Addiction Recovery as Transformative Learning: Identity Change in Men Who Participated in Residential Treatment
La guérison de la dépendance en tant qu'apprentissage transformateur : le changement identitaire chez des hommes ayant participé à un traitement en établissement

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ABSTRACT

Addiction causes much human suffering and exacts significant social and economic costs. Despite a plethora of theories related to addiction, these harms have not decreased, which suggests that new understandings are needed to make further progress. The purpose of this study was to provide an initial, early-stage evaluation of Addiction Recovery as Transformative Learning, a new model of addiction recovery that draws heavily on education literature, specifically on theorizing and research related to transformative learning. This study examined the narratives of addiction and recovery of seven male clients who had attended residential addiction treatment. Deductive content analysis was employed to see if participant accounts of their recovery experiences were consistent with the assertions of the model and could be captured adequately within its main constructs. Participant accounts strongly supported the aspects of the model tested by the study. Study results have important implications for addiction recovery and counselling, particularly within residential treatment settings.

RÉSUMÉ

La dépendance cause beaucoup de souffrance humaine et engendre des coûts sociaux et économiques importants. Malgré la profusion de théories sur la dépendance, ces maux n'ont pas diminué, ce qui suggère que de nouvelles connaissances pourraient être nécessaires pour favoriser la poursuite de progrès. Cette étude visait à fournir une évaluation initiale du Addiction Recovery as Transformative Learning, un nouveau modèle de guérison de la dépendance qui s'inspire largement de la littérature sur l'éducation et la pédagogie, et plus particulièrement des théories et recherches liées à l'apprentissage transformateur. L'étude a examiné les histoires de dépendance et de guérison de sept hommes qui ont participé à un traitement

de la dépendance en établissement. L'analyse de contenu déductive a été utilisée pour déterminer si les comptes rendus que faisaient les participants de leurs expériences de rétablissement correspondaient aux hypothèses du modèle et pouvaient être reflétés adéquatement dans ses principales constructions mentales. Les récits des participants confortent largement les aspects du modèle analysés dans l'étude. Les résultats de l'étude ont des retombées importantes sur la guérison et le counseling de la dépendance, notamment dans un cadre de traitement en établissement.

As observed by Czeisler et al. (2020), even prior to the COVID-19 pandemic, problematic substance use and its associated harms were increasing, despite many existing approaches to addiction treatment. Arguably, what we are doing as counsellors is not working—or at least is not working well enough. For example, Hester and Miller (2003) found in a meta-analysis that 80 different treatment approaches in use did not have convincing evidence of efficacy and that many of these had little to no supporting research. Dutra et al. (2008), in their meta-analysis, found that cognitive behavioural therapy and relapse prevention approaches, two very popular current approaches to psychological treatment, have only low to moderate rates of efficacy in research studies. Given that problematic substance use rates are increasing, it seems sensible to look beyond existing theories for novel theoretical models that hold promise for promoting addiction recovery more effectively and for guiding the work of counsellors. Any newly proposed theoretical framework needs to be tested empirically and validated so that it can be discarded if it is deemed ineffective rather than contribute to the growing pool of proposed approaches that lack sufficient empirical verification.

In comparison to women, men are disproportionately afflicted by addiction (Pearson et al., 2015): they are much more likely to die from an overdose (British Columbia Coroners Service, 2020; Kaiser Family Foundation, n.d.) and less likely to remain in counselling (Choi et al., 2015). Men also have tended to have poorer addiction counselling outcomes compared to women (McHugh et al., 2018). In sum, men suffer more from inadequacies in addiction counselling and from the theories that spawn these treatment approaches. Therefore, any novel theoretical framework would serve the field well if it also provided evidence of working well with men.

The Addiction and Identity Framework

The idea of successful addiction treatment and recovery as culminating in or created by identity change away from an alcoholic/addict identity is not new. Research has demonstrated repeatedly that identity change away from an alcoholic/addict identity is predictive of positive treatment outcomes (e.g., Dingle et al., 2015). As a result, identity theories of addiction (e.g., Best et al., 2016) have emerged as promising alternative conceptualizations to the dominant biomedical model of addiction (Volkow & Koob, 2015). That said, many previous

attempts at framing addiction recovery as identity change have been potentially stigmatizing (e.g., in positioning recovery as the management of a spoiled identity; Biernacki, 1986) or still involve identity changes associated with addiction (e.g., the construction of a non-addict identity; e.g., McIntosh & McKeganey, 2000). More recent identity theories of addiction focus on identity change as a socially negotiated process (the Social Identity Model of Recovery; Best et al., 2016) or as a combination of social identity and social cognitive theory (Social Identity Model of Cessation Maintenance; Frings & Albery, 2015). One component that ties all of these identity theories of addiction together is that they all have emerged from psychology discourse, which draws on and therefore is partially limited by psychological traditions of conceptualizing identity and identity change.

The Addiction Recovery as Transformative Learning Model

The Addiction Recovery as Transformative Learning (ARTL) model (Jordan, 2020), a recently developed theoretical framework, is based on the following reasoning: If the result of transformative learning is identity change and if identity change is also the outcome of successful addiction recovery and treatment, then transformative identity change (as an outcome) could be considered akin to successful addiction recovery. In framing addiction recovery this way, the educative process of facilitating transformative learning becomes the means by which counsellors (and educators) can be successful in facilitating identity change (i.e., transformation) and thus can promote successful treatment and recovery in individuals with addictions. The ARTL model draws upon constructs from both addictions and transformative learning literature, including rock bottom, turning points, maintenance, identity/the self, transformation, socio-cultural contextual factors, rational (cognitive) psychological processes, and extrarational (emotional, spiritual, imaginative, and unconscious) psychological processes.

