
The Perceived Role of Others in Facilitating or Impeding Healing from Substance Abuse

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ABSTRACT

The purpose of this qualitative, phenomenological study was to examine the subjective experiences of six recovering addicts as they reflected on how their interactions with others facilitated or impeded their healing from addiction. The study involved in-depth interviews with six participants who had recovered from their extensive substance abuse histories. Seven themes common to all participants included losses/gains, support/dis-couragement, understanding/misunderstanding, belonging/not belonging, meaning/meaninglessness, hope/hopelessness, and negative/positive perceptions of self and others. Implications for counselling addicts during the recovery process are discussed based on these findings.

RÉSUMÉ

Cette étude qualitative et phénoménologique avait pour but d'examiner les expériences subjectives de six toxicomanes en voie de rétablissement pendant leur réflexion sur la façon dont leurs interactions avec autrui ont facilité ou nui à leur guérison. L'étude comprend des entrevues approfondies avec six participants qui se sont rétablis d'une toxicomanie importante. Les sept thèmes communs à tous les participants comprennent : pertes et gains; appui et découragement; compréhension et incompréhension; sentiment d'appartenance ou de non appartenance; sens et absence de sens; espoir et désespoir; et perceptions positives et négatives de soi et d'autrui. Des répercussions sur le counseling des toxicomanes au cours du processus de rétablissement sont discutées en se basant sur ces résultats.

Social interactions involve influence between individuals of a verbal, emotional, or physical nature (Sears, Peplau, & Taylor, 1991). In the area of substance addiction, researchers continue to explore the reasons individuals develop substance abuse problems as well as why and how they stop using. Whether individuals disentangle themselves from their addictions with or without professional help, they are necessarily and inevitably influenced to varying degrees by their interactions with others. It is apparent from the addictions treatment and counselling process literature (Egan, 1994; Hackney & Cormier, 1996; Rotgers, Keller, & Mortgenstern, 1996) that significant others, including clinicians, play a role in facilitating and maintaining change. Although the literature suggests that social interactions play a role in the process of healing from addiction (Akin & Gregoire, 1997; Reid, Marini, Sales, & Kampfe, 2001), very little is known about what specific interpersonal interactions facilitate or hinder an individual's progress from substance addiction to health.

The limited available literature tends to focus on the interactions of clients with addiction and health professionals during the healing process. Several studies address the attitudes of health professionals in their interactions with substance-addicted individuals and the influence of social support on the individual healing from addiction (Amodeo, 2000; Matthews et al., 2002; West & Miller, 1999). Research results are mixed in terms of the extent to which health care and mental health professionals are perceived as influential in individuals' recovery from addiction (Ashery, Carlson, Falck, & Siegal, 1995; Cunningham, Koski-Jannes, & Toneatto, 1999). Researchers have also begun to explore the other side of this social equation in terms of addicted individuals' experiences of their relationships with professionals (Akin & Gregoire, 1997; Ashery et al.). Other studies that have examined the role of social support in healing from addiction indicate that individuals who have strong social connections stay in treatment longer and maintain treatment effects longer than those who do not have many social connections (Ames & Roitzsch, 2000; Dobkin, De Civita, Paraherakis, & Gill, 2002; Reid et al., 2001).

In his book on the process of recovery from heroin addiction without therapeutic intervention, Biernacki (1986) suggests that "observations of how the various reactions of nonaddicts either facilitate or stymie the recovery process" (p. 197) are of particular importance in identifying how individuals with addictions manage their recovery. The specific social interactions that this study was interested in examining were interactions that each participant identified and experienced as being either facilitative of or a hindrance to their personal process of healing from substance addiction. The overarching question that guided this inquiry was "How did individuals who have moved from substance addiction to health experience their interactions with others in terms of facilitating or impeding their healing journey?"

METHOD

Given that the purpose of this study was to explore and describe the subjective experiences of how participants perceived their interactions with others to have facilitated or impeded their therapeutic journey from addiction, a phenomenological approach was considered to be most appropriate to answer the research question (Beck, 1993). The nature of phenomenology is descriptive rather than experimental. The purpose is to describe and understand experience rather than to predict or control behaviour. The "aim of the research is to achieve perspectival understanding of a phenomenon and identify its structure" (Osborne, 1990, p. 82). This inductive, qualitative approach provides openness to new ideas and observations as articulated in the reflections of participants, with the intent of uncovering the internal meaning structures of the phenomenon under examination (Stebbins, 2001; van Manen, 1992). The researcher intentionally attaches himself/herself to the participant's life-world, and borrows "other people's experience and their reflections on their experiences in order to come to an understanding of the

deeper meaning or significance of an aspect of human experience" (van Manen, p. 62), the goal being to provide as rich an understanding of the phenomenon as possible (Colaizzi, 1978).

