

HEROIN ADDICTION AND RECOVERY:
AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

By

JULIA C. ROSSINI

THESIS

Submitted in partial fulfillment of the requirements
for the degree of Master of Arts in Social Work at
The University of Texas at Arlington
December 2016

Arlington, Texas

Supervising Committee:

Anne Nordberg, Supervising Professor
Bruce Bower
Norman Cobb

Copyright © by Julia C. Rossini 2016

All Rights Reserved

Acknowledgements

Working on this project under the guidance of Dr. Annie Nordberg, Professor Bruce Bower, and Dr. Norman Cobb was an absolute honor. I thank Annie for her many kind emails reassuring me that everything is okay and I'm doing well. I needed her kindness. Without her advice and supervision I would have been lost. I thank Professor Bower for his earnest interest in my work, thoughtful suggestions, and patient guidance. I thank Dr. Cobb for his sense of humor, which reminded me to stop taking myself so seriously. I was blessed with such a trio.

November 15, 2016

ABSTRACT

Heroin Addiction And Recovery: An Interpretative Phenomenological Analysis

Julia C. Rossini, MSW

The University of Texas at Arlington, 2016

Supervising Professor: Anne Nordberg

This study is an interpretative phenomenological analysis of the human experience of heroin addiction and recovery. Literature on heroin addiction suggests that those who struggle with addiction are likely to also struggle with impulsivity, self-efficacy, and mood. The literature also finds that group membership is a common factor in recovering from addiction, whether that be in an Alcoholics Anonymous/Narcotics Anonymous group or harm-reduction community. Two theories were explored, the social learning theory and self-medication theory. The study was shaped by the ideas and findings of previous literature and theories and narrowed down to one specific research question not yet addressed within the literature: What is the experience of addiction among adults in recovery from heroin use? Results identified common themes across all or most participants. The thematic discoveries of this study complement the research on heroin addiction and recovery. Subsequent researchers and social workers can use these results both to better understand this experience and as a guide in discovering more about heroin addiction and recovery.

Keywords: Heroin Addiction, Recovery, Interpretative Phenomenological Analysis, Experience

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	iii
ABSTRACT	iv
CHAPTER ONE: NATURE OF THE PROBLEM.....	1
CHAPTER TWO: REVIEW OF THE LITERATURE.....	3
Impulsivity and Risky Behaviors	3
Trauma.....	4
Spirituality	5
Self-Efficacy and Mood.....	6
Group Membership.....	7
Qualitative Studies on Addiction.....	8
CHAPTER THREE: THEORIES OF ADDICTION	10
Social Learning Theory	10
Self- Medication Theory.....	11
CHAPTER FOUR: METHOD	13
Approach	13
Participants	13
Procedure for Data Collection	14
Procedure for Data Analysis.....	16
Rigor and Validity	18
CHAPTER FIVE: RESULTS.....	20
Theme 1: Inward Orientation	22

Theme 2: Social Orientation.....	24
Theme 3: Spirituality	30
Theme 4: Nature of Addiction.....	32
CHAPTER SIX: DISCUSSION.....	42
Return to Literature	42
Return to Theory.....	43
Limitations.....	44
Implications for Micro Practice Social Work.....	45
Implications for Macro Practice Social Work	46
Directions for Future Research.....	46
REFERENCES	47

Heroin Addiction And Recovery:
An Interpretative Phenomenological Analysis

Chapter 1

Nature of the problem

Heroin addiction is on the rise. The death toll from heroin overdose has increased 286% from 2002 to 2013, according to the Centers for Disease Control and Prevention (CDC) (2015). The consumption of heroin for adults 18-25 years old has doubled during that time (CDC, 2015). The urgency of the situation has been reflected in media coverage within the last year with stories appearing in US News, National Public Radio, Cable News Network, and New York Times. In 2015 the U.S. Department of Health and Human Services found that more than 10,500 people died from heroin overdose, meaning that the numbers have more than tripled in the past five years (Assistant Secretary for Public Affairs, 2016). These staggering numbers indicate that changes must be made in how heroin addiction is addressed in the United States.

Heroin use in the United States has roots in the discovery of opium and trade with the Chinese. Opium, a drug made from the dried sap of a poppy plant, was sold legally as a painkiller in the mid-1800s (Fernandez, 1998). In 1874 British chemist C.R. Adler Wright discovered diacetylmorphine, commonly known as heroin, by boiling the morphine from the poppy plant with acetic anhydrite (Fernandez, 1998). Heroin use has fluctuated since then based on trade alliances, wars, and policies. Within the last twenty years, and especially the last ten, the surge in heroin use is marked. United States Drug Enforcement Administration addressed the problem, saying, “the threat posed by heroin in the United States is serious and has increased since 2007” (DEA, 2015). Looking at treatment admissions, the DEA found that heroin addiction made up the largest population of drug addicts seeking treatment other than marijuana; the

numbers were close to equal, even though there are 69 times as many marijuana users in the U.S. than heroin users (DEA, 2015). Over the past 20 years, heroin in the U.S. has significantly dropped in price and also increased in purity, both of which contribute to the increase in heroin use (DEA, 2015). The demographics of heroin users have also changed. Today there is a very broad range of users, while in the 1970s and 1980s most heroin addicts were in big cities (DEA, 2015).

Part of the reason understanding heroin use is increasingly important for social workers is due to pivotal increases in the people and populations being affected. The addiction of one individual affects their entire environment, their families, their jobs, their communities, and their own mental health and wellbeing. If social workers were to have a better understanding of heroin addiction, we could assist all of these individuals more effectively. Social workers come in contact with individuals affected by addiction in hospitals, schools, jails, public welfare, mental health facilities, and addiction treatment centers. Social workers may be able to take preventative action in schools and communities through awareness and education about heroin addiction. Most of all, treatment of the individual who suffers from heroin addiction could be improved through an understanding of the lived experiences of heroin addiction and recovery.

Heroin use has been studied in the past ten years, but there is a scarcity of qualitative studies and first person accounts of heroin addiction and recovery. The purpose of this study is to add to the body of research on this current surge of heroin addiction in the U.S. by speaking with individuals in recovery. Specifically this study aims to explore the experiences of heroin use and recovery among adults living in the Dallas Fort Worth metroplex.

Chapter 2

Review of the Literature on Heroin Addiction

Upon review of the literature, the surge in heroin addiction has been met with a surge in research on heroin addiction. Much of the literature compares groups of heroin users and cocaine/crack users (Avants, Marcotte, Arnold, & Margolin, 2003; El-Bassel et. al, 2004; Gilbert, El-Bassel, Chang, Wu, & Roy, 2012; Kopetz, Reynolds, Hart, Kruglanski, & Lejuez, 2010; Hayaki, Anderson, & Stein, 2006; Suh, Ruffins, Robins, Albanese, & Khantzian, 2008). The bulk of the research is quantitative. Here, I have divided the research into areas of interest: impulsivity and risky behaviors, trauma, spirituality, self-efficacy and mood, group membership, and qualitative studies.

Impulsivity and Risky Behaviors

Researchers demonstrate a correlation between impulsive people and risky behaviors, such as heroin use. Furthermore, once the heroin use begins, impulse control degrades even more. Paydary et al. (2016) found that within a group of heroin dependent participants, there was significantly higher cognitive impulsivity and non-planning impulsivity in those who tested positive for HIV than those who tested negative. Jones, Vadhan, Luba, and Comer (2016) studied 16 heroin-dependent participants and discovered that when the participant has been administered heroin for four days, their impulsivity scores are much higher on memory tasks and on other tasks. Hayaki, Anderson, and Stein (2006) studied 300 heroin and cocaine users, interviewing them about their drug use, impulsivity, and sexual behaviors. After conducting a multivariate regression, they found that frequency of drug use and impulsivity were both significantly associated with risky sexual behaviors for cocaine users, but not heroin users. For both groups, impulsivity was significantly associated with risky sexual behaviors (Hayaki, Anderson, & Stein,

2006). Most of the research supports the conclusion that impulsivity is associated with heroin use, with the exception of Hayaki, Anderson, and Stein (2006) who did not find a significant association.

Trauma

Recent research has found a relationship between heroin users and negative life events, especially trauma. Two studies find connections between intimate partner violence (IPV) and heroin use. El-Bassel et al. (2004) examined the relationship between IPV and drug use in 14 methadone maintenance treatment programs in New York City. The researchers randomly selected women and 416 agreed and met the inclusion criteria. Among those women, 88% reported at least one incident of intimate partner violence, either physical or sexual and almost half had experienced IPV in the previous six months (El-Bassel et al., 2004). The study compared the types of drugs the women used in the past six months with likelihood to report intimate partner violence and found that women who used crack cocaine and heroin were more likely than those who reported no use of illegal drugs to report sexual, physical, and injurious intimate partner violence within the past six months (El-Bassel et al., 2004). Eight years later, Gilbert, El-Bassel, Chang, Wu, and Roy used a repeated measures design with 241 low-income women in cities who received care from the New York City Hospital emergency department and found that women who reported using heroin within the previous six months were twice as likely to report intimate partner violence as those who did not use heroin (Gilbert et al., 2012). Plummer (2010) conducted a qualitative study of people in active addiction with a needle, specifically looking at the experience of injecting. Using Interpretative Phenomenological Analysis, a qualitative research method, she investigated the stories of 11 participants from San Francisco through an interactive process of reading and re-reading the data, finding

commonalities, and returning to the data. Through this process, Plummer and her research team found common themes in their experiences such as need for control, unacknowledged violence/neglect, and heroin as the physical embodiment of traumatic relationships (Plummer, 2010). Nyamathi et al. (2014) found that among 540 homeless men exiting California State jails, those who reported using heroin only were more likely than the others to have been removed from home during their childhood. Each of these studies, although both quantitative and qualitative, find that trauma impacts heroin use.

