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“Choosing to live”:

Experiences of Coping in Recovery from Drug Addiction
A Phenomenological study

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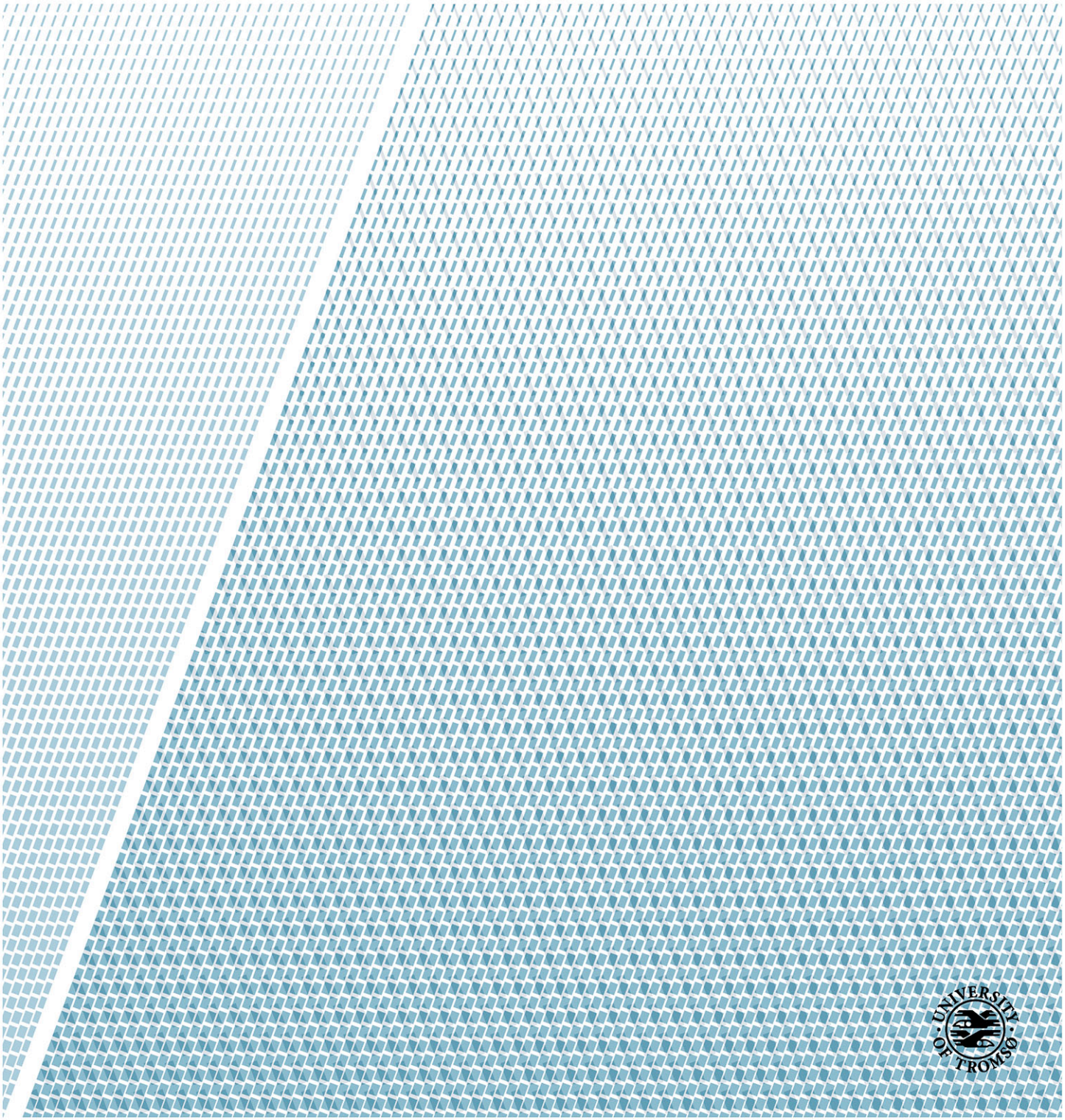
Line Grebstad Blindheim
Master thesis in psychology *May 2016*



”Choosing to Live”:
Experiences of Coping in Recovery from Drug Addiction: A Phenomenological Study

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Kierkegaard, 1979: "An existing individual is constantly in the process of becoming." (Smith, Flowers, & Larkin, 2009)

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Abstract

Substance addiction is detrimental to the addict, their family, social environment and society as a whole, which is why research needs to approach it with problem-solving in mind. The present study has a salutogenic health perspective, and focuses on coping in recovery from substance addiction. The informants' experiences of coping were explored using the qualitative approach. The informants were residents from the same treatment facility for substance addiction in North-Norway. Men and women were included. Semi-structural interview guides were constructed specifically for the informants. The transcripts resulting from these one-hour interviews were analysed using Interpretive Phenomenological Analysis (IPA). The superordinate themes were Together Into Drug Addiction, Vulnerability Factors, Making a Choice, Together Out of Drug Addiction, Focusing on oneself, The Gradual Change and Goals and Dreams.

Keywords: coping, recovery, substance addiction, qualitative approach, IPA

Forfatter: Line Grebstad Blindheim

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Abstract – norsk versjon

Rusavhengighet er en belastning for den avhengige, deres familie, sosiale miljø og samfunnet som helhet, noe som gjør at forskning burde tilnærme seg det på en løsningsorientert måte. Denne studien har et salutogenesisk helseperspektiv og fokuserer på mestring i tilfriskning fra rusavhengighet. Informantenes opplevelser av mestring i tilfriskning fra rusavhengighet ble utforsket ved hjelp av kvalitative metoder. Informantene var beboere fra den samme behandlingsplassen for rusavhengighet i Nord-Norge. Både menn og kvinner ble inkludert. Semi-strukturerte intervjuguider ble konstruert spesifikt til informantene. Transkriptene som disse en timers intervjuene resulterte i, ble analysert ved hjelp av Fortolkende Fenomenologisk Analyse (IPA). Hovedtemaene i studien ble Sammen inn i rusavhengighet, Sårbarhetsfaktorer, Å gjøre et valg, Sammen ut av rusavhengighet, Å fokusere på seg selv, Den gradvise endringen, Mål og drømmer.

Nøkkelord: Mestring, tilfriskning, rusavhengighet, kvalitative metoder, IPA

Acknowledgements

First of all I would like to thank my informants for being so open and honest with me during the interviews. Your experiences moved me more than I can describe and I am so grateful for your participation. And of course I want to thank the University Hospital of North Norway for allowing me access to informants for my study.

Thank you to the very competent and encouraging Kamilla Rognmo who agreed to be my supervisor when my project first started. And I cannot describe the relief I experienced when Kjersti Lillevoll agreed to take over as my main supervisor after Kamilla had to take a leave of absence. They helped me put my thoughts into an actual project, which resulted in the present master thesis.

It has been three hectic years dealing with deadlines, planning and meetings, however now that it has come to an end I know I will miss it. My fellow classmates have not only been an academic support but also a valuable social support, without which the road to the finish line would be unbearable. And if it had not been for Halvor Fjellstad's help in the last stressful weeks I am not sure how I would have kept it together. Thank you, Halvor!

Last, but not least, I would like to thank my parents who never stopped believing in me. You have been an amazing support and kept my confidence and spirit up with your encouraging words.

Line Grebstad Blindheim. 01.05.2016

Preface

When I first contacted Kamilla Rognmo with my ideas it was with a very general urge to be able to help people with my research. I suppose my enthusiasm for the project was evident as Kamilla soon expressed that she wanted to help me. This is a project that is very close to my heart, making it both more exciting and difficult to work with. People very close to me struggles or have struggled with addiction, which is why this project is so important to me.

Eventually it was clear that the project should go in a qualitative direction and so Kjersti Lillevoll was asked to participate. Fortunately she agreed. We agreed the study should be phenomenological and landed on Interpretive Phenomenological Analysis. I designed the semi-structural interviews with guidance from Kjersti Lillevoll. The literature searches, recruiting and interviewing of informants, transcription of interviews, analysis and writing the paper, was performed by me with important input from Kjersti Lillevoll and Kamilla Rognmo.

When working on the present study I signed up for a conference concerning mental health and drug research held by the Research Council of Norway, in Tromsø February 2015. The theme of the conference was transcultural relationships in relation to psychological health and substance abuse, focusing on immigrants and indigenous people (Title:"Ubehag i kulturen eller kultur i ubehaget?"). Researchers from all over the world participated and held lectures on their research fields and projects. Outside the lecture hall there were also several posters summing up their research. Being a student I have never attended such an event before and was thoroughly intrigued by it all and got some input for my MA-thesis.

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"Choosing to live": Experiences of Coping in Recovery from Substance Addiction

Convalescents experience coping in recovery from drug addiction differently. The present study will explore these experiences by using the qualitative approach. For some time research concerning recovery from substance addiction suffered under the absence of a clear definition as to what recovery is. This created problems for the advancement of the field and research collaboration. To facilitate progress, The Betty Ford Consensus Panel defined recovery from substance abuse as "a voluntary maintained lifestyle characterised by sobriety, personal health and citizenship" (Best & Lubman, 2012). According to this definition, a person can only say he is in recovery if he chooses to abstain from substances, stays in good health and partake positively to society. Coping can be related to all three aspects, as it is necessary in order to stay off substances, preserve personal health and be able to function in society.

The most common form of substance abuse is alcoholism, and it is estimated that a prevalence of 3,4 % a year suffers from alcoholism in Europe. While between 0,1-0,4 % and between 0,3-1,8 % suffers from opioid dependence and cannabis dependence, respectively (Wittchen et al., 2011). This is an increase from earlier years when the prevalence was 3,4 % for substance addiction as a whole (Wittchen & Jacobi, 2005). A study by Kringlen, Torgersen, and Cramer (2001) found that the annual prevalence of drug dependence among adults was 0,9 % in Oslo.

Previous research concerning substance abuse has mainly been concerned with treatment and recovery in relation to relapse, resulting in a multitude of studies. However, the focus has mainly been on whether the recovery has been successful in terms of relapse or not (Leach & Kranzler, 2013; Levy, 2008; McIntosh & McKeganey, 2000b). This is important knowledge, however the research field does not say much about what the effective factors are – what enables someone to escape substance addiction?

Coping and factors related to coping has either been overlooked or given little afterthought in existing research literature. Consequently, we aim at exploring the factors related to successful coping among drug addicts in treatment, using a qualitative approach. Despite the main focus on the outcome of recovery, a number of studies have explored factors related to successful treatment and coping in the process of recovery for substance-addicted individuals. These factors will be reviewed below. In order to provide a backdrop in which recovery may be understood, the development and the consequences of substance addiction will be reviewed first.

The Development and Detrimental Effect of Substance Addiction

There are many theories attempting to explain how addiction is developed. However, researchers have still not decided upon a single unifying theory. In relation to the present study I decided to present the more prominent theories in order to shed light on the addiction problem.

The physiological processes behind developing a drug addiction. It has previously been thought that people who are addicted to drugs continue to take drugs in spite of them knowing they should not, making them solely responsible for their drug abuse. Research on the physiological processes behind drug addiction has found that the explanation is not that simple. When a stressful event occurs the mesocortical dopamine system inhibits the prefrontal cortex in responding so that more automatic responses controlled by the subcortical and posterior cortical areas can be set in action (Lyvers, 2000).

If you meet a lion (stressful event) it is not important whether you run left or right (prefrontal cortex), as long as you run (subcortical and posterior cortical areas). In the case of addiction, administering cocaine or alcohol would activate the mesocortical dopamine system excessively. This inhibits the prefrontal cortex so that more automatic responses can take place. Over time, excessive use of cocaine or alcohol should reduce the inhibitory control of the prefrontal cortical areas over the subcortical and the posterior cortical areas, which in turn would lead to the taking of drugs to be reinforced and more automatic. Furthermore, these processes could lead to the behavioural changes associated with addiction, including inability to control the drug use (Lyvers, 2000).

Another way to understand the physiological processes behind drug addiction is through allostasis. This principle states that the regulatory system maintains stability through change, outside of the homeostatic range. This new set point is called an allostatic state, which is a chronic state outside of the body's normal homeostatic state. However, this new set point comes at a price, which is called allostatic load and this is the cost of the brain and the body because of the deviation from the previous set point. This cost can manifest itself as pathological states and accumulation of damage (Koob & Le Moal, 2001).

Taking drugs over a period of time affects the drug reward system of the brain. The human body works constantly to keep homeostasis in drug reward processes. When drugs are introduced to the body, however, homeostasis is not possible and a new drug reward set point has to be initiated. Following this explanation, drug addiction is a change in the drug reward set point, which makes it an allostatic state. There has been a change in how the hormonal systems and neurotransmitters are set into play in order to maintain normal reward function.

