Um…when I care about somebody else, you know, I stop worrying about myself…Service has kept me clean, service has made the difference to the person who came in here feeling the lowest of the low…to…I still suffer with my low self-esteem and those kind of issues…but um, without a doubt, I can feel the difference. Um…um…I'm moving away from that.

Progress, as experienced by the participants ranges from being "alive" to being able to "make a contribution to something bigger than myself" as Charlotte revealed. Significantly, the progress made in the reconstruction of relationships was considered a major progression. Karl articulated that "one of the best gifts of [his] recovery is… relationships that [he] managed to re-build and get back together".

Belief in a higher power in recovery.

Spirituality. The main theme of spirituality sees addicts succumbing to something bigger than themselves. They were able to submit control to a higher power and accept that some things are beyond their control. By thinking of their higher powers as loving, caring, providing saviours, they began to believe in their own worth and rid themselves of guilt and shame. Their feelings of being totally alone were overcome through the idea of a higher power and this created a sense of security and serenity for them. The fact that they were able to choose their own higher power was empowering. Some of the participants were religious from childhood but describe how they did not develop their spirituality or personalize their beliefs and through the first step of the twelve step program, they were able to do so.

Inge spoke about her spiritual 'death' during active addiction and how through her recovery she was able to reconnect with her spiritual self and use her spirituality to maintain her sobriety.

…Its scary to say that a lot of the medical professionals still think that. Unless something is going to kill you immediately, it's not a problem. Um…but it did kill me spiritually, slowly over a long time…I'm learning to please me. And pleasing me is not about pleasing me the way it used to be. It's about shutting up and listening. I didn't know much about that before either. Closing my mouth and opening up my ears and listening for my higher power's will.

It is believed that Karl, Claire and Ellis' recollections of their previous views on spirituality and a higher power showed a progression in their perception of the spiritual concept. Claire described how she always thought of God as a vengeful punisher. Ellis, on the other hand, saw God as a provider of his every need, including his need to use drugs. "God used to provide. Even if when I wanted to be high he would send a friend. He would say: 'Look at him, he doesn't have shit. Go to him. Give him a skyf or something'".

Their new found understanding of spirituality and how it works for them indicated a level of introspection and a deeper understanding of their own personal beliefs, their limitations as people and their personal power as people. Karl found the idea of choosing his own higher power without the influence of his parents or society to be empowering. He described his higher power as being "loving" and wanting the best for him.

Claire, especially, displayed a deep spiritual connection to being a part of a bigger system and understood what she is capable of achieving on her own as an individual and in which ways she should rely on spirituality to guide her.

Alan's views on spirituality and religion were fundamentally different from the other participants. However, through his recovery process he began to believe in something bigger than himself. Here is a good example of how an individual who was not religious was able to personalize his belief and contort his spirituality to suit his needs at the time:

Well I feel the presence of god here and you know I'm not…I'm not…a religious person at all. You know, this is my religion, you guys are, are my religion. The 12 step program is my religion and I feel the presence of God here… and I love that.

The concept of a higher power, which is a fundamental feature in the 12-step programme, allows an addict to relinquish control over the uncontrollable. Thus, the participants are relieved of the grave responsibility of controlling every aspect of their circumstances. The liberation brought about by such a revelation is an immense source of gratefulness. Ellis attributes his realisation that he needed help managing his addiction to the God of his understanding and Claire expressed gratitude at her failed suicide, attributing the failure to the God of her understanding.

Summary of main findings.

The analysis of the data produced several themes such as 'self-loathing as an addict', 'desperation as an addict', 'escapism as an addict', 'omnipotence as an addict', 'interpersonal relationships' and 'belief in a higher power'. Each theme produced several sub-ordinate themes.

The theme of 'self-loathing as an addict' explored the negative sense of self that participants experienced while actively using drugs. The theme also explored feelings of guilt and shame experienced by participants during phases of active addiction. The theme of 'desperation as an addict' explored the feelings of hopelessness and helplessness that participants felt, as well as feelings of anger, before they sought treatment. The theme also explored the stage known as 'rock bottom' that all participants experienced directly before seeking help for their addictions. 'Escapism as an addict', as a theme, looked at the denial participants employed as a strategy to avoid treatment. The theme of 'omnipotence as an addict' investigated the risky behaviour associated with substance abuse and the feelings of infallibility that the drugs elicited. It also explored the feelings of arrogance the participants experienced and how these feelings sabotaged their attempts at sobriety.

'Ínterpersonal relationships', as a theme, explored the shifts in the way the participants engaged with others during active addiction and recovery. The theme looked at

the way that participants isolated themselves from others when abusing substances and the feelings of belonging to a community when they entered the Narcotics Anonymous program. The final theme was 'belief in a higher power' and explored the participants' spiritual selves and the changes they experienced during different phases of their journeys.

Chapter Six

Discussion

This section will examine some of the observations made in the analysis through a theoretical lens. Firstly, this section will examine the overarching nature of the experienced 'selves' that were observed in the data, namely the masochistic nature of self states and the narcissistic nature of self states. Secondly, this section will explore how perceived trauma contributed to the dissociation of self states and, finally, the discussion will explore how the experience of recovery allowed participants to view them selves as a 'whole self'.

The masochistic nature of self states. Throughout the data there is a masochistic element to the various self-states the participants reflected upon. The analysis explored aspects of self-loathing, risky behaviour, suicidal ideation and behaviour and compulsive drug abuse. This section aims to explore the masochistic nature of self-states that may have contributed to these behaviours.