Spirituality

Spirituality is a key component to the most popular drug addiction programs, such as Alcoholics Anonymous and Narcotics Anonymous. However, spirituality, especially with respect to heroin addiction, has not been studied thoroughly. One of the few studies, by Heinz, Epstein, and Preston (2007) examined spirituality with respect to treatment success in recovering cocaine and heroin addicts. They found that higher scores on a religiosity and/or spirituality test called INSPIRIT were positively related to success as determined by cocaine and heroin-free urine analyses. Avants, Marcotte, Arnold, and Margolin (2003) conducted a regression to study HIV risk behavior (drug and sex) and spirituality among 34 heroin and cocaine users. Interestingly, according to their research on active users, higher scores of spirituality predicted less risky sexual behavior but did not predict less risky drug behavior. The limited research disagrees that there is a relationship between heroin use and spirituality. In Plummer's IPA study (2010), one heroin-using participant stated, of the heroin, "it's my master, it's my god," which implies there is a spiritual aspect to addiction (p.47). There are few studies on heroin addiction and spirituality and the findings do not support one another; this brings into question the notion that AA and NA groups posit; increased spirituality has a positive impact on recovery from heroin use.

Self-Efficacy and Mood

The research on heroin addiction has found a strong relationship between heroin addiction and perception of self. Many studies find very similar results, Kun-Hua Sam, Bowen, Oei, and Cheng-Feng (2012) studied the self-medication hypothesis, specifically with self-efficacy, emotional status, and heroin use. They found that among 360 male heroin addicts, negative emotional status was a significant predictor of heroin use. Similarly, Senbanjo, Wolff, Marshall, and Strang (2009) studied the association between self-efficacy and persistent heroin use among 191 participants in a methadone treatment program. They found those who used heroin during treatment had significantly lower self-efficacy scores and reported low mood. Buckingham, Frings, and Albery (2013) found that among 61 participants in AA and NA groups there was a negative correlation between self-efficacy and appetitive behavior such as acting out, alcohol, abusive behavior, sex, shopping, work, etc.

In keeping with the rest of the research, but more specifically looking at heroin use and mood, Maremmani et al. (2001) looked at 1,055 patients with heroin addiction and found that 14.2% of the patients felt worthless and trapped or caught, 22.3% had symptoms of panic, and 19.7% had violence and self-aggression. This may be due to the physiological effects of the drug, as De Arcos et al. (2008) found that heroin users have a heightened negative emotional response to unpleasant stimuli and a blunted positive emotional response to pleasant stimuli, through administering 22 opioid users and 41 recovering opioid users the “Clinical Instrument for International Affective Picture System.”

However, researchers have found a predictive element in increased perception of self and abstinence from heroin. In 2003, Murphy, Bentall, Ryley, and Ralley found that among 57 opiate abusers entering treatment in Liverpool, the confidence scale completed within 24 hours of

admission significantly predicted abstinence for up to 30 days after discharge and the number of days without using heroin in the following 3 months. Interviewers asked “How confident are you that you will be able to resist the urge to use heroin outside this treatment facility?” and the participant was asked to draw a line on a scale from “not confident at all” and “very confident” (p.168). The more confident the participant in their ability to resist heroin is within the first 24 hours of treatment, the more likely the participant is to be abstinent in the three months post-discharge (Murphy et al., 2003). Dunlop and Tracy (2013) studied the narratives of 37 recovering alcoholics, coded them for themes of self-redemption (defined as a positive change after a negative experience), and found that self-redemption narratives significantly predicted maintenance of sobriety. In other words, the participants who described positive changes after negative events in their own lives were more likely to stay sober from heroin (Dunlop & Tracy, 2013). Many facets of self-efficacy and mood have been studied within heroin addiction, and each demonstrates a similar trend: the less belief in your own ability to stay abstinent, the less you will stay abstinent, and the more belief in your own ability to stay abstinent, you more you will stay abstinent.

Group Membership

Although drug use has been found to be isolating, recent research finds that heroin use may be even more so than other illicit drug use. According to research on the context of drug use among 46 urban drug abusers by Kopetz, Reynolds, Hart, Kruglanski, and Lejuez (2010), heroin users are more likely to use drugs alone rather than with an intimate partner, friends, family, or neighbors, while crack/cocaine users are more likely to use with another person. Brener, Von Hippel, and Von Hippel (2012) compared 30 heroin users and 41 alcohol users, specifically on their implicit associations between self and drug of choice. They found that the

participants in treatment for heroin use had stronger implicit associations between self and heroin than the participants who struggled with alcohol use (Brener, Von Hippel, & Von Hippel, 2012). This study shows that heroin addicts are describing themselves in terms of their drug, their identity becomes more about their drug of choice than an alcoholic's identity is in alcohol. Both of these studies lend themselves to the idea that heroin is perhaps even more isolating than other illicit drug use.

The literature on the effectiveness of therapeutic communities for heroin addicts is extensive. Buckingham, Frings, and Albery (2013) examine the relationship between group membership/social identity and addiction/recovery. The researchers found that among 61 participants attending AA and NA groups in the UK, those who preferred the term "recovering addict" to "addict" had higher scores of self-efficacy, and that the greater perceived difference between "addict" and "recovering addict" the less likely the individual was to report relapse in the last month, year, and two years, respectively (Buckingham, Frings, & Albery, 2003). Gowan, Whetstone, and Andic (2012) studied heroin addicts participating in a needle-exchange "harm reduction" program qualitatively, interviewing 45 members of the community. The interviews were analyzed qualitatively and found that within those members, themes of de-stigmatization, non-judgment, and self-evaluation were found (Gowan, Whetstone, & Andic, 2012). These studies suggest that there is a connection between recovery and group membership or a community.

Qualitative Studies on Addiction

Shinebourne and Smith (2010) chose IPA to study the experience of long-term recovery from addiction. They studied three women with at least 15 years without alcohol or drugs. In order to gain an understanding of the recovery experience, they provided the participants with

paper and colors and asked for them to draw while answering questions about their recovery narrative. The IPA analysis revealed several themes, such as, images of recovery and life in recovery, images of self, perception of self, and experience and elements of drawing.

Shinebourne and Smith (2010) found that for each of the participants in a unique, yet similar way, recovery is a habit and it consists of caring for self (p.290). Their study is similar to mine because they found participants through the AA program, I use NA, and we use the same method. My study is unique from theirs, however, because theirs is focused on the experiences of those with more than 15 years sober and not specific to the drug heroin, which has a unique impact on its users. Nettleton, Neale, and Pickering (2011) studied heroin use qualitatively, interviewing 40 men and women who are no longer using heroin in order to understand the embodied aspects of recovery. Distinguishing the active addiction body experience from the recovering body experience, they found that using bodies participated in habitual actions, routine, repetitive, and relentless while recovering bodies participated in creativity to manage crisis (Nettleton, Neale, & Pickering, 2011). Although other studies have studied addiction qualitatively, there is a lack of information on the experiences of adults who are in long-term recovery from heroin addiction. The research question is: What is the experience of addiction among adults in recovery from heroin use?

Chapter 3

Theories of Addiction

Social Learning Theory

Albert Bandura is the father of the social learning theory, the idea that builds on behaviorism. He posits that people's behavior is influenced by seeing the behavior of models, learning it, and repeating it (1977). His ideas were informed by his well-known "Bobo doll" experiment (1961), in which he sought to observe aggression in children. Bandura found that there is a transmission of aggression to children when adults model aggressive behavior (1961). Other theorists took this idea and extrapolated it to other adverse behaviors, like drug addiction. Akers (1998), states that social learning theory is, "a process in which conforming or deviant behavior is learned and occurs due to the context of social structure, social interaction, and situation. The direction of behavior is based on outside behavioral influences," (p.50).

Although heroin use and social learning theory has not been studied much explicitly, social pressure has been studied in heroin addiction treatment. Connor, Longshore, and Anglin (2009) found that when external pressures to change are present it predicted dramatic relief (questions like "I feel bad that my drug use has hurt other people"), which in turn predicted a more positive attitude toward drug treatment (p.153). Heroin use has also been linked to social pressure. Bravo et al. (2003) found that women who have a sexual partner who injected heroin are more likely to choose injection as a route of administration themselves. Similarly, Sherman, Smith, Laney, and Strathdee (2002) found that there is a social influence in young heroin users switching from sniffing heroin to injecting. Both of these studies affirm the idea that observing a model of adverse behaviors increases the likelihood of engaging in the adverse behavior.

Social learning theory has its limitations. A person's first social learning model is his or her parents; and because of the genetic link in addiction, it is difficult to determine whether a child is modeling or has a genetic predisposition for addiction (Genetic Science Learning Center, 2013).

Self- Medication Theory

Khantzian studied the "self-medication" theory, originated in the 1970s, which posits that substance abuse can be attributed to self-medication to pacify painful and confusing feelings (1997). Suh, Ruffins, Robins, Albanese, and Khantzian (2008) tested the self-medication hypothesis with 402 participants, non-drug users and drug users, and found that an attitude of cynicism was the only significant predictor for the heroin-using group out of hostility, depression, psychomotor acceleration, posttraumatic stress disorder, and cynicism.