Transformative Learning and Identity

Transformative learning theory has long emphasized that personal transformation involves more than a mere change in perspective (Mezirow, 1978). Rather, it requires a change in one's sense of self—that is, an identity change (e.g., Illeris, 2014). In addition, much of contemporary transformative learning theory has adopted a narrative or storied view of the self as what is changed through transformative learning (Dirkx, 2007; Merriam et al., 2007; Tennant, 2005). Several transformative learning proponents have also made use of the construct of an authentic, real, core, or true self as what is self-actualized through transformative learning (e.g., Cranton, 2006; Tennant, 2005). Dirkx (2007) highlighted the transcendent or spiritual self—an awareness that transpersonal forces are at work within one's life, which can impact self-understanding and self-change. In summary, transformative learning goes well beyond a merely intellectual change in perspective to one that essentially alters one's authentic identity—that is, one's

storied sense of self—toward, it is hoped, a more authentic and transcendent self. With a change in the sense of self, behaviour change is likely to follow (Finfgeld, 2004), and this logic can be extended to substance-using behaviours.

Stages of Recovery

The ARTL model proposes addiction recovery as a three-stage sequential model: hitting bottom, turning point(s), and maintenance (Jordan, 2020). Although these terms are not new to addiction scholarship, what is novel is the coalescence of these three stages onto Mezirow's (1991) 10 phases of transformative learning: (a) a disorienting dilemma, (b) a self-examination of assumptions, (c) a critical reflection on assumptions, (d) the recognition of dissatisfaction, (e) an exploration of alternatives, (f) a plan for action, (g) an acquisition of new knowledge, (h) an experimentation with roles, (i) competence building, and (j) reintegration of new perspectives into one's life.

In the ARTL model, the hitting-bottom stage is roughly analogous to Mezirow's (1991) Phases 1 to 3 of transformative learning. In this stage, the process of transformative learning begins when the individual experiences a "disorienting dilemma," which we argue is the equivalent of hitting bottom in Alcoholics Anonymous (2001) terminology. During the hitting-bottom stage, the individual self-examines feelings of guilt, shame, fear, and anger and assesses assumptions in a critical way. The turning-point stage represents the initiation of identity transformation and is roughly analogous to Mezirow's (1991) Phases 4 to 8. In this action stage of recovery, dissatisfaction with one's life grows and the individual starts to see some self-resemblance to the life experiences of others. The individual eventually starts to explore new options (for roles, relationships, and behaviours), plans specific courses of action, acquires knowledge and skills needed for carrying out a recovery plan, and provisionally tries out and evaluates new roles and behaviours. It is during the later phases of this action stage of recovery that the individual alters substance use behaviours (e.g., abstinence or controlled use) in meaningful ways. Distinguishing turning points as the beginnings of identity transformation (i.e., addiction recovery) helps explain why individuals who arrive at a turning point are transformed in a way that is not always the case with those who merely hit bottom. The maintenance stage is roughly analogous to Mezirow's (1991) Phases 9 and 10. In this stage of recovery, the individual builds competence and self-confidence in helpful social roles and relationship, fully adopts a new perspective (along with its sequelae of behaviours, roles, and relationships), and integrates it into all aspects of one's self and life. It is during this maintenance stage that altered substance use–related behavioural patterns are maintained and strengthened, given that the individual behaves more in line with their identity—a sense of self that replaces or at least takes precedence over the previous identity associated with using substances.

Relevance for Counsellors: Mezirow's Model as the Pathway for Addictions Counselling

The components of each of the 10 phases of transformative learning (Mezirow, 1991), as outlined above, can be applied to addictions counselling within the ARTL model's three stages of hitting bottom, turning point(s), and maintenance. The ARTL model proposes that individuals who are successful in recovery have followed the 10 steps roughly in order (noting that back steps are possible). Therefore, counsellors can work to promote movement through these phases. For example, before the client can have a transformative learning experience (one that leads to addiction recovery) but after the client experiences a disorienting dilemma in life (Mezirow's Phase 1), the individual needs to self-examine carefully and critically for guilt, shame, fear, and anger (Phase 2). This process can be done with the support of a counsellor. The model then calls for the counsellor to assist the client with identifying and evaluating in a critical way philosophical, psychological, and social assumptions held by the client (Phase 3). Next, the counsellor works with the client to help them realize that their discontent is shared by many people in similar circumstances (i.e., normalization) and that some of these individuals in similar life experiences have changed (Phase 4). After this, the counsellor works with the client to explore options for new desirable roles, relationships, and behaviours (Phase 5) and to make concrete plans for change (Phase 6). Once planning is complete, the counsellor assists the client in acquiring any needed knowledge and skills necessary for achieving the plans successfully (Phase 7) and then for trying out new roles, behaviours, and relationships (Phase 8). As the client continues the new roles, behaviours, and relationships that are expected to help meet the client's plans, the counsellor helps the client develop greater competence and confidence in these new roles, behaviours, and relationships (Phase 9). Finally, the counsellor assists the client in reintegrating the new-found perspectives into all facets of life and in applying them consistently across these life domains (Phase 10). At Phase 10, addiction recovery and addictions counselling are complete.

Movement through these stages and phases requires more than just cognitive/rational processes. In line with the most recent theorizing about and best practices in promoting transformative learning (see Jordan, 2020), movement also requires emotional, spiritual, imaginative/creative, unconscious, and social/relational processes (i.e., extrarational processes). Therefore, in promoting addiction recovery as transformative learning, counsellors should attend to both the rational and extrarational aspects of experience in order for the client to be maximally successful.