Several participants reported engaging in risky behaviour during their addiction phases. The risky behaviour reported ranged from promiscuity to driving under the influence of drugs and alcohol. Claire reflected on her past sexual behaviour and explained that her feelings of worthlessness resulted in an inability to respect or care for her body. Roman reflected on the injuries he sustained as the result of driving while intoxicated. He reportedly was almost left paralysed as a result. Most of the participants described themselves as being "physically absolutely ruined" at the end of their addiction. Louis recollected how his health was severely compromised while he was still using substances. Despite the advice of his doctors, Louis continued to ruin his body and health through the use of narcotics.

Wylie (1979) described an individual's self-concept as being a constitution of actual/own and actual/other self-state representations. It is difficult to gauge what the actual/other self state representations may have been with most of the participants as the data

is primarily made up of their own representations. However, if one is to explore their actual own representations, insight into their personal self-concepts may be gained. The "actual self" (Higgins, 1987, p. 320) is the representation of the attributes that the individual or a significant other believes the individual actually possesses. Most of the participants recalled having very little self-esteem during their active addictions. Statements such as: "I never thought I was good enough" and "I felt like this horrible leach on life… as if there was nothing good about me" littered the data and demonstrated the extent of self-loathing. There was often a complete loss of positive emotional feelings about the self. Participants generally had very poor "actual self" (Higgins, 1987, p. 320) representations and often did not believe themselves to possess any desirable or redeeming attributes. The "own" standpoint, according to Turner (as cited in Higgins, 1987), refers to "a point of view from which you can be judged that reflects a set of attitudes or values" (p.321). The participants appeared to judge themselves harshly and to punish themselves for not living up to their 'ideal' values. There appeared to be an internal conflict amongst the participants between their perceived "actual selves" (Higgins, 1987, p. 320) and their "ideal selves" (Rogers, 196, p. 236) that exacerbated their masochistic self-states.

The participants' physical health during addiction was almost completely ruined. It appears that most of them were so self-loathing that they attempted to destroy themselves physically through chronic drug abuse or risky behaviour. The use of substances and intoxication are linked to elevated impulsive behaviours and are significantly associated with failed attempts at suicide (Miller, 1991; Ries, 2001). Several participants reflected on prior suicidal ideation. Claire explored her numerous suicide attempts, and recalled how she started attempting suicide at the age of fourteen. Suicide ideation or attempt is a clear indication of an individual's level of desperation to remove themselves from their dire circumstances. A

crucial detail that emerged from the data is that people suffering with addiction may think of suicide as an easier and more attainable solution to their problems than sobriety.

'Rock Bottom' is how the participants described the point in their addiction that they decided to enter recovery. There were two identifiable moments in the participants recollection that seemed to signify them 'hitting rock bottom'. The first was that the drugs they were using stopped having the same affect on them. The second was that they were isolated and felt lonely. One could argue that 'Rock Bottom' occurred at the height of each participant's desperation. Rogers (1961) differentiated between the "ought self" (p. 168) and the "ideal self" (p.236). The "ought self" being what others think a person ought to be and the "ideal self" reflects an individual's personal belief about who he/she would like to be (Rogers, 1961) . Perhaps, 'rock bottom' could also be explained as being the point where participants could no longer accept the discrepancies between their "actual selves" (Higgins, 1987) and their "ought" and "ideal" selves (Rogers, 1961). However, there is a certain irony in the revelation that it was only when the participants had nothing more to lose that they made a decision to seek sobriety and recovery. One needs to beg the question of why an individual is mobilised into action when they have lost everything and not when there is still a chance for them to save what would be lost if they carried on their course of abuse?

The foundation for the experience of guilt and shame in the participants was their own intersections of their moral boundaries. Realising they could not consign themselves to their moral standards or beliefs bothered them and resulted in guilt and shame. These feelings only seemed to plunge the participants further into their addiction. James (as cited in Higgins, 1987, p 321) made the distinction between the "spiritual self" and the "social self". The spiritual self is constituted by one's conscience and moral agency, while the social self is described as being the part that is "worthy of being approved by the highest social judge"(p. 321). Perhaps on some level, the participants viewed their compulsive drug abuse as a

suitable punishment for themselves, knowing the destructive effects it was having on their emotional, physical and spiritual lives.

The loss of the 'ideal self' progressed to a feeling of complete loss of everything that constituted their former selves. Claire described feeling "emotionally and spiritually bankrupt… physically absolutely ruined". The 'self' discussed here relates to the 'self' that addiction had created for the participants. Ellis perceived himself to be "the most terrible guy in the world" and Claire thought of herself as being "evil" or "bad". Claire explained: "I didn't give a shit about myself…I didn't feel like I deserved anything. I didn't feel like I could do anything besides use". It appears that the negative perceptions the participants had about themselves were another excuse to carry on the addiction cycle so that they could escape the loss of their "ideal" selves (Rogers, 1961, p. 236).

The narcissistic nature of self states. As described in the literature, the relational self characterizes the individual's functional role within meaningful relationships (Sedikides & Brewer, 2001). According to Tice and Baumeister (2001) self-awareness is preceded by the relational self. Thus, interpersonal relationships are essential to the development of self-awareness. Hogg (2001) further explains how individuals tend to develop relationships with others based on "proximity and similarity" (p. 124) and, therefore, tend to seek out individuals who belong to common groups. However, the data revealed that all the participants became increasingly isolated during their addiction and maintained very few (if any) healthy interpersonal relationships. Thus, based on the literature, the lack of relational interaction, the participants exhibited poor insight and self awareness during addiction.