Many studies in the literature review demonstrate that those who struggle with heroin dependence or abuse also are experiencing painful events such as intimate partner violence more frequently than those without substance abuse issues and even those who use other drugs. Liao, Tang, Liu, Chen, Liu, and Hao (2011) found that in China, of their 139 heroin-abusing individuals, 42 reported financial problems, 42 reported unemployment, and 32 reported poor relationship with spouse, while very few positive life events. Although correlation does not mean causation, there is a relationship with negative life events and heroin use.

Although the self-medication hypothesis has strong roots and research supporting it, there are those who believe it is not a full enough explanation for addiction. In 2013, Darke re-evaluated the self-medication theory, specifically with heroin dependence. He posits that while painful life experiences such as, psychopathology and childhood abuse, may play a part in the first stages of heroin use and dependence, over time physiological phenomena occur that cause

heroin abuse to persist such as neural adaption and withdrawal relief (p.662). According to Lembke (2012), it's time to "abandon the self-medication hypothesis" when it comes to drug abusers with psychiatric disorders. She posits that the choice of drug is not random to relieve emotional pain, but chosen based on the pharmacological properties in order to improve disorders such as anxiety, ADHD, etc. Her idea assumes that these disorders and emotional pain have nothing to do with each other, which may not be the case.

Chapter 4

Method

Approach

The approach chosen for this research is interpretative phenomenological analysis (IPA), a manualized method for qualitative inquiry. According to Smith, Flowers, and Larkin (2009), IPA aims to discover common meaning in linked comprehensive experiences as well as engage in participants' reflections of significance. IPA has three theoretical underpinnings: phenomenology, hermeneutics, and idiography. First, phenomenology is the study of experience, explored by the philosophers Husserl, Heidegger, Merleau-Ponty, and Sartre. These men developed the idea that a person is entrenched in the world and experiences cannot be understood without understanding the person's lived world of perceptions, objects, and relationships.

Secondly, hermeneutics is the theory of interpretations, how we make sense of things. In IPA, the investigator engages in a double hermeneutic, first the participant interprets his or her own experience and then the researcher interprets their interpretation.

Lastly, IPA is idiographic, meaning that it examines the specific rather than general. In this way, the analysis maintains the integrity of purposefully selected individual experiences. IPA was chosen as the method for this study because the purpose of this study is to gain a better understanding of the experience of heroin use and recovery, which is a qualitative and exploratory task. IPA provides a succinct guide to phenomenological inquiry, breaking it into bite-sized pieces. The advantage of using IPA for this study is that it works well with a small number of participants and a limited amount of time.

Participants

I interviewed five recovering heroin addicts whose ages range from mid-20s to late 50s. According to Smith, Flowers, and Larkin (2009), three is a reasonable sample size for a Masters-level IPA study. I used purposive and snowball sampling to recruit participants. Through attendance of Narcotics Anonymous meetings in the Fort Worth Area, I know people who are at least two years in recovery from heroin addiction and I asked each of them to pass out my flyers to others with the same criteria. In order to be eligible to participate, the person must be at least 18 years old, English speaking, and at least two years sober from alcohol and drugs. Any person exhibiting symptoms of current heroin addiction (small pupils, watery eyes, tremors, and/or disorientation) was excluded from the study.

Procedure for Data Collection

The research consisted of five interviews with English-speaking adults with at least two years in recovery from drugs and alcohol. The interviews were conducted from September 1- 23, 2016. The interviews, an average of 30 minutes long, were semi-structured in nature, meaning that the questions were written to encourage the participant to share their experiences. The interviews began with a direct and informational question the participant can easily answer, “How long have you been sober?” and then go into a narrative question, “Can you tell me about your recovery?” or “Tell me about yourself.” Including a narrative question right away was intended to help the participant become comfortable speaking about his or her experiences (Smith, Flowers, & Larkin, 2009). Per the suggestion of Smith, Flowers, and Larkin (2009) I included descriptive questions such as, “What was your experience like while you were actively addicted to heroin?” and probes such as, “Tell me more about that,” “Can you describe that for me,” “What was that like for you,” etc. I avoided questions that are over-empathetic, manipulative, or leading because they exert too much influence over the data. I also avoided

closed questions that would shut down an exploration of experience. My research supervisor reviewed all interview questions for clarity and functionality. Prior to the interview, the questions were reviewed and learned in order to avoid a distraction from the process by glancing at my paper.

The interviews were audio recorded. After the interview, I transcribed the tape, which means they were typed exactly as they were recorded, word-for-word. Per IPA requirements, the transcriptions include all spoken words by anyone in the room (me and the participant) and include any significant non-verbals such as laughing or pauses (Smith, Flowers, & Larkin, 2009). All identifying information such as names, dates, places, were excluded from the transcription. The tape was destroyed after transcription. A potential psychological risk was that the interview had the potential to stir up emotions. In order to minimize risk of harm to the participants, they were informed of the purpose of this study before all else. During this full disclosure, the nature of the questions being asked was explained and sample questions were shown to them to familiarize them with the types of questions that will be asked. After each interview the participant was given a page with a list of several resources (Crisis Textline, MHMR Crisis Hotline, local NA locations and meeting times) to turn to in case he/she felt emotionally taxed from recalling their experiences. It was clear to the participants in the informed consent form that they were free to not answer any question and/or stop the interview and withdraw from the study at any time. Another potential risk to subjects was that they could be “outed” as former heroin users to outsiders (which may impact reputation, etc.) In order to protect the participant, consent forms were not stored and instead there was a verbal consent to participate with each subject recorded at the very beginning of the interview. I provided a copy of the verbal consent to each participant without a signature. Through this process, I did not need to carry signed consent

forms with me at any time, protecting the participants from potential risk. The four of the interviews took place in a private room in a church called City on a Hill in Fort Worth and one took place in an NA meeting space prior to a meeting. The church facility houses meetings for recovering addicts and alcoholics regularly and has a small private room in the same facility where the participant and I could speak without distraction.

Procedure for Data Analysis

Smith, Flowers, and Larkin (2009) delineate a six-step analysis guide. Although the IPA method does not require such a formulaic process, it is given in order to simplify the method for a first time user such as myself. The steps are as follows: reading and re-reading, initial noting, identifying emergent themes, looking for connections in themes, moving to the next case, and identifying patterns across cases. I used the advice given by Smith, Flowers, and Larkin (2009) in Chapter 5, “Analysis” when following these steps.

I began by familiarizing myself with the data, the words spoken by each participant. The reading and re-reading step started when the first interview is over and I began to transcribe the words recorded. Following this transcription, I jotted down my first impressions of the interview. This helped me to “bracket off” my initial observations when I got into the deeper analysis (p. 82). Smith, Flowers, and Larkin (2009) advise the researcher to read the transcription with the recording playing over it at least once prior to deleting the transcription for confidentiality purposes. This helped me to remember the tone and inflection in the participant’s voice and assisted in the interpretation and analysis of the participant’s words.

Next I completed the initial noting, which is very detailed and lengthy. Through this step I was able to delve into the participant’s world, picking apart the words in order to find the participant’s precise meaning. Three types of notation, or comments, are specified by Smith,

Flowers, and Larkin (2009): descriptive, linguistic, and conceptual. They advise researchers to use three different colored pens to make these comments in the margins of a hard copy of the transcription. Descriptive comments are general explanations, notation of emotional responses, description of context, etc. Linguistic comments look at the participant's language, such as repetition of a certain word or explorations of a particular word and why it was used. Conceptual comments are bigger questions or observations about the concepts underlying participant's experience, for example a comment on how the participant sees his or herself. I used a program called ATLAS.ti, a computer program used for qualitative data analysis, in order quickly highlight and organize the quotations, making notes. After the first participant, I realized with guidance from my faculty advisor, that making the distinction between descriptive, linguistic, and conceptual notations is not as helpful as it is time-consuming. For the following four participants, I simply highlighted quotations I found significant and wrote comments in the margins, without this separation.

Then I developed emergent themes from the data. This third step is a transitional step from focusing not only on the words of the participant but also on the exploratory notations about the words of the participant. Looking at the comments and the words, I identified themes in the data. I used the ATLAS.ti program to color code these themes and link the document so I could quickly organize and return to the quotations.

The fourth step is to search for connections among the emergent themes. Smith, Flowers, and Larkin (2009) describe a couple of techniques but I chose the ones closest to my working style. Smith, Flowers, and Larkin (2009) specify six different theme organization strategies: abstraction, subsumption, polarization, contextualization, numeration, and function. These strategies were used as the data and themes necessitate it. For example, numeration was used

because certain words were repeated, in order to count up their occurrences. After the themes were organized in several ways, I created a table with the super-ordinate themes and themes.

Next I repeated steps one through four for the rest of the participants. It was important here to bracket the ideas and understandings I developed from the first participant's data. Because it was impossible to remain uninfluenced by the previous findings, I stuck closely to the process described in the steps in order to allow the different themes from the new data to emerge.

The last step I took was looking for patterns across all the cases in the study. Smith, Flowers, and Larkin (2009) describe a process of looking by laying out all the themes from each participant and drawing connections again. Each theme may carry a different weight or potency, which contributed to the final "master table" of themes (p.101). I created this table and delineated each theme and the excerpt of text from each of the participants that reflects that theme. In this way, the patterns and gestalts can be drawn from the experience but also the unique qualities of each participant will be visible. During this final step I was able to obtain a deeper understanding of not only the individual experiences but also the shared experience across the participants and all others who did not participate but who share their experience.