Contextual Influences on Addiction Recovery as Transformative Learning

In the ARTL model (Jordan, 2020), contextual factors serve as facilitating, delaying, and/or inhibiting influences on whether and how soon transformative learning (Lawrence & Cranton, 2015) and thus addiction recovery can occur. Contextual factors can be defined as personal or as socio-cultural. The individual

personal factors that have been shown to impact addiction treatment and recovery outcomes are plentiful (e.g., Dennis et al., 2009). Some well-replicated personal factors emerging specifically from transformative learning research that have been demonstrated to impede the occurrence of transformative learning (and that seem quite generalizable to addiction recovery) include low literacy (L. R. Cohen, 1997), adverse childhood experiences (Jonker, 2006), a poor schooling environment (A. Rogers, 2003), cognitive disability (Gronsky, 2015), and poverty (Hyland-Russell & Groen, 2011). Counsellors should be aware that, in line with the ARTL model, personal factors will promote or hinder the ease with which clients experience transformative learning (i.e., addiction recovery). In other words, some clients may be predisposed to have an easy transformative learning experience, while some may be predisposed to have a transformative learning experience with great difficulty and effort.

Transformative learning is not just a psychological process that happens in isolation as a function of personal characteristics—it is often influenced significantly by environmental or cultural factors and requires the contributions of others directly or indirectly (Taylor, 2009). The ARTL model calls these sources of influence socio-cultural contextual factors. An example of a socio-cultural contextual factor that is highly relevant to counsellors is the treatment setting. Different settings provide different affordances and constraints (e.g., residential treatment provides for time and space away from toxic individuals in one's life). Based on extrapolation from research in transformative learning (see the summary in Jordan, 2020), the ARTL model advocates that addiction recovery through transformative learning will most likely be realized in a residential treatment setting or in a similar setting. Relative to other treatment settings, residential settings are better equipped to provide (a) a change in environment and detachment from the competing demands of one's life, (b) focused concentration and time devoted to learning, and (c) a sense of community and intimacy with others in the learning process. All of these circumstances were found repeatedly to promote transformative learning (Jordan, 2020).

Transformative learning literature has identified the pertinence of socio-cultural contextual factors to recovery, such as supportive dialogues with culturally and socially diverse individuals (Barlas, 2001) and the presence of others who self-disclose their challenges (Southern, 2007). Southern found that such self-disclosures create a mutual space for vulnerability. Group counselling seems to be well-suited to facilitate such therapeutic dialogues or what Mezirow (1991) referred to as *reflective discourse*. Two other examples of socio-cultural contextual factors that seem generalizable to addiction recovery from transformative learning research are an intimidation-free environment (Hyland-Russell & Groen, 2011) and an emotionally safe, shame-free setting (Vogel, 2000), both of which can be provided by an empathic counsellor who provides unconditional positive regard and genuineness (C. R. Rogers, 1961).

Purpose of This Study

As outlined above, the ARTL model (Jordan, 2020) illuminates a novel framework for how some individuals may undergo transformation on the pathway to successful addiction recovery. If supported, the explanations and directions gleaned from the model can lead to meaningful change in addiction counselling and recovery programs and potentially can increase their effectiveness. However, prior to utilizing the ARTL model formally to justify particular changes in recovery and counselling programs, confirmatory research is needed. Until now, this model has been promoted primarily on the basis of self-reported counselling experiences and anecdotal evidence, not research evidence (i.e., no peer-reviewed, published research studies testing the model are available).

This small-scale, initial study represents the first test of the ARTL model's (Jordan, 2020) core constructs and principles. The research objective was to determine if the model could readily account for the lived experiences of a sample of men recovering from addiction, which would promote its cautious application in counselling practice and justify large-scale future research. In addition, any unexpected findings could serve to refine the model and to develop it further. We selected key propositions of the theory as outlined by Jordan (2020) and attempted to fit the participants' post-treatment stories of their addiction and recovery into its framework. Four queries guided the investigation:

1. Do participants make note of a significant identity change that occurred on their pathway to successful recovery?
2. Can participants' stories of addiction and recovery subsequently be placed within the model's tripartite outline of the addiction recovery process (hitting bottom, turning point[s], maintenance)?
3. Can the existence and nature of psychological processes involved in creating a personal transformation be readily identified from their accounts as either cognitive or extrarational?
4. What are the socio-cultural contextual factors (i.e., those that counsellors potentially had some influence over) that participants identify as facilitating, inhibiting, or delaying the experience of a personal transformation?

These queries served as the basis for the present study's research questions.

Method

The Research Team and Situating the Primary Researcher

The research team comprised three individuals. The first author has been a director of a particular residential addiction treatment facility for nearly 20 years. The second author is an associate professor and a registered psychologist with over 20 years of experience providing addiction counselling services. The two authors were assisted by an associate professor in educational studies with advanced

expertise in transformative learning theory in adult education. The first author conducted all interviews and was the data coder and analyzer. The second author and the third research team member helped design the study and the analysis and served as method auditors and critical reviewers of the development of themes, and their tasks included confirming that the themes represented the interview data adequately in a coherent and trustworthy manner. In addition, the second author and the third research team member engaged the first author in dialogue frequently to promote reflexivity during qualitative data analysis, and they helped the first author identify and bracket possible biases throughout the research process. Therefore, the first author's subjectivity had, by far, the most potential impact on the results of this qualitative study, and his background is summarized to facilitate greater transparency.

The first author is a middle-aged, married, heterosexual man of European descent with no personal history of problematic substance use. He co-founded with members of his family a private, non–12 Step, 40-bed residential addiction treatment facility about 20 years ago and, at the time of this study, serves as a company director. The first author experienced a personal transformation triggered by him dropping out of university. The motivation for conducting this research was in part to understand his own experience of transformation better. In addition, he has heard stories from many current and former residents of residential treatment who framed their recovery in terms consistent with transformative learning theory and has observed how some residents, after discharge from his facility, seem to adopt a new identity.