Participants reported how they had very little regard for other people during their addiction and that the only concern they had was about feeding their addiction to avoid physical and mental discomfort. Karl described his relentless need to use and the lengths he would go to ensure this need was satisfied. He reflected on the time his mother put up an

electric fence to keep him out of the house because he would steal her possessions and sell them for drug money. But it didn't bother him that his mother had gone to such extreme measures because his focus was on obtaining drugs and nothing else. His actions were exploitative as he would repeatedly take advantage of his mother to achieve his own ends. The participants' reflections also revealed a lack of empathy for those of whom they took advantage. The extent of dysfunction that occurred in some individuals relationships was disturbing, especially during active addiction. Roman provided a chilling account of how he made plans to kill his father during his active addiction. This account illustrated the extent to which some of the participants lacked empathy and compassion for others. Although these participants were reflecting on self-states that occurred within an interpersonal dynamic, the relationships were traumatic and allowed for very little self-awareness. The participants viewed themselves as existing separately from others which is incongruent with Salgado and Hermans "social self" theory (2005).

Rogers' (1961) theory of "ought self" (p. 168) and the "ideal self" (p. 236) are especially pertinent in this section. He postulated that the "ought self" is what others think a person ought to be. Both Karl and Roman behaved outside of socially constructed norms by taking advantage of others for their own gain and fantasizing about crimes such as murder. Thus, it is safe to say that their 'actual selves' were incongruent with their 'ought selves' during active addiction (Higgins, 1987; Rogers, 1961; Wylie, 1979). Higgins (1987) postulated that the 'ought self' encapsulated a sense of duty or responsibility. Clearly, Karl's mother ('a significant other') did not feel he was meeting his obligations as her son as she resorted to using security measures to keep him out of her house. The participants described being self-obsessed during their addiction. They described a lack of regard for others while they were in their addiction phase and a total dedication to fulfilling their own desires. Alan stated at a convention: "I've got such a huge ego, you know… what lights my disease at this

convention is telling me to get up here in front of 300 people and share….and suddenly its all about me". Ellis reflected on how he felt no remorse during his addiction about encouraging youngsters to take drugs so that he could get money to buy more drugs for himself. His view changed once in recovery and he felt shameful about having "created other little addicts".

Higgins (1987) combined the "domains of the self" and "standpoints on the self" to illicit six fundamental "self state representations". This section focuses "ought/ own" and "ought/ other" standpoints. Wylie (as cited in Higgins, 1987, p. 321) described an individual's "ought/ own" and "ought/ other" self-state representations as being "self-directive standards or acquired guides" (p. 321). "Self-discrepancy theory proposes that people differ as to which self-guide they are especially motivated to meet" (Higgins, 1987, p. 321). Thus, it appears that during the addiction phase, participants were motivated to meet their "ought/own" (Higgins, 1987. p.321) self-guides and neglected to incorporate the expectancies of their significant others into their self concepts.

Trauma contributing to dissociation. This section will attempt to link Bromberg's (2001) theories of dissociation with the participants' experiences of multiple self-states. He postulated that dissociation is predominantly a process that allows people to preserve "personal continuity, coherence, and integrity of the sense of self" (p. 182). The experience of self comprises the experience of separate and coherent self states and that the illusion of a unitary self is developed and adapted. The experience of a solitary self is usually considered to be a healthy illusion according to Bromberg (2006). The occurrence of a trauma threatening the illusion of a unitary self can cause the illusion to become a "liability" (Bromberg, 2006, p.512). Bromberg (2006) suggested that this occurs because the unitary self is unable to symbolically process an overwhelming amount of input that causes a state of conflict with which the unitary self is unable to deal. Dissociation is, thus, a simple and effective defense mechanism designed to avoid the repeat of potential trauma (Bromberg,

2006, p.512). Traumatic events often cause the individual to sacrifice coherence of the self to ensure self-continuity but as a consequence conflicting or opposing parts of the self exist separately from one another and do not contribute to the intra-psychic conflict necessary for introspection and self-observation (Person, 2007, p. 735).

The data revealed that the most likely trauma participants faced (and were unable to deal with) was loss. Loss was experienced in several forms but was identified in the subject matter as a significant experience for the participants. During active addiction, the loss of the 'ideal self' progressed to a feeling of complete loss of everything that constituted their former selves, including dreams and aspirations, possessions, family and friends, physical health and success. Claire disclosed how she "was emotionally and spiritually bankrupt… physically absolutely ruined. And I had…I had nothing inside me anymore". Ellis perceived himself to be "the most terrible guy in the world" and Claire thought of herself as being "evil" or "bad". Claire explained: "I didn't give a shit about myself…I didn't feel like I deserved anything. I didn't feel like I could do anything besides use".