When there is a new set point for drug reward, the body needs it to be maintained. In terms of drugs this would cause the use to escalate until the body needs drugs in order to function (Koob & Le Moal, 2001).

Nature and nurture in drug addiction. The nature-nurture debate involves how environment and genes both contribute to human behaviour (McLeod, 2007). This discussion also pertains to addiction due to the effect of hereditary predispositions and environmental influences in developing addiction. The heredity of vulnerability to addiction disorders is 30-60 %, according to family and twin-studies, illustrating the great impact of genetics on addiction. In addition, personality traits such as impulsivity, novelty seeking and risk-taking, which have their own genetic basis, can affect individuals to try drugs. These traits can also affect the individual to transition from a sporadic drug use to developing addiction (Kreek, Nielsen, Butelman, & LaForge, 2005).

The detrimental effects of substance addiction. Substance addiction is detrimental to the individual who suffers from it but it does not stop there. The big health- and social ramifications is due to the wide range of effects substance addiction can have on physical and psychological health. This also affects participation in society as a whole, including an active working life, living arrangements, economical situation and criminal activities (Hansen, Ganley, & Carlucci, 2008; World Health Organization, 2016).

In addition there is the harm and burden that befalls the people around the substance addicted. E.g. consequences for family and relatives like foster home measures, sickness absence for the parents of the addicted and infliction of violence (Nutt, King, Saulsbury, & Blakemore, 2007).

Substance addiction is also detrimental to the society as a whole as it takes a toll on the economic resources through the use of health and welfare services and the loss of manpower as the addiction escalates. It is difficult to estimate the costs to society brought on by substance addiction since it is illegal. Hence, we have no exact number that estimates how much the problem costs the Norwegian society. However, the specialist health care service allocated 3,84 billion kr. in 2012 to specialized treatment of substance disorders alone (Brekke et al., 2013).

The World Health Organization (2016) has developed a measure of the impact psychoactive substance use have on the global population, which is called Disability Adjusted Life Years (DALY). The score is calculated by adding the score representing years lost due to living with disability and the years lost due to premature death. According to these calculations, World Health Organization (2016) has estimated the burden of disease caused

by tobacco, alcohol and illicit drugs to have contributed to 12.4 % of all deaths globally in 2000. The disease burden according to DALY is significantly higher in Europe and the Western Pacific than in Africa and the Eastern Mediterranean (World Health Organization, 2016).

What is Recovery?

Abstinence is related to but does not equal recovery, as pointed out by Hansen et al. (2008). Abstinence from substances is naturally often mentioned in the same context as recovery. It can be an important part of recovery but claiming that abstinence equals recovery would be an oversimplification. Recovery is a long and difficult process which include positive changes both psychologically and physically (Hansen et al., 2008). It is not enough to abstain physically from taking drugs for months or years; the addicted must also change their mind-set in order to try and free themselves from the hold of drugs on their lives.

> *Abstinence begins when an alcoholic/addict quits consuming alcohol and drugs. It occurs at a point in time, as an event. Recovery, on the other hand, begins when an abstinent alcoholic/addict starts growing and changing in positive ways. It occurs over a period of time, as a process. Abstinence requires a decision; recovery requires time and effort.*
>
> (Hansen et al., 2008)

Recovery is not just abstaining from using drugs; it is also being able to cope with possible psychological consequences of the drug addiction or psychological issues that preceded the drug abuse. The present study will explore how convalescents experience coping in the process of recovery from drug abuse.

Coping in Recovery From Drug Addiction

The term coping will be used about problem- and emotion-focused processes in the present study (Folkman, Lazarus, Gruen, & DeLongis, 1986). The research field of coping in recovery from drug addiction has focused on the social environment, communication of thoughts and feelings, Sense of Coherence and Self-efficacy. Attribution of responsibility in recovery has also been researched.

One of the main coping strategies related to recovery found in a qualitative study by McIntosh and McKeganey (2000b) was avoidance. The participants cut all contact with drug

using friends, stopped going out and some even moved to another location in order to get away from the temptations to take up using again. The same study also found that making abstinence-pacts with their partner, helped convalescents in recovery because it offered reinforcement and social support. Receiving help with housing or having to return to the same neighbourhood where other substance using individuals lived has also been related to coping in recovery (Nordfjærn, Rundmo, & Hole, 2010).

Convalescents' ability to communicate their emotions in a productive way during recovery has also been linked to more successful outcomes. A Norwegian qualitative study showed that self-confidence and the ability to cope with everyday problems were related to psychological recovery. The informants also reported that they were able to share their emotions and concerns more easily, which could be a consequence of group therapy where the participants would learn communication skills (Nordfjærn et al., 2010).

Coping with self-doubt in recovery. Bandura coined the term self-efficacy, which in recovery from substance addiction can mean the convalescents' belief that they are capable of abstaining from substance use. Research has suggested that a higher level of commitment to abstinence can follow higher levels of abstinence self-efficacy (Laudet & Stanick, 2010). In another study, however, researchers stated that too much self-efficacy could stop individuals from being open to therapeutic treatment and instead try to treat themselves. They found out that too much self-efficacy in the beginning of treatment could hinder convalescents to move forward but that it was still a central factor in recovery as it increased over time (Flora & Stalikas, 2013).

In the same study, the results suggested that depression could have positive effects in treatment, highlighting the complexity of emotions in the recovery process. The researchers suggested that since excessive enthusiasm and feelings of over-optimism could lead convalescents to drop out of treatment, small doses of self-doubt and failure, as often comes with depression, could make the addicted more intent on recovery. The study also found that low perceived social support can lead to a longer stay in treatment, while high perceived social support can have a positive effect on the outcome of addiction treatment (Flora & Stalikas, 2013).

Research has also found that seemingly failed treatment outcomes can be of interest in recovery. One study found signs of coping in both the patients who completed treatment and patients who quit treatment (Nordfjærn et al., 2010). This indicates that even though treatment has not been completed there is little reason to claim time has been wasted, as coping strategies have been acquired.

Having a positive outlook on self and recovery. The Sense of Coherence scale was first developed by Antonovsky (1993) and served as an opposition to the existing pathogenic orientation existing in the health sciences research. It represented a salutogenic view of health research and attempted to explain why resources like social support, ego strength, wealth and cultural stability promotes health.

The model is made up of three constituents: manageability, meaningfulness and comprehensibility. Someone who faces a challenge and believes that they have enough resources to be able to handle the situation is high in manageability. If a person feels like some parts of life are worth the possible rewards, in spite of challenges and demands, they will score high on meaningfulness. Being high in comprehensibility means that the person feels like he can make sense of his external and internal environments and that they are predictable.

Together these factors make up a person's worldview and they determine a person's resilience based on the way s/he views him or her external and internal world (Feigin & Sapir, 2005). SOC is not linked to one coping strategy as opposed to locus of control and self-efficacy, which is seen as bound by culture. SOC aims to be valid across social class, gender, culture and region (Antonovsky, 1993).

A main result found in a study by Feigin and Sapir (2005) supported previous literature, indicating that SOC is an important resource to drug-addicts when coping with their addiction. Furthermore, they also found that there was a significant difference in SOC among the short-term and long-term abstinent participants. This could indicate that having a high SOC is a quality that successfully abstinent patients has, as opposed to instances of relapse.

Several studies have researched coping and drug addiction in relation to SOC (Abramsohn, Peles, Potik, Schreiber, & Adelson, 2009; Arévalo, Prado, & Amaro, 2008; Berg, 1996; McIntosh & McKeganey, 2000b). In line with the SOC, McIntosh and McKeganey (2000b) found that a main strategy in coping with recovery from drug addiction was to keep mentally and physically occupied with meaningful and rewarding activities (University West, 2016). Staying away from their drug using friends and drugs had left a void, and the respondents knew they had to fill this gap with something, or the temptation to start using would be overwhelming. Examples of these were voluntary work, paid employment and school. Relating to this was also experiencing the acceptance of non-using individuals. As a result of these coping strategies the respondents now had a positive future to look forward to, and therefore also something to loose (McIntosh & McKeganey, 2000b).

Taking responsibility for one's own recovery. A part of approaching a problem involves placing responsibility. This can affect how a problem is approached and whether it is solved in a productive way. Research on the attribution of responsibility relating to drug addiction has found that people with an addiction disorder is more likely to be seen as responsible for their disorder then people suffering from mental or physical disorder. This attribution can cause stigma and too much emphasis on blame, which in turn could impede recovery. On the other hand, not attributing any of the responsibility for the recovery process to the convalescents could impede recovery (A. C. Watson & Corrigan, 2002).

How convalescents attribute responsibility for their addiction and recovery can be explained using the Attribution of Responsibility Theory. Brickman et al. (1982) developed this theory over three decades ago in an attempt to explore how we attribute responsibility for the solution and the problem in order to serve both helpers and people who need help. It is an intricate model based on the need for blame and control, however for the purpose of the present paper, only the main parts will be summed up. The Attribution of Responsibility Theory is divided into four sub-models: 1) the Moral Model, 2) the Compensatory Model, 3) the Medical Model and 4) the Enlightenment Model.

The Moral Model is so-called because it claims that the person with the problem is the cause of it and should therefore solve it by themselves. Others should not, and cannot intervene and if the person is not able to pull themselves out of the bad situation, they are lazy or doing it wrong. This model emphasizes the importance of people helping themselves, and in order to do so they have to accept that it is all their responsibility (Brickman et al., 1982).

The Compensatory Model claims that people are not responsible for their own problems, however they are responsible for solving them. This can be approached by trying harder or even by cooperating with someone. According to this model, the person fails because of external events, however is expected to take responsibility for his or her recovery even if that means asking someone to help. Therapists who support this view will ask their patients what they can do to help, not just telling the patient what to do (Brickman et al., 1982).

The Medical Model claim that both the problem and solution is beyond the patients' control. The problem happened to them due to something they could not control and now they need someone to find the solution for them (Brickman et al., 1982). This is analogous to how a surgeon sees a patient; the patient is a victim of a failing organ and the surgeon has to

focus his or her energy on that organ to fix it, it does not matter who the patient is as a person.

The Enlightenment Model puts all the responsibility for the problem on the person it concerns; however the solution is not up to them. The name is given because the sufferer needs to be enlightened about their problem, of which magnitude they might not be aware of. They need someone to guide them in order to do the right thing and find a solution to their problem. An example of an organisation based on this assumption is Alcoholics Anonymous (Brickman et al., 1982).

A study investigated changes in beliefs and attitudes of patients successfully completing treatment at a residential facility. The researchers examined the results in terms of the Compensatory Model by Brickman et al. (1982), among others. Findings suggest that the informants developed a compensatory-type approach as they finished treatment. They attributed their addiction to external causes and made internal attributions for their recovery. Previous research has found that attributing responsibility to own recovery can be linked to positive behaviour changes (Morojele & Stephenson, 1992).

Gender Differences and Women in Recovery

Research on substance addiction has been focused mainly on men, especially on men with an alcoholic addiction. In a study on female alcoholics the researchers note that such problems is increasing in the female population and should therefore be explored. The results showed that the factors helping these women in recovery were: 1) establishing a social environment consisting of a sponsor (a person who previously abused drugs or alcohol, but is now a role model) and recovering friends who they were able to discuss their situation with, 2) making amends with people they had hurt, 3) accepting that recovery is a lifelong process for them, and 4) being able to help other women recover as a way to secure their own recovery (Brewer, 2006).

The process of recovery starts with a will to become drug free, however it can manifest in different ways. There can also be found a difference between what started the recovery process and what keeps a person in treatment. The results of a qualitative phenomenological study about the experiences of female heroin addicts in recovery revealed what appeared to be a lack of coping. These women were driven into recovery by fear. However, they kept trying to recover because they longed for normality and a chance to mature. To some of the informants, a part of this maturation was to get a stable job, a partner and kids. All this seemed like a part of the grasp for normality, which was something all the

participants strived for. In a way, the participants coped with their addiction by achieving symbols of normality, like starting a family or getting permanent housing and a stable job (L. Watson & Parke, 2009).

Drug addiction and the process of recovery are stressful events and injurious to the wellbeing of the addicted. Addiction is an all-consuming experience and the recovery from it puts the addicted in a vulnerable and very stressful state (Feigin & Sapir, 2005). Stress is well researched in the addiction field, and rightly so as it is a complex construct affecting individuals differently. A study on predictors of motivation for abstinence found no gender differences in stress levels however stress was a negative predictor of commitment to abstinence for women, but not men (Laudet & Stanick, 2010).

