Exploring narratives of long-term substance addiction recovery in Norway

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Abstract

Introduction

Long-term substance addiction (SA) recovery continues to be presented as a varied concept, with conceptual consequences for how recovery is investigated and approached in practice. Social and societal aspects are often mentioned as important considerations for understanding recovery within substance use treatment, follow-up services, policies, and research. However, the concept continues to be dominantly constructed within individualised frameworks, first and foremost concerned with an idealised concept of substance use cessation prior to shorter-term treatment interventions, and a preset outcome of full substance use abstinence as the main goal. This individualised approach is limited and does not take account of the societal context in which recovery processes occur. Policy, practice and research needs to reflect the reality of people's experiences of long-term recovery that is currently sparse. Thus, there is a need for qualitative investigations of people's storied accounts of long-term SA recovery within their societal environment in search of mechanisms of human change and development.

Method

This research is framed within a critical realist, interpretive, and social constructionist position, aimed to identify, apply, and evaluate, relevant psycho-social and cultural factors for people in their long-term SA recovery. To achieve these aims, 10 participants with former polysubstance use and four to 11 years in recovery were peer-interviewed concerning their storied accounts of long-term SA recovery experiences, using the following objectives:

1. Identify key factors relevant to long-term SA recovery through narrative exploration of people's lived experiences,
2. Apply a developmental model as a framework for mapping, explaining, and developing knowledge of long-term SA recovery,
3. Propose recommendations for policy, practice, and further research in support of SA recovery.

Analysis

Using a combination of Developmental Systems Theory, an interactional-performative analytical lens, and narrative thematic analysis, distinct typologies of long-term SA recovery courses will be presented.

Findings

The research findings, presented through typologies, extend retrospective and prospective time frames often suggested for SA recovery. Three main themes were developed: Stories of loneliness, isolation and development of social connections, stories of agency development, and stories of developing self-determination. The participants’ narrations of their long-term SA recovery describe how they were able to change their performativity in society over time, in correlative relationships with others, within their societal environment. These new modes of action contributed to heightened sense of agency and purpose for the participants, which functioned as counterweights to self-stigma, loneliness, and social isolation. Their stories serve as examples of how they manoeuvred in their societal environment, alongside showing inventiveness and entrepreneurship, while keeping their personal autonomy intact. The participants' stories of flexible re-authoring through non-linear and varied recovery courses underline human possibilities for adaptability, inventiveness, and reflective choice. This potential multiplicity of possibilities challenges idealised templates for human existence, including how change and development can occur in people’s lives, and key mechanics concerning societal expectations of normativity.

Conclusions

This is the first study of its kind to use a combination of Developmental Systems Theory and a narrative research design to study long-term SA recovery. I argue that the potential significance for long-term SA recovery stemming from reciprocal interactions with people's social surroundings has been underplayed in practice, policy, and research, on behalf of an overrated focus on individual responsibility. This focus continues to hinder developments of broader frameworks in support of people's recovery courses. In addition, I argue that service providers and policymakers continue to respond according to a deficit model, based on overly fixed frameworks, a lack of pragmatic timing, and normative assumptions of successful living and societal contributions. There is a need for highlighting strengths-based opportunities, depending on people's current life situations, alongside subjective reflections on how they see their lives going forward, within their social contexts. As potential for human re-authoring, change and development exist, the person in question and their context should remain ever attentive to such possibilities, as complexity and open endings constitute all human existence. In such efforts, explorations of resources, passions, and personal strengths within peoples' societal context are pivotal, as advantageous alternatives to focusing on individualised chronic

vulnerabilities, weaknesses, and human limitations. Thus, continued investigations of necessary prerequisites for long-term human change and development are key to contribute to hope in the SA recovery field.

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Chapter 1. Introduction

1.1 Introduction to the research

This research explores people's experiences of long-term substance addiction (SA) recovery courses. Descriptions of long-term SA recovery experiences from people's lives, in reciprocal relations within their societal environment, has been relatively sparse, and is needed to advance the field. Although a considerable amount of research has been conducted regarding various supportive recovery aspects research (Best et al., 2020; Vigdal et al., 2024; Witkiewitz & Tucker, 2024), SA recovery research has been dominated by shorter-term studies mainly focusing on substance use cessation, abstinence, and specific substance use treatment outcomes (Bjornestad et al., 2020a), which has problematic implications for policy and practice regarding how people are met and treated in services. If recovery perspectives that fall outside traditional conceptual frames are neglected, this can lead to people turning into revolving door users of substance use treatment and follow-up services, thus SA challenges continue to problematically affect the people in question, their families and social networks, and society. This includes focusing on various human change and developmental processes within dynamics of time, i.e. processes within recovery courses rather than specific stages and outcomes, to challenge

normative, idealised frameworks too often presented as the sole options to people with SA experiences. As latest research has shown that human re-authoring, change, and development is possible (Best et al., 2024; Martinelli et al., 2020; 2023; Roxburgh et al., 2023), there is a need for further explorations of people's resources, passions, and personal strengths, as an alternative to a dominating focus on deficit needs, vulnerabilities, and preset outcomes. The current study aims to add hope in the SA recovery field through investigations of how human change and developmental processes can occur. These perspectives are facilitated through reciprocal relations with the individual's societal environment, with a focus on dynamics of time embedded as a key perspective in the explorations.

1.2 My professional background and rationale

Several aspects following my professional research experiences affected the choice of focus on long-term substance addiction (SA) recovery courses for this research. I am a social worker, with professional experiences from various substance use treatment and follow-up services in Norway, including municipal project work concerning early substance use treatment access, and as an environmental therapist working with residential medically assisted drug treatment. I also work as a lecturer and supervisor at university level after I completed a master's degree in social work

in 2009 from the University of Stavanger, Norway. I have experience as a unit manager for outpatient substance use treatment aimed at people between 16 – 25 years of age. Combined, this work has prompted my curiosity regarding long-term SA recovery.

I have been an employee at the Centre for Alcohol and Drug Research (KORFOR), located at Stavanger University Hospital in south-west Norway, since 2011. The centre (Helse Stavanger/ KORFOR, 2025) established in 2007, aims to promote research and knowledge dissemination in close collaboration with clinical substance use treatment services, and contribute to the development of professional expertise and best-practice services. My concerns regarding how society currently understands SA recovery arose from following a cohort of people over 10 years through my employment at KORFOR, specifically engaged in the Stavanger Study of Trajectories of Addiction – the Stayer-study. It became clear to me that existing understandings of SA recovery are relatively sparse concerning investigations of human change and developmental processes over time, within societal contexts. I have previously discussed this topic (Svendsen, 2022) in relation to Stayer-study results in Galvani et al. (2022).