One of the first losses experienced by each of the participants was the loss of their childhood dreams, ambition and future plans. Karl described how he "dropped out of school" and "didn't really have a future". Ellis's playfully remembered wanting to be an astronaut when he was younger but ending up as "the other kind of astronaut" who "used to fly so high that it was so tricky …to come back down to earth". Many individuals and societies view success and achievement as directly proportional to the possessions that one is able to accumulate. A significant aspect of substance dependency was the loss of possessions to "feed" the disorder. Possessions became a means to an end and their monetary value was tied closely to their financial needs related to their substance use. By selling off many of their possessions, the participants' previous feeling of being successful dissipated and left them feeling inadequate. Besides the loss of positive emotional feelings of self, addiction robbed

the participants of physical health. The extent of their disease caused them to be "physically absolutely ruined" as Claire reveals and caused a multitude of serious physical troubles. Claire reflected on an experience when she was hospitalized after a failed suicide attempt had left her face badly damaged. Roman also reflected on a time when he was almost crippled due to a car accident. Besides these incidents, all the participants reflected on poor health during their active addiction as a result of the effects of the drugs on their internal organs.

Prior to their drug use, the participants had developed expectations of who they would become or who they should be, the 'ideal self'. However, their inability to meet their own expectations proved too traumatic to deal with and their sense of self splintered so as to escape the intra-psychic conflict that arose as a result. The participants attempted to escape the losses they experienced through the internal process of denial. This created a cycle of using drugs to numb the reality of their losses and losing more as a consequence of their drug use.

Bromberg's (2006) theory essentially suggests that each of us are made up of numerous self-states that may not always compliment each other but are able to exist concurrently in our awareness. Because of this we are able to see ourselves as a unified whole, yet be aware of different aspects of ourselves when needed. However, a severe enough trauma causing large enough conflict between our self states may cause us to abandon the idea that we are a unified whole and rely on a single self-state as our entire identity. The participants all appeared to experience a multitude of losses that together constituted the loss of the 'ideal self'. For instance, the 'ideal self' may have been made of self-representations such as 'I am successful', 'I am physically healthy', 'I am a productive member of society'. When these self-representations contradicted what the participants believed to be true about themselves, the participants resorted to using a single aspect of them selves to describe their entire identity. For instance, the participants 'I am an addict' is one aspect of the participants,

yet they relied on this representation to understand them selves as a whole as it was the one aspect of them selves they believed to be true and of which there was an awareness. However, one can be an 'addict' and be many other things at the same time.

The data shows that although a shift in self-representations occurred when the participants entered recovery programs, the participants continued to experience themselves according to a single self state (i.e. 'I am a recovering addict'). This was especially evident in the data when each of the participants introduced themselves by saying: "Hi my name is_____, and I'm an addict". It was clear that although the self-representation had moved from the negative (i.e. active addict) to the positive (i.e. recovering addict), this aspect of themselves was the basis for their entire perceived identities. Although, to be fair, throughout the data one could identify aspects of growing self-awareness and self-reflection as a result of their treatment, but it seemed as though participants were merely dipping their toes in and testing the waters of "multiple self-schemata" (Markus & Nurius, 2005, p.958).

Observing the self as a whole. As discussed earlier, the 'self' includes all parts of the participants that constitute their perceived identity. A reconstruction of the whole 'self' encompassed regaining "self-respect", a sense of self-worth and positive feelings about themselves so as to eliminate any traumatic intra-psychic conflict responsible for dissociation of the self-states. Du gay, Evans and Redman (2002) suggest that the self develops along the path from past to predicted future. The individual understands the events contained within his/her past and anticipates the future self, considering the past and present self. "Letting go of the past, through the various techniques of becoming free from oppressive emotional habits, generates a multiplicity of opportunities for self-development" (Baumeister, 1986, p.10). Weinreich and Saunderson (2003) stated that an individual's identity changes according to "biographical episodes" (p. 22) and changing circumstantial frameworks, such as entering into a recovery program.

The literature described the construction and interpretation of self-states and self-concepts within two frameworks: a) individually and, b) in relation to others. According to Sedikides and Brewer (2001) the "individual self" (p. 1) refers to unique attributes possessed by individuals that separate them from other individuals in a social context. Representing the self in this way depends on the comparison of oneself with others (Markus, 1997). It is during the participants' reflection of their recovery that one is able to see an increased awareness of their multiple self-states. Many of the participants described their individual 'character defects'. Roman described one of his as being: "I'm a hard learner…People tell me 'Don't do this' and I have to go do it to try it". Similarly Alan stated: "As soon as you tell me I can't do something, I have to do it". Inge and Roman both stated 'people pleasing' as one of their most dangerous character defects with Roman stating: "People pleasing is one of my biggest character defects and it takes me down time and time again". However Inge found a way to manage her tendency to 'people please'. She "chooses to just 'be' instead of trying to please other people and be something that I'm not…to be something in other people's eyes instead of being something behind my eyes that I'm really, really proud of". Darryl spoke about how he is still obsessive: "Sat down. Had to clean all the bottles on the table because I'm not that well… But I'm getting better". Although the participants showed how their character defects remain ingrained, what does appear to shift within is a willingness to acknowledge them and deal with them instead of denying they exist altogether.

The participants were somewhat forced to accept their 'disease', their 'character defects' and their role in their current situations. Roman reported how through accepting his 'defects' he was able to manage them: "Today I can accept myself for me…Character defects, assets, and today I can work on the assets you know". Louis accepted that he suffers from a disease that does not allow for moderation. Roman's story illustrates the complexities that arise with acceptance. It is not a 'black or white' scenario, but rather a progression that

requires constant attention. Roman uses the 12 steps to remind himself of his character defects that often sabotage his progress, even in recovery. Darryl described how he saw himself as neither in denial or absolutely accepting. He illustrated that while he is aware of his 'character defects', they still confuse him and his identity is not clear to him yet: "I accept myself…um, still with difficulty and a lot of confusion. Sometimes because there's a lot of different aspects to me…And I'm not one or the other…I'm not Jekyll, I'm not Hyde. I'm somebody in-between that".