Creating a Drug-Free Identity in Recovery

The addiction research on identity is vast and concentrates around social identity, gender identity and constructing a new identity (Buckingham, Frings, & Albery, 2013; Frings & Albery, 2015; Hill & Leeming, 2014; Owen-Pugh & Allen, 2012). As recovery progresses, it becomes important for the convalescents to create a new drug free identity through critical reflection of who they are and what their opinions are, in order to continue their lives (Turley, 2012). A qualitative study on constructing a non-addict identity highlighted three main concerns for convalescents in recovery. Firstly, reflecting on their lives as addicts, secondly, reflecting on their sense of self, and thirdly, reflecting on convincing explanations for their drug use. For the purpose of the present study, reflecting on their sense of self were associated with separating their addict identity from their non-addict identity (McIntosh & McKeganey, 2000a).

A study on identity change and drug abuse, found that the majority of the informants moved from a substance abuse-identity to a recovery-identity during treatment in a therapeutic community. The researchers concluded that developing a recovery-identity is an important step in substance abuse treatment, and that it helped the informants in recovery (Dingle, Stark, Cruwys, & Best, 2015).

Natural Recovery vs. Treatment

Most of the research literature on substance addiction has been in relation to recovery after treatment and not natural recovery, which is when a person attempts to recover from their addiction without professional treatment. The research area of natural recovery has not been around that long, which could account for the low number of studies focusing on it

(Sobell, Ellingstad, & Sobell, 2000). Other reasons for this could simply be that recruiting to such a study could be challenging as patients in recovery programs are more easily found than the individuals who try to make it on their own. However, some research has dealt with natural recovery versus official treatment in the past (Sobell, Cunningham, & Sobell, 1996) and attempted to chart what other methods than official treatment could be used (Granfield & Cloud, 1996, 2001). One researcher even suggests that the prevalence of natural recovery is vaster than first expected (Burman, 1997).

Purpose Statement for the Present Study

There have been many studies concerning recovery from drug addiction, and most of them have been quantitative and focused on how addiction is developed physiologically. This is important for our understanding of addiction, however it sheds little light on how individuals cope with their addiction in the face of challenges and other people. This study has looked into qualitative and quantitative studies, which have researched four main areas: 1) Social and environmental factors, involving family-life, their social environment and setting boundaries in relation to other people when dealing with their recovery. 2) Personal factors about the convalescents, including dealing with stress, creating a drug free identity and dealing with emotions. 3) Factors that can explain how addiction is developed and maintained including theories, heritability and physiology. 4) Other factors relating to recovery including relapse, abstinence and detrimental effects.

Recovery is often explained as a process of change, not something you achieve. Several studies have pointed out the relationship between recovery, expectations and change. An important part of this change is to create a new identity that is separated from the addict personality (McIntosh & McKeganey, 2000a).

Even though many factors relating to recovery has been researched there is still a lot we do not know. Especially relating to convalescents personal accounts of their recovery, making it important to explore. The aim of the present study is to use phenomenology to explore the experience of coping in recovery from drug addiction. I will focus on how the convalescents meet and manage challenges during recovery.

Research questions. Before a type of behaviour can be explored, it is necessary to acknowledge the different phenomenological fundamentals of behaviour in general. Behaviour needs to be understood through the arena where it takes place, motivation, challenges and goals. Behaviour takes place in a context and the properties of the context are

fundamental for the character, meaning and result of the behaviours. Motivation is a premise for the behaviour to take place and will determine the intensity.

Humans are not all-powerful and with a reaction, a counter-reaction will often follow. Humans also search for meaning and strive towards self-transcendence in order to explore their own potential. The movement beyond oneself is not random; it is always directed towards something. It can also be argued that the movement should be towards something better (Maslow, 1969). Although questions might skew what the informants said, I found it important to focus especially on the four objectives mentioned below when conducting the interviews and working with the data material. These are the main objectives I will focus on in the present study:

- In what arenas do coping occur? Are work, education, social relations and drug-free activities relevant here?
- What motivated the informants to start recovery?
- Have there been specific challenges that the informants have coped with in other ways than by resorting to drug use?
- What are the goals in recovery? What are the informants trying to accomplish?

Method

This section will explain the epistemological foundation of the present study, the methodological background, and the procedural steps of the analysis process followed throughout.

Epistemological Foundation of the Study

One of the strengths of qualitative research is that it acknowledges that the researcher has a role within the research projects (Haraway, 1988). Even though some researchers would prefer to they cannot delete themselves completely from the study. They will affect the results. It is therefore important to consult with a research group, colleagues or a supervisor (Malterud, 2003).

Qualitative research is not about generalizing but about looking deeper into the conscious mind of a group of people. Given that we are all human being equipped with a brain it gives grounds to believe that we are similar in the way we experience a phenomenon.

In qualitative research the researcher is prompted to make clear his or her relationship to the subject under scope. A researcher is always affected by and brings her pre-conception

into the study. The qualitative approach was chosen in the present study, as it gives a more detailed and nuanced overview of the topic being researched. It is also better equipped to answer the research questions following the purpose statement due to its ability to explore a phenomenon instead of fitting it into a questionnaire.

In relation to the epistemological origin of the qualitative research interview, it is important to note that it does not belong to one specific theory. In stead, the interview has been developed through conversation through centuries, however it can be explained through theories and epistemological paradigms after the fact (Kvale & Brinkmann, 2009).

In order for knowledge to be formed from qualitative research it is important to focus on the meaning of the researchers own preconceptions and the theoretical framework that has been chosen.

Interview Procedure

The interview guides (see Appendix B), were divided up in three main topics based on the research questions (see p. 10 "Research questions"): 1) the history before, during and after their drug addiction, 2) motivations to become drug-free and goals during recovery, 3) coping with everyday challenges in different arenas.

The first category included questions related to demographic, when the drug use started and how it affected their lives, and how long they had been in treatment. This was in order to get some background on the informants. The second category was related to motivations and goals in recovery, in addition to social relations and aspects about their personality. The third category was related to coping strategies and situation that the informants handled well. The informants were also given opportunity to reflect upon other topics that had not been discussed.

The majority of the interviews were conducted in an office at the treatment facility, however two were conducted at the University of Tromsø and one by telephone for practical reasons, in the course of November and December of 2014 and February of 2015.

The informants were interviewed about their experience of recovery from drug abuse with a focus on coping. This gave each individual the chance to talk about their experiences, and contribute with themes and details that I had not thought about. I reckoned this would be useful to avoid restricting the informants too much.

Semi-structural interview. A pilot-interview was carried out prior to interviewing the informants in order to try out the questions and the technique. The pilot-interview was left out of the analysis. Based on experiences from this, a semi-structured interview guide was

constructed especially for the informants. The interview guide was semi-structured so that I could follow up possible interesting topics that the informants mentioned.

Interpretative Phenomenological Analysis – IPA

Phenomenology has been chosen for the purpose of the research question in the present paper. The phenomenological approach is an effort to grasp the very essence of a phenomenon from the accounts of several people who have experienced it (Creswell, 2013).

The interviews were analysed using Interpretative Phenomenological Analysis (IPA). It is recommended that the researcher start by reading and re-reading the transcripts many times so that it becomes familiar. While doing this, reflections and themes might come up; these are noted in the margin. Quotes that could be informative or interesting in some way in relation to a theme can be highlighted for later assessment.

The researcher tries not to influence the informants in a major way, so the interview is lead more as a conversation were the informant is given the opportunity to tell their story. Some qualitative methods use a form of bracketing where the researcher put herself in brackets and tries to take her pre-conceptions out of the study. IPA is more sceptical to this approach. I am well aware that as an interviewer and fellow human being I am bound to affect my informants in some way. I am also aware that through the analysis process from transcription to clustering themes, I am conducting a triple hermeneutic; I am interpreting something that the informant is interpreting about his or her experience of the phenomenon (Smith & Osborn, 2007).

My Relation to People With Drug Dependence and Drug Related Environments

I started the study with some expectations about what could affect the informant's recovery:

- Education: It can distract and absorb the individual's attention. It can also be a positive and productive way of spending time. Furthermore it creates opportunities.
- Family: It can be a source of support or the lack thereof. Substance abuse has a genetic factor so it could matter how family-members use substances. Parents and older siblings are also natural role models. They create an environment for the individual.

- Friends: Starting recovery can sometimes mean breaking social ties that hinder the convalescent. An important coping factor can be to seek out potential friends in drug-free activities.

In relation to the present study I have never been addicted to any drugs or had a serious alcohol problem. However, as a teenager I often frequented places where drugs were used and distributed. I was quickly taken up in the social circle where drinking excess alcohol and taking drugs were commonplace. It was not so much a lifestyle for many as just a party supplement.

Drugs fascinated me, but not as much as the people who took them. I wanted to know what their motives and experiences were, but school always got in the way when it came to trying out drugs for myself. This is why I speculate that school can be a preventive factor and a coping factor as it gives the individual different goals and achievements. I still have some close friends from this scene who are addicted to drugs, however most of them are now in recovery.

When I wrote my BA-thesis the topic was directed towards substance use, more specifically alcohol use in relation to social anxiety and experienced parental rearing among students. It was a quantitative study consisting of three questionnaires. Now for my master thesis I wanted to further explore substance use by interacting with people who have sought help for their addiction.

Informants and Sampling Procedure

The informants included 6 convalescents where 4 were men and 2 were women between the ages of 22-34. They were all recruited from the same treatment facility in Northern Norway. Of the informants interviewed, four were convalescents being treated and who also lived at the facility, and two were convalescents returning for follow-up group meetings. Below, Table 1 gives an overview of the pseudonyms of the informants with their age and recovery status.

Table 1

The Informants in the Present Study

Pseudonyms	Age	Recovery status
Irene Adler	25	Just finished treatment, moved out of facility
Mary Sutherland	34	Just finished treatment, lived at facility

Godfrey Norton	22	Lived at facility 1 month (§12 – treatment instead of prison)
John Turner	28	Lived at facility 5 months
Alexander Holder	27	Attends follow-up group
George Burnwell	32	Attends follow-up group. Clean for 6-7 years.

My supervisor and I discussed the projects with several people until contact with the treatment facility was made. I set up a meeting with the head of the facility and we discussed the project's implications. I gave the informants information about the study and they signed the consent forms at one of their regular meetings at the treatment facility, two of the informants were recruited from follow-up meetings for previous residents. The idea was to recruit as many women as men, however there were more men than women being treated at the facility, and the men were also more willing to participate.

The Treatment Facility

All the informants have been recruited from one treatment facility, which is bound to make the informants similar in relation to some aspects. All the residents have been through roughly the same treatment plan. The facility was previously a so-called therapeutic community congruent with the Enlightenment Model of Responsibility (Brickman et al., 1982) but has in recent years abandoned the very deliberate practice of this approach. Although still under influence of the model of therapeutic communities, the focus is more on methods like knowing how to express your thoughts and emotions verbally in a constructive way.

The treatment facility offers an interdisciplinary treatment for drug addiction to persons over the age of 18 years with narcotic or combined substance disorder. The treatment is built on a humanistic view of life where the focus is on motivating the individual to change.

When discussing the facility with therapists who worked there it was made explicit that drug addiction was seen as a disorder, rather than a disease. A disease is caused by an infection and can be cured. A disorder, on the other hand, is not necessarily caused by infection and cannot be cured, but it can be managed, reducing the harmful consequences (Montagu, 1962). The focus was helping the residents to help themselves out of their addiction. This corresponds with the Compensatory model from the Attribution of

Responsibility Theory, which states that though people may not be responsible for their addiction, they are responsible for their own recovery (Brickman et al., 1982).

Many of the interviews were conducted at the treatment facility, which lead to an opportunity to explore the environment of the informants. The atmosphere was relaxed and in no sense did it resemble an institution, however it had a clear structure. It seemed that emphasis was put on both politeness and cooperation, which really affected the mood inside. The residents were organized in terms of how long they had been in treatment and to some extent how much they had achieved. Senior residents were encouraged to offer support to the new arrivals like a big-brother/sister arrangement.

Different means of coping. The treatment facility that the informants were recruited from had a variety of ways to motivate their residents to work through their problems when resorting to drugs was no longer an option. The informants mentioned especially three of these tools as helpful.

One of the approaches was to be able to express their feelings in a productive way. If one of the residents had an issue with another resident, s/he was encouraged to write what happened, who was involved and what s/he felt about that, on a piece of paper and put it in a box. These notes would then be returned to the writer at the Thursday meeting and the person could choose to address or discard it. The focus in this group was meant to be on what negative feelings the one writing the note experienced, not what the receiver did wrong. The idea was to make the residents realise why they had the reaction they did and what feelings this could be an indication of.

A second approach was to sit down and try to write about their personal thoughts and feelings in private. The idea behind this was to make the residents reflect on their inner reactions to all the changes and frustrations happening around them. This could further help them to organize their thoughts in order to be able to cope better with their current situation.

The third approach was longer trips for the residents who had stayed at the facility for a while. These could be trips up a mountain or just spending the night in another location than the facility doing therapeutic artwork. I was told that the trips were meant to give the residents distance from the facility and make them work on their selves without distractions from newly arrived residents.