Consistent with this approach, in-depth phenomenological interviews constituted the data used in this study to capture the common themes in the experiences of the volunteer participants who responded to recruitment notices posted throughout a large west-coast city (Kvale, 1996; Osborne, 1990). Prospective participants contacted the researchers by phone and were invited to participate in the study if they met the following inclusion criteria: they were over 19 years of age; had not abused substances during the past six months; had been addicted to drugs or alcohol within the past five years; and were willing to discuss their recovery experiences in a confidential, in-depth, tape-recorded data collection interview. The first six individuals who responded to recruitment notices and met the inclusion criteria were included in the study. Although there are no strict guidelines for the number of required participants in a phenomenological study, Osborne and Kvale suggest that sufficient participants are needed to illuminate the phenomenon of interest, with data collection continuing until the point of saturation, when no new themes appear to be emerging from the interview. Saturation was reached in this study following the sixth data collection interview, at which point no further recruitment was undertaken.

The participants in this study included five men and one woman between the ages of 35 and 55. All participants were involved, to some extent, with Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Two of the men were divorced, and one was estranged from his wife. These three participants were parents of children ranging in age from 7 years to their mid-30s. The other three participants were single. The substance abuse histories of the participants were varied in type and duration, all but one involving drugs as well as alcohol. Four of the participants were Caucasian, one was South Asian, and one was African Canadian.

An unstructured open-ended interview, ranging from 90 to 180 minutes, was conducted with each participant in order to gain insights into how they felt their interactions with others facilitated or impeded their healing from substance addiction (Kvale, 1996). Each interview began with a prepared statement outlining the research question and asking the participant to consider interactions they felt were significant for them in terms of facilitating or impeding their healing from addiction. Paraphrasing and reflection were used to help prompt the participants. Follow-up and clarifying questions were also asked about the particular nature of the interactions in order to deepen the exploration and to gather as rich a description of the phenomenon as possible (e.g., "Can you tell me more about what you were feeling or what went through your mind when that happened?" "What influence do you think this interaction had on your healing process and on your self perceptions?" "In what way was the timing of the interaction significant in terms of being influential to your recovery process?"). The counselling skills of active listening and empathy were also used in order to facilitate a more in-depth exploration of each participant's experiences, to move the process along, and to

draw out greater depth and meaning in the participants' stories. Following each interview, detailed notes were made about the interview, including information about the participant's verbal and non-verbal behaviours, the interview content, and the interviewer's impressions of the interview process. This information was used during the analysis to help contextualize the content of the interviews.

Interviews were transcribed verbatim and analyzed for common themes using Colaizzi's (1978) method of data analysis. Significant sentences and paraphrases that pertained to the participants' interactions with others were extracted from each participant's transcript. The resultant paraphrases were then repeatedly examined with the aim of identifying the meaning of the original statement. Similar formulated meaning statements were clustered into themes. The themes that emerged were then clustered, and the clusters were grouped into higher-order themes that composed the structure of the phenomenon. Clustering of themes was conducted for each participant, as well as across participants, with the results reflecting themes common to the experiences of all six participants as they reflected on the interactions that were both helpful and hindering on their journeys to recovery from substance addiction.

Validation interviews were conducted with participants to ensure that the common themes accurately represented their experience (Beck, 1993; Colaizzi, 1978; Osborne, 1990). The findings were also confirmed as being an accurate reflection of the experiences of two individuals who had substance addiction histories, but who had not participated in the study.

RESULTS

Seven common themes reflect the participants' experiences of interactions with others that they felt facilitated or impeded their healing process from addiction during times of active substance abuse, during relapse, and during times of sobriety. The themes are organized based on the polarities in the experiences reported by participants, and in terms of the aspects of each theme that participants felt hindered or facilitated their recovery. Certain themes were more significant to some participants than others and aspects of the themes overlapped with one another. As much as possible the themes are supported by quotations from the participants.