Participants, Inclusion Criteria, and Recruitment Site

Seven participants were recruited from a private residential addiction treatment facility located in Western Canada. This site was favourable for an initial test of the ARTL model (Jordan, 2020) because it was a male-only facility, allowing us to test whether the ARTL model shows particular promise in working with men. Also, the ARTL model predicts that residential treatment settings are especially well-suited to facilitate transformative learning due to clients' separation from other life commitments, the intensity and the longevity of engagement with learning material, and a sense of intimacy and community with others (J. B. Cohen, 2004; Fleming, 1998). In other words, residential treatment settings may be better equipped to provide the conditions that promote transformative learning and thus addiction recovery in individuals receiving treatment for addictions, and therefore they may provide a prime venue to investigate whether this phenomenon (addiction recovery as transformative learning) exists.

Participant recruitment involved placing an advertisement in a private Facebook group whose subscribers are former members of the residential addiction treatment centre. The Facebook posting was removed after 13 former members of the program emailed expressing interest in participating, and of these, seven met

inclusion criteria and eventually became study participants. We used criterion-based convenience sampling of individuals in recovery from addiction who had completed a minimum stay of 30 days in residential treatment for addiction and self-reported having had a transformative experience. In addition, participants were required to have completed their treatment program at least 90 days prior to being interviewed. This secondary criterion was intended to increase the odds that participants would have had sufficient time to experience, reflect upon, learn from, and apply their self-reported transformative experience(s) in the world after completing treatment. Participants were not required to provide corroborating evidence that they had experienced a transformation, nor were they required to have remained abstinent after completing residential treatment. Participants' pseudonyms and demographic profiles are provided in Table 1.

Procedures

Research ethics approval was obtained from the institution of the two authors. After basic demographic information was collected, participants were interviewed and these interviews were recorded in digital form. After the researchers completed narrative inquiry procedures (Fraser, 2004) for conducting interviews, participants were asked to tell their stories of addiction and recovery in three parts: (a) the events that culminated in their decision to initiate treatment (i.e., pre-treatment), (b) what happened while they were attending treatment, and (c) what their life is like since completing treatment. Clarification questions were used by the interviewer to assist participants in elaborating upon their stories. Participants were not asked directly about any of the variables being assessed in this study. The goal of the interview was to elicit their spontaneous recall of their personal story of addiction and recovery in their own words using their own conceptualizations. Three of the seven interviews occurred in person, two over the telephone, and two over Skype.

Data Analysis

After the interviews were completed, they were listened to twice and transcribed, and the transcriptions were reread several times by the first author. Next, as a way to facilitate analysis and as necessary, each participant interview was reorganized by the first author into a chronological and sequential story of each participant's addiction and recovery (before, during, and after treatment), including ample direct quotations (which are available from the first author). In line with Fraser's (2004) narrative inquiry procedures, the first author then scanned across stories to identify common intrapersonal, interpersonal, cultural, and structural aspects, which provided greater immersion in the data. Finally, the first author used deductive quantitative content analysis procedures for frequency counts. Because the intention of this study was confirmatory, not exploratory, deductive content analysis was preferred over traditional narrative analyses,

Table 1
Demographic Profile of Study Participants

Pseudonym	Age	Drug(s) of choice	Years since treatment	Length of stay (days)	Work status, marital status, dependants, sexual orientation, ethnicity
Eric	39	Alcohol, ecstasy	9	30	Full-time, engaged, no children, queer, European descent
Sean	41	Cocaine, alcohol	5	30	Full-time, divorced, three children, heterosexual, European descent
Ian	35	Opioids, alcohol, cocaine	2	75	Full-time, single, no children, heterosexual, European descent
Nick	52	Cocaine, alcohol	10	30	On disability, married, one child, heterosexual, European descent
Scott	43	Alcohol	2	35	Self-employed, married, no children, heterosexual, European descent
Ed	48	Alcohol	7	30	Self-employed, married, two children, heterosexual, European descent
James	39	Alcohol	1	60	Full-time, divorced, two children, heterosexual, Indigenous

which are more often designed for exploratory purposes (Elo & Kyngäs, 2008). In addition, the use of deductive content analysis promotes quantification, such as directly assessing the frequency of the model's components across participants and the proportion of participants whose narratives demonstrate them (Elo & Kyngäs, 2008). Data quantification was deemed essential in meeting the study's goal to determine if the model could readily account for the lived experiences of a sample of men recovering from addiction and, if so, how well.

Deductive content analysis adopts a critical realist view of reality and knowledge: that there is an underlying truth that can be studied, understood, and experienced as factual through empirical inquiry (Moon & Blackman, 2014). Further, it conforms to a post-positivistic research epistemology that suggests that meaning exists within a phenomenon that is relatively independent of the observer but that multiple methods are required to tap into this meaning in a valid way given that each is bound by both the limits of an imperfect method and the constructions of the knower (Moon & Blackman, 2014). Therefore, the construction of the "real world" by any inquiry is fallible and necessarily an

imperfect construction of actuality. Post-positivism seems fitting for research questions that go beyond merely the desire to understand to those that assume there is an underlying unifying veracity across participants that implicitly holds practical values for questions of prediction.

Utilizing deductive content analysis, the first author attempted to locate core components of the ARTL model (Jordan, 2020) in the participants' narratives, namely by looking for reports of changes in self or identity, the three stages of addiction recovery, psychological processes involved in transformation, and socio-cultural contextual factors influencing transformation. Supporting quotations were extracted as evidence.

Study Rigour

We used rapport building, reflexivity, a method audit, research team member consensus, and member checking to enhance rigour in this study. According to Morrow (2005), rapport building as a research credibility strategy involves suf-ficient time devoted to relationship building at the start of the interview and to acting as a naive inquirer (i.e., consistently asking for clarification). Reflexivity as a research credibility strategy (Cypress, 2017) involves engaging actively in critical self-reflection about potential biases and predispositions that one brings to quali-tative analysis. The first author facilitated reflexivity during analyses by keeping a journal of personal reflections after each interview and through frequent dialogue with the second author and the third research team member. The third research team member, who had expertise in researching participant narratives, provided a favourable method audit of the study, confirming that data coding had followed designed procedures. With respect to team member consensus, the second author verified that the first author's selected quotations represented the investigated com-ponents of the model coherently and confirmed the count of the components of the model investigated in this study across participant narratives. In other words, a consensus was achieved by the authors on whether components of the model were present in participant narratives and on the frequency/percentage of their occurrence. As for member checking to confirm the trustworthiness of the data obtained, participants reviewed a transcript of their interview and were offered the opportunity to make corrections prior to the use of them in analyses. No participants responded to the opportunity to make corrections.