Rigor and Validity

This method is not generalizable to the entire population, but it is intended to capture the lived experiences of these participants. I recruited and analyzed until saturation, or until the meanings and experiences described by participants began to repeat. In order to guard against my own objective opinions swaying the findings, I employed investigator triangulation with my supervisor to interpret the results. Also, I bracketed my biases during analysis with the help of my supervisor. Bracketing means that I attempted to set aside previous understandings and attempted to look at the data as objectively as possible. For example, when reading one of the

participant's data, Kevin, I saw that spirituality was not discussed in his experience of recovery. I had to "bracket off" the notion that spirituality would be a part of his story because it was part of the story for the previous four participants, and look at the meanings that Kevin's story did have. Looking at it this way, I was able to see elements of social orientation that were unique to his experience. To improve rigor I used negative case analysis, with my supervisor; to explore any biases I harbor and maintain the integrity of experiential meaning to the participants.

Chapter 5

Results

Four themes were found in the narratives given by the five participants in this study. Their experiences, although unique, did have some similar patterns: inward orientation, social orientation, spirituality, and nature of addiction. These themes were oftentimes hard to pry apart from one another because how a person feels about oneself impacts how he or she relates with others, craves social acceptance, and desires connection to a higher power. Many of the participants attributed their emotional and relational healing to spirituality. The themes themselves are interactional in each of the five participants, reflecting the gestalt of human experience. Any identifying information, names of places, names of family members, etc. have been fictionalized to maintain participant confidentiality.

Participant one, a Caucasian female in her 20s, was dubbed “Lucy” to protect confidentiality and provide clarity for the reader. Lucy’s narrative of overcoming addiction was packed with explanations of the nature of addiction. She explained that “being in recovery” is more than being sober because recovery has a spiritual and transformative aspect. Lucy spoke about the stigma of substance abuse. It was important to her that the general public understands addiction.

Participant two, a Caucasian male in his 20s, dubbed “Nick”, told his story while offering explanations for addiction as well. Nick experienced trauma in his early childhood when his mother divorced his father, remarried, and divorced his stepfather. For Nick, guilt, shame, anxiety, and self-hatred were common themes in his inward orientation during addiction. Similar to Lucy’s experience, Nick also explained much of his transformative recovery process in terms of spirituality.

Participant three, a Caucasian male in his early 40s, dubbed “Frank,” also spoke of trauma, internal orientation, social orientation, spirituality, nature of addiction. Frank started using drugs in order to feel a sense of belonging. His mother abandoned him at the age of eight and his self-esteem suffered. Unlike the other participants who started using to feel accepted, Frank did find a sense of belonging through the use of drugs for some time. However, the thing that helped him feel accepted eventually led him to isolation. He said that during his active addiction his relationship with his son, “wasn’t my concern at all” and “I really didn't have a heart for people. I really didn't even care about myself.” It wasn’t until he stopped using drugs that he was able to rebuild his relationships with his family members and find another community, a faith community.

Participant four, a Caucasian male in his 50s, dubbed “Bill” was in a difficult place emotionally and physically at the time of the interview, going through divorce and had recent and upcoming surgeries. The suffering he was experiencing at the time of the interview changed the way he spoke about his addiction. Although he hasn’t used heroin or other drugs for almost 28 years, much longer than any of the other participants, he said, “I’m just... trying to rebuild my life” and “...slowly but surely I'm going to rebuild it someday, somehow. Just like I got through other things, I'll get through this thing, you know?”

Participant five, a Caucasian male in his late 20s, dubbed “Kevin,” did not share many details of his internal personal experiences, but the NA community was a big part of his narrative. Kevin used the word “sponsor” 15 times in his short narrative. For him, having and being a sponsor was an extremely influential part of his recovery community. When I asked him how he’s stayed sober so long he said, “Uh, go to meetings regularly, uh, I work steps, I have a sponsor. I use a sponsor, so like, you know, I call my sponsor, uh, I sponsor people, and I try and

be of service to, uh, the fellowship. I still, all that stuff that, you know, you know like newcomers should do is we call it the basics, and something that my sponsor always says is that, you know, if we don't get out of the basics we won't have to get back to the basics.” Kevin shared that acceptance and feeling loved were a part of the NA experience for him. “It's like, you know, like, this, this is my home group, all the other home groups members, uh, they're like family.”

Theme 1: Inward Orientation

All the five participants had somewhat similar inward experiences during addiction to heroin. Lucy, Nick, and Frank shared the experience of a duality of self-centeredness and dislike of self. Lucy, said that addiction is “just living selfishly and doing whatever,” and her relationships were “just selfish,” and, “you realize how selfish and self-centered that you are” during addiction, but she also said, “I didn't love myself,” “I wanted to kill myself!” and that those in addiction want, “to literally die and kill themselves.” Nick explained the phenomenon of selfishness leading to guilt, shame, and anxiety,

I'm extremely selfish and self-centered. Pretty much anyone that was in my life that appeared in my using, uh I was, I was using you for something. There was something I was getting from you, and if I wasn't getting something from you, you weren't in my life. Right, so from that there started stemming a lot of guilt, shame, anger, and like the anxiety I talked about. So, I just, I just don't feel right in my own skin sober, um, you know, and that's uh perpetuated by the things that I do to others.

Frank also stated, “I was selfish,” during addiction. For him the negative feelings about himself were more prevalent; “inside I was falling apart. And behind the scenes you know, it was ... Yeah, it was not good at all,” and “There was always a lot of guilt. There was always a lot of shame. Um, there was you know, a lot of mistakes that I had made as a parent,” and “I really

didn't even care about myself," and, "I was a terrible parent." Just like Lucy and Nick, Frank described selfishness and lack of care for oneself occurring simultaneously during addiction.

Bill also described negative feelings about himself, but they persisted to the time of the interview. He said, "It's like you can't forgive yourself, you know. You're just constantly thinking everything was your fault, when it's not really your fault. It's just part of life." Bill also said, "I'm very, very proud of myself for being able to uh, say that uh, no matter what happens, that, that ain't a choice for me no more." Bill didn't label his insecurities as such like Nick and Frank did, but he did explain their origin by telling his story of childhood abuse. Bill said, "I mean, the way that he beat me, I mean, so bad. And he picked me out of 5 boys," and

Uh, it just, I was always wondering why? You now, and even I talked to my brother, about 15 months ago, and I was like, "Am I thinking this correct? Did Dad just do this just to me?" And he said, "Yeah. I never did understand it myself." So, when you grow up, and that happens, you, you're going, "What is wrong with me?" You know, what it was, I guess he seen so much of me, uh, of him, in me. And uh, so, I mean, he, he kinda messed me up quite a bit, you know? But, slowly but surely I'm going to rebuild it someday, somehow.

Bill's experience of trauma impacted his explanation of his internal orientation.

Kevin was the outlier in that he spoke very little about his internal orientation. However, he did speak about his brother, who is still addicted to heroin, and his internal orientation. Kevin said of his brother, "he feels a lot of shame, and it's, you know, 'cause the times that he's tried to get clean," and "you can just, you know, feel the shame, and it's probably, it's probably 'cause I been there." Although Kevin didn't explicitly talk about his own experience of shame, it is

evident that it was part of his addiction story through his narrative of his brother's internal orientation.

Theme 2: Social Orientation

The second common theme found among the participants was social orientation. All of the participants shared a very similar experience of social orientation during and after addiction to heroin.

Subtheme 1: Social insecurity. Nick, Frank, and Bill described social insecurity and/or family troubles from before the addiction took place. All three of those men had significant childhood events that contributed to the insecurity. Nick experienced his mother divorcing his father, his mother re-marrying and then divorcing his stepfather, who he loved, all before the 5th grade. He described his social experience prior to addiction saying, "I always felt a little out of place, socially awkward. Um, a little bit of anxiety around people." This feeling directly influenced his decision to try drugs,

Honestly, I think it really I just wanted to fit in, um, and I found a group of kids that kinda like accepted me in, they were smokin' weed. And I started doin' it, for, for that reason but once I started like gettin' high, like it really did something for me.

Frank also described childhood trauma at the age of eight that resulted in social difficulty. Frank described it,

Um, I kind of uh, came home from school and there was a note on the table that said my mom is no longer gonna be at the house. And so, she actually left uh, my dad a-and kinda left us you know, when I was eight and I think at that point it kind of changed who I was and uh, just uh, a lot of like insecurity and just a lot of um, uh, doubt. Blaming myself thinking it was something that maybe, that I did.

Frank's experience was very similar to Nick's in that he used drinking to ease his social anxiety.

Frank said,

I was like the class clown. Um, always tried to like, fit in by using humor. I would like dress a certain way, act a certain way just to kinda blend in, just to feel um, good about myself. Um, just to feel like I'm part of the group and never really feeling like I was part of the group. So, I always had like, low self esteem. I was always insecure about you know, how I looked. And just uh, the whole thing that a lot of people deal with in high school. Um, started drinking probably at the age of 16, 17, right around 11th uh, grade. And kind of just you know, enjoyed that because it gave me uh, confidence.

Bill also experienced childhood trauma, his father physically abusing him. At a young age, he left the house, "I ran away when I was 15, I started with the wrong crowd of people, and uh, I tried injec- uh, injection of drugs, uh, for the first time when I was 15." Nick, Frank, and Bill began their drug use in order to achieve a sense of social belonging. Lucy's social experience prior to addiction differs from those three men, she described being close to many family members. Kevin didn't speak of his social orientation prior to addiction at all.

Subtheme 2: Absence of social orientation. During addiction, Lucy's good relationships withered. She said that "...heroin really like ruined my relationships. Um, it was constantly like, it was just selfish. It was all about what I wanted, if I needed something, if I needed money, if I needed a place to stay, if I needed them to do something for me, that was our relationship. So there was no relationship really." Similarly, Nick's relationships during addiction suffered,

Pretty much anyone that was in my life that appeared in my using, uh I was, I was using you for something. There was something I was getting from you, and if I wasn't getting something from you, you weren't in my life.