According to Tice and Baumeister (2001) self-awareness is preceded by the relational self, which is the self that exists in relation to others (Sedikides & Brewer, 2001). Thus, interpersonal relationships are essential to the development of self-awareness. The literature revealed findings that sustain the idea that creating associations and ascertaining wholesome relations is crucial for sobriety and recovery continuance. The roles that family, society and environment perform in the experience of addiction are implicated in the milieu of addictive behaviour. The data showed that the participants' sense of the "ought self" (Rogers, 1961, p. 168) was denied during active addiction in an attempt to prevent overwhelming intra-psychic conflict, it was their renewed interpersonal relationships in recovery that allowed participants to explore these selves once again. Participants attempted to experience a sense of responsibility and duty towards other people, for example, providing service in fellowship meetings.

The collective self is based on identification with a particular social group (Sedikides & Brewer, 2001) such as Narcotics Anonymous. Hogg (2001) explains how individuals tend to seek out individuals who belong to common groups. The participants' inclusion in a fellowship such as Narcotics Anonymous where they developed relationships with peers, who have had similar experiences, provided a stable platform from which the participants could safely explore aspects of themselves. Certainly, one of the most noteworthy experiences

reported was the introduction of the participants to their 'spiritual selves'. Higgins (1987) described the "spiritual self" as being constituted by one's conscience and moral agency.

A reconnection with the participants' spiritual selves allowed them to succumb to something bigger than themselves. They were able to submit control to a higher power and accept that some things are beyond their control. By thinking of their higher powers as loving, caring, providing saviours, they began to believe in their own worth and rid themselves of negative self-perceptions. Their feelings of existing alone were overcome through the idea of a higher power and this created a sense of security and serenity for them. Inge spoke about her spiritual 'death' during active addiction and how through her recovery she was able to reconnect with her spiritual self and use her spirituality to maintain her sobriety.

Karl, Claire and Ellis' recollections of their previous views on spirituality and a higher power showed a progression in their perception of the spiritual concept. Claire described how prior to her recovery she had always thought of God as a vengeful punisher. Ellis, on the other hand, saw God as a provider of his every need, including his need to use drugs. "God used to provide. Even if when I wanted to be high he would send a friend. He would say 'look at him, he doesn't have shit. Go to him. Give him a skyf or something'. The participants' new found understanding of spirituality and how it worked for them indicated a level of introspection and a deeper understanding of their own personal beliefs, their limitations as people and their personal power as people. Karl found the idea of choosing his own higher power without the influence of his parents or society to be empowering. He described his higher power as being "loving" and wanting the "best for him" which could be a reflection of an improved sense of self-worth. The concept of a higher power, which is a fundamental feature in the 12-step programme, allowed participants to relinquish control over the uncontrollable. Thus, the participants were relieved of the grave responsibility of controlling every aspect of their circumstances.

Chapter Seven

Conclusion

The aim of this study was to explore the shifts in self-states people suffering with substance dependency disorders experience when they enter recovery programs. An analysis of the participants' reflections on past and present experiences relating to active addiction and recovery from addiction were compared and contrasted to explore the possible shift in self-states between the two phases in the participants' lives.

Interpretive Phenomenological Analysis was used to explore the meanings participants attached to their past and present experiences (Smith & Osborn, 2003). The interpretivist paradigm used in the study required the understanding and application of a double hermeneutic, which is the co-constructed meaning of the participants' understanding of their experiences. Participants were Narcotics Anonymous members with very little demographic information available. The data was collected off of the South African NA website, where it published for the public to view. Interpretations about the meanings of the participants' experiences were made using information from the literature as well as common sense. The issues of reliability and validity of the data and the analysis were addressed as best they could be; however, there is always difficulty in proving either concept in qualitative studies.

During active addiction, the data revealed the most common experiences to be those of self-loathing, desperation, escapism, omnipotence and withdrawal from interpersonal relationships. These experiences were explicably linked to one another and often one of the experiences resulted in another. For instance, escapism (i.e. denial) was possibly away of dealing wit the experience of self-loathing. Escaping the 'ideal self' became a remedy for the self-loathing the felt about not existing as the 'ideal self'. Omnipotence was used as a shield to disguise the desperation, especially feelings of helplessness and hopelessness, the

participants felt. The participants' experiences in the addiction phase influenced their constructed identities and senses of self-worth.

The recovery phase yielded expectedly more positive experiences for the participants like belief in a higher power and a feeling of belonging. The data revealed that surrendering control of their disease allowed the participants to accept their character defects instead of denying them and succumb to the fact that recovery is a life-long process that requires constant management. Ironically, by submitting control over addiction they regained some control over their lives by controlling their recovery process. Similarly, an individual suffering with cancer cannot control the extent or nature of their disease but they can control the type of treatment they receive. Again, the positive experiences of recovery lead participants to engage in a more holistic view of them selves, and created an awareness of the multiple self-states that constitute the 'whole' self.