Ethical Considerations

The Regional Committees for Medical and Health Research Ethics (REK Nord) approved the research project (2014/1082/REK nord. See Appendix C). Due to the nature of

the data collection process, the informants were not anonymous to the interviewer, however the transcripts were made anonymous during the transcription. Information provided by the informants was kept confidential and were not disclosed to the treatment facility. Each interview was kept separate, and the material from patients was not discussed with their therapist. Before the interview was scheduled, the informants had read and signed the informed consent form and before the interview began they were offered a copy (see Appendix A).

The informed consent form explained the interview procedure and the intent of the present study. After the interviews had been transcribed the recordings was deleted.

The interviewer wished for the informants to be open during the interviews, however not to the extent that it was harmful to their integrity. The informants were assured that if anything came up that was too difficult to talk about, which could happen considering the topic at hand, it would not be further pursued.

The Process of Data Analysis

Transcription. According to Braun and Clarke (2006), transcribing the data is an important start to the analysis process. The interviews were transcribed word for word, however among the non-verbal communication only laughs and pauses were included in the transcript in order to keep some of the atmosphere. The informant's were given pseudonyms from the book: "The Adventures of Sherlock Holmes", by Sir Arthur Conan Doyle. The names only reflected their gender.

Coding. The second step was coding the data. The transcripts were printed out and read and re-read to become as familiar with the data set as possible. Aspects and thoughts that could prove to be useful or informative later were jotted down in the margins. I discussed these initial codes and possible emergent themes with my supervisor. After this initial coding I treated the transcripts in Word adding line-numbers and used the comment-feature to comment and make connections about what the informant had said. In the next step I used a mind-mapping software called MindManager (Mindjet, 2011) instead of arranging the numbered comments into a list for easier clustering. I made one mind-map document per interview.

Looking for themes and connecting them. As always in research one tries to find a pattern in order to be able to report the findings in a satisfactory way. MindManager (Mindjet, 2011) served as a tool to create an overview of the interviews and the opportunity to arrange the codes into clusters. In this way the coding and what the informants actually

said was kept close. The interviews were analysed separately, as recommended by researchers (Smith & Osborn, 2007). That is, each interview had its own set of categories at first.

Connection of themes in superordinate and subordinate themes. A phenomenological study tries to describe the meaning for several individuals of their lived experience of a phenomenon. In line with being able to report the findings in a satisfactory way the task was now to analyse how the combined phenomenological experience was for the informants. So, I started comparing the mind-maps in order to find similarities among the interviews. I printed out the mind-maps and laid them out on a table and started to look for themes that were covered in all the interviews.

Developing the results and discussion. The last phase of IPA consists of developing the results and discussion. The aim is to provide a coherent and loyal overview of what the informants said about the phenomenon.

Validation

To strengthen the validity of the study both my supervisor and I read through the interviews, a process that ended with a discussion of the themes that initially emerged. I did the final decisions about the themes.

Results

This section presents the results from the interpretive phenomenological analysis as seven superordinate themes and several subordinate themes. Many of the names of the themes are taken from the words the informants used to describe their recovery. The seven superordinate themes from the interviews focused on coping, are:

1) Together Into Drug Addiction
2) Vulnerability Factors
3) Making a Choice
4) Together Out of Drug Addiction
5) Focusing On Oneself
6) The Gradual Change
7) Goals and Dreams

There are clear connection between the superordinate themes in the present study. However, in order to do the information given by the informants justice I eventually divided

the emerging themes up in seven superordinate themes with several subthemes. Below, Table 2 illustrates the superordinate themes and their subordinate themes.

Table 2

The Themes of the Present Study

Superordinate themes	**Subordinate themes**
Together into Drug Addiction	Environment
	Enabling
	Escalating drug use
Vulnerability Factors	Self-medication
	Relapse
Making a Choice	Choosing drugs
	Choosing abstinence and recovery
	Setting boundaries for oneself and others
Together Out of Drug Addiction	Follow-up care to the rescue
	Taking a new path
	Ultimatum
	Community
	Role models
Focusing on Oneself	Personal attributes
	Structure
	Creating room for coping
	Developing a drug free identity
The Gradual Change	Recovery is time consuming
	Recovery is continuous
Goals and Dreams	Being part of society
	A stable and independent life
	Achievements

The first theme, Together Into Drug Addiction and the second theme, Vulnerability Factors, is where the informants talk about how they developed their addiction. This turned out to be important background information in order to understand their situation now. Developing a drug addiction had not been a solitary action; it was usually a social

phenomenon. Also, the challenges that they had when they started using drugs were still an issue in recovery, e.g. loneliness, boredom, trauma and so on.

This lead to the third theme, Making A Choice, and the fourth theme, Together Out of Drug Addiction. These two themes were about starting recovery for the informants and to envision another life without drugs. The fourth theme is also clearly related to Together Into Drug Addiction since they are both about the informants interacting with other people.

The fifth theme, Focusing On Oneself was all about the informants coming to terms with their own sense of self and eventually creating a drug-free identity through handling their emotions and coping with everyday challenges. This awareness seemed to have been partly developed through their stay at the facility in relation to their fellow-residents and the therapists who worked there. This newfound identity also seemed to help the informants who had moved out of the facility to progress towards their goals and dreams, which connects the fifth and seventh theme (Goals and Dreams). The sixth theme, The Gradual Change, is a property about recovery from drug addiction and permeates all the other themes.

Together Into Drug Addiction

When the informants started talking about their recovery process they naturally started with how they ended up being addicted to substances. It became clear as the interviews progressed that it was common for the informants to have entered addiction with someone. For some of the informants this someone was their partner, for others it was their parents, and others found themselves in an environment where drugs were of common occurrence.

I thought it important to ask about how they entered drug addiction because it would create a background to their problem. It seemed that what had trapped them in addiction was also problems they had to deal with in recovery. As their recovery progressed issues from their past and when they started using drugs surfaced, and became a part of their burden towards a better life. The informants thought they had to not only cope with abstinence but also with personal and interpersonal issues that emerged at later stages of recovery.

Environment. Most of the informants started their drug-career early, they were in an environment where it was considered the norm to take substances. One of the informants describe how his brother and his friends, who were using drugs, influenced him in his pre-pubescent years which would be the start of his addiction.

> *John Turner: So I've grown up with my big-brother and he has been a drug addict for as long as I can remember (...) He was going to babysit me when I was 8 years old…*

he did that often because our dad worked a lot. He had two jobs in order to feed us. So his friends passed me the bong while my brother was out picking up some drugs. And they sat there smoking and for me this was completely natural and normal. And I probably felt a little pressured, too, I thought they were cool boys and they were a lot older than me.

"John Turner´s" father was absent due to having to work two jobs, which meant his big brother would step in to take care of him. He was only 8 years old when he was left to his big brothers care, and so his brother's friend's social interaction, which involved drugs, was within the norm for him. He did not have anything else to compare it to. However, as "John Turner" gets older his big brother disappears and he is left hanging out with the same people his brother did.

John Turner: The years went by… I was 12-13 years when my brother disappeared. He was just gone. And I knew all his friends. So I got drugs off of them.

Some of the other informants had parents who were using some form of substances meaning they grew up with it.

George Burnwell: my problem with substances started when I was 12, and that´s because of my mother. It was very easy to get a hold of alcohol back then so that was not a problem. She was usually: whoop, happy days! So I could just ask her. She started buying me alcohol.

Enabling. There was another part of ending up in drug addiction that was described by the informants, some almost felt like they were allowed to fall into addiction by their friends and family. This enabling was not always intentional, however it was effective. One of the informants had the opportunity to live at home with his parents during his drug addiction and was able to use his relationship with his mother to maintain his use of substances.

Alexander Holder: But when I started drinking I managed to get my mother to finance some of it. My argument was that if you can´t help me with alcohol, I´m going to lend money in order to buy drugs (…) I had a basement flat at my parents house, and that became like a sanctuary for all my friends who still used speed.

"Alexander Holder" expressed that he knew his parents knew about and did not approve, of his drug use, however they let him stay at their house regardless. His parents did not have the heart to throw him out, as he says at least when he lived at home they knew where he was and felt they had some control over his activities. Even though his mother

wanted to call a treatment facility for a long time, she was not able to make that call before later because of guilt.

Old contacts were also a source of enabling:

Irene Adler: I contacted my ex-husband and asked if he had any drug, if he knew of any. And he did so he came over to visit me.

Escalating drug use. The informants' drug use did not become a problem right away. All the informants spoke about the escalating use of substances that culminated in their addiction. And without an escalation of drug use and loss of control one would be hard pressed to think there was reason for treatment. One informant describes what seems to be the norm of addiction development, starting with cannabis and then go on to stronger substances.

Alexander Holder: When I started smoking pot it turned out that everyone around me smoked it too (...) I was introduced to cocaine pretty early, so you tried that, right, and it gave no taste for more. And then I was introduced to ecstacy, and by that time I had already broken the barriers so: show me what you´ve got and I´ll try it (...) Then I was introduced to amphetamine, and from that point on that was what I wanted to use.

To start their drug use with cannabis was common among the informants. And it seemed inevitable that their drug use escalated. Some of the informants described their escalation as an expression of boredom, others again said they felt like it was necessary in order to continue numbing physical and emotional pain.

However, Alexander Holder´s drug use did not escalate just by the strength of the substance he was using. He also started to mix various drugs and that is when the situation got bad.

Alexander Holder: so I guess one used speed for six years and then one started to mix it together with benzodiazepines, which is when things really started to go wrong. That is when I started loosing jobs and you loose completely… yeah, you stop caring about personal hygiene and…I´ve always had a place to stay because I´ve lived at home, but one only used it as a base to go home and change and then go out again.

At this point in the interview "Alexander Holder" has started talking about himself in the third person and this persisted throughout the interview. It was very important for him to express that he has always worked, so now in recovery he has no debt due to buying substances. "Alexander Holder" was used to having money since he lived for the most part at

home and had a steady income for a long period, however he never put anything aside so he was not prepared for losing his job.

Vulnerability factors

The informants used to take drugs in order to dull physical and emotional pain or take away boredom. Such vulnerability factors were also part of their every-day life in recovery and it could be the same factors that contributed to their addiction that would cause them to relapse. The fear of relapse and the losses they would suffer if they did was ever present through their recovery.

Self-medication. The need to get rid of a problem with drugs in order to get on with their life was familiar to all the informants. The difference now in recovery was that they had to actually deal with challenges and not just overwrite them with substances. One informant described how her boyfriend at the time treated her so badly that she felt like she needed to do drugs in order to stay with him. She developed depression because of the way he was and, instead of leaving him, she turned to drugs.

> *Irene Adler: He was the type of man who manipulated and was mean and controlling and all that. I was used to this from my childhood with my mothers men, so I can see that I made the same mistakes there and thought it was safe and familiar. The last year we were together I started to struggle with depression a lot because of the way he was. And I wanted so badly to do drugs again and he found out and said he wanted to keep me no matter what. So he encouraged me to go out and get high and then come back to him. And I made use of that offer, many times.*

It seemed like it was not an option for "Irene Adler" to leave her boyfriend so she turned to drugs to be able to stay with him. He told her she could go and do drugs and then come back, however this was not without an ulterior motive. When she accepted his offer he in turn reported her to Child Protective Services that considered her parental capabilities.

Other informants used drugs in order to dull physical pain, gained from an injury. In some instances the drug use was in the form of medicine, which the informant used as prescribed by his doctor, however he still developed an addiction.

> *John Turner: I´ve been riding snowboard since I was a small child, and then I broke my arm in the slope and was given morphine (…) and the pain just got worse and worse, and I got stronger and stronger medication (…) and became a pain patient. But I took my medication as prescribed, like, and then I quit for a period because I didn´t realise I was addicted. But I was addicted to morphine, you know, so, yeah, I*

don´t really know what happened.

Relapse. A part of recovery is having to deal with relapse, or at least the fear of it. It is likely that the same things that got the informants addicted and later caused them to relapse will be a risk factor even in the late stages of recovery. All the informants spoke about instances of relapse when reflecting over their recovery. Some of the informants had a relapse despite thinking they had everything in order. Others blamed their relapse on poor follow-up after previous treatment.

> *Mary Sutherland: It was difficult to organise a meeting with my team back home (...) it seemed like they weren´t willing to turn up. I´ve experienced this 3-4 times previously. I´ve been in treatment and gotten home to nothing, so I felt like no one took proper responsibility at all. They were the ones who sent me here in the first place but they… it seemed like they weren´t interested in continuing the work that I had done in here. A hell of a good job, too, and then they just didn´t want to be on my side.*

"Mary Sutherland" was one of the informants who had been in treatment multiple times before without really being able to control her addiction. It was not so much the treatment in itself that went badly, the trouble started when she was leaving and entering the real world again. "Mary Sutherland" needed a support system that believed in her to be able to continue coping with her recovery. She expresses that believing in her-self was not enough.