Theme One: Losses/Gains

Hindering interactions. The loss of relationships with a spouse, partner, child, or other family member was experienced by all participants as a serious setback in their recovery. One interviewee expressed his feelings of loneliness and hurt by becoming angrier. "I was angry before my wife left but it just got worse." He described how he dealt with that anger: "The only way to escape those feelings was by getting high." Feelings of abandonment, lost love, and longing were perceived by most participants as significant impairments to their healing. As one participant noted, "The biggest hindrance to my recovery was my feelings for my family ... the fact that I couldn't go back and see them. That's the reason I

relapsed. I crashed because I missed my family.” The inability to repair their relationships with significant family members, and past failings with respect to these relationships, were associated with feelings of “regret,” “shame,” and “guilt.” Such regret is apparent in the words of one participant: “I still punish myself for what I’ve done to my kids. I still feel bad about that ... I mean I swore that I wouldn’t do what I did.” Other losses recounted by interviewees included perceived loss of control, self-esteem, and their identities as partners, parents, and contributing members of society.

Isolation was also experienced by these participants as a consequence of their own actions, by either pushing people away or fostering a sense of separateness by choosing not to connect with others around them, including family, friends, or other addicts. For example, two of the interviewees isolated themselves by choosing to use their substance in the privacy of their homes. Others isolated themselves from family members and friends who tried to reach out to them. Whether self- or other-imposed, isolation was perceived by the individuals in this study as hindering their progress toward a healthier, substance-free lifestyle.

Helpful interactions. Although most often these losses were experienced as negative at the time they occurred, participants reported that they were often “double-edged” in that they provided a necessary “wake-up call” for participants to cease their using behaviour. One participant described how he felt the tragic deaths of two of his drug-addicted friends influenced his healing process: “Their deaths facilitated me getting clean, but while they were alive they were an impediment.... They’re still in my heart, but maybe if they’d lived we wouldn’t have been friends by now.”

Theme Two: Support/Discouragement

Hindering interactions. Individuals whom participants believed at the time to be supportive but who they later came to realize actually kept them in their destructive lifestyles were those whose lives also involved ongoing substance abuse. For example, one participant described his connections to people from the local drug district as a negative influence on him: “My relations with them certainly impeded and harmed me.” Other hindering interactions for interviewees involved not only a lack of support but open rejection, disrespect, or betrayal by others.

Helpful interactions. Interactions that participants perceived as supportive and facilitative in their healing included feeling as though others had faith in them, feeling welcomed, and being treated with kindness by others. One individual felt his AA sponsor was supportive in terms of giving his “time” as well as being “demanding” of him. Participants described the importance of individuals giving their time and providing a safe space to explore their newfound sobriety. For one participant, his time spent in a recovery house where the basics of “heat, light, and phone” as well as “safe” living conditions were provided gave him the opportunity to “concentrate on his health.” Key to one participant’s recovery was a doctor who had always treated him “very decently, very respectfully,” while for another it was a welfare worker who “jumped through hoops” to make sure he received the

financial assistance he needed. Another participant described a supportive addictions counsellor in this way: “A skilled counsellor won’t tell you what to do. They sort of ask questions to draw it out of you so that you can discover it for yourself. Then you can own it. It’s not like a foreign substance in your body.... It makes sense because you helped create it.”

Four of the participants cited spiritual support as an important facilitative factor in their healing journeys. One described his spiritual connection as a belief that “something greater than” himself was helping him. Asking for help appeared to be important in receiving the support interviewees needed. As one interviewee articulated, asking God for help “basically reinforced that I couldn’t do it by myself.”

A history of successful recovery from addiction also provided an immediate connection for participants, and established the credibility of specific others who reached out to the participants. For example, knowing his counsellor had also experienced addiction and was “in the AA program” gave one participant the trust to express his “fear about counsellors and shrinks.”

Theme Three: Understanding/Misunderstanding

Hindering interactions. Interactions involving other users were retrospectively experienced as hindering for participants, although they were perceived to reflect a common understanding at the time. One interviewee reflected on the nature of his interactions between users:

They could even seem—in a momentary way—helpful. You’re in a jam, you need a job or a place to stay or you want to borrow some money or something like that, then people will—there is a sense of community there. They can be helpful in a short-term kind of way. But long term, it just keeps you stuck.