His relationship with his mother during addiction is an important social experience. He described it, saying,

I hated her for that for a long time. And, and my thought process was like, 'I'm your son how could you do this to me?' um just playing this victim role and what I was never looking at was everything leading up to that point. You know. I had stolen everything worth any value from her and my sister. She spent a lot of money sending me through treatment for me to come out and just get high. I was disrespectful to her. Right, um, you know she paid a lot of legal stuff. I mean, I used her up, and I got to a point where basically I pushed a parent to say look I don't know what to do with you anymore you gotta get outta here. For her safety and my sister's. But I never saw it like that before, right? Because I can only focus on me and what happened to me.

Similarly, Frank described his relationship with his son while in active addiction to heroin, even though he was my son, um, he wasn't my number one priority and my number one concern. I revolved ... Everything revolved around um, getting money, um, getting high, and then once I had that and once I was high, then I could focus on some sort of relationship that was garbage. It, it just, it, it just uh ... It wasn't good at all. It wasn't my concern at all.

Frank went on to say, "I really didn't have a heart for people." Bill described apathy as well, "I literally did not care about my mother, I did not care about my family...while I was under the influence of drugs," and "...so many friends of mine died uh, of an overdose, and different

things like that. It didn't... It didn't even phase me, you know?" Kevin's experience was similar, saying,

I would get high with the same two guys everyday... imagine hanging out with the same two people everyday, but, you know, you don't even wanna talk to them, and really you can't even stand them, like I couldn't even stand these two guys.

It is notable that each of the five participants described an absence of social orientation during active addiction to heroin.

Subtheme 3: Reconnection with family. Four of the participants described the social experience during their recovery from heroin addiction within the subtheme of reconnection with family. Lucy was able to reconnect with her family, rebuilding trust over time by, "staying sober, um... not lying, not being dishonest, not stealing from them, um... showing up when I say I'm gunna show up, um... being there for them when they need me...and like doing what you say you're gunna do." Nick also reconnected with his family, especially his mother,

The relationship's great... I'm living with her right now...She comes to me for advice sometimes and when she needs help...And so, I mean, it's great, I mean, my relationship with her has not been like this probably ever. Um, so yeah, I mean, it's, it is completely healed I would say.

Additionally,

I've been able to start living in the present moment, you know, um. And, and, I mean, be active in people's lives, my family's life. I have a kid now. Right. And I get to be there with him and watch him grow up and it's, it's amazing.

Frank talked about his healed relationship with his mother who left him at age eight saying, "She's my rock." Of his son he said there's been healing, "actually, he'll be coming down this

weekend. He comes down every other weekend like to visit and hangs out here.” Kevin also described healing within his family saying that his relationship with his mother is, “better than it ever was,” and

it seems like we do a lot more together, um, maybe it's just getting a little older, but, um, we talk a lot more on the phone, uh, it's, I mean, I-, it seems like I'm over there visiting like once a week, and at least once a week.

Bill did not discuss healing within his family and didn't describe reconnection with his father or mother from childhood trauma.

Subtheme 4: Service to others. All five of the participants described the social experience during their recovery from heroin addiction within the subthemes of serving others. Of serving others, Lucy said,

I think the biggest, like, joy filled thing is helping other people get sober and watching them. And that's like the biggest part of recovery for me. Because once you get better, you have to give it away. You know? You have to share that with other people.

She also said, “I mean like watching another drug addict get sober and work the steps and, and recover. Um... is the most *beautiful thing* you will *ever* witness in your life.” Nick also described serving others,

I have some compassion toward other people today, um, and then a huge part of what I do is get out into the treatment centers and, and the detox hospitals and try to let people know that there's a way out. Um, and if they're willing I mean take them through the work and try to get them connected to this power. Um, and watch their lives transform.

Frank discussed serving others, “I knew from uh, a long while that I needed to uh, really uh, focus on you know, ministry and just kind of um, you know, giving back like, what was given to

me,” and “Really once I realized that okay, the Lord wants me in full-time ministry ... And so now I'm here, not making barely anything, but I'm happiest.” Kevin also described serving others, saying that for his mother he tells her, “you know I'm here, if you need me to watch the baby, I can do that,” and said, “I try... to be of service to, uh, the fellowship.” Although Bill did not describe healing within his family, he did describe service to others saying, “I do street ministry. I don't get behind a pulpit, I love helping the, uh, people in the N.A. meetings, or uh, people on the street,” “my main goal in life is to help the person that needs help out there. You know, the person that needs to go to their first meeting, or needs to hear that there is a life after dope,” and “I do enjoy helping people.” Bill, in spite of or perhaps because of his internal suffering, used the word help 34 times.

Subtheme 5: Group membership. Four of the participants, all the men, described group membership as a significant aspect of either their addiction or recovery experiences. Nick said that he began using to feel like a part of the group. Frank, too, spoke of his rave community, “You know, it felt like a family. I felt like I was loved by them. And so, it's just uh, it was just a really cool atmosphere. You know, I enjoyed the music. I enjoyed that whole scene.” Bill and Kevin, however, described group membership in terms of recovery, both explained a sense of belonging with their NA groups. Bill said, “I still go to this day, to N.A. meeting, everyday,” and “You have to have a... you have to have a support group, and you have to structure, and you have to really want it.” Kevin said when he first met people from the NA community he, “felt loved I guess. I guess you could say, so.” Of his friends from NA, Kevin said, “It's like, you know, like, this, this is my home group, all the other home groups members, uh, they're like family,” and “Uh, and I mean we do almost everything together.”

Theme 3: Spirituality

Four participants agree that spirituality was an integral part of the transformative recovery process. The subthemes found were, God as a healer of relationships, transformative spiritual experience, and God as a healer of the person.

Subtheme 1: God as a healer of relationships. It's notable that Lucy, Nick, and Frank attributed their ability to heal relationships to spirituality. Lucy said that, "through time, and like God working through you, it um... it just naturally mends your relationship with your family." Nick said, "through this [12 Step Spirituality Process] I've been able to start living in the present moment, you know, um. And, and, I mean, be active in people's lives, my family's life." Frank spoke of his healed relationship with his mother saying,

God has restored that you know? Where the drugs had that in, in my lifestyle, had a wedge in between. You know, once I begun to work on myself and work on my past and get rid of resentments and stuff, that God begun to open that relationship - flourished it. Of his other family relationships, Frank said, "it's just cool how God has just been like, developing relationships and working on that once I began to you know, put that lifestyle down."

Subtheme 2: Transformative spiritual experience. Nick, Frank, and Bill all described transformative spiritual experiences. Nick said,

It was like an overwhelming intense wave of energy running through my body and my hair stood on end, um, (pause) and whatever this... you know, I... I say God because most people say God, I mean you say God, people usually understand what you're talking about um... but I think putting a word on this thing is kind of putting it in a box already. Right, so whatever this power is, like, I could feel it all around me and inside me. Um, and I was at uh, a point, for a moment, just at complete peace. Like I've never

experienced before. And I've had only few experiences since then, um feeling like that. Um, but it was surreal. Um, it was like a dream, and, and I wasn't really sure about the whole God idea before that moment, but since then I mean you haven't been able to shake me that this thing is real. Um, and it is active in, in human affairs. So, I don't know, I mean it, it was a moment that gave me some clarity, um, and a sense of direction, like knowing that, that this, this was real. This whole 12-step thing, this spiritual life, um, the possibility of really getting free, being at peace, and having some joy was real.

Frank also described a sense of peace,

I was at a church down here and uh, out in Saint Clare called Cathedral of the Cross. And uh, that's where I heard a guy's testimony. And I was like, "Yes, that's who I need." Like, I ... All of a sudden, something changed in my heart and I stood up and went up to the front and that's where Christ came into my life and kind of transformed my heart. And really just there was a peace that came over me. Like, that's ... Like I always tell someone, 'The only thing that I can describe is that there was like some sort of wave that went off me and then there was a peace that I had about me.' And that was May 7th of '08. It was like right around 7:00. I like, remember the whole thing. And uh, you know, it's, it's crazy."

Bill's story was also in a church,

One Sunday, I was uh, my 6th straight month of church, I drove from Newberry to Clarksville, and uh, I just got down in my pew, and uh, just said a prayer, and I just had a feeling that he lifted it from me by him saying 'Don't use it again.' And I, I, I haven't touched it since. Never used it again. Never used no, no, I didn't use heroin again. I didn't shoot up again. And uh, then uh, you know, it's uh, it was just amazing, you know?

Subtheme 3: God as a healer of the person. Lucy, Nick, Frank, and Bill all have the common theme of healing through the power of God. Lucy said, “Like I didn’t want to be alive and like it’s just amazing how like God can just change you that much to where you’re like... like I love my life today and I love myself.” Nick said, “I’ve been on a spiritual journey, trying to kinda figure out what is this power that’s working in my life.” Frank said, “Christ came into my life and kind of transformed my heart,” and, “Christ really came into my life. Over eight years ago. Kinda transformed me. He gave me the desire to want to change. Because before that, I really didn’t care. I thought that it was fine what I was doing.” Bill said, “I’ve been, uh, grateful to God that he uh, helped me to get clean” and “God helped me get off it, you know.” It is notable that four out of the five participants attributed their change of behavior to spirituality, although the sample is limited in that all of them were involved in AA or NA both of which are spiritual programs. Kevin is the outlier in that he was the only participant who didn’t mention or allude to God, a higher power, or spirituality.