Other informants describe a life after treatment that seemed packed full of activities, connections and opportunities, however still not having control.

> *Alexander Holder: So I had them (The Church City Mission) and I had counselling sessions with the treatment facility and I had a addiction-psychologist and I had work a couple of hours a week at the printing office. Because I thought: yeah, now I have enough to occupy me, you know. I ran back and forth the first month, every day, and told the same story again and again (...) it wasn´t a solution that worked, at a certain point you were bored. So I went to the shop and bought two lagers and after I had drank them I went back and got two more. And then I thought: well, shit, this went well. So I bought a six-pack of lagers and called a friend to buy a couple of grams of pot. And then I thought: I´ve already relapsed so I´ll just continue drinking.*

"Alexander Holder" describes a life after treatment that had all the recommended additions in place for him to be able to cope with his recovery. However, he got so bored by

doing the same things over and over that he started drinking alcohol again and it escalated from there. In other words, he demonstrated a need for activities with a deeper meaning.

Making a Choice

All the informants talked about choices they had taken, both when using drugs and now in recovery. Some even said it was their choice to take drugs, knowing it was harmful in order to cope with their reality at that time of their lives. The informants were very adamant that they now had *chosen* to deal with their addiction and not let it control their lives anymore. Even though some of the informants claimed it was not their fault they had become addicted they still thought it was their responsibility to recover from it.

Choosing drugs. Before their recovery the informants felt like they had chosen drugs over other things in life. Also, the informants agreed that it was the choices they had made that resulted in addiction, it did not just suddenly happen. One of the informants, who had a challenging upbringing, was convinced that this was not the sole reason he had gotten a problem with substances.

> *George Burnwell: There are many who say that if you have a happy upbringing, you will succeed in life. But if you have a bad upbringing you will not succeed. But I have a buddy (…) he died of an overdose in 2006… and he got everything handed to him, he got a car costing 7-800 000 kr. when he turned 18. He got everything, got an apartment and everything handed to him. So I don´t believe in that theory. To have a good or bad upbringing has no significance, it´s what one chooses that counts.*

Throughout the interview "George Burnwell" emphasised that it was important to choose your own life, no one else can do it for you. You need to be able to choose for yourself in order to have control, and perceived control over oneself and situations are important in recovery.

Another informant felt like he had chosen drugs over his own daughter, which he highlights as one of his biggest regrets.

> *John Turner: There are a lot of good things about getting high, but nothing long-lasting, it´s all momentary, you know. That is probably why some of my relationships have gone straight to hell, too, because of drugs. I´ve lost my kid, I feel like I´ve chosen drugs over her because I started taking drugs. Instead of just letting it be with that one time I smoked again and then gone and taken a urine-sample, you know, and fought a little. But, again, there is that adversity that one is not used to handle in the normal way.*

Choosing abstinence and recovery. The informants agreed that deciding to choose abstinence and recovery was the first step towards a changed life. One informant said that he wanted to start recovery because he wanted more from life.

> *Alexander Holder: It´s hard to pinpoint the reason I am drug-free today, but…I don´t know if it´s wanting to do more? You don´t develop as a person when you do drugs, you know. A person who starts using when he is 18 is exactly the same person mentally when he is 35. There are very few who think about education, there are very few who think about working because in the end you are so caught up in NAV that you learn to live off of that and criminal ways. And I get tired of these things, I mean, I´ve always felt like I could do better.*

"Alexander Holder" repeats that he always felt he could and should do better in life and so life as addicted was not good enough. Throughout the interview he carefully clarifies that he was never a junkie, he was on top of the hierarchy with free access to various drugs, which he sold on.

One of the informants personifies the urge to do drugs and compares it to the devil. In this metaphor the informant is the one who has to resist the temptations that the devil represents.

> *John Turner: I just need to stay drug-free, I can´t let the drugs win. Beause I feel like there is a devil sitting on my shoulder and goes: yeah, yeah! Get on with it! And that´s the drugs, and then you have me on the other shoulder trying to be stronger.*

It seemed to help "John Turner" to see addiction as something a little less abstract. Generally in all the interviews there was a consensus among the informants that metaphors and labelling helped them cope with their addiction better since it gave them an enemy to fight.

Setting boundaries for oneself and others. The informants talked about having to make difficult decisions when starting their recovery. These decisions included for some to give up any future plans to use substances again, including alcohol. Most of the informants had re-evaluated their social circle, letting people go or deciding how the contact between them and others should be in order to stay committed to recovery.

> *Irene Adler: It hurts so much to feel like you have a hunger inside, and I know that if I can stop thinking that I want other substances, then of course I can drink alcohol. Of course I can, but I have a history of freeing myself of all responsibility when I drink and stop seeing the consequences and chose to live only in that moment. And when that happens I might do drugs, and I don´t want that I want to be of sound mind.*

Before treatment, ”Irene Adler” wanted to use drugs in order to make her problems disappear; this has now changed in recovery. Now she wants to face her problems head on with a clear mind not clouded by substances.

A part of setting boundaries for others was finding out whom the informants could have around them, especially now that they were trying to change their lives. To some that meant excluding former friends from their lives.

> *Godfrey Norton: I realised that I actually had a friend who was a psychopath. He is the best manipulator I´ve experienced. He uses people, you know. And he was living with me for three months. So when I figured that out: *snaps fingers* out! There is this one guy I know (…) He is someone I trust, he is there when I need him psychologically, as a friend. I´ve had these depression-periods, you know. And even though I had no pot available, he still sat with me until I was better. Even though I was clean, you know.*

As “Godfrey Norton” progressed in his recovery he discovered that he had to discard one friend in particular, and this was apparently not hard. However, he also decided to continue his contact with one of his drug using friends because he felt like it would not affect him in a negative way, and that it would be worse not to have him there.

Together Out of Drug Addiction

During their recovery, the informants discovered that social support could be an important, if not necessary, resource when recovering from addiction. Some had a partner who also struggled with addiction so they had the common goal of recovery and others found inspiration in their therapists. In other instances the mere assurance that someone was around was enough.

Follow-up care to the rescue. Child Protective Services were brought up a lot in the interviews as most of the informants had children. Other informants also talked about living arrangements that were set into motion after their treatments were finished. These were important measures even though some of the informants thought it too intrusive.

> *Irene Adler: Only a month after “James McCarthy” was born, “Charles McCarthy” was pulled in by the police (…) Anyways, this was logged by the police and automatically sent to child protective services. So we were followed up by child protective services for a couple of months, because they were obviously worried about this. And I managed to postpone the drug test until I was clean before the first test was taken (…) and I cooperated with them, I thought it went really great.*

"Irene Adler" and the father of one of her children were followed up by Child Protective Services, due to their previous experience with addiction and a recent incident with the police. This cooperation was very difficult for her partner, as he felt persecuted. "Irene Adler", on the other hand, found their help comforting. Later in the interview she also says that at one point she called them herself, because she could not cope with her addiction and being a mother.

Most of the informants talked about how difficult it would be to return home to the same environment where they had been using drugs. To some, one of the most important aspects about continuing recovery after treatment was to feel safe where they lived. That meant feeling safe from harm and temptations.

> *Alexander Holder: People are not ready when they are finished, like for me it has been so important to have that housing option. I´ve signed a contract saying that even alcohol is not allowed. And we have these activity weekends that are obligatory (...) so if you have a job, follow every appointment you can basically do what you want. Of course they want to know where you are, I mean, I can´t just go somewhere.*

"Alexander Holder" did not feel ready to make it on his own when his treatment was finished, luckily he got accepted into an after-treatment program that allowed him to live in a home for former addicts. He felt safe and relatively free to do what he wanted there even though he knew that the people running the place where merciless when it came to using any substances while living there. The people who ran the place were former addicts and knew all the tricks, and if he broke any of their rules he knew he would be asked to leave.

Taking a new path. Many of the informants described their recovery process in terms of a metaphor that involved taking a different path than the one they had walked when using drugs. In many ways, this theme is about the choices they had to make every day in order to keep progressing in their recovery. Trips to explore nature were a part of the treatment plan at the facility that I recruited from, and this was important to some of the informants.

> *John Turner: I was sent up a mountain right after I stopped taking morphine, the third day after I was completely of it. that is often the worst day, the body has the most withdrawal (...) And I was the first one on the top, I couldn´t stop (...) in the end I was all alone between some mountains, you know. Far up in the wilderness, you know, and that is when I got an almost… it was like a syringe of heroin was spinning in my head: oh, my god, I need something. And that is when I just had to say to myself that: "John Turner" this is why you are here. Just continue walking, you know. And it was*

like a bubble that just…it was gone. And I haven´t been craving drugs since then (…) if I hadn´t taken that trip I don´t think my head would be this clear. Wouldn´t be as sure about what I wanted.

For "John Turner", the mountain trip that he and his fellow recovery residents took became an important moment in his recovery. He adds that he has always liked exercising and keeping fit but at this point he was in the worst shape he had ever been. The exertion it took to get to the mountaintop coloured his white t-shirt brown were his kidneys are, which he says testaments to the state of his body at the time.

Being able to take a new path was also related to having a distinct wish to become abstinent and succeed in recovery together.

Irene Adler: My fiancé and I are on the same team and he wants the same as me. And he wants to be drug-free and he is very motivated to become drug-free and is very reflective and mature. And I saw that it isn´t just a chance, it´s a very, very good chance that we can do this.

"Irene Adler" felt like she and her partner was on the same page when it came to recovery and believed that they could get to where they wanted to be together. To her, this cooperation made it seem more plausible that she would succeed in recovery.

Ultimatum. The informants experienced that some of the choices they had to take were different than others. There were only two options given and the informants felt like they had so much to lose. These decisions were ultimatums given to them by people they cared about.

Godfrey Norton: Under a year a go I sat there with the needle in my arm, but then I met the girl I´m with now. And she motivated me to quit. So I quit the syringes and everything cold turkey. Or, I had a couple of relapses after but she said that if you keep doing this our relationship is over because she didn´t want to be with an addict (…) it was an ultimatum, you know (…) I had started to care for her, you know, I really was, so I chose her over the drugs. It was a good outcome.

"Godfrey Norton" met someone who was not using any drugs and who would not tolerate drug use from him. And due to the place he was in his life at the time, this was enough for him to choose her over the drugs.

For others it was about both not disappointing someone who had been there for them and not losing their friendship.

Alexander Holder: I have a lot of contact with her, she is a very important part. And she is also a person I´m scared of disappointing because she has always been there

(…) she has been a motivating force to me when I relapsed. I mean, she gave me an ultimatum that if you continue doing drugs we can´t be friends anymore because she couldn´t stand that.

Earlier in the interview "Alexander Holder" also talked about how this friend urged him to try therapy for some of his mental problems, and that she has never given up on him even though he admits that sometimes he has lied to her about his addiction.

Community. The treatment that was given at the facility the informants were recruited from, evolved around a sense of community. Even though the residents had to focus on themselves they should be able to rely on each other for support and inspiration.

Irene Adler: everyone gets to say a little about how their day has been and it can be things like: I talked to my 5 year old daughter today, and I really didn´t enjoy talking to her. I thought it was annoying to have to talk to another human being and I feel bad inside for thinking thoughts like that. But I do have a plan to work on that, and this is how I´m going to do it… like that (…) and when everyone share like this you have the opportunity to compare yourself to others and find out that maybe you feel like that, too. And than listen to how that person dealt with it and think: maybe this is the way to cope with this for me too. I´ll try it.

For "Irene Adler" it was important to be a part of the meetings that went on at the facility to be able to share her thoughts and feelings but also to listen to the others. It was a way to be able to clear her head before bed and to her it was all about trying to cope with addiction together.

It is a community at the treatment facility I recruited from and they are encouraged to take care of each other, especially the new residents.

Mary Sutherland: it´s our responsibility, who have lived at the facility longest, to take care of and protect, a little extra, the ones who have just arrived. Because they are at risk of suddenly leaving because they haven´t been completely grounded yet and are very unsure and there is a lot of new people here.

Another part of the cooperation in recovery that was important to the informants was that others understood their situation and them as persons. "Irene Adler" sums this up at the end of the interview:

Irene Adler: That we are able to open our eyes and see who we really are, that we suffer from something. It is a disorder. It is not something we have chosen for ourselves, well, maybe at the start but not as time has gone by it is not something we

have chosen. So they (the therapists) give us better self-esteem and show us that we are good enough.

The therapists created an environment where the patients where seen in a light that promoted better self-esteem, not judgement.