The Stayer-study utilized a prospective, longitudinal follow-up design, developed to contribute to the field of SA recovery. People

starting a new substance use treatment sequence at outpatient and residential facilities in the Stavanger University Hospital catchment area, with a minimum of two weeks of not using substances, were eligible for study participation. The first participant recruited in March 2012, with a complete cohort of participants (*n*=208) recruited between March 2012 and January 2016. The Stayer-study has yielded multiple papers investigating various clinical recovery aspects, including, amongst others, changes in executive functioning (Hagen et al., 2016; Hagen et al., 2017a) and ADHD symptoms (Hagen et al., 2017b) following substance cessation and 12-months abstinence, cognitive impairment as a predictor of psychological challenges (Hetland et al., 2024), personality characteristics (Fodstad et al., 2022), and traumatic experiences and PTSD symptoms for people with SA (Belfrage et al., 2023). Other Stayer-study areas investigating long-term SA recovery aspects include persistent sleep problems (Erga et al., 2022), the relationship between self-reported childhood maltreatment, SA, and mental health in a six-year retrospective study (Erga et al., 2024), and how psychological distress and satisfaction with life correlated with substance use over a period of five years (Moe et al., 2024).

Several qualitative papers have been published based on data from Stayer-study participants, from various periods in

participants' SA recovery courses. The publications included substance use treatment as a transitioning social arena for a non-substance dominated life (Robertson et al., 2019), identity and recognition dynamics in recovery courses (Robertson et al., 2021), and the significance of employment (Robertson et al., 2022). We also investigated the significance of meaningful activities in recovery (Veseth et al., 2022), the importance of social relationships (Veseth et al., 2019), social networks (Vigdal et al., 2023), and friendships in recovery courses (Vigdal et al., 2024), and long-term processes of building personal autonomy in recovery (Bjornestad et al., 2019a). In addition, we reported on perceived benefits of drug use from people in long-term SA recovery (Bjornestad et al., 2020b).

My roles in the Stayer-study from 2012 were to recruit and retain 140 of the 208 participants, with biweekly telephone contact and regular assessments throughout the 10-year study period. The study aimed to retain all participants throughout the study period, regardless of substance use, substance use treatment, or mental health issues. Thus, participants could potentially be recruited to the Stayer-study after not using substances for two weeks, leave treatment shortly after, and start using substances again, without being disqualified from the study. Hence, the design used in the Stayer-study emphasised the common non-linearity of recovery

courses. We described the strategies used to recruit and follow-up participants in the Stayer-study in a case study paper (Svendsen et al., 2017), with implications for securing high study retention rates. We also reported on participants from the Stayer-study concerning their individual experiences with participating in and accessing their individual results from the Stayer-study after several years of research participation (Svendsen et al., 2020). In addition, we explored key retention factors for participants in the Stayer-study, with practical suggestions for practice and research regarding the issue of study attrition (Svendsen et al., 2021).

Based on my experiences as a researcher from the Stayer-study, my understanding of the concept of SA recovery was challenged. I experienced on multiple occasions how the study participants performed their long-term recovery courses in various, and, to me, surprising manners, that did not fit with dichotomies concerning SA challenges as chronic or acute, or recovery courses as either dominantly individual, or social, processes. An important feature for challenging my understanding of SA recovery stemmed from following up people for a decade, which led to insights into how temporality played a key role in their non-linear, long-term SA recovery courses. Participants that had expressed that they could not see how their lives could possibly change in the directions they desired to aid recovery, often based on experiences of trauma,

stigma, isolation, and extensive substance use, managed to make comprehensive changes over years, in interplay with their surroundings. Many went through far-reaching processes, including changing habits that had been developed in their lives over years, and even decades, developing purpose and personal agency, making new choices regarding social networks and family interactions, sorting out their economy, attending challenging substance use treatment which required comprehensive reflexivity, finding stabile housing, and performing new roles in unfamiliar social arenas. Simultaneously, some Stayer-study participants, which seemingly had everything ‘going for them’. i.e. completion of substance use treatment, long periods with no substance use, and access to societal arenas such as school, employment, and meaningful leisure activities, surprisingly relapsed on several occasions, which led to considerable challenges in their lives. Combined, these experiences led to curiosity concerning understandings of long-term SA recovery courses, and investigations of necessary prerequisites for human change and development. I found this particularly interesting given that possibilities for change can be viewed as limited based on the scope of addiction severity. My research experiences, however, suggested that comprehensive changes were possible over time, regardless of former life challenges. I became increasingly curious

concerning the mechanisms involved in such processes for people in SA recovery.

In addition, based on my experiences from the practice and research field, several areas conflicted. These conflicts became visible as tensions between the expressed needs from people with SA regarding necessary prerequisites for their recovery, existing substance use treatment and follow-up services, and available research on SA recovery courses, specifically linked to the following dimensions.

In my contact with people with SA in the Stayer-study, many expressed symptoms of personal challenges through substance use, while suppressing symptoms of personal distress through the same use. Given that substance use is a main diagnosis criterion for SA, it was surprising that substance use treatment and follow-up systems demanded the person to be substance ‘free’ to qualify for receiving the help they expressed needs for. This fed into a narrative of people becoming worthy of receiving help through normative qualification, in this context by ceasing substance use. Being disqualified from receiving help based on continued substance use led to many not gaining access to the services they needed, poor treatment and follow-up services intervention timing, and high relapse rates shortly after obtaining access to services.

The following example from my practice in the Stayer-study illustrates a specific threshold that people with SA experiences are subject to, from the private health market in Norway. During an assessment with a participant in the Stayer-study, it was commented that she now finally would get access to life insurance on the same conditions as others, as she had been abstinent from substance use for 10 years at that point in time. People with previous SA experiences that could not document 10-year abstinence were asked to pay a significantly higher sum of money compared to citizens with no reported SA to access life insurance. I was curious concerning the insurance companies' arguments for this and contacted the national board of professionals which advises Norwegian insurance companies. Through our correspondence, no knowledge-based argument for this criterium was presented, and the criterium has later been changed to five-year abstinence from substances to gain life insurance rights. This example illustrates how stigmatising practices (Krendl & Perry, 2023) continue concerning people with SA experiences, which potentially continues to place people on the outskirts of societal arenas through normative practices embedded in policy.

In addition, the international substance use field, representing substance use treatment, follow-up services, policy, and research, often use terms such as 'short-term', 'long-term', 'sustained', and

‘extended’ to illustrate how time is linked to present and/ or former substance use in recovery definitions. Such linkages can be problematic, as substance use abstinence continues to be the main processual goal for people’s recovery courses, potentially overshadowing updated knowledge of recovery courses, which stretches far, including in a temporal sense, beyond specific aspects of substance use (Martinelli et al., 2023; Veseth et al., 2019; 2022). Critical questions should be asked to whether recovery terms and definitions that include specific aspects of substance use in fact promote ‘sustained’ substance use abstinence or ‘long-term’ substance use cessation, rather than describing and investigating people's lives more broadly, thus continuing to give key aspects prerequisite for necessary human change and developmental processes second priority.

Investigations of the activity of processual human change must involve considerations of the concept of time (Overton, 2015). However, most available SA recovery research is based on shorter term studies with less than 24 months follow-up periods, predominantly focusing on people’s substance use cessation and specific substance use treatment outcomes (Bjornestad et al., 2020a). This dominant focus has led to a lack of research regarding how people describe their long-term recovery courses (Best et al., 2017), including social and societal areas, with

implications for how substance use treatment, and follow-up services, aimed at societal inclusion for people with SA should be organised (McKay, 2017).

Substance use cessation and substance use abstinence periods can represent concrete time periods. However, these periods are not necessarily the equivalent to recovery, which often include comprehensive, existential, and socio-economic processes. Qualitative investigations of long-term SA recovery courses are therefore required to nuance and challenge current normative understandings, and to develop high quality substance use treatment and follow-up services that can meet peoples' needs in flexible manners.