Results

As predicted by the ARTL model, all (100%) participants reported a change in their sense of self (identity) during or after their residential treatment as a result of their transformative learning. The participants' narrative accounts of their addiction experiences fit extremely well into the ARTL model's three stages of addiction recovery (hitting bottom, turning point[s], and maintenance),

culminating in what could be understood as transformative learning that results in identity change (see Appendix 1).

Furthermore, other core aspects of the ARTL model (Jordan, 2020) were all highly prevalent in participant accounts of their personal transformations, namely, cognitive and extrarational processes as well as personal and socio-cultural contextual factors. Six out of seven participants (83.3%) spontaneously mentioned cognitive processes in their accounts of personal transformation after addiction. That is, they were not asked directly if cognitive processes were involved in their transformation, but cognitive processes were readily extracted from their personal stories of addiction and recovery. All seven participants (100%) described extrarational processes in their accounts, and all of them also identified facilitating contextual factors in their transformation (see Table 2).

Discussion

The ARTL model (Jordan, 2020) provides a novel framework to explain how successful addiction recovery can be reconceptualized as an instance of transformative learning and identity transformation. In doing so, it opens up a vast untapped literature on pedagogy and learning from a teaching perspective to bear on promoting addiction recovery and on guiding counsellors. The current study serves as the first test of this model and provides clear corroborating evidence in its favour. The results indicate that the stories of addiction and recovery told by the seven male former residents of residential treatment for addiction fit quite well within the ARTL framework and that the model's core constructs provide a reasonable explanation for the participants' transformation and addiction recovery. A summary of the study's four findings is as follows. First, all participants reported a change in identity or in sense of self corresponding to their successful addiction recovery or treatment. Second, all the participants' experiences fit within the ARTL model's three-stage sequence of addiction recovery (hitting bottom, turning point[s], and maintenance). Third, the psychological processes, as noted by participants, that contributed to their experience of transformation and thus of addiction recovery conformed to the model's two types of psychological processes (cognitive and extrarational). Fourth, participants' accounts of recovery and transformation included specific facilitating socio-cultural contextual factors, as identified by previous transformative learning research.

All participants noted a significant change in identity or self that corresponded with their addiction recovery. This outcome would be expected in individuals undergoing transformative learning and provides support for conceptualizing addiction recovery as transformative learning that transforms the self. Thus, the results of this study provide further credibility for conceptualizing addiction recovery as a case of transformative learning that results in identity change and that supports the ARTL model. Although the specific identity change or resulting

Table 2

Psychological Processes and Contextual Factors Involved in Participants' Transformation

Variable	Eric	Sean	Ian	Nick	Scott	Ed	James
	Participant						
Rational processes	√		√	√	√	√	√
Extrarational processes							
Relational	√	√	√	√	√	√	√
Emotional	√	√	√	√	√	√	√
Spiritual	√		√	√	√		
Imaginative		√	√			√	
Unconscious	√						
Contextual factors				√			
Sense of safety with peers in treatment	√	√	√	√	√		
Diversity of and solidarity with peers	√	√	√	√	√	√	√
Time for reflective discourse			√	√	√		√
Chance to address idealized masculinity with others	√		√		√	√	√
Designated place for critical self-reflection	√		√	√	√	√	√
Dedicated time to implement lifestyle changes			√			√	
Peacefulness of environment	√		√	√	√		√
Privacy	√						
Treatment program philosophy and policies	√						

sense of self varied across participants, there were multiple implicit or explicit references to an emerging authentic self, a storied self, or a transcendent self—all aspects of the self as envisioned by modern transformative learning literature (Jordan, 2020). Therefore, we conclude that seeing addiction recovery as centrally

involving a transformation in identity or sense of self is a promising frame for counsellors to consider in their case conceptualization.

Overall, the tripartite stages of addiction recovery postulated by the ARTL model described the addiction and recovery experiences of all of the participants effectively. The data are consistent with the notion that experiencing hitting bottom and a turning point are both necessary for personal transformation in addiction recovery. Recall that, in the ARTL model, hitting bottom is when individuals initiate critical self-reflection and a turning point is when individuals initiate identity transformation. Noting a wide variety in participant content, we found that six of the seven participants reported a single key hitting bottom moment, whereas the seventh reported two such moments. Therefore, the existence of a hitting-bottom event, which sparks a movement toward addiction recovery as transformative learning, seems viable as a generalizable construct. The results of this study could be used to refine the original ARTL model (Jordan, 2020) by expanding it to include the possibility that more than one hitting-bottom moment may occur as part of a single instance of transformative learning in the sense of self.

All participants reported instances of turning points that were monumental in directly triggering the psychological processes needed to create transformative learning related to addiction recovery. Most participants reported one or two turning points, but two participants reported more. Although the nature of turning points varied substantially across participants, it is notable that interventions by counsellors, experiences in group counselling, or positive interactions with other individuals in residential treatment were highly prominent across participant narratives of addiction recovery. In other words, interpersonal interactions and social settings were central in promoting an identity transformation in this sample of men from residential addiction treatment.