Role models. Some of the informants even had people to look up to during their recovery. This was also a part of getting out of drug addiction together because these role models gave them an example of a person who coped with everyday life without drugs.

George Burnwell: To have my first boss. He was a very good role model.

Being able to go to work was important to many of the informants, to ”George Burnwell” it was a big part of his life and he remembered his first boss as someone he looked up to. When he first started there he felt accepted after he told his boss about his past as drug addicted. Even though he knows he does not have to, it is important to him to tell people he is going to frequent about his past as addicted, due to his conviction that honesty is very important in recovery.

Other informants looked for friendships with people who they knew did not use drugs. In this way they could observe how to interact on a social level without using drugs.

Alexander Holder: As I´ve said before, I used to hang out with people that I had been in treatment with. But I also continued hanging out with people I once did drugs with and that were still doing them because I was in control (…) so the door has always been open because I had those people, but I´ve dropped those friends now. Many times it was hard because it was people you were close to, but now I have none of them left. Now I´m just around ordinary citizens who lead a normal life.

While ”Alexander Holder” was living at housing for previous addicted people, he did not see any problems with having friends who were still using. However, the people who worked at the housing project soon convinced him that it was better with a clean break.

Focusing on Oneself

Even though the informants realised that their recovery was made easier by having people who were important to them around, recovery was also a time to focus on themselves. To find out how they could get control of their addiction and who they were as a person without drugs. This meant that some old personal ties would have to be cut and new ones formed in order to make room for personal growth. It also meant that the informants had to put the needs of themselves first for a period in order to cope with their situation.

Irene Adler: but I realised that if I was to become drug-free, I had to do it for me. I

had to be selfish and put everybody aside and say that I wanted a better life. I don´t want to do drugs anymore because it´s not good for me. This is not what I want. That's what worked. Because earlier I´ve tried to do it for my children and my mother and everyone else but me.

Personal attributes. When the informants talked about what it took for them to start recovery, all of them mentioned personal attributes that contributed to their success. In common for all was the importance of having a strong will.

Mary Sutherland: If I understand you correctly, I can answer that I´m stubborn, I´m very stubborn. I remember my father once said to me, because I used a lot of energy on being annoyed at NAV (...) and he just: I wonder, what if you used all that energy on doing what you have decided you want to do, you know (...) when you decided you want something, you work to make it happen and it did.

Some of the informants discovered their stubbornness in treatment and realized that their story with drugs were not so different from others.

John Turner: I am going to make it. I´m so determined, it has to do with being stubborn too. Everyone is different and I´m really a stubborn guy, I just needed help to see it… And conversations with the others who are here… how they struggle and their stories, you see you are not so different. That´s what´s so crazy, everyone has a pretty similar story.

In addition to being stubborn, honesty was important to the informants during their recovery. It was not only important for them to be honest with their therapists but also with themselves.

Irene Adler: that I´ve got the will and ability to see things in a positive way. That if there is a goal ahead I don´t see all the 20 obstacles before I can reach it. I see the three-four positive ways I can get there and I chose to focus on them. And when something negative comes along I chose to hope that there will be something positive after it as long as I´m good and work through this. And when you have the will…it couldn´t have worked without being strong-willed and that I´ve been honest. I´ve been endless, I´ve been so honest that it has hurt me inside.

Structure. Many of the informants also mentioned structure as an important part of their everyday life. For them to be able to concentrate on what they wanted to do, there had to be a predictable day in front of them.

George Burnwell: I get up half past five every day, even Saturday and Sunday. It´s become normal routine to get up at half five. So that structure is very important. But I

think it´s just fine to get up at half five even if I don´t drive for work until half past six, quarter to seven. Then I get the time to think through the day and what I´m going to use it on.

To get up early and be able to plan their day was something the informants picked up in treatment and the ones who now had lived outside of the facility for a while, gladly added this to their daily routine.

Alexander Holder: So my daily life is packed full because I have fixed set of things that I do, I have routines. Something I´ve never had before, or managed to follow, so that is one thing that makes it… I´m always moving, it´s very rare that I have time for social stuff because my social input happens at the gym. When I´m done at work I go home and cook some food, go to the gym, home again to eat and then repeat, you know. So that has been very important to me, because I didn´t have that the last time I was finished with treatment.

Some of the informants needed to fill their day with more activities then others in order to continue living a substance free life. The degree of planning that the informants needed in their daily life varied, however all implemented some degree of structure.

Creating room for coping. It comes naturally to think that one should straighten out your life so that you are not a burden to others. The informants wanted custody of their children, to be a role model and find good friends and maybe a partner to start a family. However, first they needed to think about what they themselves needed in order to succeed in recovery. Everything else would have to be put on hold to create enough space in order for them to cope with their addiction.

Irene Adler: That I said to myself that my children are all right. They´ll grow up, they´ll be fine whether they are under my care or someone else´s. and there is no one else but me to worry about now, even if I die in a car crash tomorrow my children will be okay (...) I need to do this for myself . do I want a better life? I actually had to ask myself this. And find out what it means to me to have a better life. And that is when I managed to do it

"Irene Adler" had to put everything on hold in order to recover, including her children, others needed to prioritise even when they were finished with treatment and had established a life for themselves.

George Burnwell: I have three things that are important in my life. And I think that´s enough. That´s my job, my Mercedes, and my beloved. I mean, I´m not that concerned with the whole family thing. (so you don´t want a family?) I do, my own little family

but I´m not too concerned with having family around because I think it becomes too much of a hassle, stressful, too much bother. So I wasn´t thrilled when my father moved up here, because I like to keep family at a distance. I think it´s nicer to go home and visit instead of having them around (…) and to be around a bunch of friends… I chose not to stay in touch with anyone because I just don´t have the time.

”George Burnwell” only wanted to include the most important things in his life: work, cars and his boyfriend. Even though he admits that he does actually have time for friends, he is choosing not to pursue any friendships right now. Previously he tried to keep in contact with someone he met in treatment, however he found them to be too unstable.

Developing a drug free identity. To recover from drug addiction can be a confusing and chaotic process. After some time in treatment convalescents start finding out who they are and who they want to be, and if those two are not the same, a process of trying to assimilate the two identities start.

Irene Adler: they have a way of doing their job that means you realise who you are as a drug addict when you are in an environment with drugs. They want you to see it clearly and entirely. And they want to show you where the path can lead on (…) they will help you to get there and finally be the person that you want to be all your life. That your goal and intentions is to become a good citizen and be able to contribute to society, but focusing on yourself, that you enjoy what you are doing.

“Irene Adler” received help from her therapists in treatment to figure out who she was when using drugs and who she wanted to be now. Most of the informants discovered that they are a completely different person without the drugs. And this reflects how much the addiction to substances has affected them.

John Turner: those who work here say that it´s amazing, I´m a complete different guy now than I was then. Now I´m who I´m suppose to be. It´s unbelievable how much being clean, receiving trust and job tasks does.

“John Turner” is just one example of someone who has had two identities to conform to before treatment. He has been the addict who needed the drugs in order to deal with loneliness, and he has been the father who just wanted to be with his daughter.

John Turner: I haven’t taken drugs when I´m with my daughter, I have another role then.

“John Turner” even thought he had used so many drugs that he had deleted part of him for good so a part of his recovery has been to re-discover himself as a whole person.

John Turner: I surprise myself and I´ve opened new pathways in my head that I didn´t

think was there anymore. I thought the drugs had deleted them. So really, you can say that my whole stay here has been a big surprise and a big epiphany.

"Irene Adler" on the other hand tried to delete part of her with drugs on purpose. Instead of working through her emotions she wanted them gone because it was easier at the time. Now in recovery she has found that drowning her emotions is not a long-term solution, and that she now has to, and is able to, deal with them.

Irene Adler: What feeling do I need now that I can´t conjure up myself. And then maybe find out that, okay, it´s a feeling of being able to cope I´m looking for. I can´t find that feeling by using any drug so I can just forget that. And then I need to figure out: how do I get the feeling that I´m able to cope? Because it´s never a drug that I´m looking for, it´s always a feeling or something I want to block out or make disappear. And if there is something that I want to block out I need to find a way to work through it.

The Gradual Change

The informants realised that the process of recovery was something that would take time and effort on their part. Their life would not instantly transform into the life that they wanted. In order to have the opportunities they wanted, like a job and/or custody of their child, they had to be persistent and stand in whatever adversity the recovery process would send their way.

Mary Sutherland: I don´t know if I can think of any particular situations but I must say that I think it is the whole package. All the little things that have gradually made a very big impact.

"Mary Sutherland" had no big turning points when she was in treatment that assured her success, and neither did the other informants. All the little and big steps they took, like deciding to start recovery and finally accepting treatment, accumulated into change and ultimately had a big influence on their lives.

John Turner: It´s been moving very gradually, a very positive change for me and a big surprise to me, actually, very positive change. I don´t know, and it´s been everything, the whole thing.

Recovery is time consuming. The informants had no illusion that recovery would be quick. Especially the informants who had been in treatment before and later failed knew that recovery would not be over when their treatment time was up.

Irene Adler: And many of the people who work here showed me techniques like: "Irene", you can tell yourself that you are going to stay drug-free for one month and set that as your goal. Screw the rest of your life, try one month first because that is what´s ahead of you now. When I got there (at the facility) I didn't want to stop with the benzodiazepines and I didn´t want to quit drinking alcohol. But now that I´ve gotten out of there, I´ve set the goal to June 1. where all drugs are out of the question. And when June comes I´ll re-evaluate and most probably go one more year, and so on.

"Irene Adler" was one of the informants who summed her recovery up as many small goals that had to be reached before starting to complete a new one. This was a strategy that the treatment facility had in order for the convalescents not to be overwhelmed by the time their recovery process might take.

Recovery is continuous. Another quality about their recovery process that the informants learned to accept is that recovery has to be an uninterrupted part of their everyday lives from now on.

Mary Sutherland: That I´m coping every day being home and walking to the pharmacy without stopping to talk to… or start talking about getting high and how to get hold of drugs or go do something one is not suppose to. I feel like I´m coping everyday actually.

When the informants finished treatment they had to use what they had learned outside of the treatment facility. What "Mary Sutherland" said about her recovery process is that she has to be prepared for challenges every day. She needs to plan what she is going to do and say if she meets people she used to know who still use drugs on her way to the pharmacy.

Goals and Dreams

The future was also something the informants discussed in addition to their present recovery situation. They compared themselves to other people and realised that drugs had hindered them in achieving the adult life they wanted. Being able to live a stable and independent life was something they envisioned achieving now that they were in recovery. The long-term recovered informants also proudly told about the feats they had already achieved and were now maintaining, like a steady job, their own apartment or newfound contact with family.

To be a part of society. Many of the informants express a wish to be able to contribute to, and therefore also be a part of society. In order to do this they envisioned

furthering their education and/or getting a job that they are content with. Further, a common denominator was that they dream of what "Alexander Holder" calls "a normal life" without drugs.

> *Irene Adler: I imagined that if I managed to become clean I could become a part of the rest of society. I wanted the opportunity to get a real well-paid job, maybe after a good education. I would be able to reach the dreams I have, conserning work like being a photographer or something else good. I can actually get there. I can have the white house with the picket fence around and a station wagon and a dog in the driveway and all that.*

"Irene Adler" takes the dream of becoming a part of society to a level that resemble the American dream with her children and her partner: house with a white picket fence and a dog in the driveway.

A stable and independent life. To live a life addicted to drugs can lead to crime, even more so if this is the only life you are a part of. Not only is doing and acquiring drugs illegal in Norway, it can also lead to criminal behaviour due to loss of inhibitions. A criminal life brings risk and it is an unsafe environment. Now that the informants are in recovery, they dream of living a safe and stable life.

> *John Turner: to get a stable and safe life. I would like to have a house, a boat and a car, and get married sometime and maybe have another kid. It´s like… I´m 28 years old! There are other values in life than to get high.*

In addition to having a safe and stable life the informants also wanted to pay off debt that they have accumulated and be able to also put aside money, which was not possible previously.

> *Alexander Holder: my goal, yeah (…) past new years my goal is to get my own apartment. I still don´t have a permanent job but I´ve been offered a position until May and I have to say that the drug-free housing has been really good for me, but I´m starting to grow tired of it. I mean, you can practise all you want before you actually try it, you know. I can´t live in a bubble like that for the rest of my life, you know, I just can´t. I want to be able to control my whole week, whole month by myself.*

Even though the informants were on different levels when it came to how far they had come it was clear that everyone wanted more independence and resources than they already had.

Mary Sutherland: The thought that I really want to be able to attend school and get a job and stop being dependent on NAV and be autonomous and be able to be a good role model for my daughter. That is very important.

Achievements. Since this study involved convalescents who had been in recovery for a while, or were finished, it was expected that some of them had already achieved some of the goals that they worked towards.