Other interactions that were experienced as hindering for participants in terms of their recovery were those where they felt misunderstood by others. Participants often believed that others had simply not made the time or taken the effort to acquire the appropriate knowledge about addictions. One individual felt his wife had “not been very helpful at all” because she “didn’t want to understand what was going on.” Health professionals were also sometimes regarded by the participants as having academic but not experiential knowledge of addiction, furthering their feelings of being misunderstood and therefore impeding their healing. One participant described how he felt when working with a counsellor who had never personally experienced addiction: “I was terrified that if I really talked about my real feelings I would get locked up.” Feeling judged by others was reported as being a particularly significant impediment to the participants’ recovery.

Helpful interactions. Individuals in this study reported that, in general, they felt their circumstances and feelings were best understood by individuals who also had a history of addiction. In a similar vein, now that they had some knowledge of their own addiction problems, interviewees felt that they could better understand addiction in general. Interactions that participants perceived as helping them understand addiction, as well as those where they felt understood by others, were described as facilitative to their recovery.

Theme Four: Belonging/Not Belonging

Hindering interactions. Interactions that left interviewees feeling excluded were experienced as hindering in their healing journeys. Participants particularly noted the negative side of a sense of belonging and connection with other users or dealers. As captured in the words of one participant: "I always felt some affinity for that world. I felt I belonged." Further elaborating on the negative side of being a member of the drug community, this participant said, "Certainly people you use with, the people you drink with, end up being an impediment. Because you get attached to them. It becomes your community."

Helpful interactions. On the whole, when interactions were experienced as inclusive and welcoming, particularly when they came from a source not involving drugs or alcohol, the interactions were reported as facilitative in participants' healing journeys. Sharing their stories and lives in a supportive context with other addicts, often within AA or NA, gave interviewees the feeling, sometimes for the first time in their lives, of belonging to a group. Former addicts and alcoholics were described by one participant in the following way: "We're all the same ... sort of like you go into a club.... I never belonged until then." He elaborated on what gave him this sense of inclusion: "We have something in common. The thing we had in common was not necessarily our drug and alcohol abuse.... It was the feelings that made us use drugs and alcohol ... isolation, fear, loneliness." One participant described how he now interacts with the drug world in a new, positive way: visiting detox centres and giving talks. He explained, "I go to a detox centre and I know that in that room are drug addicts, thieves, possibly a murderer or two but I feel very safe. I feel I'm part of something bigger than me."

Theme Five: Meaning/Meaninglessness

Hindering interactions. Interviewees experienced a lack of meaning when they were involved in discouraging interactions with significant others in their lives. Individuals in this study also described "frustration" in interactions where they sought meaning and did not find answers. The anger and uncertainty felt by participants in their interactions at these times was usually experienced as impeding their journeys toward health.

Three participants articulated interactions that seemed to personify their substance of abuse, and painted a relationship with this 'other' that formed the purpose for their existence. For example, one interviewee described the nature of his "powerful" relationship with alcohol, and the meaning it held for him and continues to hold in his life:

My life totally pertains to alcohol. Even though I haven't had a drink for almost five years. Because, you know, I'm in recovery I need to ... have to treat this disease on a daily basis.... So my life still has a lot to do with alcohol. In fact you could say that my life still revolves around alcohol even though I don't drink it anymore.

Another participant described his love-lust relationship with alcohol in the following way: "I adore alcohol. I still think about it almost like one would think about

that relationship you had a long time ago that was so magical. Even in hindsight it sometimes seems even more wonderful.”

Helpful interactions. Interactions that helped to provide a sense of meaning and purpose in interviewees’ lives were identified as very important in facilitating their recovery from addiction. For several participants a sense of meaning and purpose in their lives was provided through their relationship with their higher power. Participants who found meaning in a spiritual realm expressed how their relationship with a higher power “filled the hole” that their drug of choice had previously occupied, and greatly facilitated their healing.

Additionally, four participants expressed the meaning and significance to them of giving back to the addictions community. One interviewee volunteered regularly at a detox centre and felt his contribution there helped others and alleviated his guilt. He noted, “Even if I go back out and become a drug addict tomorrow I will have done something right. That makes me feel good today.” Interviewees expressed the need for meaning as crucial to them in their decisions about changing their addictive patterns and in maintaining the positive changes they had made in their lives.