Many examples of cognitive and extrarational psychological processes involved in creating identity transformation in individuals in treatment or recovery for addiction were readily apparent in the narratives of the participants. Cognitive processes were evident in the narratives of six of the seven participants. Still, it should be noted that components of the ARTL model (Jordan, 2020), including psychological processes involved in creating a transformation, were not queried directly but rather extracted from the spontaneous narrative accounts of addiction and recovery provided by the participants. Therefore, direct querying or a lengthier interview could have uncovered cognitive processes in a single individual's experience of transformation. Extrarational processes were evident in all participant accounts, and relational and emotional extrarational processes were most common. This latter finding could be related to the specific treatment setting (residential treatment) for all participants or could be mostly characteristic of the specific individuals participating in this study. Therefore, it is not prudent to generalize based on these data alone that emotional and relational processes are the more important extrarational processes in facilitating transformative

learning. Future research is needed to establish better the relative frequency of the different extrarational psychological processes involved in addiction recovery as transformative learning. Nevertheless, the current research verifies the existence of both cognitive and extrarational processes and therefore supports this aspect of the ARTL model (Jordan, 2020).

All participants made note of socio-cultural contextual factors that facilitated, delayed, or inhibited their personal transformation (and thus their recovery). Although the nature of these factors varied considerably across participants, it is notable that they occurred for all participants. This finding, therefore, substantiates the part of the ARTL model that claimed that socio-cultural contextual factors, some of which are under the control of counsellors, affect the pace and occurrence of transformative identity during addiction recovery. In summary, the ARTL model appears to account well for the recovery stories of the participants in this study.

Future Research

In addition to areas for future research already mentioned, the ARTL model would benefit from a large-scale replication of this study with clients of different residential treatment facilities and in different treatment settings. Such a study could help to establish the transferability of these results and confirm whether the model is valid beyond the treatment facility and participants employed in this study. Given these promising early findings for the ARTL model, future research should also be conducted to determine whether the ARTL model can move from a promising and evidence-based practice to a best practice, based upon the accumulation of sufficient qualitative and quantitative research, particularly large-scale efficacy trials. This should include longitudinal studies that follow up with participants over time.

Implications for Counsellors

This study confirms the ARTL model (Jordan, 2020), with its roots in transformative learning and adult education literature, as a plausible explanation of addiction recovery, at least for some men who participated in residential treatment. If this model continues to be supported by counsellor experiences in session and in subsequent empirical research, the explanations and directions gleaned from the ARTL model could lead to meaningful change in addiction counselling and recovery programs and potentially could increase their effectiveness.

Given the positive evidence provided by this study, we suggest that counsellors begin very tentatively and cautiously to apply this model to their practice (following the steps we outlined in the "Relevance for Counsellors: Mezirow's Model as the Pathway for Addictions Counselling" subsection above), provide feedback on its utility and effectiveness, and share counselling experiences that will be useful for refining or expanding the model. More specific practice implications beyond

those general ones mentioned above and ones tied more closely to the specific results of this study are provided below. First, counsellors may need to focus more explicitly on identity change as the major target of addiction treatment and recovery, not abstinence or even a majority focus on the substance of choice and its sequelae of addictive thoughts, feelings, behaviours, and systemic interactions. Second, counsellors who adopt the frame of addiction recovery as transformative learning could benefit from supplementing their own disciplinary knowledge in psychology and counselling with basic continuing education in pedagogy related to promoting transformative learning from the mass accumulation of such literature in the discipline of adult education. Consultation with teachers and adult educators may be warranted in some cases. Third, residential treatment providers may consider altering programming and allocating more material and financial resources to enhance the contextual factors identified by this study as facilitating participant turning points. For example, participants reported benefiting from having time to engage in critical self-reflection and reflective discourse outside of the counselling room or psychoeducation classroom. Participant data suggested that having too many scheduled activities may result in a peer group whose members are too busy and/or too exhausted to engage in critical self-reflection or reflective discourse. An extrarational activity such as therapeutic arts and crafts might have the right balance of structure and informality to promote critical self-reflection and reflective discourse. Extrarational interventions are in contrast to the typical rational or cognitive focus of scheduled psychoeducation or counselling sessions. Rational activities seem less likely to tap into the emotional, relational, spiritual, imaginative, and unconscious psychological processes that appeared so central to the transformative experiences and addiction recovery of participants in this study.

Appendix 1: Description of Participant Stages and Identity Change

Eric

Hitting Bottom. Realized he was being drugged and sexually assaulted by his live-in boyfriend.

Turning Points in Recovery. An individual in his group counselling session disclosed being sexually molested; participation in non-traditional therapies for addiction (hypnotherapy, meditation).

Maintenance of Transformation/Addiction Recovery. Returned to work and studies; re-established a relationship with his sisters; shared being raped with his current partner; engaged in controlled, occasional social drinking.

Summary Description of Identity Change and Sample Quotation. Integrated selves and rediscovered a core authentic self: "I'd forgotten who I was.… I didn't know how to be loved, to be touched."

Sean

Hitting Bottom. His wife and two children had moved away due to his drinking and his cocaine use, and he was about to attempt suicide by hanging.

Turning Points in Recovery. A counsellor helped him reconnect to his love of music in the presence of supportive others in group counselling, leading to him writing a song and performing it for his peers in residential treatment.

Maintenance of Transformation/Addiction Recovery. Began to write and record songs regularly; made a pact with his new girlfriend (who is also in recovery) that if either relapses, they will end their relationship; maintains strong boundaries and limits contact with friends who are not in recovery.

Summary Description of Identity Change and Sample Quotation. Discovered himself through music (a search for his authentic and spiritual selves): "I like to use [music] as my main purpose because I truly feel like … there's something magical about it."

Ian

Hitting Bottom. Had a "mental health breakdown" that led to a steady decline in functioning and an increase in addiction severity; having a birthday party and not feeling close to anyone there.

Turning Points in Recovery. Parents threatened to kick him out of the house "to the streets" unless he moved far away to live with his uncle.

Maintenance of Transformation/Addiction Recovery. Moved away to a less addicted city; trained to become a SMART Recovery meeting facilitator; volunteered at a street outreach program.