1.3 Thesis outline

In this study I will explore people's experiences of long-term substance addiction (SA) recovery, starting with examining current nature and extent of substance use internationally, and international perspectives on substance use treatment through a priori themes. The literature review explores the concept of recovery in mental health and SA, a critical exploration of literature on the concept of SA recovery, and an overview of the concepts of Recovery Capital, and temporality in research on SA recovery. Overall, the literature review argues for more research regarding investigations of long-term SA recovery courses, with dynamics of

time, i.e. processes within recovery courses rather than specific stages and outcomes included as a key dimension, informing the aims and objectives of the presented research. In Chapter 5 I will explore the theoretical perspective of Developmental Systems Theory (DST) that I use for this research, including the rationale for why this theory is useful when investigating long-term SA recovery courses. I then present the research methodology and methods used in the current study, including ontological and epistemological perspectives, the narrative research approach, and the rationale for employing peer-interviewers to conduct the interviews in this research. Following this, the narrative analysis and findings from the 10 narrative interviews conducted for this study, including brief participant presentations, are presented. The latter chapters in this thesis present a discussion of the findings of this research, with implications and practical recommendations for substance use treatment, follow-up services, policy, and research.

1.4 Definitions

Substance addiction (SA): Throughout this thesis, several definitions are provided regarding descriptions of substance use in society, according to the chosen terms by authors of the various literature. Illustrative examples include substance use disorders (SUDs), problematic substance use (PSU, addiction (s), and alcohol and other drugs (AODs). All participants in the current

study had former polysubstance addiction, including alcohol for some. I choose to use the term substance addiction (SA) throughout to illustrate how although clinical symptoms of SA may have been solved, several areas in people's lives often continues to be affected over time, stemming from problematic substance use experiences, SA, and other life experiences in general.

With this said, and as the current study will underline, labelling people as 'substance addicted' should be problematised, as many will oppose to be labelled in this manner over time, i.e. the chronicity aspect of SA will be investigated and critiqued in this thesis.

Substance use treatment (s) and follow-up services: This term is used throughout as a broad description of all relevant support services people with SA potentially interact with.

Harm reduction: This term is used broadly to describe efforts aimed at making relevant services available for people despite active SA, to reduce drug related deaths and morbidity.

Courses/ recovery courses: In this research it is argued that recovery processes do not necessarily start from when substance use is practically stopped. Rather, they represent human processes that often needs to be both linked (far) back in time, and representing prospective, and potentially, temporally unlimited

processes. Thus, recovery courses refer to factors such as motivation or circumstances that precede any behaviour change but are potentially influential in future recovery processes. In this research, the terms ‘recovery course (s’), and ‘long-term recovery courses’ will therefore be used to underline that recovery, in this context representing human, temporal existence, change and development, has no universal start or end point during people’s lives. However, as will be illustrated in this research, people with SA experiences vary regarding whether they see themselves as in indefinite recovery, or whether their recovery courses are perceived as a closed chapter in their lives.

In addition, the terms ‘recovery’, ‘recovery courses’, and ‘substance use addiction (SA) recovery’ will be used interchangeably for heightened reader experience. When the focus is on other types of recovery, for example mental health recovery, this will be specified. A new SA recovery definition will be proposed in chapter 14.5.

The following chapter presents the literature review for the current research.

Chapter 2. Literature review

2.1 Introduction

In support of the current study, I have chosen to utilise a systematic approach to searching for literature, followed by a critical synthesis of conceptually and contextually relevant studies. This approach to a literature review represents an adaptable approach to exploring research literature based on this research's aims and objectives. Although this approach represents a less structured summary and evaluation of existing research on a topic compared to systematic reviews which use stricter methodologies, for this PhD project I needed a flexible approach to the literature on the SA recovery field. The rapidly changing nature and frequent updates in international substance use policy and practice meant that I needed to update the literature over the years as I conducted my research project. A systematic review would have identified the evidence at a particular time and from pre-set contexts. While this would have produced a more transparent process of evidence identification, this would not have provided the flexibility my study needed or facilitated exploration of the topic; to identify what is currently not known beyond the boundaries of a rigid set or parameters.

2.2 Conducting literature searches

The literature review below describes current knowledge of substance addiction (SA) recovery at the time of submission of this thesis and identifies gaps in the current evidence to contextualise this study's theme. The literature review aimed to be as open as possible, and included published key peer reviewed journal articles, books and book chapters that could contribute to answer this study's research aims: To identify, apply, and evaluate, relevant psycho-social and cultural factors for people in their long-term SA recovery. To achieve these aims, the following three objectives were developed:

1. Identify key factors relevant to long-term SA recovery through narrative exploration of people's lived experiences,

2. Apply a developmental model as a framework for mapping, explaining, and developing knowledge of intra- and interpersonal long-term SA recovery,

3. Propose recommendations for policy, practice, and further research in support of recovery.

The aim of the literature review was to be as inclusive as possible regarding the research aims and objectives. Therefore, no restrictions were set regarding study type or country of origin. Exclusion criteria were publications before 2013 due to exclude

outdated studies, the limit the number of literature results, non-peer reviewed publications, and literature that was not written or translated into English. In the cases where included literature was published in Norwegian language only, I have translated them to English. It was decided to include relevant Norwegian literature as the current study was conducted in Norway, thus it was necessary to include literature that could shed light on the Norwegian context.

The literature was identified using the online data base at Stavanger University Hospital, Norway, in cooperation with information specialists at Stavanger University Hospital. The following databases for health and social sciences were used: PsycINFO, Social Science Premium Collection, Scopus, Medline/ PubMed, and Cochrane Library (see Appendix 1 for details).

The main searches were conducted twice, in March 2023 and August 2024. I also used hand searches to investigate specific topics further. In addition, I used forward and backward citation searches, to explore what other literature was citing or was cited by other papers. I updated the literature until September 2025. The a priori themes for the literature review were decided before the first literature search in March 2023, based on discussions between me, the supervisory group, and the information specialists. Themes were decided on based on the aims and objectives in the current study, with examples such as a review of

the substance addiction recovery concept, and temporality in international research on substance addiction recovery courses. Some themes emerged throughout the process of writing the thesis because of further reading of literature and based on the findings from the research participants narratives, e.g. stigma and self-stigma.

The following chapter presents international perspectives on substance use and substance addiction to contextualise the current study.

Chapter 3. International perspectives on substance use and substance addiction

3.1 Introduction

In this chapter, literature that provides an overview of international perspectives on substance use and substance addiction (SA) with relevance for the current study's aims and objectives are presented through a priori themes. The Norwegian substance use situation, and an overview of substance use treatment and follow-up services are included to contextualise the current study. Policy documents and relevant international statistics relevant for the current study's aims and objectives were identified through the World Health Organization (WHO), the European Union Drugs Agency (EUDA) (formerly European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the European Union (EU), the United Nations (UN), the Norwegian Institute of Public Health (NIPH), government of the United Kingdom, the Norwegian police, the Norwegian Government, the National Audit Office of Norway, and the Norwegian Ministry of Health Care Services.

In the following sections, an overview of the nature and extent of substance use, and substance use treatment internationally are presented, with specific sections concerning the Norwegian

substance use situation, and the substance use treatment and follow-up service organisation.