*Alexander Holder: I´ve been out on the town several times without drinking. I organised a bachelor party this summer and I didn´t drink. I was a speaker at a wedding, and I wasn´t drinking, and that was me completely outside my comfort zone in every way, but it´s okay (...) but one of the biggest experiences with coping I´ve had was after the bachelor party. Because I took the groom with me to a bar where he sat down and then I said: one beer and one cola. And then I´m standing there holding them and think: the cola is for me! *laughs* and that has never happened before.*

From contributing to and attending big occasions without substances, to creating something that affect their life on a bigger scale; the informants who were finished in treatment certainly had accomplishments.

George Burnwell: I´ve started my own company. I hadn´t expected that when I came to North Norway. So work is incredible important, to work with something I enjoy (...) I love working with cars (...) today they called from the TV-programme "Broom". And then he says: this concept you are working on is one of the most fantastic ones they´ve discovered. So he wondered if I wanted to be part of their team. That is, they could send their customers to me. So that is fantastic.

Discussion

The present study explored how convalescents cope with their recovery from substance addiction. Specifically it explored, 1) in what arenas do coping occur and is work, education, social relations and drug-free activities relevant? 2) What was the informant's motivation to start recovery and what were the specific challenges during recovery that they handled without drugs? 3) Were there any goals that the informants tried to accomplish during their recovery?

All the informants were recruited from the same facility so I expected to find similarities in their accounts, however their personalities and recovery-status were very different. Some of their strategies were directed at practical things like furthering their education or getting a job, other strategies had more to do with becoming the person that they

wanted to be without drugs. This involved trying out new hobbies, acknowledging and sharing their feelings and setting boundaries for themselves and people around them.

The main results of the present study emerged as 7 superordinate themes with 22 subordinate themes. The first theme, Together Into Drug Addiction and the fourth theme, Together Out of Drug Addiction created a frame for the informant's recovery accounts. The two themes outlined the story of how the informants developed an addiction and how they experienced the recovery process. The second theme, Vulnerability Factor was seen in context with the themes Making a Choice, Focusing On Oneself and Goals and Dreams. Vulnerability Factors illustrated the risk factors, which contributed to the development of addiction and were risk factors for relapse. The sixth theme, The Gradual Change presented itself as a property of recovery and permeated all the other themes.

This section provides an interpretation of the main results of the present study and discusses the findings in light of existing research on drug addiction, coping and recovery, and relevant theories. The findings in this study are based on the phenomenological analysis of the data gathered during the semi-structured interviews. Methodological considerations of the present study will also be reflected upon.

Together From Drug Addiction Towards Recovery

Other people around them introduced the informants to substances. It was important to explore the informants' past because their vulnerability factors could become reasons for relapse later in recovery. For "John Turner" it was his big brother and friends that introduced him to drugs at an early age, for "George Burnwell" it was his mother who was an alcoholic. According to studies on heritability it could be that they were predisposed to developing an addiction (Kreek et al., 2005). This paired with being exposed to drugs and alcohol at an early age could have aided the development of an addiction problem. Old contacts were also enabling the informants to continue their drug use, like "Irene Adler´s" ex-husband who provided her with what she asked for even when she was in a relationship with someone else. This highlights the importance of setting boundaries and choosing who is safe to keep in contact with.

All of the informants spoke of how they started getting out of drug addiction with someone else. Even though they had to focus on themselves and leave someone behind, the results suggest that they did not make it out on their own. Some of the informants got out together with their partner, like "Irene Adler", others turned to organized offers like "Alexander Holder" who lived with other previous addicts in a home run by recovered

addicts. This is congruent with previous literature that included abstinence pacts in recovery (McIntosh & McKeganey, 2000b) and housing after treatment. The informants almost seemed scared to finish treatment, because out in the real world it was up to them. Being able to find proper housing was one of the challenges because there was always the fear of returning to old habits and meeting people who were still using (Nordfjærn et al., 2010).

A part of the stay at the treatment facility was aimed at recovery through community. This was evident in Together Out of Drug Addiction as both "Irene Adler" and "Mary Sutherland" explain how the informants are encouraged to learn from and share with each other, in addition to taking care of the new residents who move in. This big brother/sister arrangement is similar to the sponsor arrangement used in other treatment models like the Alcoholics Anonymous, which has been found to be a important coping strategy (Brewer, 2006). The sharing of experiences and solutions to challenges helped the informants to cope with everyday problems. The informants also experiences understanding from the therapists in treatment. They have a disorder, it´s not all their fault, and so their self-esteem is built up. Research on coping has shown that this way of coping and building up self-esteem is linked to psychological recovery (Nordfjærn et al., 2010).

Having something to loose. The informants had been in treatment for a while and some of their goals had been accomplished. This included establishing a relationship, getting custody and finding a place to stay. Reflecting on this the informants realised they now had something to loose if they relapsed, which was a strong motivator for them to continue recovery. "Mary Sutherland" and "John Turner" states that being able to see their children is everything, and they wouldn´t cope if they lost them now. "Alexander Holder" has a non-using friend that has been there for him all the way through his addiction and recovery. She gave him an ultimatum that if he continued using drugs they could not be friends anymore. Previous research has also found that when convalescents reflect on what they will loose if they continue using drugs, they are strongly motivated to start and continue recovery (McIntosh & McKeganey, 2000b).

Making a Choice, Creating an Identity and Achieving

The informants are well aware of the detrimental effects their drug addiction has on their lives and the lives of others around them (Hansen et al., 2008; Nutt et al., 2007; World Health Organization, 2016). This is something they no longer want to be a part of. The subordinate theme Setting boundaries illustrates this as "Irene Adler" says "I don´t want that" and "Alexander Holder" states: "I´ve always felt like I could do better", in Making a Choice

One of the main findings of this study was that the informants felt like their recovery was filled with choices that they had to make. It soon became clear that choosing abstinence was not the same as choosing to start recovery (Hansen et al., 2008). This became clear to "Alexander Holder" when he wanted to celebrate being abstinent for a long time, with a couple of beers. The road back was not long. The informants were responsible for their own change in recovery and by extension it was time to be in charge of their life in order to reach their goals and dreams.

Responsibility for own change and believing in oneself. The attitudes of the informants towards who was responsible for their addiction and recovery was mostly linked to the Compensatory Model from the Attribution of Responsibility Theory (Brickman et al., 1982) except for one informant who relied on the Moral Model of the theory. Most of the informants explained the start of their drug use to be caused by trauma, young age or just plain boredom, however they had also decided that they were responsible for their own recovery stating that they *chose* to start the recovery process. The informant, "George Burnwell", who agreed with the Moral Model was part of treatment when the facility was still a therapeutic community, which could explain his view that he was solely responsible for starting abusing substances.

Physiological studies on drug addiction (Koob & Le Moal, 2001; Kreek et al., 2005; Lyvers, 2000), explaining how the brain reacts and changes when introduced to drugs, help us to understand addiction and those who suffer from it. It relieves some of the stigma attributed to people with drug disorders, suggesting they are not solely responsible for their situation. However, that the informants took some responsibility for their situation is a good sign, as not attributing any responsibility for the recovery process to themselves could impede their recovery (A. C. Watson & Corrigan, 2002).

Setting boundaries. As the informants progressed in recovery they had to establish boundaries for themselves in order to avoid temptations. They also had to be careful when deciding whom to be around as they were vulnerable to relapse. "Godfrey Norton" realised he needed to cut contact with one friend in particular due to finding out he was a really bad and unstable influence. "Irene Adler" had to cut all her friends out of her life and start finding non-using friends now that she was finished in treatment. Previous research has also found that avoiding risky situations can be a good coping mechanism in recovery (McIntosh & McKeganey, 2000b).

Filling the void with something meaningful. As recovery progressed for the informants, they realised that they would have to fill their time with something else. Before,

boredom or the act of just getting up in the morning was remedied by doing drugs. Now in treatment, this void became a risk factor for taking up using drugs again and so the informants had to come up with something meaningful to do in order to fill the gap (McIntosh & McKeganey, 2000b). For "Alexander Holder" this extra meaningful activity became spending time at a gym.

Focusing on oneself and creating a drug-free identity. When the informants decided to focus on themselves, creating a drug-free identity was an important end result. A part of this was to be able to cope with and communicate their emotions in a constructive way. Previous research has shown that doing this is linked to more successful recovery outcomes (Nordfjærn et al., 2010). On the other hand, mild depression has been linked to positive effects in treatment, suggesting that a little self-doubt is good for convalescents as it keeps them longer in treatment (Flora & Stalikas, 2013). This did not seem to be the case for the informants of the present study as depression and sadness was discussed in relation to relapse.

The informants had to find out who they were as a drug-free person. Examples of the two identities were "John Turner" who states, "Now I m who I´m suppose to be" and "Irene Adler" who explains, "you realise who you are as a drug addict". The person they were on drugs would fit in just fine with an environment where drugs are the only thing that matters. However, now they were trying to create a new life for themselves and so they had to change on the inside too. Their view of who they are was not in sync with how they imagined their new life, which could suggest they had to create a personality that was separate from drugs (McIntosh & McKeganey, 2000a).

Research has shown that people who are high in Comprehensibility are able to make sense of both their external and internal environments (Feigin & Sapir, 2005). This is also linked to Structure, which is another subordinate theme in Focusing on Oneself. The informants states that imposing structure in their everyday lives helps too keep thoughts of relapse away. This could suggest that the informants would experience dissonance if they tried to start out their new lives while they still associated themselves with their addict identity. This could create stress and possibly lead to relapse.

The theme Goals and Dreams represented how the informants wanted their future to turn out. The informants knew it would be hard but they were still determined. This is consistent with Meaningfulness from the Sense of Coherence scale. Parts of life are worth the possible rewards even if you have to suffer to get there (Feigin & Sapir, 2005). Recovery

might be painful and difficult but as this theme illustrates, the informants were prepared to go through it nevertheless.

Personal characteristics can also have an effect on how recovery progresses. Specifically the informants mentioned that having a strong will and being stubborn were important when coping with addiction. They believed that they had the resources they needed in order to cope in recovery, which is consistent with research on Manageability from the Sense of Coherence scale (Feigin & Sapir, 2005) and the Theory of Self-efficacy (Laudet & Stanick, 2010).

Being able to develop as a person is important to all human beings (Maslow, 1969). Convalescents sometimes experience stagnation like "Alexander Holder" talked about in Making a Choice where 35 year olds acted like teenagers. Most of the informants agreed that now, in recovery, they could start finding out who they were and who they wanted to be. The drugs stopped them from developing because there was no need for it. The drugs took care of all the demands they faced previously, but this was different now.

> *Kierkegaard, 1979: An existing individual is constantly in the process of becoming. (Smith et al., 2009)*

As indicated by the quote, adaption and change in the face of challenge is a fundamental part of human existence. Furthermore, the process of change is continuous, lasting throughout life. The informants took charge of their own change in recovery from drug addiction and directed it towards making a better life for themselves.

Most of the informants experienced relapses during their recovery. "Alexander Holder" imagined he could drink alcohol without repercussions, but was wrong. "Irene Adler" states that she probably can´t drink alcohol again as she knows her judgement becomes weaker when she does. Hence, relapses turned into steep learning curves of what they could and could not do. This is consistent with research indicating that addicts, who drop out, still take some of the strategies learned in treatment with them (Nordfjærn et al., 2010).

Gender differences and women in recovery. There were only two women in this study, so gender differences were not that clear. Not only were there more men at the treatment facility and the follow-up meeting, but it was like the men were more eager to participate in the study. Many of women I spoke to were very reserved when it came to becoming informants even though they were interested in the study. The two women who did participate on the other hand were very enthusiastic about the study and wanted to contribute

in order to help others. This is consistent with research on women in recovery (Brewer, 2006). Both of them also wished for full custody of their children and their own house. Previous research on addicted women has suggested this could be a sign of maturity (L. Watson & Parke, 2009), however this urge towards what the informants called normality was also expressed by the men in the present study.

Mental Maturity and Coping in Recovery From Drug Addiction

The informants were close in age so discussing age differences in relation to coping in recovery is beyond the scope of the present study. However, there was a clear discrepancy between the thoughts about recovery of the youngest, "Godfrey Norton", and the oldest, "George Burnwell". Although, "John Turner" who was just a few years older than the youngest informants expressed thoughts, which were similar to that of "George Burnwell", who had been clean for 6-7 years. It is possible to imagine several mediating variables in the relationship between drug-use and mental maturity, however.

"Godfrey Norton" was first placed at the facility under The Execution of Sentence Act §12 (Lovdata, 2001), treatment instead of prison. He admitted that when his stay started he was mostly motivated by the chance to avoid prison, however this had started to change. He was the only one in the study under §12 so I expected him to be different than the others in terms of motivations and goal. However, even though he did not seem to be at the same level of recovery as the other informants, he also showed clear signs of coping. He wanted something more in his life than the drugs, and he shows this by committing to his girlfriend who is clean. The obligatory treatment for "Godfrey Norton", due to his sentence, was 45 days, however when his time was up he wanted to stay longer. During the interview he expressed a wish to work with his personal problems.

