SELF-CHANGE AND RECOVERY CAPITAL

David Clark Ph.D.

In the preface of their 1999 book *Coming Clean: Overcoming Addiction Without Treatment* [1], Robert Granfield and William Cloud emphasise that: 'Recovery without treatment, or natural recovery, as it is perhaps more widely characterized has been virtually ignored by all but a small cadre of researchers and practitioners. Our purpose in writing this book is to help break the silence about recovery without treatment by "coming clean" about its occurrence.'

Their book draws heavily on in-depth interviews with 46 people in the USA who were previously dependent on alcohol or illicit drugs and had overcome their addiction without treatment or peer support groups like AA or NA. Twenty-five of the study participants reported previously being dependent on alcohol, whilst 21 had been dependent on illicit drugs, most notably heroin, cocaine, and 'crack' cocaine.

Determination of dependency was made only after careful consideration; each participant had experienced increasing tolerance to the drug effects, frequent cravings, extended periods of daily use, and a wide range of personal problems arising from substance use, e.g. financial, occupational, relationship, and health problems.

Respondents had to have been drug- or alcohol-dependent for at least one year, and have resolved their dependency for at least one continuous year. The average time of dependence for the participants was 11 years, and the average time of termination of dependence was six and a half years.

Granfield and Cloud emphasise that people who become dependent on drugs or alcohol do so in large part because they define the use of substances as meaningful and valuable in their lives. Addiction is never independent of the complex web of social relations within which it is embedded.

As I have indicated elsewhere, we can't just focus on the pharmacological properties of a drug when trying to understand addiction. We must also consider the 'set'—a person's expectations, mood, personality, and purposes—and the 'setting', 'the situation of use, the social conditions that shape such situations, and the historically and culturally specific meanings and motives used to interpret drug effects.' An understanding of recovery requires an appreciation of the interaction between drug, set and setting.

1. The Process of Recovery Without Treatment

In Granfield and Cloud's study, participants became concerned about their substance use because of problems they were experiencing. This concern produced significant tensions and strains, which in turn led to a desire to take some sort of action to reduce the tensions.

A typical form of tension arose from feelings of social disconnection—when a person experienced a sense of isolation from others and even himself/herself. Another tension relating to social interactions occurred when a person had to work harder to rationalise their behaviour to significant others (e.g. a partner) who had been expressing their concerns. Other tensions arose from falling foul of the law, health problems, and, in particular amongst women, being a victim of physical violence directed at them by husbands/partners who were also addicted to drugs or alcohol.

For the study participants, these tensions eventually led to a turning point where the person came to realise that their life was massively disrupted and they were no longer 'themselves'. Such a turning point was critical for those who would undergo an eventual identity transformation.

Once the participants had experienced such a turning point, they faced the dilemma of implementing a strategy to facilitate some type of personal transformation. These strategies related to three main types, or a combination of these types: engaging in alternative activities; relying upon relationships with family and friends; and avoiding drugs and alcohol, drug users and heavy drinkers, and the social cues associated with using/drinking.

Study participants talked about becoming intensely involved in alternative pursuits 'that engulfed them and gave them new meaning. These pursuits led to a dramatic realignment of their relationship with the world and were incompatible with heavy alcohol and drug use.'

Such pursuits were associated with religion, education, physical activity, work (including voluntary work), community life, or with a variety of different activities. Whatever activity they chose, it typically became 'the focal point of their lives and was fervently performed.'

Involvement in these activities, helped study participants to enter significant relationships with people who were not using drugs or drinking excessively, and avoid others who were engaged in such activities, making the change to a conventional life easier. Other participants overcame their addiction with the help of family and friends (both old and new).

Study participants also severed their connection, either literally or symbolically, with the substance-using world. For women, this often meant terminating relationships with partners who were both dependent on substances and had inflicted violence.

Granfield and Cloud noted that while participants dependent on alcohol reported changing friends, it was more common for dependent drug users to avoid contact with other users. As suggested by participants, this is because networks and connections are more important for obtaining drugs than for obtaining alcohol. Dependent drug users were also more likely to physically relocate to a new geographic area than dependent alcohol users—in fact, none of the latter relocated.

The final stage of personal transformation of study participants was the realisation of the rewards associated with their new non-dependent status. Perceiving the benefits associated with personal transformation is critical if self-change is to be lasting.

The rewards and benefits that participants reported were an improvement in family and kinship relationships, and improvements in 'their level of attachment to and involvement in society. Most of them revelled in their new pursuits.' All participants found their personal transformations to be 'affirming and deeply rewarding'.

2. Avoiding Treatment

Why did the participants in this study avoid treatment and self-help groups? A third of participants felt that treatment programmes and self-help groups 'attributed negative attributes to people who were addicted. Most believed that these attributions would be detrimental to their ultimate recovery from addiction.' Many of them also maintained that such programmes 'assaulted their own sense of self by defining the individual as essentially an addict.'