Narcotics Anonymous featured prominently as an essential experience in the process between addiction and recovery. NA could be described as the vehicle that transported the participants between the two phases. Sponsors and the experience of fellowship at the meetings also proved to be significant experiences and the participants expressed gratitude for the support they received by way of these two elements of NA. Participants felt a sense of belonging through the fellowship which influenced their collective selves greatly. Through connecting with peers and relearning how to navigate successful relationships, participants learned the skills needed to improve their relational and individual selves. The fellowship also appeared to be responsible for the spiritual element in recovery which allowed participants to re-engage with their 'spiritual selves' (Higgins, 1987).

Two ideas featured prominently throughout the analysis. Firstly, there seemed to be a masochistic nature regarding the participants self-states throughout addiction and often featured in their reflections of recovery. The participants exhibited strong feelings of guilt

and shame and appeared to have punitive feelings towards themselves. The other idea is that of a narcissistic nature. A narcissistic element featured strongly in many of the reflections on addiction but did not feature strongly in recollections of recovery. The narcissistic nature of self-states is apparent in the accounts given about participants taking advantage of their loved ones and the lack of empathy and compassion exhibited. The participants reflections on their self-obsession and refusal to conform to socially appropriate norms added to the perceived narcissistic nature of their self-states when they were in the addiction phase.

The traumatic intra-psychic conflict that resulted in dissociated self-states within the participants was explored and believed to be the experience of the loss of the 'ideal self'. The participants replaced positive self-state representations such as 'I am successful' and 'I am worthy' with negative self-state representations such as 'I am terrible' and 'I am worthless' because the negative representations felt congruent with the participants experience of "me-ness". During recovery, the participants still exhibited primitive self-state representations to describe their identities, such as 'I am a recovering addict'. However, there appeared to be a growing awareness of the multiple self-states they could use to recognise their identities. The participants seemed to view themselves as more of a 'whole self' than they did during their addiction.

There were several limitations to the study. The use of electronic data made it difficult for the researcher to apply the double hermeneutic, as she was unable to interview the participants to elicit further information about their understanding of their experiences. Thus, the researcher had to select data that clearly illustrated the meanings the participants had attached to their experiences. In doing so, the samples were not randomly selected and the prospect of sample bias occurring amplified. Another challenge experienced in the development of the research design was that it required a sample of recovering substance abusers who had at least one year of sobriety and were currently sober. The logistics of

locating such participants would have proved extremely difficult without looking at treatment programs as a source. However, the anonymity of treatment programs would have made it difficult to gain access to members and it was my intention to respect the integrity of the anonymous culture at Narcotics Anonymous. Thus, audio clips published on the organization's website were studied and it was decided that they contained sufficient data to complete the study. Observations regarding the shifts or changes the participants made during addiction and recovery, were based solely on self reports and may affect the reliability or validity of the findings of the study.

References

Allaman, A. (2008). Views and models about addiction: Differences between treatments for alcohol-dependent people and for illicit drug consumers in Italy. *Substance Use & Misuse, 43,* 1704–1728

Baumeister, R. F. (1986). *Identity, cultural change and the struggle for self.* New York: Oxford University Press.

The Betty Ford Institute Consensus Panel. (2007). What is recovery? A working definition from the Betty Ford Institute Consensus Panel. *Journal of Substance Abuse Treatment, 33*, 221-228.

Brewer, M. B. & Gardner, W. (1996). Who is this 'we'? Levels of collective identity and self representations. *Journal of Personality and Social Psychology, 71,* 83-93.

Bromberg, P. M. (1996). Standing In The Spaces: The Mulitiplicity Of Self And The Psychoanalytic Relationship. *Contemporary Psychoanalysis, 32,* 509-535.

Bromberg, P. M. (2001). *Standing in the Spaces: Essays on Clinical Process, Trauma, and Dissociation.* USA: Routledge.

Bromberg, P. M. (2006). *Awakening the Dreamer: Clinical Journeys*. New Jersey: The Analytic Press.

Burger, J.M. (2004). *Personality* (6th ed.).USA: Wadsworth

Christo, G., & Franey, C. (1995). Drug users' spiritual beliefs, locus of control and the disease concept in relation to narcotics anonymous attendance and six-month outcomes. *Drug and Alcohol Dependence, 38*, 51-56.

Coombs, R. H., & Howatt, W. A. (2005). *The addiction counsellor's desk reference.* London: Wiley.

Craig, R. (1985). Multimodal treatment package for substance abuse treatment programs. *Professional Psychology: Research and Practice, 16(2),* 271-185.

Daniel, L. G., & Onwuegbuzie, A. J. (2002, November). *Reliability and qualitative data: Are psychometric concepts relevant within an interpretivist research paradigm?* Paper presented at the annual meeting of the Mid-South Educational Research Association, Chattanooga, TN.

Deigh, J. (1996). *The sources of moral agency: Essays in moral psychology and Freudian theory.* New York: Cambridge University Press.

DiClemente, C.C. (2003). *Addiction and change: How addictions develop and addicted people recover.* London: Guilford Press.

Doweiko, H.E. (1993). *Concepts of chemical dependency* (2nd Ed.). USA: Brooks/Cole Publishing Company.

Doweiko, H.E. (1996). *Concepts of Chemical Dependency* (3rd Ed.). USA: Brooks/Cole Publishing Company.

Du Gay, P., Evans, J., & Redman, P. (Eds.). (2002). *Identity: A reader.* London: Sage.