3.2 Substance use: Nature and extent

Substance use is common in most populations today, with people using variants of substances themselves, experiencing others' use, and hearing stories about situations in which substances play key roles. Substance use varies internationally, impacted by countries' culture, concerning amongst other prevalence of substance use and user occasions, and policy, criminal, and health responses. The latest EUDA (2025) report states that in 2023, 8.4% of Europeans (24 million citizens between the age of 15 to 64) had used cannabis, with cocaine, MDMA, and amphetamines following as the most used substances. Although some studies focus on subjective, potential positive effects of substance use (Bjornestad et al., 2020b), most studies target negative consequences, given that harmful substance use is one of the highest ranked health risk factors for individuals worldwide, with widespread impact on health and welfare services (World Health Organisation, 2024).

Using the latest available Global Burden of Disease (GBD) data from 31 countries in Europe, Norway included, Castelpietra et al. (2022) report on the burden of mental challenges, problematic substance use (PSU), and self-harm among young people

between 1990−2019. The report states that mental health conditions, PSU, and self-harm behaviours are important causes of disease burden, with a prevalence of approximately 17 million young people in Europe in 2019. Combined, these three conditions were the leading cause of disability among young people in European countries. The report (Castelpietra et al., 2022) shows how years of healthy life lost due to disability (YLD) due to PSU increased from 15 years of age, and that anxiety and PSU were the most prevalent combined conditions among males aged 20 – 24 years in the period between 1990 - 2019. The burden attributable to PSU represent an additional risk for other health problems later in life (Castelpietra et al., 2022), such as injuries, self-harm, and somatic diseases. The estimated direct and indirect costs of these conditions are higher than those of chronic somatic diseases. The latest EUDA report (2025) estimates that approximately 7500 drug-induced deaths occurred in Europe in 2023, with polysubstance use, usually in a mix with opioids, representing the most used drugs for this group.

On a more positive note, a decrease in alcohol use problems among young people was observed in the 31 countries in the report by Castelpietra et al. (2022) during the study period, with studies reporting parenting approaches, social media use, gender identity, increased health focus, changing symbolic power of

alcohol use, and early maturation as mediating social mechanisms for alcohol decrease among young people (Törrönen et al., 2019).

3.3 The Norwegian substance use context

The latest published, country-specific report for Norway from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) - now the European Union Drugs Agency (EUDA) – was published in 2019. Cannabis was the most common illicit substance, with one of 10 adults reporting use the previous 12 months in 2018. It was further estimated that 0.3% of 16 to 64-year-olds in Norway used cannabis daily or almost daily (EMCDDA, 2019). All other substance use reported lower user rates, with MDMA, ecstasy and cocaine as the most common illicit drugs reported, at an approximate 2% rate in the adult general population (*n*= 5,312 million by the end of 2018).

The EMCDDA report for Norway (2019) shows that high-risk substance use was associated with injecting of amphetamines and opioids, and that daily or almost daily cannabis use was common among vulnerable groups, such as homeless individuals. The report showed a decrease in substance use treatment-seeking individuals with problematic heroin and amphetamine use, and an increase concerning cannabis-related issues. Mixing several substances was common for treatment seeking individuals, with opioids as the most common substance in the polysubstance

context. Various forms of opioids were the most common substances found in overdoses in Norway in 2023, with 388 casualties (The Norwegian Institute of Public Health, 2024).

Pedersen et al. (2022) provide an overview of how international drug policy with a former focus on drug use criminalisation and 'the war on drugs' gradually has shifted to a focus on harm reduction, that coexists with criminalisation in most European countries today. This is also the case for Norway, where policies concerning harm reduction efforts, and a criminalisation focus on drug use policy continue to collide in political discussions (Skretting, 2014). Hakkarainen et al. (1996) described the drug use control policy of Norway as extremely restrictive, and a recent political process concerning decriminalisation of all illegal substances did not receive parliament support (Ministry of Health Care Services, 2019).

In October 2024, the Norwegian government launched a 'Prevention and treatment reform for the substance use field part I' (Meld. St. 5, 2024 – 2025a). The reform states that the organisation of the SA field still is too weak regarding delivering coherent treatment for people with co-existing SA, mental health challenges, and physical conditions, and that there is room for improvement in interactions between levels of services. Updated, research-based descriptions of the time frames often required for

people with SA during recovery courses (Bjornestad et al., 2019; Veseth et al., 2019; 2022) are not mentioned in Meld. St. 5 (2024 – 2025a). Symptomatic for the ongoing political collisions between harm reduction efforts and criminalisation focus on substance use policy, a part II of the government reform, with focus on the legal aspects and criminalisation of Norwegian substance use, was postponed for six months (Prop. 112 L (2024 – 2025). Given that part II of Prop. 112 L (2024 – 2025) was currently launched, it is not yet clear how it will affect Norwegian policies and practice. Despite current Norwegian restrictiveness regarding substance use policies, research initiatives aimed at populations that do not benefit from established services such as medically assisted treatment have been developed. An ongoing example is heroin-assisted treatment, involving supervised dispensing of medical heroin (Ellefsen et al., 2023).

3.4 International perspectives on substance use treatment

The International Standards for the Treatment of Drug Use Disorders (WHO/ UNODC, 2020) is a combined product of the United Nations Office on Drugs and Crime and the WHO to develop substance use treatment. The report states that approximately eight percent of all individuals who use psychoactive substances will develop a substance use disorder

that requires substance use treatment, often in combination with complex health complications and mental health challenges. The WHO/ UNODC (2020) report states that standards for substance use treatment should include availability of treatment services at various levels in the health system, delivered within flexible frames concerning financing, opening hours and accessibility. However, the World Health Organization report (2024) states that of the estimated 39.5 million people with drug use disorders in 2021, only 20% of these received substance use treatment that year. According to EUDA (2025), approximately 2.1 million individuals attended substance use treatment in the European Union, Norway, and Turkey combined. A range of substance use treatment are offered in these countries, including psychological, psychosocial, and behavioural services, with goals varying from full abstinence and recovery, to harm reduction efforts.

An adaptation of White's (2007) recovery definition is used in a WHO/ UNODC report (2020). The definition originally states that:

'Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their

continued vulnerability to such problems, and develop a healthy, productive, and meaningful life' (White, 2007, p. 236).

The WHO/ UNODC report (2020) uses White's (2007) recovery definition to describe that recovery is the goal of every step in the substance use treatment continuum, from low-threshold services to residential treatment, while simultaneously recognising that SA often is a chronic and relapsing disorder that may require repeated treatment efforts to end at 'positive treatment outcomes' (WHO/ UNODC, 2020, p. 23). The report (2020) uses the term 'sustained recovery management' to describe essential factors for successful substance use treatment, including well timed and long-term interventions tailored to individuals' needs, with a goal of substance abstinence in order for them to reintegrate into their community and society by building on personal strengths (…) 'while keeping the focus on personal responsibility in managing their drug use disorder' (WHO/ UNODC, 2020, p. 71).