Around the same percentage felt that they simply did not need treatment or self-help groups, since they had the ability to transform their lives themselves. A smaller percentage did not think that treatment programmes and self-help groups were successful in helping people overcome their addiction(s).

Granfield and Cloud report that most of those participants 'who rejected the ideology of treatment and self-help do so because of the such therapeutic modalities construct the problem of dependency. The principles of most addiction and treatment groups are premised on the notion of "powerlessness"'. They encourage people with a substance use problems to accept that they are 'powerless' and have lost control of their lives.

Many of the participants in this study rejected this idea. They believed that they retained power over drugs and alcohol despite their addiction. As one person said, 'You have to admit defeat to yourself and I didn't want to do that.'

These participants did not accept the idea about addiction being a disease, the notion of 'powerlessness', and the inextricable nature of addiction. 'Ultimately, their belief that they were the navigators of their own lives and their unwillingness to be completely disillusioned through dependency allowed them to change their lives without recourse to treatment and self-help.'

They did not identify themselves as an addict. Whilst they recognised that they had been dependent on drugs or alcohol and had experienced much pain, and had needed to use strategies to overcome their problem, that period of their life had passed. They had moved on with their lives.

3. Social Context and Recovery Without Treatment

Granfield and Cloud argue that the opportunities for overcoming personal problems such as addiction are not equally distributed in society. A person's structural location in society and the relationships, networks, and other assets that adhere to one's social position greatly affect one's chances of recovering from serious substance use problems.

The sociologist Pierre Bourdieu first introduced the concept of social capital defining it as, ' the sum of the resources, actual or virtual, that accrue to the individual by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition.' He described social capital as one of three resource forms, along with economic and cultural capital, as the basic resources for power. [2]

The participants in the Granfield and Cloud study re-engaged in conventional life pursuits and developed or re-established meaningful social relationships, often in the institutions with which they had become disconnected.

Their ability to immerse themselves in an institutional life and develop meaningful social relationship was influenced by the social capital they had prior to their substance use problem, as well as the amount of social capital their were able to retain during the time of their problem. Their social capital was very different to that of the street addict or alcoholic who possessed limited resources and had abandoned conventional roles and relationships.

4. Recovery Capital

Granfield and Cloud described other assets that a person possesses or that exist within their immediate environment that can function to promote and sustain recovery from drug- and alcohol related problems. [1]

These assets are described as various forms of recovery capital, defined as, '.... the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems.' The authors propose that both the quality and the quantity of recovery capital play a major role in predicting recovery success both in and out of treatment, and crucially that the growth of recovery capital can signal a 'turning point' in addiction careers.

In their article *Recovery Capital: a Primer for Addiction Professionals*, Bill White and William Cloud proposed three types of recovery capital; personal, family/social, and community recovery capital. [3]

Personal recovery capital includes a person's physical and human capital. **Physical capital** concerns the available resources that fulfil a person's basic needs, like their health, financial resources, a safe home, food, clothing, and transportation. **Human recovery capital** relates to a wide variety of personal characteristics, which include a person's values, knowledge, educational/vocational skills, problem solving capacities, self-esteem, self-efficacy (self-confidence in managing high risk situations), self-awareness, hopefulness, sense of meaning and purpose in life, and interpersonal skills.

Family/social recovery capital encompasses intimate relationships with friends and family, relationships with people in recovery, and supportive partners. It also includes access to sobriety-based fellowship/leisure, and relational connections to conventional institutions, such as workplace, educational facility, church, and other mainstream community organisations.

Community recovery capital encompasses community attitudes, policies, and resources that help people overcome substance use problems. Community recovery capital includes: active efforts to reduce addiction and addiction recovery-related stigma and prejudice; visible and diverse local recovery role models; a full continuum of addiction treatment resources; recovery mutual aid resources that are accessible and diverse; local recovery support institutions (e.g., recovery centres, recovery homes).

Cultural capital is a form of community capital. It constitutes the local availability of culturally-prescribed pathways of recovery that resonate with individuals' cultural (e.g. Native Americans) or religion-based beliefs.

In total, recovery capital constitutes the potential antidote for the problems that have long plagued recovery efforts: insufficient motivation to change AOD use, emotional distress, pressure to use within intimate and social relationships, interpersonal conflict, and other situations that pose risks for relapse.

References:

[1] Robert Granfield and William Cloud, C*oming Clean: Overcoming Addiction Without Treatment* , New York: New York University Press, 1999.

[2] Bourdieu, Pierre, *The logic of practice,* Polity: London, 1980.

[3] William White and William Cloud, *Recovery Capital: a Primer for Addiction Professionals*, Counselor, Vol. 9, No. 5, pp. 22-27, 2008.