Theme Six: Hope/Hopelessness

Hindering interactions. Hopelessness was experienced in interactions with other users as well as in discouraging interactions where participants felt a lack of control. The powerlessness described by one participant due to negative interactions in his life left him feeling “hurt,” “punished,” and “angry.” He said he felt he “didn’t know who to trust anymore,” and expressed confusion about all the events that were happening in his life. Participants also described feelings of “shame” and “guilt” as a result of their repeated failures to deal with their addiction. Interactions reflecting feelings of failure fostered a sense of hopelessness and futility for participants that they felt impeded their progress toward a healthier lifestyle.

Helpful interactions. Individuals in this study recounted interactions involving hope that they felt positively influenced their recovery. When participants were hopeful, they described feeling open to change and, with that, a willingness to follow the good examples of others. Hope was experienced by participants in their spiritual interactions, and in some interactions with professionals, family members, friends, and individuals in the AA program. One participant noted:

You see people who are good people. I can recognize idealism. I can recognize zeal and I could see that people were sincere and I could see they were healthy. Everybody I bump into in a way facilitates my healing journey. Because I learn something.

All participants felt their recovery was facilitated by the hopeful, positive examples set by other individuals in their lives.

Theme Seven: Negative/Positive Perceptions of Self and Others

Hindering interactions. A significant theme that emerged from the data was a sense of shifting perceptions of self and others, from negative to more positive

perceptions. The interactions in this theme involved positive changes in behavioural responses or perspectives on the part of the participants, from how they would have reacted before ceasing their addictive behaviours. Prior to the “turn around” in one participant’s life, his responses to trying times were “feeling hard done by” and “self pity.” He described his current reactions as being driven by trying to “cultivate and encourage a positive spiritual point of view and discard negativity and negative points of view.” The interactions that highlighted these shifts involved turning points, or making connections with others, or with God. Also of consequence to participants was keeping their perspective, and recognizing choices instead of resorting to using behaviours as they had in the past when they felt unable to cope with the challenges of their lives.

Helpful interactions. Interviewees described interactions that helped them realize they could make more positive choices in their lives. One interviewee realized he needed to stay away from his family until he had more time to establish his new lifestyle. Previously he had “crashed” and relapsed because he missed his family. He quickly pulled out of his relapse but he noted, “I can’t go back and see them until I’m more solid. . . . I know if I went back into that I’m inviting trouble for myself. I’ll start using drugs again.”

Other interactions discussed in this theme included interactions in which participants came to realize it was acceptable to experience and express unpleasant emotions, whereas in the past, they would have tried to avoid these emotions. Lessons for one participant in this study included ending a relationship without resorting to drinking and giving himself permission to feel sad. He described the “awakening” he had:

I always thought if you felt sad about something then—wrong decision. Don’t do that. I must avoid feeling sad. I don’t want to ever feel sad, right. That was another reason to drink, right. And I learned at that moment, you know what? Sometimes you feel sad about something even if it’s the right decision.

Additionally, as they developed a stronger sense of themselves, the individuals in this study became aware through interactions with others that they could choose to avoid encounters they perceived as negative or harmful. One participant described negativity as “part of the isolation” of addiction. This individual realized that she can choose to avoid people who exhibit a negative influence on her. She said, “I find I have to stay away from negativity. I find that that just really doesn’t work for me.” Key for two participants in changing their behaviour was their part in asking for help and accepting the help that was given. One participant stated, “You have to ask for help. And people are there. I was amazed at how much help was there . . . if I have the right kind of attitude it will probably come.”

DISCUSSION

This study contributes to the literature in describing what was helpful or hindering to participants in terms of interactions with others that they felt played a role in their recovery. The findings of the current study serve to support some of

the previous findings in the literature (Akin & Gregoire, 1997; Ames & Roitzsch, 2000; Ashery et al., 1995; Dobkin et al., 2002; Reid et al., 2001), as well as uncovering other important interactional patterns and experiences the participants perceived to be influential in their recovery from addiction. The results from this study also draw attention to the particular role counsellors may play when working with clients who are attempting to heal from substance abuse and addiction.