The above statements from the WHO/ UNODC (2020) report illustrate familiar discussions within SA recovery and substance use treatment, where sustained substance abstinence is presented as the basis for comprehensive life changes regarding both individual, social, and societal aspects. Here, human change courses are presented as normatively pre-decided trajectories, which can lead to successful results given that the correct support

measures are followed voluntarily by the person in question. Although mentioned in White's (2007) definition and the WHO/ UNODC (2020) report, the change process is less relevant in this context on behalf of the sought for outcome, namely recovery in all aspects of people's lives. Furthermore, recovery is presented as the goal for people concerning a state characterised by chronicity, danger of relapse, and everlasting substance vulnerability. The report hereby continues to focus on the specific impacts of substances. This focus on substance use itself has traditionally been dominant in recovery research, alongside specific substance use treatment outcomes (Bjornestad et al., 2020a).

Investigations of effects following specific substance use treatment interventions are important from humane, best-practice, and economic standpoints. Nevertheless, updated understandings of the SA recovery concept must include wider perspectives. Findings in Day et al. (2024), for example, showed that substance use resolution was not rare in their United Kingdom (UK) population sample, when a multiplicity of pathways and access to various services were available, and depending on the person's problem severity. The results in the Day et al. (2024) study offer hope for change to a field that arguably is overly pessimistic regarding what people can be capable of in terms of change and development, if the necessary support is available in well-timed

manners in people's lives. I will return to updated strengths-based approaches in SA recovery in later literature review chapters.

The Day et al. (2024) study serves as an example of knowledge regarding life changes for people with SA experiences that have been scarcely investigated. A systematic review of outcomes from randomised controlled trials for participants in substance use treatment, for example, found that of the 504 included studies, 212 of the studies followed participants for 13 weeks or less, and that only 19 of the included studies followed participants for two years or more (Bjornestad et al., 2020a). The most common areas of attention were the person's substance use and investigations of specific substance use treatment outcomes. Social and societal key factors for SA recovery, including investigations of increasing community and social functioning received less attention, and were only included in a handful of publications. These results led Bjornestad et al. (2020a) to conclude that there does not exist a clear, international research consensus concerning what constitutes long-term SA recovery. Further, the authors (Bjornestad et al., 2020) argue that research investigating recovery factors such as social functioning and societal integration should be prioritised alongside focusing on the individual's substance use of such, within outpatient, time-limited substance use treatment. Thus, studies investigating broader aspects of

recovery courses, such as social and societal dimensions, are necessary to develop substance use treatment and follow-up services that are capable of meeting people's needs in well-timed and flexible manners, and to express hope to people concerning that comprehensive life changes are possible.

3.5 Norwegian substance use treatment and follow-up services

A national register that provides detailed information on people with mental challenges and/or substance addiction (SA) receiving health and social services in Norway (Bjørgo et al., 2019 (report with information from 2024 will be published in 2025), showed that 22,404 individuals were in contact with social services across 267 Norwegian municipalities, connected to mental distress, housing, economic challenges, lack of education and satisfying daytime activities, and poor family and network relationships. Compared to prior reports, the report from 2019 showed a deterioration of mental health for individuals with SA. In the same group, one of three individuals reported little to no meaningful activities in their daily lives. Substance use treatment in Norway include a range of services, including early prevention assessments, detoxification, and short and long-term residential and outpatient substance use treatment, including medically assisted rehabilitation (EMCDDA, 2019). Approximately 33,000 out of 5,4 million citizens entered

specialized substance use treatment in Norway in 2021 (Bremnes & Indergård, 2022).

In 2015, the Norwegian Government launched an escalation plan for the substance use field, which pointed out key focus areas (Prop 15S, 2015 – 2016). The plan, which succeeded white paper no 30 (2011-12), is the current national drugs strategy document. The plan contains five main goals, regarding early risk identification and intervention, securing genuine user influence and involvement, ensuring diversified and integrated substance use treatment and follow-up services, development of alternative penal sanctions, and the goal of ensuring that ‘all individuals can lead active and meaningful lives’ (Prop 15S, 2015 – 2016, p. 6).

The fundamental principles of the Norwegian drug prevention policy accord with Norway as a welfare state, using universal welfare schemes, and goals of citizens growing up in an inclusive society state (Svendsen et al., 2018). Norwegian municipalities bear the responsibility for providing general health and care services, low-threshold mental health, early interventions, substance use services, and follow-up after treatment. Four regional health authorities are responsible for providing specialist health services to the population with SA from 2004 (Prop. 15S, 2015–2016).

Norway's alcohol and drugs policy includes restrictions on alcohol consumption, combating drugs through prohibition and targeting drug trafficking and organised crime. The Prop. 15S (2015 – 2016) plan underlines that all sectors intervening with people with SA must cooperate on a systemic level to develop best practice services. The needs of the people in question and their next of kin is the starting point and focus of the plan. This perspective, leading back to the five main goals of the plan, requires attention to user participation and user control. Following the plan's goal of ensuring active and meaningful lives for all individuals, phrased as 'about enabling the individual to master or achieve the best possible control over important life conditions' (Prop. 15S (2015 – 2016, p. 6), the plan states that several basic conditions are crucial, such as a safe home, a social network, labour, or meaningful activities. This approach therefore recognises the importance of focusing on psychosocial aspects in SA recovery, and states that individuals will have poor assumptions for utilizing health, care, and welfare services if they are missing.

Although political statements regarding similar rights for all Norwegians are not surprising, time has shown that reality is not ideal when it comes to utilization of relevant service for people with SA. The National Audit Office of Norway (NAO Norway) is the Norwegian government's auditing and monitoring body, assigned

to detect and prevent governmental irregularities and errors. In a recent plan (Document 3:5 (2024−2025), the body directs their harshest form of criticism towards Norwegian authorities for not ensuring that people with SA and mental health disorders can receive the help they need, including flexible service delivery and adaptation to people's needs. This includes substance use treatment, follow-up services, and meaningful activities, where it is stated that services continue to be organised as fragmented and lacking coordination. NAO Norway (Document 3:5 (2024−2025) recommends development of adapted and flexible services to meet people's needs, using an approach that includes health care, housing, and work or other meaningful activities. These recommendations align with the Norwegian Government's escalation plan for the substance use field (Prop 15S, 2015 – 2016), which illustrates that the Norwegian Government has not been successful in meeting people with SA's needs in sufficient manners throughout the previous decade. Hence, the path from policy to useful practice on the SA field in Norway still has a significant way to go in providing coherent services dependent on people's needs over time.

Homelessness and housing of individuals with SA has received elevated public and political attention over the last decade in Norway. Reports focusing on these topics argue that higher

degrees of systematic focus on homelessness nationally has led to a 50% reduction in homelessness in Norway (Dyb & Zeiner, 2021; Oslo Economics / NIBR, 2020). In 2020, 3,325 individuals registered as homeless in Norway, an estimate of 0.62 per 1000 citizens. Half of the homeless individuals had documented SA, and the share of registered homeless individuals with documented mental issues amounted to one out of three registered. A recent editorial in The Lancet (Health–Europe, 2025) titled ‘The paradox of prosperity and poverty: confronting inequality in Norway’ states that despite the Norwegian robust welfare system, national wellbeing has steadily declined the latest years, and that individuals in low-income households and child poverty has increased over the past decade. A more robust Norwegian welfare safety net is therefore called for to avoid a further escalation of health and economical inequalities.