Etherington, K. (2007). Loss and trauma in the lives of people with a history of drug abuse. *Journal of Loss and Trauma, 12*, 59–72.

Fisher, G.L., & Harrison, T.C. (1997). *Substance abuse: Information for school counsellors, social workers, therapists, and counsellors.* Massachussetts: Allyn & Bacon.

Gonet, M. (1994). *Counselling the Adolescent Substance Abuser: School-Based Intervention and Prevention*. California: Sage Publications.

Gottdiener, W. H. (2008). Introduction to symposium on psychoanalytic research of substance use disorders. *Psychoanalytic Psychology, 25(3),* 458-460.

Higgins, T. E. (1987). Self-Discrepancy: A Theory Relating Self and Affect. *Psychological Review,94(3),*319-340.

Hogg, M. A. (2001). Social identity and the sovereignty of the group: A psychology of

belonging. In C. Sedikides & M. B. Brewer (Eds.). *Individual self, relational self,*

collective self. USA: Psychology Press.

Hunsicker, R.J. (2007). Working toward true parity: addiction needs to be more broadly

recognised as a chronic disease. *Behavioural Health Care, 27(10),* 47.

INCSR. (2001). International Narcotics Control Strategy Report-South Africa. (2001). *United*

States Department of State, Bureau for International Narcotics and Law

Enforcement Affairs. Washington.

Jeewa, A., & Kasiram, M. (2008, Nov/Dec). Treatment for substance abuse in the 21st

century: A South African perspective. *South African Family Practice, 50(6), 44*-44.

Karlsson, G. (1993). *Psychological qualitative research from a phenomenological*

perspective. Stolkholm: Almqvist & Wiksel International.

Kelly, J. F., & Myers, M. G. (2007). Adolescents' participation in Alcoholics Anonymous

and Narcotics Anonymous: Review, implications and future directions. *Journal of*

Psychoactive Drugs, 39(3), 259-269.

Kopala, M., & Suzuki, L. A. (1999). *Using Qualitative Methods in Psychology*. USA: Sage

Publications.

Larkin, M., & Griffiths, M. D. (2002). Experiences of addiction and recovery: The case of

subjective accounts. *Addiction and Research Theory, 10(3),* 281-312.

Leshner, A. (1997). Addiction is a brain disease and it matters. *Journal of Science, 278,* 45-

47.

Loneck, B., Garret, J. A., & Banks, S.M. (1996). A comparison of the Johnson Intervention

with four other methods of referral to outpatient treatment. *American Journal of*

Drug and Alcohol Abuse, 22(2), 233-246.

Lubit, R., Rovine, D., Defrancisci, L., & Spencer, E. (2003). Impact of trauma on children. *Journal of Psychiatric Practice, 9*, 128–138.

Marcenko, M. O., Kemp, S. P., & Larson, N. C. (2000). Childhood experiences of abuse, later susbstance use, and parenting outcomes among low income mothers. *American Journal of Orthopsychiatry, 70*, 316–326.

Markus, H. (1977). Self-schemata and processing information about the self. *Journal of Personality and Social Psychology, 35,* 63-78.

Markus, H., & Nurius, P. (1986). Possible Selves. *American Psychologist,41(9),* 954-969.

Masters, C., & Carlson, D. S. (2006). The process of reconnecting: Recovery from the perspective of addicted women. *Journal of Addictions Nursing, 17(4),* 205-210.

Meichenbaum, D. (1988). What happens when the "brute data" of psychological enquiry are meanings: Nurturing a dialogue between hermeneutics and empiricism. In S. B. Messer, L. A. Sass & R. L. Woolfolk, (Eds.). *Hermeneutics and psychological theory: Interpretive perspectives on personality, psychotherapy, and psychopathology.*

Miller, N. (1991). *Comprehensive handbook of drug and alcohol addiction.* USA: Informa Health Care.

Narcotics Anonymous. (1988). Publication manual of Narcotics Anonymous World Services (5th ed.). California: Narcotics Anonymous.

Narcotics Anonymous. (2009). *Personal accounts of recovery from addiction.* Retrieved 24 February, 2009, from http://www.na.org.za/testimonials.htm#2007_convention_shares

Ng, H. Y. (2002). Drug use and self-organization: A personal construct study of religious conversion in drug rehabilitation. *Journal of Constructivist Psychology, 15*, 263–278.

O'Brien, C. P. (2008). Evidence-based treatments of addiction. *Philosophical Transactions of the Royal Society, 363*, 23 March 2009.

Person, E. S. (2007). Review of Awakening the Dreamer: Clinical Journeys by Philip M. Bromberg. *Psychoanalytic Dialogues, 17 (5)*, 733-740.

Ramo, D. E. & Brown, S. A. (2008). Classes of substance abuse relapse situations: comparison of adolescents and adults. *Psychology of Addictive Behaviours, 22(3),* 372-379.

Raven, M. (1997). The politics of drug use: New perspectives on addiction. Retrieved 21 October, 2009, from http://www.dulwichcentre.com.au/politics_of_drug_use_by_melissa.htm.

Ries, R. (2001). Dying for a drink or drug: Suicide and addiction. Retrieved October 19, 2009.

Robinson, E., Krentzman, A., Webb, J., & Brower, K. (2011). Six Month changes In Spirituality and Religiousness In Alcoholics Predict Drinking Outcomes At Nine Months. *Journal of the Study of Alcohol and Drugs, 72,* 660-668.