Summary Description of Identity Change and Sample Quotation. Came to terms with his past investment in an idealized sense of traditional masculinity (e.g., the need to be emotionally in control, to be self-reliant, and to avoid being vulnerable): "I'm going to be cool with sharing my emotions."

Nick

Hitting Bottom. Was making wedding plans with his girlfriend but she unexpectedly broke it off with him, and he assaulted her while high on cocaine.

Turning Points in Recovery. Burned a letter he had received from his girlfriend while in treatment (telling him that their relationship was over no matter what) to "cleanse" himself of her and let her go; had a spiritual encounter with nature and a deer while he was praying and asking for a sign.

Maintenance of Transformation/Addiction Recovery. Met a supportive woman, remarried, had a child, focuses on fatherhood, coaches his son's sports teams, and found a sponsor.

Summary Description of Identity Change and Sample Quotation. Gained an emergent sense of spirituality and a transcendent self: "Something was guiding

me—a guardian spirit.… I still believe there's something bigger than me. That keeps me sober to this day."

Scott

   Hitting Bottom. Attempted suicide after gambling away all the family money to get his wife an insurance settlement and to gain her forgiveness.

   Turning Points in Recovery. Was taken off antipsychotics for bipolar disorder (a side effect was reduced inhibitions); was warmly welcomed by others in residential treatment and realized his worth as a human being; counsellor made him aware of his destructive self-talk; learned anxiety management techniques (visualization, mindful breathing).

   Maintenance of Transformation/Addiction Recovery. Repaired his relationship with his wife; made exercise a priority; continues to practise visualization and mindful breathing to manage his anxiety; started his own data security consulting firm, a career he finds more personally meaningful than his previous career.

   Summary Description of Identity Change and Sample Quotation. Developed a positive, more expansive view of self: "I made mistakes [but] that's not going to define me.… I'm not a bad person."

Ed

   Hitting Bottom. Getting "black-out drunk" during a night out at a restaurant with his wife, his son, his son's hockey teammates, and their families. Ed ended up in jail after getting into an altercation with a police officer.

   Turning Points in Recovery. Noticed on the way to residential treatment a man whom he guessed correctly was going to the same facility, which made him realize he was not alone; a counsellor introduced him to the concept of "Little Ed" hiding inside of him; learning about brain plasticity gave him hope.

   Maintenance of Transformation/Addiction Recovery. Eats a healthy diet with no caffeine and minimal sugar; studies Buddhism and meditates to nourish his spirituality; completed a master's degree; avoided overworking for a simpler, quieter life; became a certified professional coach and helps others.

   Summary Description of Identity Change and Sample Quotation. Accepted his former, negative self and a willingness to reveal his "true" self: "I just love life—I love myself.… I'm still working on that social aspect of myself."

James

   Hitting Bottom. Relocated to his birthplace nation and took a job that reminded him of his history of being abused, growing up in foster homes, and turning to alcohol to "shut it off"; crashing his car into a ditch, which led to his employer asking him to move away.

Turning Points in Recovery. Shared his life story with other residents at the residential treatment facility (it took him 2.5 hours to tell his story); participated in eye-movement desensitization and reprocessing (EMDR) and in hypnotherapy to help resolve his trauma.

Maintenance of Transformation/Addiction Recovery. Uses alternative stress management techniques (long drives, support network, counselling); developed a better relationship with his ex-wife and their children; participates regularly in his Indigenous culture events (potlatches, powwows); maintains strong boundaries with his drug-addicted sister; made peace with his physically abusive mother before she died.

Summary Description of Identity Change and Sample Quotation. Made a storied and a transcendental self be part of recovery: "I can't change what happened to me, [but] I can take control over the story rather than [let] it control me."

References

Alcoholics Anonymous. (2001). *Alcoholics Anonymous: The big book* (4th ed.). Alcoholics Anonymous World Services.

Barlas, C. (2001). Learning-within-relationship as context and process in adult education: Impact on transformative learning and social change agency. *Adult Education Research Conference: 2001 Conference Proceedings (East Lansing, MI).* https://newprairiepress.org/aerc/2001/papers/6

Best, D., Beckwith, M., Haslam, C., Haslam, S. A., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research and Theory*, *24*(2), 111–123. https://doi.org/10.3109/16066359.2015.1075980

Biernacki, P. (1986). *Pathways from heroin addiction: Recovery without treatment.* Temple University Press.

British Columbia Coroners Service. (2020, December 21). *Illicit drug toxicity deaths in BC: January 1, 2010–November 30, 2020.* https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

Choi, S., Adams, S. M., Morse, S. A., & MacMaster, S. (2015). Gender differences in treatment retention among individuals with co-occurring substance abuse and mental health disorders. *Substance Use and Misuse*, *50*(5), 653–663. https://doi.org/10.3109/10826084.2014.997828

Cohen, J. B. (2004). Late for school: Stories of transformation in an adult education program. *Journal of Transformative Education*, *2*(3), 242–252. https://doi.org/10.1177/1541344604265270

Cohen, L. R. (1997). I ain't so smart, and you ain't so dumb: Personal reassessment in transformative learning. *New Directions for Adult and Continuing Education*, *74*, 61–68. https://doi.org/10.1002/ace.7407

Cranton, P. (2006). Fostering authentic relationships in the transformative classroom. *New Directions for Adult and Continuing Education*, *109*, 5–13. https://doi.org/10.1002/ace.203

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, *36*(4), 253–263. https://doi.org/10.1097/DCC.0000000000000253

Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020, August 14). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, *69*(32), 1049–1057. https://doi.org/10.15585/mmwr.mm6932a1

Dennis, M. L., White, M. K., & Ives, M. L. (2009). Individual characteristics and needs associated with substance misuse of adolescents and young adults in addiction treatment. In C. G. Leukefeld, T. P. Gullotta, & M. Staton-Tindall (Eds.), *Adolescent substance abuse: Evidence-based approaches to prevention and treatment* (pp. 45–72). Springer. https://doi.org/10.1007/978-0-387-09732-9_3

Dingle, G. A., Stark, C., Cruwys, T., & Best, D. (2015). Breaking good: Breaking ties with social groups may be good for recovery from substance misuse. *British Journal of Social Psychology*, *54*(2), 236–254. https://doi.org/10.1111/bjso.12081

Dirkx, J. M. (2007). Making sense of multiplicity: Metaphors of self and self-change in transformation theory. In P. Cranton & E. W. Taylor (Eds.), *Proceedings of the 7th international transformative learning conference* (pp. 110–115). University of New Mexico College of Education, Central New Mexico Community College.