3.6 Chapter conclusion

Key figures from international reports on substance use prevalence show that SA is a highly ranked health risk factor for individuals worldwide, with widespread impact on international health and welfare services (World Health Organization, 2024). Responses to SA vary to a large degree internationally, and for various countries. Challenges remain internationally and in Norway concerning provision of well-timed and relevant substance

use treatment and follow-up service efforts for people with SA. In addition, the paradox of expectations of comprehensive life changes continues to clash with notion of SA as a chronic disorder, with a continued, dominating focus on substance use abstinence on behalf of social and societal aspects necessary for SA recovery.

The following chapter investigates the SA addiction recovery concept, including drawing lines to mental health recovery, the history of the SA recovery concept, a detailed investigation of the SA recovery concept up until today, and own chapter sections regarding the concept of Recovery Capital, and temporality in international research on substance addiction recovery courses.

Chapter 4. The substance addiction recovery concept

4.1 Introduction

A variety of available definitions exist regarding the substance addiction (SA) recovery concept internationally (Betty Ford Institute Consensus Panel, 2007; Inanlou et al., 2020; Klevan et al., 2021a; Sommer et al., 2021), and it is often presented as non-fixed, multi-faceted, with dividing lines between clinical, personal, and relational forms of recovery (Bjornestad et al., 2020a). This complexity provides opportunities for investigations of the recovery concept (Landale & Roderick, 2014; Patton & Best, 2024; Richardson et al., 2019; Stokes et al., 2018) but also entails challenges (McNeil, 2023) for research, policy, and practice (Klevan et al., 2021b; Kvia et al., 2021) as the term is commonly used in multiple arenas. Thus, implications of the term vary. Examples include discussions on abstinence from substance use, avoiding slips and relapses (DiClemente, 2018; Moe et al., 2022) as a prerequisite to recovery (Hoffman et al., 2020; Laudet, 2007), roles and power of substance use treatment and service-interventions (Chantry et al., 2025; Day et al., 2025; Dennis et al., 2014; Kellogg, 2019; James et al., 2023), expected and desired outcomes when the individual meets substance use treatment

services (Best & Nisic, 2022; Johannessen et al., 2019; 2020; McKay, 2017; Vanderplasschen et al., 2025b), impacts of relations in recovery (Nepustil, 2020), and what roles local communities should play in individuals' recovery processes (Collinson & Best, 2019; Fomiatti, 2020).

In addition, long-term interindividual and intraindividual change processes (Bjornestad et al., 2019; Dekkers et al., 2021; Sommer et al., 2021) and existential domains, such as the role of spirituality (Kime, 2018; Rodriguez-Morales, 2020), life coping (Nordaunet & Sælør, 2018; Robertson & Nesvåg, 2019; Veseth et al., 2022), mattering (Kvia et al., 2024), loneliness (Ingram et al., 2020), social relationships (Bathish et al., 2017; Mudry et al., 2019), the role of employment (Robertson et al., 2022), and processes concerning development of social represent perspectives on the varied recovery concepts capital (Best et al., 2020; Cloud & Granfield, 2008; Patton et al., 2022; Rettie et al., 2020); Skogens & von Greiff, 2014; Weston et al., 2018). These variations include knowledge regarding social identity (Best et al., 2016; Robertson et al., 2021), investigations of gender differences regarding substance addiction (SA) (Abreu Minero et al., 2022; Skogens & von Greiff, 2016), stigma (Krendl & Perry, 2023; Walmsley, 2025), and citizenship (Fomiatti et al., 2019; Ponce & Rowe, 2018, Nesse

et al., 2021; Pettersen & Nesse, 2019), included in discussions regarding what the content of recovery consist of.

An aspect of the recovery narrative concerns the relationships between definitions of SA and mental health recovery (Ashford et al., 2019), their potential overlaps, and areas where they depart, which is described in the following sections.

4.2 Mental health recovery

Over 60 years ago, human rights movements, activist- and self-help groups in the United States used the term recovery to present an opposite view to the ‘medical model’, described by Braslow (2013) as a ‘biologically reductionist vision of psychiatric disease as chronic, unremitting, and progressively disabling’ (Braslow, 2013, p. 786). Recovery represented the experiences of individuals affected by mental health issues, focusing on individual autonomy, empowerment, and possibilities for living without stigma and discrimination, despite mental health challenges (Resnick et al., 2005). Anthony (1993) was a contributor to the field of psychiatric rehabilitation and the emergence of recovery as a vision for people with mental health challenges in the United States from the 1970s. His widely quoted definition of mental health recovery includes:

‘A deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness’ (…) (Anthony 1993, p.527).

A second broadly quoted definition of recovery in mental health is suggested by Davidson et al. (2007) as:

‘A process of restoring a meaningful sense of belonging to one’s community and positive sense of identity apart from one’s condition while rebuilding a life despite or within the limitations imposed by that condition’ (Davidson et al., 2007, p. 25).

In both the above quotes, recovery is presented as an individual process of change, representing a paradigm shift from a medical deficit model to a strengths-based understanding of individual experience. The widely used definition by Anthony (1993) does not, however, include the individual’s social context. Instead, it roots all aspects of recovery within the individual itself. The Davidson et al. (2007) definition links aspects of individual recovery to its community. The presented restoring of community belonging suggested by Davidson et al. (2007), however, could imply that this form of belonging did not exist pre-recovery, and that it is not possible without engaging in a recovery process.

Referring to Anthony (1993), and Davidson et al. (2007), recovery as community belonging should also be considered as satisfying and meaningful for the individual, which could suggest that there exist forms of meaningless community belonging, and that the correct recovery processes can transform societal meaninglessness into meaningful individual existence. In addition, when the phenomenon of recovery is presented as a temporally unspecified process, as in the above quotes, it is challenging to operationalise aspects of it for research, substance use treatment, and follow-up services.

Leamy et al. (2011) developed an empirically based conceptual recovery framework for research and practice, to tackle operationalisation issues, as ‘recovery has been conceptualised as a vision, a philosophy, a process, an attitude, a life orientation, an outcome and a set of outcomes’ (Leamy et al., 2011, p. 449). The authors (Leamy et al., 2011) investigated 5208 papers in a systematic review and narrative synthesis to develop a conceptual framework for personal recovery in mental health. The acronym CHIME (connectedness; hope and optimism about the future; identity; meaning in life; and empowerment) was suggested as a foundation for developing standardised recovery measures, which has been widely used and discussed in both mental health and SA recovery studies (Harris, 2024; Kvia et al., 2021; Stuart et al.,

2017). The CHIME framework suggests that higher emphasis on personal strengths and resources is key for recovery service developments, and that future research could benefit from undertaking evaluative research regarding how recovery develops for people over time. It should arguably be a given to take into consideration individual needs, wishes, and resources, when planning individualised tailored substance use treatment and follow-up services. However, these efforts need to be paired with ongoing systematic and coherent services, designed to follow up people's needs over time.

As will be shown in the next section, debates concerning how the recovery concept should be understood, which aspects it should include, and debates regarding temporality, have been ongoing for decades, and still provokes debate in the field of recovery and substance use.