Firstly, this study supports the important role—both positive and negative—that others are perceived to play in an individual's process of recovery from addiction. Interactions experienced as positive, such as support or empathy, were reported to be particularly facilitative. Often the interactions that were experienced as negative by participants, such as avoiding others out of embarrassment, emotional pain, or fear of judgements, were experienced as hindering. Of particular significance, however, was that in certain situations, seemingly negative or painful interactions led to positive change. Participants described the death of friends who were also addicts or the ending of important relationships as being significant catalysts in the cessation of their drug and alcohol abuse.

Consistent with the findings of other studies (Nealon-Woods, Ferrari, & Jason, 1995; Ratliff, 2003; Swora, 2002), participants in this study underscored the significance of feeling like they were members of a community—a need that had previously been met for most by being participants in the drug and alcohol world. Participants articulated the importance of having a sense of belonging, in terms of both initiating and maintaining their sobriety and health. For most, this need was met through membership in AA. Interviewees expressed that elements of the AA program addressed their need for connection with other people and also provided a connection with the spiritual in terms of a higher power. The importance of spiritual connection is strongly reflected in the addiction recovery literature (Green, Fullilove, & Fullilove, 1998; Sherman & Fischer, 2002; White, Wampler, & Fischer, 2001). Connections with others, as well as a belief in a higher power, reportedly gave participants new meaning, a sense of support, and hope in their lives. Knowing that they were not alone in the recovery process—in terms of other members who had walked and were walking the same path, and in terms of putting their faith in something bigger than themselves—facilitated a change in the way they thought about themselves and about their addiction. Mental health professionals should take note of the important role recovered and recovering addicts may play in providing support to substance-addicted clients, at all stages in their healing. Attention to the spiritual realm may also serve a significant role in the therapeutic process for those recovering from addiction.

In addition to the importance of a sense of belonging, participants recounted the critical role of healthy social support in facilitating their recovery. Interviewees described healthy social support from individuals within the AA movement, as well as supportive family and friends who believed in their ability to beat their addiction and lead healthy lives. Facilitative interactions with these individuals included acknowledging the interviewees' efforts to address their addiction, making efforts to understand substance abuse and the addicted individual, and helping

participants manage their affairs during the more difficult stages of the recovery process. These findings are consistent with the results of Dobkin et al. (2002) and Ames and Riotzsch (2000) that support the beneficial effects of social support on healing from addiction.

Individuals in this study also recounted interactions with family members that they felt seriously impeded their recovery. Interviewees described unsupportive and damning comments from spouses, partners by whom they felt abandoned, and children who did not understand their parents' substance abuse problems and behaviours. These were recounted as some of the most painful and destructive interactions—often thrusting participants back into the world of addiction.

Although the specific individuals who may make an impression on a client's life may differ from client to client, knowing that interactions and relationships with others are influential for clients in their recovery from addiction opens the door for counsellors to help clients identify the key people in their lives to whom clients may turn for support, as well as those with whom contact might best be limited or avoided by the client, particularly during the more vulnerable stages in the recovery process. Indeed, the findings suggest the value of assisting clients in fostering or seeking supportive relationships as an important adjunct to counselling. Clients would also appear to benefit from learning how to be clear in their communications with significant others and with helping professionals, in terms of their support needs during the recovery process.

Another particularly striking finding in this study was the way in which some participants personalized their relationship with their particular addictive substance of choice. The relationship characteristics attributed by participants to their substance of choice included "lover," "community," "understanding," a "feeling of belonging," and "the one who will always take you back." Gestalt two-chair techniques could be very useful for counsellors in helping clients to appreciate the complex nature of their relationship with drugs and/or alcohol as well as the role this relationship plays in maintaining their addiction.

Similar to the findings of other studies (Akin & Gregoire, 1997; Ashery et al., 1995), participants in this study reported both helpful and hindering interactions and experiences with addictions and health professionals. The critical importance of health professionals taking time to establish a safe environment, creating enough space, and responding with kindness and empathy was repeatedly emphasized by participants in this study as being facilitative in their recovery. Alternatively, expressions of disdain, the inability or lack of willingness to listen, and not offering adequate time were perceived by participants as impeding their healing.