Theme 4: Nature of Addiction

Each of the participants explained what addiction is using their own words and in some cases borrowed phrasing from other sources, most often the Big Book of Alcoholics Anonymous. Among the participants’ subthemes were found: loss of control during heroin use, cycle of addiction, progression of addiction, negative life consequences due to addiction (i.e. lost job, legal consequences), and drug use as a symptom.

Subtheme 1: Loss of control. All five of the participants had vivid descriptions of the loss of control they experienced during active addiction. Lucy described the loss of control during heroin use when she said,

Like it's more important in that moment than your family, than anything," and "like, normally, like, I love my family more than I love heroin, but it like it does and when you're in it, it becomes more powerful than love. And um, you know, people with kids, it becomes more powerful than the love for your kids. You know? ... I was at [my mom's] house. I was up in my room there. And this was, this was before I went to treatment. And um... I was... I had no veins left on my body. And... that I could find... and... I was tying off, like my foot with the phone charger, and um, my mom walked in and she was like crying and like fell to her knees, was crying so hard. And was begging me to stop. And like I remember saying like, 'I can't stop, like I have to do this. I'm sorry, I love you. Like, I have to do this.'

Nick also said that heroin became more important than anything else,

I mean, I didn't really have a choice on whether I was gonna get high or not. I was gonna get high. And I couldn't do anything about it. I mean, my experience shows plenty of times I told myself, 'You are not gonna go do this' and I went and did it anyways, against my own will power."

Nick also told a story that demonstrated his loss of control,

Um, and when I got there, I mean I knew why I was there I was going to go buy some syringes. But I didn't understand really like, how I got there. I know that kinda sounds weird, um. So I was sitting in the car and I was thinking about these 4 months that I put together and how I was gonna ruin everything if I went and got high. And I made a decision not to go inside and buy the syringes. And then uh, next thing I know I'm at the counter buying some syringes, right? And I get back to the car and I'm telling myself I still have a chance to go meet this adjuster, there was still time and again a made this

decision I was not gunna go out to the dope house and get high and I ended up at the dope house. Um, so, something happens when I start to use heroin, um, I'll be high, I'll know that I don't need to use any more, but I can't help myself. As long as there's more heroin there, I'm gunna use it, um. And, and it doesn't take me long to go through a large amount.

Frank said, "Everything revolved around um, getting money, um, getting high," "the drug was more important to me than any relationship, than anything else. It came to that point where basically, sticking a needle in my arm was what I did. That's what I worshiped." Bill said, "I do not know how to describe doing drugs, except for it's the most unbelievable thing that can happen to a human being, to be controlled by drugs" and "I was just so far out there, it was, it was animistic, you know? It really was. It was not me, it wasn't who was I, but it was what I'd become." Kevin said,

At some point it stopped being fun, and it turned into, like, uh, just something I have to do. It was like, I couldn't, I just couldn't stop. You know at some point it just, yeah, it just wasn't fun anymore, and, you know, it felt like I was going to die that day.

Subtheme 2: Addiction over time. Each of the participants described addiction over time. Lucy, Frank, and Bill described it as cyclical in nature, repeating over and over. Nick, Frank, Bill, and Kevin described drug addiction getting worse and worse over time. Interestingly, Frank and Bill described addiction over time as *both* cyclical and progressive.

Cycle of addiction. Three of the participants described addiction as a cycle. Lucy said, "my life consisted of waking up, um, like getting dope, shooting the heroin, like nodding out, sometimes not even getting high just really getting well so you're not sick. And just like the cycle repeats over and over," and "you're in this cycle where it just, it... it like, doesn't end until

you like finally decide maybe to go to treatment or you end up in jail or you overdose.” Frank said,

That was my lifestyle. Even if I was to go somewhere, I had to make sure that I had enough drugs to get me through to where I, when I come back, that you know, I'm good for the next morning to where I'm not gonna get sick. So, it was just uh, it was just a cycle.

Bill said, “the viscous cycle just started all over, you know? And uh, I uh, you know, I just kept doing, on and off. I went to at least 12-13 rehabs.”

Linear progression of addiction. Nick, Frank, Bill and Kevin said that the drug use got worse and worse. Nick described his progression saying,

Um, and pretty quick, by the time I was a freshmen I was taking like 20 10s a day, narco 10s. Um when I was 16 I injected heroin for the first time. And from 16 to 22 uh, I was a daily user...

He also said, “I snorted heroin one time, um, the next day I went in and uh shot up.” Frank says, “...things start to progress. When it was just a weekend thing which started to you know, filter in you know, throughout the, the week a little bit,” “I eventually started uh, seeking out other drugs. I started doing cocaine. And then uh, one day I eventually came across heroin,” “we started out you know, experimenting with heroin. We started out just like, snorting it. And uh, eventually you know, I went from snorting it to actually shooting it up.” Bill shared about his progression saying, “And, it was a pill called Dilaudid, and that's just like pharmaceutical heroin,” “I got addicted, and I lost every single bit of my money, my houses, my everything, in less than a year.” Bill also said,

But uh, you know, that world out there will get you really quick. You know, the alcohol, you get a little drunk and you meet somebody and you end up doing something. There's so many easy ways to get started on dope.

Kevin said,

Uh, I-, I-, I can't really put it on one certain event, uh, there was like a series of events that kinda happened all in a row. I was just like, you know, kinda, something has to change, or you know it's not gonna get any better. So, it was like a series of bad events pretty much.

Subtheme 3: Negative life consequences. The participants all described the negative life consequences that took place due to addiction to heroin, which varied from being arrested to losing custody of a child. Lucy described her physical health deteriorating and being kicked out of her parent's house due to drug use,

my arms were black and blue and I had abscess and my mom was like 'What the heck is wrong with you.' You know? And like went over there, searched my room, found all my stuff, and was like 'You need to get the hell out of here.' And so then I was like living in a hotel for a little bit and then I was like, it hit me, it's like this moment of clarity, you know? Like you have this moment of clarity and you're like 'What the f has my life come to? Like I'm shooting heroin and living in a hotel, like wh.. what is going on?'

Nick described a hospitalization, legal consequences, and being kicked out of his mother's home.

Frank said, "And it came to the point where it got so bad that I actually ended up losing my, my job at the city of Forth Worth that I had for almost 14 years," "I actually um, ended up getting a uh, a manufacturing charge, a possession charge and a distribution charge um, during the time I

actually was running ecstasy for people. They were shipping it over seas and I was picking it up and delivering it to people,” and

I ended up uh, uh, when I was picking it up one day, all of a sudden um, DEA, customs agents and all that stopped me in the parking lot and uh, ended up getting arrested for that. Got put on probation.

Frank not only lost jobs and faced legal issues, but also lost custody of his child. Similarly, Bill lost not only physical belongings and money, “I would literally spend every single penny I had,” and “I lost every single bit of my money, my houses, my everything, in less than a year,” but also family, “me and my wife, we split up. And uh, when my daughter was born in New Orleans, and I’d been clean for nearly a year, but she didn’t want to take a chance.” Kevin didn’t share the details of his negative experiences, but he did say that he was hospitalized in a psychiatric ward by his own choosing in order to stop using drugs and that prior to that there was a, “a series of bad events.” Each of the five participants, although their experiences vary, shared in a common theme of negative circumstances directly attributed to addiction to heroin.

Subtheme 4: Drug use as a symptom. The four participants who described drug use as a symptom of something underlying seemingly based their understanding of addiction and recovery on that explanation. Lucy described drug-use as a symptom of a spiritual problem and being selfish,

you have a spiritual problem and you’re the problem, and it’s not the drugs, it’s not the heroin, it’s not the crack, it’s not whatever, it’s you! And so, when you work the steps you realize how selfish and self-centered that you are and it clears away this pathway to a higher power that keeps you sober.

Nick also described addiction as a symptom of a bigger problem, and for him the bigger problem is internal unmanageability and selfishness,

The first thing that became clear to me was that heroin was never really my issue. I mean that was not the problem, um that was a symptom of the problem. (Okay.) Right, so the problem with me is really how I feel on the inside. It's like this internal unmanagability. Um I'm never content no matter what I have. Um, I'm extremely selfish and self-centered.

Additionally,

And I think that, that the medical industry, as far as that aspect is going in the wrong direction. Um, you just supplement one chemical for another. Right, um, and giving these people another temporary solution, um, to their problem.

Frank described drug use as a symptom of something internal saying,

the drugs are just really mani-manifestation - just a symptom of what's really going on internally- inside of me. So, it can come out ... Even now, even though that I might not be using drugs, it can come out and maybe ... Eating excessively. Or, maybe it can come out in anger that's something I might have to deal with. Or maybe it comes out you know, for some people you know, in pornography...or shopping, or gambling. You know? Those are just the symptoms, like the drugs are just a symptom of really something that's deeper inside, something that's internally you know ... That I'm wanting to either like, you know, avoid or, or not you know, escape from or you know, not face.

Bill said, "All drug addicts do have something deep down inside them that's hurting them, in some kind of way, that they turn to drugs" and "It's a temporary uh, little band-aid, on a big, big

problem, that you need to figure out yourself.” These participants described the nature of addiction as a symptom of another larger problem.

Subtheme 5: Motivation to change. Lucy, Nick, and Frank described going to treatment due to external pressures, not internal motivation or commitment to change. All three of them relapsed after these treatment centers, but Frank described a life-long perspective change due to his experience there. Lucy, when her family encouraged her to treatment,

had gone to really nice... I had gone to [well-known] treatment centers ... on the beach, nice places. Couldn't stay sober. And, wasn't ready to be sober. That's the thing, like I thought I could still smoke weed and drink alcohol.