4.3 Problematic substance use recovery: Historical origins and policy priorities

Substance addiction (SA) recovery first emerged as a term in the United States in 1935, with the foundation of the 12-step fellowship, Alcoholics Anonymous (AA), the largest self-help organization for alcohol problems (Laudet, 2008). In 1953, Narcotics Anonymous (NA) was founded in the United States,

based on needs for including other substances besides alcohol into self-help frameworks. The 12-steps of the AA and NA fellowships, as formulated by its founders (Alcoholics Anonymous, 1939) underline the necessity of lifelong abstinence from alcohol and other substances as a prerequisite to stay in their recovery processes and maintain control over addiction, which, in this context, is viewed as a chronic illness. NA and AA groups have also demonstrated effectiveness in areas that depart from substance use, such as distress and psychiatric symptoms, employment, and quality of life (Humphreys et al., 1999). Clinicians and researchers have, however, raised a critical question; if adopting an 'alcoholic' identity in AA is harmful or beneficial for the individual (Glassman et al., 2020, p. 2). In a study with six AA members from Australia, Glassman et al. (2023) found that although members described AA attendance positive for their recovery:

(…) 'AA's narrative may make it difficult should a person begin to view themselves through different frameworks or want to address their problems through alternative avenues. Within AA's narrative, little room may exist for a person to decide to engage with AA less intensively, or leave altogether, without being viewed as a failure or being in denial' (Glassman et al., 2023, p. 7).

The study by Glassman et al. (2023) reflects ongoing debates regarding if people are ‘in recovery’ (Kelly et al., 2018), or if they are fully ‘recovered’ (Bjornestad et al., 2019). Best et al. (2017) grounded these philosophical distinctions in therapeutic communities’ models where recovery from substance use is an achievable state, contrasting 12-step writings describing life-long courses (Kelly, 2017), with the individual staying ‘in’ recovery (Best et al., 2017). These debates are of particular interest for qualitative SA recovery studies aiming to gain knowledge on people’s experiences, and whether personal opinions and life views shift over time, as this represents an area of relative uncertainty, and therefore is subject to research interest. The above debates are thought provoking, as they question assumptions of what it means to be and act as an autonomous human in society, and which voices should be heard when it comes to advice on how people should live their lives. Furthermore, these debates are important when societies work to untangle which measures should be the most relevant when interacting with people who express a desire to change one or several aspects of their lives; how comprehensive the menu of available opportunities should be, and whether it is the individual, or their surroundings, that decides what should be done when.

An example of how the available menu regarding substance use treatment and follow-up services changes over time is found in the United Kingdom substance use policies, which have gone through changes over the last two decades. The government plan named ‘Putting Full Recovery First’ (Home Office, 2012) aimed at the building of a new substance use treatment system in the country, based on overarching principles of wellbeing, citizenship, and freedom from dependence. The substance use treatment approaches following the policy document from 2012, with a dominating emphasis on harm reduction, are concluded by Middleton et al. (2016) to be the lead cause for a rapid development in overdose deaths and treatment dropouts, because of reductions in substance use treatment availability. In the UK government’s plan ‘From Harm to Hope – A 10-year drugs plan to cut crime and save lives’ (2021), addiction is labelled as a chronic condition that requires early and high-quality interventions. ‘Full recovery’ was left out as a term in the plan, with the working definition of the term recovery as ‘a process it often takes time to achieve and effort to maintain’ (HM Government, 2021, p. 41).

The above description serves as an example of how policy developments, with following practical shifts, affect people with SA’s lives directly. When individual substance use is put in the forefront of thinking around what society’s response to unwanted

behaviour should be, this continues to lead to either-or debates regarding effective interventions. It could be argued that these challenges stem from an exaggerated focus on substance use, as the dominating threshold to the available service doors. For people continuing to use, only low-threshold services and harm reduction measures are available, while a more comprehensive menus becomes available after substance use cessation. However, as shown in this thesis' Chapter 3, a population's substance use is commonly not an either-or issue regarding use, rather, it is a continuum of variations. Thus, the room for political and practical action should be found within this continuum, rather than positioning efforts dominantly in one of the two categories.

Debates regarding the proper reactions to SA are currently ongoing in Norway, where the English term 'recovery' is commonly used. In the Norwegian Government's escalation plan for the drug field (Prop 15S, 2015 – 2016), main goals included securing user involvement and contributing to people living an 'active and meaningful existence' (Prop 15S, 2015 – 2016, p. 6) through early intervention efforts, targeted substance use treatment, and sufficient aftercare. Describing how all sectors intervening with people with SA must cooperate on a systemic level to deliver the best possible aid, the plan states that there exists comprehensive room for improvement regarding systematic service deliverance.

The person in question and her or his close social network is placed in the centre of attention in the plan, for the individual to ‘master or achieve the best possible control over important areas in one’s life’ (Prop 15S, 2015 – 2016, p. 6).

Norway has a tradition for using universal welfare schemes concerning its population (Svendsen et al., 2018). However, with similar rights come similar demands, as the Norwegian society is dependent on its population contributing to the welfare system through employment and taxes. Political suggestions such as the Prop 15S (2015 – 2016) should therefore be critically investigated, as the placing of the autonomous individual at the centre of attention suggests that this comes with a price regarding which framework the individual is expected to act within, and where the boundaries for wanted and unwanted behaviour are found. Recke (2017) investigates these boundaries, arguing that full-abstinent recovery models are not the right fit in Scandinavia, as harm reduction services could be in danger of being overrun by a recovery focus that does not hold room for people with ongoing substance use. Recke (2017) exemplifies this dilemma by underlining that patients in medically assisted drug treatment in Norway are the largest patient group in specialised substance use treatment in the country. The author (Recke, 2017) states that harm reduction should continue to be an important focus for the

Norwegian government when developing new policies, as there will always be people at a given time who will not be able to rise to the occasion of ceasing substance use completely. The rehabilitation and change aspects that exist in recovery models can already be found in Norwegian substance use policies, Recke (2017) underlines, alongside focus on community (re)integration with social aims such as networks, support from family, housing, and employment. However, political discussions regarding harm reduction efforts currently continue to collide with an illegal substance use line of criminalisation in Norway (Meld. St. 5, 2024 – 2025b).

The above section described how recovery as a term in international mental health and SA areas originated from human rights activists', professionals, and self-help groups, which directed critique towards treatment services and the idea that mental health and substance use challenges are chronic and unremitting by nature (Gumbley, 2016). Further, the section discussed ongoing debates on what the phenomenon of recovery consists of, and how political views on societies' substance use continue to have wide implications for substance use treatment and follow-up services, and people with SA (Kelly et al., 2017).

The next section discusses the concept of SA recovery in more detail.

4.4 The concept of substance addiction recovery

A variety of available definitions exist regarding substance addiction (SA) recovery internationally, that date back decades, and discussions concerning definitions are ongoing. This section discusses various attempts of working toward understandings of SA recovery and includes discussions on mental health recovery definitions to illustrate the relevance from both areas regarding people in recovery.