Dutra, L., Stathopoulou, G., Basden, S. L., Leyro, T. M., Powers, M. B., & Otto, M. W. (2008). A meta-analytic review of psychosocial interventions for substance use disorders. *American Journal of Psychiatry*, *165*(2), 179–187. https://doi.org/10.1176/appi.ajp.2007.06111851

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, *62*(1), 107–115. https://doi.org/10.1111/j.1365-2648.2007.04569.x

Finfgeld, D. L. (2004). Review: Lasting health behaviour changes began with critical self appraisal and small steps that led to an identity shift. *Evidence-Based Nursing*, *7*(1), Article 31. https://doi.org/10.1136/ebn.7.1.31

Fleming, J. A. (1998). Understanding residential learning: The power of detachment and continuity. *Adult Education Quarterly*, *48*(4), 260–271. https://doi.org/10.1177/074171369804800405

Fraser, H. (2004). Doing narrative research: Analysing personal stories line by line. *Qualitative Social Work*, *3*(2), 179–201. https://doi.org/10.1177/1473325004043383

Frings, D., & Albery, I. P. (2015). The social identity model of cessation maintenance: Formulation and initial evidence. *Addictive Behaviors*, *44*, 35–42. https://doi.org/10.1016/j.addbeh.2014.10.023

Gronsky, S. A. (2015). Adults with cognitive disabilities in the technical sector. *Journal of Adult Education*, *44*(2), 7–14.

Hester, R. K., & Miller, W. R. (2003). *Handbook of alcoholism treatment approaches: Effective alternatives* (3rd ed.). Allyn and Bacon.

Hyland-Russell, T., & Groen, J. (2011). Marginalized non-traditional adult learners: Beyond economics. *Canadian Journal for the Study of Adult Education*, *24*(1), 61–79. https://cjsae.library.dal.ca/index.php/cjsae/article/view/125

Illeris, K. (2014). *Transformative learning and identity*. Routledge.

Jonker, E. F. (2006). School hurts: Refrains of hurt and hopelessness in stories about dropping out at a vocational school for care work. *Journal of Education and Work*, *19*(2), 121–140. https://doi.org/10.1080/13639080600667988

Jordan, D. J. (2020). "Like an awakening": Transformative learning as identity transformation for men in recovery from addictions [Unpublished master's thesis]. University of British Columbia. https://doi.org/10.14288/1.0390013

Kaiser Family Foundation. (n.d.). *Opioid overdose deaths by sex*. https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-sex/

Lawrence, R. L., & Cranton, P. (2015). *A novel idea: Researching transformative learning in fiction*. Sense Publishers. https://doi.org/10.1007/978-94-6300-037-6

McHugh, R. K., Votaw, V. R., Sugarman, D. E., & Greenfield, S. F. (2018). Sex and gender differences in substance use disorders. *Clinical Psychology Review*, *66*, 12–23. https://doi.org/10.1016/j.cpr.2017.10.012

McIntosh, J., & McKeganey, N. (2000). Addicts' narratives of recovery from drug use: Constructing a non-addict identity. *Social Science and Medicine*, *50*(10), 1501–1510. https://doi.org/10.1016/S0277-9536(99)00409-8

Merriam, S. B., Caffarella, R. S., & Baumgartner, L. M. (2007). *Learning in adulthood: A comprehensive guide* (3rd ed.). John Wiley and Sons.

Mezirow, J. (1978). Perspective transformation. *Adult Education*, *28*(2), 100–110. https://doi.org/10.1177/074171367802800202

Mezirow, J. (1991). *Transformative dimensions of adult learning*. John Wiley and Sons.

Moon, K., & Blackman, D. (2014). A guide to understanding social science research for natural scientists. *Conversation Biology*, *28*(5), 1167–1177. https://doi.org/10.1111/cobi.12326

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250–260. https://doi.org/10.1037/0022-0167.52.2.250

Pearson, C., Janz, T., & Ali, J. (2015, November 27). Health at a glance: Mental and substance use disorders in Canada (Statistics Canada Catalogue no. 82-624-X). https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11855-eng.htm

Rogers, A. (2003). *What is the difference? A new critique of adult learning and teaching*. National Institute of Adult Continuing Education.

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin Company.

Southern, N. L. (2007). Mentoring for transformative learning: The importance of relationship in creating learning communities of care. *Journal of Transformative Education*, *5*(4), 329–338. https://doi.org/10.1177/1541344607310576

Taylor, E. W. (2009). Fostering transformative learning. In J. Mezirow, E. W. Taylor, & Associates (Eds.), *Transformative learning in practice: Insights from community, workplace, and higher education* (pp. 3–17). Jossey-Bass.

Tennant, M. (2005). Transforming selves. *Journal of Transformative Education*, *3*(2), 102–115. https://doi.org/10.1177/1541344604273421

Vogel, L. J. (2000). Reckoning with the spiritual lives of adult educators. *New Directions for Adult and Continuing Education*, *85*, 17–27. https://doi.org/10.1002/ace.8502

Volkow, N. D., & Koob, G. (2015). Brain disease model of addiction: Why is it so controversial? *Lancet Psychiatry*, *2*(8), 677–679. https://doi.org/10.1016/S2215-0366(15)00236-9

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