Participants described their need for trust and faith in the health and addictions professionals with whom they were working in order for them to feel comfortable and safe in sharing their experiences. Believing in the credibility of the professional was reported as being essential to the counselling relationship. Participants were skeptical about academic versus experiential knowledge and understanding on the part of mental health professionals. Helping professionals who also had a personal history of addiction were therefore initially perceived as more credible

and trustworthy by participants. However, consistency, care, and reassurance from the professionals reportedly made an important difference in alleviating anxiety and allowing participants to share their problems and get the help they needed, regardless of the professional's personal addiction history.

Consistent with the counselling and addictions counselling literature (Bell & Rollnick, 1996; Denning, 1998; Egan, 1994; Hackney & Cormier, 1996; Keller, 1996; McCann & Roy-Byrne, 1998; Nowinski, 1996; Tatarsky, 1998), these findings underscore the importance of empathy, genuineness, patience, and positive regard in our work with substance-addicted clients as they attempt to negotiate the many challenges of the recovery process. The therapeutic value of unconditional positive regard, respect, and good rapport is well documented in the therapeutic and counselling literature (Denning; Hackney & Cormier; McCann & Roy-Byrne; Nowinski; Tatarsky). The literature and the results from this study support the value and importance of counsellors allaying clients' fears about the counselling relationship and process, as well as fears about being judged.

Addictions counselling literature (Denning, 1998; McCann & Roy-Byrne, 1998; Prochaska, DiClemente, & Norcross, 1992; Rotgers, 1996; Rothschild, 1998; Tatarsky, 1998) supports the idea of collaborating with clients in the therapeutic process and working with the clients' goals at their level of readiness. The results from this study and the prevailing literature suggest the efficacy of addictions counsellors being sensitive to, and cognizant of, the client's perceived safety, locus of control, and level of readiness in terms of the counselling, and healing, process. Additionally, based on the findings of this study, it would appear that counsellors would benefit from assuming the perspective of the client as expert in terms of their addiction and the mental health professional as facilitator and supporter of, and witness to, the client's healing journey. The findings of this study support the role of mental health professionals in assisting their clients in understanding and working on the physiological and psychological aspects of their addiction, as well as helping them navigate relationships and employment situations that are affected by and entangled with their addictive patterns.

References

- Akin, B. A., & Gregoire, T. K. (1997). Parents' views on child welfare's response to addiction. *Families in Society: The Journal of Contemporary Human Services*, 78, 393–404.
- Ames, S. C., & Roitzsch, J. C. (2000). The impact of minor stressful life events and social support on cravings: A study of inpatients receiving treatment for substance dependence. *Addictive Behaviors*, 25(4), 539–547.
- Amodeo, M. (2000). The therapeutic attitudes and behaviour of social work clinicians with and without substance abuse training. *Substance Use and Misuse*, 35(11), 1507–1536.
- Ashery, R. S., Carlson, R. G., Falck, R. S., & Siegal, H. A. (1995). Injection drug users, crack-cocaine users, and human services utilization: An exploratory study. *Social Work*, 40(1), 75–82.
- Beck, C. T. (1993). Qualitative research: The evaluation of its credibility, fittingness, and auditability. *Western Journal of Nursing Research*, 15(2), 263–266.
- Bell, A., & Rollnick, S. (1996). Motivational interviewing in practice: A structured approach. In F. Rotgers, D. S. Keller, & J. Morgenstern (Eds.), *Treating substance abuse: Theory and technique* (pp. 266–285). New York: Guilford.