She also said, “Couldn't stay sober. And, wasn't ready to be sober.” Nick said, “I really didn't wanna to be there. I wasn't ready to stop, I didn't wanna stop,” and “I had tried to make amends in previous attempts at working the program. Um, kinda like, give, you know, just, I wasn't really committed to it, so um, it's not surprising I didn't get sober and stay sober.” Frank said,

So really, I was just ... To get everybody off my back really, I was like, ‘Okay, I'm gonna go to faith-based recovery center,’ and ended up going to a faith-based recovery center back in uh, um, like '08. And uh, during that time after about three months of being in the uh, faith-based recovery center, uh, I was at a church down here... And uh, that's where I heard a guy's testimony... All of a sudden, something changed in my heart and I stood up and went up to the front and that's where Christ came into my life and kind of transformed my heart. And really just there was a peace that came over me.

Although Frank did relapse afterward, he believed it was at this point in time that his attitude toward others shifted, “I think I fully surrendered to what God wanted me to do. Um, because I know that once I stopped focusing fully on the Lord and trusting in him and running after him.”

Both Nick and Frank describe wanting to change but not being able to. Nick says, Um, went back to treatment and this time I wanted to go. I did everything that they asked me to do in treatment. You know, I did my step-work packets, I did the groups, I did the family therapy, um, and I was sure that when I left that I was gonna stay sober. Um, I went to an IOP program after that um and I was sober for maybe like two weeks.

Frank said, after his transformative experience,

I like, remember the whole thing. And uh, you know, it's, it's crazy. Like, you think that like when something like that happens that everything is just gonna be easy and things are just gonna be ... Like you'll never have to struggle with that again. But it took me years and years of being sober and saying, 'Oh, you know what? I can probably drink. Drinking is kinda all right,' and then I'd fall back into going back to the heroin use.

Although each of the participants described how they were finally able to change in multiple different ways, four of them included an internal motivation for change in their explanations of addiction and recovery. Lucy speaks of her own experience,

I was like living in a hotel for a little bit and then I was like, it hit me, it's like this moment of clarity, you know? Like you have this moment of clarity and you're like 'What the f has my life come to? Like I'm shooting heroin and living in a hotel, like wh.. what is going on? and I was like 'I really wanna be sober now...' Like I wanna be sober. I wanna do this.

Nick described it saying,

And this time it didn't make anything better, right, it didn't fix of the any problems, I didn't feel good, uh it didn't do what it used to do for me. Um, and I don't know why that

is, you know why that time out of hundreds of times, uh I don't know. Um, so I jumped like head first into the 12 steps.

Kevin said he was internally motivated to prove others wrong, but it ended up working and he is still sober today,

And I took that as kinda like, you know, in my head I was like, 'Okay I'm gonna go, I'm gonna prove to this guy, and my, and these counselors, and my Mom this shit doesn't work.' You know I'm off the heroin now.

Bill described internal motivation, not through his own narrative, but through an explanation of how others can get sober, saying, "And um, anybody that has the willpower to say, 'I need help,'" and "You have to really, really want it. If you don't really, really want it, that worlds waiting to suck you back in so fast, it's unbelievable."

Chapter 6

Discussion

Return to Literature

The literature review found that heroin addiction can be connected to impulsivity and risky behaviors, trauma, spirituality, self-efficacy and mood, and group membership. The results are consistent with the literature, finding that four of the five participants described risky behavior. Lucy described shooting up heroin despite having black and blue arms and abscesses, which put her physical health at risk. Nick described stealing from his friend's parents, among others to obtain money for drugs. Frank described dealing drugs, risking legal consequences, which he ended up facing. Bill robbed people. The research also confirms previous findings that those who experience trauma are more likely to use drugs. Three of the five participants described early life traumatic events and each of them attributed their drug use, in part, to that trauma. Nick's mother had two divorces in his early childhood, Frank's mother abandoned their family when he was eight, and Bill's father singled him out and physically abused him. Previous findings have been inconclusive about whether or not spirituality plays a significant role in addiction. This research contributes to the body of knowledge, finding that each of the participants, with one exception, attributed their sobriety to either a relationship with God (Lucy, Frank, and Bill) and/or a spiritual journey through the 12-Steps (Lucy, Nick, and Frank). The literature finds that self-efficacy and mood are closely related to addiction to heroin. Regarding mood, Nick and Frank both described feeling insecurity, sadness, doubt, shame, and fear while in active addiction. Lucy described wanting to kill herself and Bill alluded to suicidal ideation during addiction. Regarding self-efficacy, Bill is the only one who explicitly stated his confidence in his ability to never return to drug use. The literature finds that group membership

is a big part of recovery from addiction. The results from this study confirm this and also find that group membership can be part of drug-use as well. Nick and Frank started using drugs in order to feel part of the group. In the beginning of use, Frank even felt like his drug community was his family. Only Bill and Kevin described a recovery as a part of their daily life today. Bill said that you need a support group to be sober and that he attends NA groups daily. Kevin described his NA group as a family, said he spends much of his time with them. The findings from this study compliment and bolster the previous findings about heroin use.

Return to Theory

Social Learning Theory. The findings of this study are consistent with the social learning theory. The theory builds from Albert Bandura's idea that behavior is influenced by seeing how others behave and what happens to them (1977). Even though only one of the participants had family who struggled with addiction, four of them described starting to use drugs with others and then moving to isolation later. Nick began smoking marijuana with friends, liked the feeling, and moved on to harder drugs quickly. Frank said the he began to use due to the social aspect, but his use was escalated when others introduced him to harder and harder drugs. Bill also shared that he began to use drugs when he ran away and started hanging out with people who used drugs. Bill also started pain pills, methamphetamines, and heroin because friends introduced him. These three participants confirmed the theory that aversive behavior is taught through social learning. Although he doesn't specify if they started using first, Kevin said that his life consisted of using drugs with his two other friends who also used heroin. One of the participants, Lucy, did not describe learning to use or using drugs with others. However, she did describe learning to recover from drugs from others. She said that she didn't now how and she

had to learn, from people in AA teaching her. This contributes to the body of knowledge that social learning can be used to help people stop aversive behaviors.

Self-Medication Theory. The results from this study add to the body of knowledge on the self-medication theory. Three of the five participants experienced trauma during childhood, but only two of them (Frank and Bill) specifically stated that it led to his drug use. Although Nick did undergo some childhood trauma, the loss of his father and step-father to divorce, he stated, “I mean really it was a pretty normal childhood. I mean there’s nothing like weird or, uh, abnormal about it.” He did, however, attribute his drug use to internal unmanageability and selfishness, how he feels on the inside, and discontentment. The subtheme “drug use as a symptom” sheds light on the self-medication theory. All of these explanations are consistent with the self-medication theory. Lucy also attributed her drug use to an internal problem saying, “You’re the problem, and it’s not the drugs, it’s not the heroin, it’s not the crack, it’s not whatever, it’s you!” Frank said the same; that drug use is a manifestation of something internal that the user wants to avoid or escape from. Bill described a numbness that comes with using, and that it is a temporary relief to something deeper within. These findings show that the experience of drug use among these four participants is consistent with the self-medication theory. Drawing from the theory I am was to make sense of the participants’ negative experiences and how they could have contributed to their decision to use drugs.

Limitations

This study is limited by virtue of a qualitative method and due to the constraints in which it was completed. Qualitative studies are non-measurable and do not rely on the scientific method and therefore are non-generalizable. The results are heavily dependent on the researcher, and therefore are influenced by the researcher’s understandings, perspectives, and biases. This

was mitigated through bracketing and triangulation of researchers, i.e. discussion with my faculty advisor. This study used in-person interviews and the presence of the researcher has the potential to sway how the participant described their experiences. Despite assurances of confidentiality, the topic of interest is personal and touches upon areas of deep ambivalence; these nuances may have influenced the willingness or the readiness of the participant to speak openly, honestly, and clearly about their addiction and recovery experience. Time limitations and the structure of the thesis program at UTA made it difficult to be objective when finding themes. Due to the structure of the program, I wrote the literature review and presented the research prior to searching for themes in the data. This influenced what I found despite my attempt to bracket previous knowledge and research. Furthermore, the time limitations made it challenging to bracket between each participant and find attempt to find themes without influence from participant to participant. Despite this challenge, I did find negative cases and variations between participants and noted them in the results. These participants were all found through the NA and AA community, a limitation because their understandings and explanations of the nature of addiction have been largely influenced by the texts and teachings.

Implications for Micro Practice Social Work

The findings of this study can be used to help clinical social workers with their direct practice. Most obviously the common themes found in these experiences can be used to help social workers who work directly with heroin addicts or recovering heroin addicts by informing them of the meanings people in recovery attach to addiction and the recovery process.

Understanding the experience of a heroin addiction can help social workers when dealing with families and providing preventative education in schools or workplaces. For example, this study found that each of the participants described a loss of control due to heroin use. This experience

can be a leveraging point when using Motivational Interviewing or another therapeutic approach with a client. Additionally, sharing with family members that the person addicted to heroin is experiencing loss of control may help them understand their loved one and support their recovery. In schools the loss of control experience could be explained as a preventative measure, educating children about the loss of control that heroin addicts experience could reduce the probability that they will use heroin.