I realise that there could be several factors that contribute to the lack of motivation in recovery. Mental maturity is just one of the explanations. According to what "Alexander Holder" said in Making a Choice it makes sense to blame lack of motivation on mental age rather than actual age. Still there could be underlying factors that are beyond the scope of the present study.

Methodological Considerations of the Present Study

The informants were Norwegian and so the interviews were conducted in Norwegian, however the paper was to be in English so the quotations chosen for the study had to be

translated. Due to this, some of the impact of the quotes might be lost in translation. I have attempted to keep the content of the quotes intact.

Findings in the present study concerning coping in the process of recovery has implications for treatment strategies of drug abuse. Drug addiction is a liability to society in terms of resources and money. Furthermore, it is highly detrimental to the individual. Insights into the dynamics of positive coping factors can relieve the liability and destructive influence of drug abuse.

A qualitative study cannot generalise to the whole population. However, it can provide the field with more insight and themes, which in turn will need further exploration. This can again lead to more research, both qualitative and quantitative.

Conclusions and Future Research

A follow-up study might show that not all the means of coping in the present study were effective over time. The informants had just finished treatment when they were interviewed, some for the first time.

Further research could focus on the family and loved ones of addicted persons. Informants in the present study addressed family relationships made difficult by their substance abuse. During recovery there would be a lot of things in need of repair. Hence, ways to establish a support system for the family of the addicted should be further researched. The drug addict can be someone's daughter, husband, best friend or mother. To them there is a matter of losing someone without them being physically gone.

A qualitative study focused on stress in recovery from drug addiction could be warranted. Especially, in relation to gender differences as it seems to affect women negatively, more so than men (Laudet & Stanick, 2010). This could contribute to more knowledge on the need for gender-specialised treatment.

As this study has demonstrated the focus in addiction treatment and research should be on the combined factors that aid coping. As the interviews with the informants of the present study suggest, convalescents often do not recall any particular turning point in their recovery. The "little things" combined are quoted as of importance.

This study could create the foundations for a quantitative study with a representative sample of convalescents in addiction treatment. It could also generate more specified qualitative studies, which can uncover new research fields. Qualitative research on the choices made in recovery, and the development of a drug-free identity can be especially helpful to convalescents. It can help focus research on how to empower individuals in

addiction treatment, and prepare them for the rest of their lives. Confidence in oneself and the ability to make informed choices about our own lives is part of being an independent adult.

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Appendix A

Formal consent form

Forespørsel om deltakelse i forskningsprosjektet

Opplevelsen av mestring i tilfriskning fra rusmisbruk

Bakgrunn og hensikt
Dette er et spørsmål til deg om å delta i en forskningsstudie om mestring i tilfriskning fra rusmisbruk. Formålet med studien er å få et innblikk i hvordan personer i en tilfriskningsfase opplever mestring som en del av bedringsprosessen. For å få en mest mulig helhetlig forståelse for temaet vil vi inkludere personer som er i behandling for rusmisbruk og behandlere med lengre erfaring fra rusfeltet. Studien gjennomføres som et masterprosjekt i psykologi av student Line Grebstad Blindheim, under veiledning av Kamilla Rognmo og Kjersti Lillevoll, Institutt for psykologi, Universitetet i Tromsø.

Hva innebærer studien?
Hvis du ønsker å delta i studien ber vi deg sende inn samtykkeskjemaet i vedlagte ferdigfrankerte konvolutt. Din behandler trenger ikke å vite om du deltar og det vil ikke få noen konsekvenser for ditt behandlingsforløp. Hvis du takker ja, vil du bli kontaktet for å avtale tid for intervju. Intervjuet kan skje hjemme hos deg hvis du ønsker det, eller i lokaler på universitetet. Intervjuet gjennomføres av Line Grebstad Blindheim, og blir tatt opp med båndopptaker. Intervjuet vil ta 45-60 minutter og vil forløpe som en samtale om det nevnte tema. Om du velger å trekke deg fra studien etter at intervjuet har blitt gjennomført, vil lydfilen slettes og ikke bli brukt i studien.

Mulige fordeler og ulemper
Kjennskap til faktorer relatert til mestring som kan være virksomme i tilfriskning kan ha betydning for om behandling og tilfriskning er suksessfull. Ved å delta i studien bidrar du til viktig kunnskap på feltet. Deltakelse vil ikke ha betydning for videre behandlingsforløp.

Hva skjer med informasjonen om deg
Informasjonen som registreres om deg skal kun brukes slik som beskrevet i hensikten med studien. Alle opplysningene vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger. En kode (ID-nummer) knytter deg til dine opplysninger gjennom en navneliste. Navnelisten oppbevares adskilt fra utskrift av intervjuene, og det er kun personer tilknyttet prosjektet som har adgang til navnelisten. Etter transkriberingen vil lydopptak av intervjuene slettes. Det vil ikke være mulig å identifisere enkeltpersoner i skriftlig arbeid fra studien når disse publiseres. Opplysninger som kan bidra til gjenkjennelse vil ikke bli brukt i publikasjonen.

Frivillig deltakelse
Det er frivillig å delta i studien. Vær klar over at du kan trekke deg når som helst uten at dette påvirker ditt forhold til intervjuer, behandlende instans eller Institutt for psykologi. Dersom du ønsker å delta, undertegner du samtykkeerklæringen på neste side og sender denne inn i vedlagte frankerte konvolutt. Om du nå sier ja til å delta, kan du senere trekke tilbake ditt samtykke uten at det påvirker din øvrige behandling. Dersom du senere ønsker å trekke deg eller har spørsmål til studien, kan du kontakte Line Grebstad Blindheim på

lbl000@post.uit.no. Dette innebærer at du kan spørre om tilbakemelding i form av en skriftlig oppsummering av hovedfunnene i studien. Du kan også stille spørsmål når som helst under intervjuet om det er noe du lurer på.

Samtykke til deltakelse i studien

Jeg er villig til å delta i studien

_____
Deltaker, dato og signatur

Jeg bekrefter å ha gitt informasjon om studien

_____
Intervjuer, dato og signatur

Kontaktinformasjon:

Navn:

Adresse:

E-post:

Tel.nr./mob.nr.:

Appendix B

Intervjuguide – Mestring i tilfriskning fra rusavhengighet

Historie, før – under – nå

1. Litt om hvem du er. Hvor gammel? Sivilstatus? Barn? Jobbstatus?
2. Kan du fortelle historien om ditt rusproblem? Hva slags rus brukte du (mest)?
3. Hvor lenge har du gått i behandling?
4. Nåværende russtatus? Hvor lenge har du vært rusfri
5. Har gått i behandling tidligere/tidligere prøvd å slutte?
6. Litt viktig for å forstå sammenheng/ha noen rammer, fortelle litt historien bak ditt forhold til rus. [Få belyst tidligere funksjonsnivå] (Når begynt, hvordan kom du inn i, hvordan preget dette livet ellers – jobb/skole, familierelasjoner etc.) Konkrete eksempel.

Motivasjon for å bli rusfri

1. Hva gjorde at du tok tak i problemet og begynte å trappe ned rusbruk?
2. Hva har vært målet for deg i denne prosessen?
3. Hva har vært viktig for deg og din motivasjon underveis?
4. Er det noen spesielle personer eller hendelser som er viktig? Hvorfor?

Undertema:

utdanning/skole. Har du tatt noen videre utdanning som en del av tilfriskningsfasen og kan du fortelle meg om hvordan du opplevde dette?

viktig livshendelse. Kan du forteller meg om en spesielt viktig hendelse som du mener har betydning for din mestring under tilfriskningsfasen?

rusfritt sosialt nettverk og aktiviteter. Har du vært involvert i rusfrie nettverk og aktiviteter, og kan du fortelle meg hva betydningen av dette har hatt for deg? (Spesifikke eksempler)

forhold til familie. Kan du fortelle meg om hvordan ditt forhold til familien har vært i tilfriskningsfasen?

personlighets faktor. Opplever du at det er noen personlige egenskaper ved deg som gjør tilfriskningsfasen enklere for deg?

Noe fra behandlingen som har vært viktig? Noe ved terapeut?

Mestring av hverdagsproblemer

1. I hvilke situasjoner ville du ruset deg før?
2. Hva gjør du hvis du kjenner trang til rus, kan du komme på situasjon?
3. Kan du komme på en situasjon den siste tiden hvor du tidligere ville ruset deg? Hva var annerledes nå?
4. Kommer du på et eksempel på situasjoner du føler at du mestret bra?
5. Permisjoner. Minst to per opphold eller 6 mnd.? Hvordan har dette gått? Eksempel på utfordringer/hendelser? Fortell.

Appendix C
Approval from Regional Ethics Committee, REK nord

REK
REGIONALE KOMITEER FOR MEDISINSK OG HELSEFAGLIG FORSKNINGSETIKK

Region:	Saksbehandler:	Telefon:	Vår dato:	Vår referanse:
REK nord	Øyvind Strømseth	77620753	17.10.2014	2014/1082/REK nord
			Deres dato:	Deres referanse:
			01.10.2014	

Vår referanse må oppgis ved alle henvendelser

Kamilla Rognmo
Postboks 6050 Langnes

2014/1082 Opplevelsen av mestring i tilfriskningsprosessen for rusavhengige

Forskningsansvarlig: UiT Norges arktiske universitet
Prosjektleder: Kamilla Rognmo

Prosjektomtale
Bakgrunnen for dette prosjektet er at man i dag vet lite om hva ruskonvalenter mener er virksomme mestringsfaktorer i tilfriskningsprosessen. Formålet med studien er å få et innblikk i rusrekonvalenters opplevelse av mestring i denne fasen, der fokuset er på selve prosessen i tilfriskningen, til fordel for faktorer som i retrospektiv var hjelpsomme. Studien vil også inkludere behandlere. Studien gjennomføres som et masterprosjekt. Datainnsamlingen baserer seg på intervju med mennesker som står midt oppi prosessen med tilfriskning, og som dermed har lett tilgjengelig og reliabel informasjon om hva de føler bidrar til tilfriskningen. Tidligere studier har i hovedsak vært basert på retrospektive tanker om hva som var virksomme faktorer i tilfriskning, og dermed bidrar dette prosjektet med verdifull informasjon om tilfriskningsfasen for mennesker som befinner seg midt i denne fasen. Oss bekjent har ingen studier inkludert behandlers perspektiv på denne problemstillingen.

Vurdering
Søknaden ble behandlet av Regional komité for medisinsk og helsefaglig forskningsetikk (REK nord) i møte den 14.8.2014. Komiteen hadde merknader til søknaden og fattet utsettelsesvedtak hvor den videre behandling av søknaden vil bli foretatt på fullmakt av komiteens leder/nestleder og sekretær med mindre det reises spørsmål som må behandles av samlet komité. Vurderingen er gjort med hjemmel i helseforskningsloven (hfl.) § 2 og § 9, jf. forskningsetikklovens § 4.

Prosjektleder har gitt tilbakemelding på komiteens merknader den 1.10.2014 og redegjort for forhold knyttet til prosjektmedarbeidere, rekruttering, intervjuernes kvalifikasjoner og forsikring. Nye reviderte samtykkeskriv er utarbeidet og forskningsprotokollen er revidert.

Etter fullmakt er det fattet slikt

Vedtak
Med hjemmel i helseforskningsloven § 2 og § 9, samt forskningsetikkloven § 4 godkjennes prosjektet.

Sluttmelding og søknad om prosjektendring
Prosjektleder skal sende sluttmelding til REK nord på eget skjema senest 10.11.2015, jf. hfl. 12. Prosjektleder skal sende søknad om prosjektendring til REK nord dersom det skal gjøres vesentlige endringer i forhold til de opplysninger som er gitt i søknaden, jf. hfl. § 11.

Besøksadresse: MH-bygget UiT Norges arktiske universitet 9037 Tromsø
Telefon: 77646140
E-post: rek-nord@asp.uit.no
Web: http://helseforskning.etikkom.no/

Klageadgang
Du kan klage på komiteens vedtak, jf. forvaltningslovens § 28 flg. Klagen sendes til REK nord. Klagefristen er tre uker fra du mottar dette brevet. Dersom vedtaket opprettholdes av REK nord, sendes klagen videre til Den nasjonale forskningsetiske komité for medisin og helsefag for endelig vurdering.

Med vennlig hilsen

May Britt Rossvoll
sekretariatsleder

Øyvind Strømseth
seniorrådgiver

Kopi til:lbl000@post.uit.no