- Biernacki, P. (1986). *Pathways from heroin addiction: Recovery without treatment*. Philadelphia: Temple University Press.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48–71). New York: Simon & Schuster.
- Cunningham, J. A., Koski-Jannes, A., & Toneatto, T. (1999). Why do people stop their drug use? Results from a general population sample. *Contemporary Drug Problems*, 26, 695–710.
- Denning, P. (1998). Therapeutic interventions for individuals with substance use, HIV and personality disorders: Harm reduction as a unifying approach. *In Session: Psychotherapy in Practice*, 4(1), 37–52.
- Dobkin, P. L., De Civita, M., Paraherakis, A., & Gill, K. (2002). The role of functional social support in treatment retention and outcomes among outpatient adult substance abusers. *Addiction*, 97, 347–356.
- Egan, G. (1994). *The skilled helper: A problem-management approach to helping*. Pacific Grove, CA: Brooks/Cole.
- Green, L. L., Fullilove, M. T., & Fullilove, R. E. (1998). Stories of spiritual awakening: The nature of spirituality in recovery. *Journal of Substance Abuse Treatment*, 15(4), 325–331.
- Hackney, H. L., & Cormier, L. S. (1996). *The professional counsellor: A process guide to helping* (3rd ed.). Toronto, ON: Allyn and Bacon.
- Keller, D. S. (1996). Exploration in the service of relapse prevention: A psychoanalytic contribution to substance abuse treatment. In F. Rotgers, D. S. Keller, & J. Morgenstern (Eds.), *Treating substance abuse: Theory and technique* (pp. 84–116). New York: Guilford.
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Matthews, J., Kadish, W., Barrett, S. V., Mazor, K., Field, D., & Jonassen, J. (2002). The impact of a brief interclerkship about substance abuse on medical students' skills. *Academic Medicine*, 77(5), 419–426.
- McCann, B. S., & Roy-Byrne, P. (1998). Attention-deficit/hyperactivity disorder, substance abuse, and posttraumatic stress disorder: A case study with implications for harm reduction. *In Session: Psychotherapy in Practice*, 4(1), 53–67.
- Nealon-Woods, M. A., Ferrari, J. R., & Jason, L. A. (1995). Twelve-step program use among Oxford House residents: Spirituality or social support in sobriety? *Journal of Substance Abuse*, 7, 311–318.
- Nowinski, J. (1996). Facilitating 12-step recovery from substance abuse and addiction. In F. Rotgers, D. S. Keller, & J. Morgenstern (Eds.), *Treating substance abuse: Theory and technique* (pp. 37–67). New York: Guilford.
- Osborne, J. W. (1990). Some basic existential-phenomenological research methodology for counselors. *Canadian Journal of Counselling*, 24(2), 79–91.
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviours. *American Psychologist*, 47(9), 1102–1114.
- Ratliff, J. (2003). Community identity in an Alcoholics Anonymous group: Discourse contention and integration. *Alcoholism Treatment Quarterly*, 21(3), 41–57.
- Reid, C., Marini, I., Sales, A. P., & Kampfe, C. M. (2001). Counseling casual cocaine users and factors associated with level of functioning. *Journal of Applied Rehabilitation Counselling*, 32(3), 28–34.
- Rotgers, F. (1996). Behavioral theory of substance abuse treatment: Bringing science to bear on practice. In F. Rotgers, D. S. Keller, & J. Morgenstern (Eds.), *Treating substance abuse: Theory and technique* (pp. 174–201). New York: Guilford.
- Rotgers, F., Keller, D. S., & Morgenstern, J. (Eds.). (1996). *Treating substance abuse: Theory and technique*. New York: Guilford.
- Rothschild, D. (1998). Treating the resistant substance abuser: Harm reduction (re)emerges as sound clinical practice. *In Session: Psychotherapy in Practice*, 4(1), 25–35.
- Sears, D. O., Peplau, L. A., & Taylor, S. E. (1991). *Social psychology* (7th ed.). Englewood Cliffs, NJ: Prentice Hall.

- Sherman, J., & Fischer, J. M. (2002). Spirituality and addiction recovery for rehabilitation counseling. *Journal of Rehabilitation Counseling, 33*(4), 27–31.
- Stebbins, R. A. (2001). *Exploratory research in the social sciences: Qualitative research methods series 48*. Thousand Oaks, CA: Sage.
- Swora, M. G. (2002). Narrating community: The creation of social structure in Alcoholics Anonymous through the performance of autobiography. *Narrative Inquiry, 11*(2), 363–384.
- Tatarsky, A. (1998). An integrative approach to harm reduction psychotherapy: A case of problem drinking secondary to depression. *In Session: Psychotherapy in Practice, 4*(1), 9–24.
- van Manen, M. (1992). *Researching lived experience: Human science for an action sensitive pedagogy*. London, ON: Althouse.
- West, S. L., & Miller, J. H. (1999). Comparisons of vocational rehabilitation counselors' attitudes toward substance abusers. *Journal of Applied Rehabilitation Counseling, 30*(4), 33–37.
- White, J. M., Wampler, R. S., & Fischer, J. L. (2001). Indicators of spiritual development in recovery from alcohol and other drug problems. *Alcoholism Treatment Quarterly, 19*(1), 19–35.

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