Implications for Macro Practice Social Work

The findings of this study can be a resource for program development. Inpatient and outpatient substance abuse facilities create educational material for heroin addicts in order to aid the healing process. Looking at the themes found in this study, classes can be developed. For example, a program director could see that according to this study early life trauma is a common experience among heroin addicts. He or she could include a book, class, or process group in the treatment plan for recovering heroin dependent individuals to heal from these traumatic experiences. This study could contribute to trauma- informed practice training for clinical staff in a substance abuse rehabilitation facility.

Directions for Future Research

The UTA IRB has approved data collection until May 2017 and I am planning on continuing to interview participants to obtain a more robust sample. A larger sample may be able to detect gender differences, for example. Future researchers may look to this research to gain a better understanding of the experience of heroin use and recovery. The findings imply that there is a social element to not only starting drug use, but also recovering from it. Future research could expand on the areas of social influence and offer more insight on the lived experience in different, more varied, situations to improve research validity and reliability.

References

- Akers, R. L. (1998). *Social learning and social structure: A general theory of crime and deviance*. Northeastern University Press. Boston, MA.
- Avants, S. K., Marcotte, D., Arnold, R., & Margolin, A. (2003). Spiritual beliefs, world assumptions, and HIV risk behavior among heroin and cocaine users. *Psychology of Addictive Behaviors, 17*(2), 159-162. doi:10.1037/0893-164X.17.2.159.
- Bandura, A., Ross, D. & Ross, S.A. (1961). Transmission of aggression through imitation of aggressive models. *Journal of Abnormal and Social Psychology, 63*, 575-82.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bravo, M. J., Barrio, G., de la Fuente, L., Royuela, L., Domingo, L., & Silva, T. (2003). Reasons for selecting an initial route of heroin administration and for subsequent transitions during a severe HIV epidemic. *Addiction, 98*(6), 749-760. doi:10.1046/j.1360-0443.2003.00393.x
- Brener, L., Von Hippel, W., & Von Hippel, C. (2012). Exploring the relationship between implicit self-representation and drug use. *Addiction Research & Theory, 20*(2), 133-137.
- Buckingham, S. A., Frings, D., & Albery, I. P. (2013). Group membership and social identity in addiction recovery. *Psychology Of Addictive Behaviors, 27*(4), 1132-1140. doi:10.1037/a0032480
- Centers for Disease Control and Prevention. (2015). *Today's heroin epidemic*. Retrieved from <http://www.cdc.gov/vitalsigns/pdf/2015-07-vitalsigns.pdf>
- Conner, B. T., Longshore, D., & Anglin, M. D. (2009). Modeling attitude towards drug treatment: The role of internal motivation, external pressure, and dramatic relief. *Journal Of Behavioral Health Services & Research, 36*(2), 150-158.

- Darke, S. (2013). Pathways to heroin dependence: time to re-appraise self-medication. *Addiction*, *108*(4), 659-667
- DEA, Strategic Intelligence Section (2015). *National heroin threat assessment aummary*. U.S. Department of Justice, Drug Enforcement Administration.
- De Arcos, F. A., Verdejo-García, A., Ceverino, A., Montañez-Pareja, M., López-Juárez, E., Sánchez-Barrera, M., & ... Pérez-García, M. (2008). Dysregulation of emotional response in current and abstinent heroin users: negative heightening and positive blunting. *Psychopharmacology*, *198*(2), 159-166.
- Dunlop, W. L., & Tracy, J. L. (2013). Sobering stories: Narratives of self-redemption predict behavioral change and improved health among recovering alcoholics. *Journal Of Personality And Social Psychology*, *104*(3), 576-590. doi:10.1037/a0031185
- El-Bassel, N., Gilbert, L., Frye, V., Wu, E., Go, H., Hill, J., & Richman, B. L. (2004). Physical and sexual intimate partner violence among women in methadone maintenance treatment. *Psychology Of Addictive Behaviors*, *18*(2), 180-183. doi:10.1037/0893-164X.18.2.180
- Lembke, A. (2012). Time to abandon the self-medication hypothesis in patients with psychiatric disorders. *American Journal Of Drug & Alcohol Abuse*, *38*(6), 524-529. doi:10.3109/00952990.2012.694532
- Fernandez, H. (1998). *Heroin*. Center City, MN: Hazelden.
- Gilbert, L., El-Bassel, N., Chang, M., Wu, E., & Roy, L. (2012). Substance use and partner violence among urban women seeking emergency care. *Psychology Of Addictive Behaviors*, *26*(2), 226-235. <http://dx.doi.org/10.1037/a0025869>
- Genetic Science Learning Center. (2013, August 30) Genes and addiction. University of Utah. Retrieved from <http://learn.genetics.utah.edu/content/addiction/genes/>

- Gowan, T., Whetstone, S., & Andic, T. (2012). Addiction, agency, and the politics of self-control: Doing harm reduction in a heroin users' group. *Social Science & Medicine*, 74(8), 1251-1260. doi:10.1016/j.socscimed.2011.11.045
- Hayaki, J., Anderson, B., & Stein, M. (2006). Sexual risk behaviors among substance users: Relationship to impulsivity. *Psychology Of Addictive Behaviors*, 20(3), 328-332. doi:10.1037/0893-164X.20.3.328
- Heinz, A., Preston, K., & Epstein, D. (2007). Spiritual/religious experiences and in-treatment outcome in an inner-city program for heroin and cocaine dependence. *Journal of Psychoactive Drugs*, 39(1), 41. doi:10.1080/02791072.2007.10399863
- Jones, J. D., Vadhan, N. P., Luba, R. R., & Comer, S. D. (2016). The effects of heroin administration and drug cues on impulsivity. *Journal Of Clinical & Experimental Neuropsychology*, 38(6), 709-720.
- Khantzian, E. J. (2013). Addiction as a self-regulation disorder and the role of self-medication. *Addiction*, 108(4), 668-669.
- Kopetz, C. E., Reynolds, E. K., Hart, C. L., Kruglanski, A. W., & Lejuez, C. W. (2010). Social context and perceived effects of drugs on sexual behavior among individuals who use both heroin and cocaine. *Experimental And Clinical Psychopharmacology*, 18(3), 214-220. doi:10.1037/a0019635
- Kun-Hua Sam, L., Bowen, S., Oei, T. S., & Cheng-Fang, Y. (2012). An expanded self-medication hypothesis based on cognitive-behavioral determinants for heroin abusers in Taiwan: A cross-sectional study. *American Journal On Addictions*, 21 S43-S48.

- Liao, Y., Tang, J., Liu, T., Chen, X., Liu, X., & Hao, W. (2011). A pilot study of life events and mood disorders: Self-report survey in Chinese heroin-dependent individuals. *American Journal On Addictions, 20*(4), 337-342. doi:10.1111/j.1521-0391.2011.00136.x
- Maremmani, I., Pani, P. P., Pacini, M., Bizzarri, J. V., Trogu, E., Maremmani, A. I., & ... Dell'Osso, L. (2010). Subtyping patients with heroin addiction at treatment entry: factor derived from the Self-Report Symptom Inventory (SCL-90). *Annals Of General Psychiatry, 9*, 15-27. doi:10.1186/1744-859X-9-15
- Murphy, P. N., Bentall, R. P., Ryley, L. D., & Ralley, R. (2003). Predicting postdischarge opiate abstinence from admission measures of motivation and confidence. *Psychology Of Addictive Behaviors, 17*(2), 167-170. doi:10.1037/0893-164X.17.2.167
- Nettleton, S., Neale, J., & Pickering, L. (2011). 'I don't think there's much of a rational mind in a drug addict when they are in the thick of it': towards an embodied analysis of recovering heroin users. *Sociology Of Health & Illness, 33*(3), 341-355. doi:10.1111/j.1467-9566.2010.01278.x
- Nyamathi, A. M., E. Salem, B., Farabee, D., Hall, E., Zhang, S., Marfisee, M., & ... Leake, B. (2014). Correlates of heroin and methamphetamine use among homeless male ex-jail and prison offenders. *Addiction Research & Theory, 22*(6), 463-473.
- Paydary, K., Mahin Torabi, S., SeyedAlinaghi, S., Noori, M., Noroozi, A., Ameri, S., & Ekhtiari, H. (2016). Impulsivity, sensation seeking, and risk-taking behaviors among HIV-positive and HIV-negative heroin dependent persons. *AIDS Research and Treatment, 1-8*. doi:10.1155/2016/5323256
- Plummer, J. (2010). *In the arms of addiction: A qualitative study on heroin injectors' relationship to the needle*.

Secretary, H. O. (2016, March 24). *Opioids: The prescription drug & heroin overdose epidemic*.

Retrieved from <http://www.hhs.gov/opioids/>

Senbanjo, R., Wolff, K., Marshall, E. J., & Strang, J. (2009). Persistence of heroin use despite methadone treatment: Poor coping self-efficacy predicts continued heroin use. *Drug & Alcohol Review, 28*(6), 608-615.

Sherman, S. G., Smith, L., Laney, G., & Strathdee, S. (2002). Social influences on the transition to injection drug use among young heroin sniffers: a qualitative analysis. *International Journal Of Drug Policy, 13*(2), 113.

Shinebourne, P., & Smith, J. A. (2011). 'It is just habitual': An interpretative phenomenological analysis of the experience of long-term recovery from addiction. *International Journal Of Mental Health & Addiction, 9*(3), 282-295. doi:10.1007/s11469-010-9286-1

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research*. Los Angeles: SAGE.

Suh, J. J., Ruffins, S., Robins, C. E., Albanese, M. J., & Khantzian, E. J. (2008). Self-medication hypothesis: Connecting affective experience and drug choice. *Psychoanalytic Psychology, 25*(3), 518-532. doi:10.1037/0736-9735.25.3.518