Rogers, C. R. (1961). *On Becoming a Person: A Therapist's View of Psychotherapy.* Orlando: Houghton Mifflin Harcourt.

SACENDU 1998. South African Community Epidemiology Network on Drug Use (SACENDU) July-December 1998, published by the South African Medical Research Council, 1998.

Salgado, J., & Hermans, H. J. M. (2005). The Return of Subjectivity: From a Multiplicity of Selves to the Dialogical Selves. *Journal of Applied Psychology,1(1),*3-13.

Sedikides, C. & Brewer, M. B. (Eds.). (2001). *Individual self, relational self, collective self.* USA: Psychology Press.

Seligman, M. E. P. (1991). *Learned optimism: How to change your mind and your life.* New York: Pocket Books.

Smith, J. (Eds.). (2008). *Qualitative Psychology: A practical guide to research methods.* London: Sage.

Smith, J. A., & Osborn, M. (2003). Interpretive Phenomenological Analysis. In J. A. Smith (Eds.). (2008). *Qualitative Psychology: A practical guide to research methods* (pp.51-80). London: sage.

Storey, L. (2007). Doing Interpretive Phenomenological Analysis. In E. Lyons & A. Coyle (Eds.). *Analysing Qualitative Data in Psychology* (pp 51-64). London: Sage.

Sussman, S., & Ames, S.L. (2001). *The social psychology of drug abuse.* Buckingham: Open University Press.

Tarter, R. E., & Vanyukov, M. (1994). Alcoholism: A developmental disorder. *Journal of Consulting and Clinical Psychology, 62(6),* 1096-1107.

Teddlie, C., & Yu, F. (2007). Mixed Methods Sampling: A Typology With Examples. *Journal of Mixed Methods Research, 1,* 77.

Terre Blanche, M., Durheim, K. & Painter, D. (Ed.). (2006). *Research in practice: Applied methods for the social sciences* (2nd Ed.). Cape Town: University of Cape Town Press.

Thomas, K. (2006). *Learner perspectives on the use of a learning management system in first year economics.* Unpublished manuscript, University of Pretoria.

Tice, D. M., & Baumeister, R. F. (2001). The primacy of the interpersonal self. In C. Sedikides & M.B. Brewer (Eds.). *Individual self, relational self, collective self.* USA: Psychology Press.

Timmerick, T.C. (1998). *An introduction to epidemiology.* Boston: Jones & Bartlett.

United Nations Office on Drugs And Crime. (2002). *South Africa: Country Profile on Drugs and Crime.* Retrieved 9th October, 2013, from www.unodc.org/pdf/southafrica/country_profile_southafrica.pdf

Van Vuuren, J., Wertz, F. J., & Mook, B. (Eds.). (1987). *Advances in qualitative psychology: Themes and variations.* USA: Swets North America.

Weinreich, P., & Saunderson, W. (Eds.). (2003). *Analysing identity: cross-cultural, societal and clinical contexts.* London: Routledge.

Witkiewitz, K. & Marlatt, G. A. (2004). Relapse prevention for alcohol and drug problems: That was Zen, this is Tao. *American Psychologist, 59,* 224-235.

World Health Organization. (2009). *WHO quality of life-BREF (WHOQOL-*BREF).Retrieved 24 March, 2009, from

http://www.who.int/substance_abuse/research_tools/whoqolbref/en/

Wylie, R. C. (1979). *The self-concept (rev. ed).* Lincoln: University of Nebraska Press.

<h1>Appendix 1</h1>

The 12-Steps

The twelve steps (as cited in Sussman & Ames, 2001) are:

1) We admitted we were powerless over drugs--that our lives had become unmanageable.

2) We came to believe that a Power greater than ourselves could restore us to sanity.

3) We made a decision to turn our will and our lives over to the care of God, as we understood Him.

4) We made a searching and fearless moral inventory of ourselves.

5) We admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6) We were entirely ready to have God remove all these defects of character.

7) We humbly asked Him to remove our shortcomings.

8) We made a list of all persons we had harmed, and became willing to make amends to them all.

9) We made direct amends to such people wherever possible, except when to do so would injure them or others.

10) We continued to take personal inventory and when we were wrong promptly admitted it.

11) We sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12) Having had a spiritual awakening as the result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.

Appendix 2

UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

Research Office, Govan Mbeki Centre
Westville Campus
Private Bag x54001
DURBAN, 4000
Tel No: +27 31 260 3587
Fax No: +27 31 260 4609
mohunp@ukzn.ac.za

20 July 2011

Ms SD Ownhouse (211529401)
School of Psychology
Faculty of Humanities, Development and
Social Sciences
Howard Collge Campus

Dear Ms Ownhouse

PROTOCOL REFERENCE NUMBER: HSS/0562/011M
PROJECT TITLE: An interpretive phenomenological analysis of the experience of addiction and its impact on the sense of self and identity among a sample of South African Narcotics Anonymous members

In response to your application dated 15 July 2011, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.
PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully
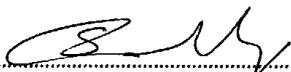
Professor Steven Collings (Chair)
HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

cc. Supervisor: Prof D Cartwright
cc. Mrs S van der Westhuizen, Post-Graduate Office

1910 - 2010
100 YEARS OF ACADEMIC EXCELLENCE
Founding Campuses: ▪ Edgewood ▪ Howard College Medical School ▪ Pietermaritzburg ▪ Westville