Maddux and Desmond published their work on relapse and recovery in substance use careers in 1986. The authors state that ‘the study of recovery from substance dependence has been impeded by a lack of agreement as to the meaning of the term’ (Maddux & Desmond, 1986, p. 60). The authors highlight six issues that continuously impede understandings of the phenomenon, including lack of recovery definitions and criteria, motivation for personal change, treatment effects, and clarification and measurement of etiological factors concerning substance use relapse and recovery. The issues presented in Maddux and Desmond (1986) have continued to spark debates and ongoing discussions internationally on policy levels, for substance use treatment and follow-up services, and in research. Focus areas for SA recovery research have widened during the last decades, from a traditional focus on time-limited interventions and treatment, with

dominating goals of full abstinence from substance use (Laudet, 2007), to more holistic approaches to recovery courses that include aspects such as personal wellbeing, participation in meaningful activities, and social inclusion (Ashford et al., 2019; Elms et al., 2018).

A commonly cited definition of SA recovery was developed by the Betty Ford Institute Consensus Panel (2007). The group consisted of 12 members which represented relevant substance use treatment, policy, and research, including members who were in stable SA recovery themselves. In addition, six broadly cited recovery researchers holding PhD degrees, and four medical doctors participated in the group. The goal was to develop an initial consensus definition to improve understandings of the addiction recovery concept in research and the public, through a review and discussion of selected scientific papers. The group states that the reason for using a selection of scientific papers was that a full body of such research did not exist at the time of the consensus group execution. This included a lacking overview of potential similarities and differences between SA and mental health recovery at that point in time.

The following definition of SA recovery was presented by the group: ‘A voluntarily maintained lifestyle characterised by sobriety, personal health and citizenship’ (Betty Ford Institute Consensus

Panel, 2007, p. 222). The authors of the definition argue that sobriety is the dominant prerequisite for recovery, but that the term is not sufficient to be in recovery. Therefore, the aspects of personal health and citizenship were included in the definition, within temporal infinite frames, and as a ‘personal condition’ (Betty Ford Institute Consensus Panel, 2007, p. 223). The group states that the proposed definition should be viewed as a starting point for future SA recovery discussions, based on the available knowledge at the time.

Nearly two decades following the proposed definition, discussions concerning substance cessation and abstinence continue in relation to the Betty Ford Institute Consensus Panel (2007) recovery definition, alongside perspectives on personal freedom versus societal demands. All modern societies need to balance demands and benefits for their citizens. It could, however, be argued that normative assumptions concerning what fulfilling lives entail, continue to lead to ongoing social and societal disregard of people with SA. Another example of these dilemmas is found in an essay concerning the definition and the conceptual boundaries of SA recovery, where White (2007) points to ten crucial questions to be asked when attempting to reach consensus of the recovery term. The key questions include who has the authority to define recovery, what the essential, defining, ingredients of the recovery

experiences are, and whether recovery requires permanent abstinence from substance use. White (2007) underlines that a clear definition is decisive for individuals and families, research and practice, and recovery advocacy. White (2007) concludes with this proposal for a recovery definition:

‘Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life’ (White, 2007, p. 236).

In White’s (2007) recovery definition, the social network surrounding the substance using individual is included to cooperate in processual healing of the negative consequences of substance use. It is also explicitly underlined in the definition that the individual in question has incorporated a chronic vulnerability to substances, and that this vulnerability needs to be controlled over time to develop a meaningful life that is healthy and productive. Thus, the definition by White (2007) suggests that the guidelines found in 12-steps (Alcoholics Anonymous, 1939) writings, concerning views of addiction as a chronic condition, with lifelong abstinence from substances as a core condition in

people's lives. What White (2007) considers 'meaningful, healthy and productive' is defined in the essay, including an 'altered relationship to community as measured by citizenship and service' and includes 'improvements in quality of life: physical health, emotional health, and enhancement of one's intimate, family, and social relationships' (White, 2007, pp. 238 – 239). Productivity is defined by replacing 'anti-social behaviours' by types of behaviours that can contribute to community. This could suggest that people's life choices made pre-recovery have been predominantly bad for both the person in question, their social network, and the community at large, and that personality traits should be subject to altering to become something more than 'anti-social' (White, 2007, p. 239) in mind and practice. Through such changes, existential meaningfulness can be developed, based on thankfulness 'that one's life was saved for some reason' (White, 2007, pp. 238 - 239), which suggests notion of a higher power, as described in 12 – step writings (Alcoholics Anonymous, 1939). By investigating the definition by White (2007), both personal and social comprehensive changes are called for in individuals recovery pursuits. White's (2007) proposed definition regards similar conceptual challenges as the Betty Ford Institute Consensus Panel (2007) definition, in that both implicit and explicit social, societal, and cultural demands towards people with SA are

emphasised, alongside aspects of recovery that the individual is free to make decisions concerning their lives.

In a later attempt to define and operationalise the recovery concept for research, overarching mental health and SA (Ashford et al., 2019), a Recovery Science Research Collaborative (RSRC) was convened in 2017, consisting of researchers, practitioners, and policy advisors. The collaborative (Ashford et al., 2019) critiqued the Betty Ford Institute Consensus Panel (2007) for their use of sobriety as a prerequisite to recovery, on the basis that 'one may be remiss to require a completely substance-free outcome of the recovery process' (Ashford et al., 2019, p. 4), also stating that this recovery premise fails to take into account similarities between SA and mental health challenges. By examining existing recovery definitions and relevant background literature, the following RSRC definition was developed: 'Recovery is an individualized, intentional, dynamic, and relational process, involving sustained efforts to improve wellness' (Ashford et al., 2019, p. 5). The dynamic aspect of the definition (Ashford et al., 2019) links to recovery processes as complex, varied, changing over time, involving:

'A desired movement from disordered to more ordered states, whereby more ordered states are likely to provide a more fulfilling, connected, and meaningful way of living, responding and being

(…) a pro-social process whereby individuals become more synchronized in values, thoughts, actions, and beliefs through their relationships to the world around them' (Ashford et al., 2019, p. 6).

Ashford et al. (2019) highlight the relational aspect of the recovery definition as the most innovative addition to their proposed definition. However, the other keywords used in the definition emphasise that recovery concerns the individual, and individual processes, as the starting point, and that, through processes of social and societal synchronism and order, the individual eventually can start to live with meaning in the world. This is an illustration of how efforts to produce working definitions of recovery on the broader health field give with one hand, and take with another, as autonomy and freedom is placed within an objectively correct framework wherein the recovering individual may work towards an ordered state in harmony with its surroundings. In addition, the individual should be doing so based on personal desire.

There appears to be a tension between the idiographic and nomothetic perspectives to understanding recovery, regarding whether it is to be understood as wholly an individual process, or as a phenomenon that can be reduced to a model or universal pattern. Critical questions should be asked concerning such

philosophical clashes between individual and collectivist approaches to recovery.

The recovery definitions presented above concern aspects which have received critique in recent years. In the paper by Fomiatti (2020) named ‘It’s good being part of the community and doing the right thing: (Re) problematize ‘community’ in new recovery-oriented policy and consumer accounts’, the author problematises recovery definitions that continue to expect comprehensive social, cognitive, and existential changes for the person to gain access to social inclusion. This idea implies that the person in question can qualify for societal inclusion (Fomiatti et al., 2017; 2019), by developing or changing essential personal parts. Fomiatti (2020, p. 1) calls such a view the ‘normative fantasies of healthy society and citizenship that underpin recovery’.

Following the arguments from Fomiatti, the factors Ashford et al. (2019), the Betty Ford Institute Consensus Panel (2007), and White (2007) present as essential for successful recovery are arguably not only applicable for people with SA. Rather, they are commonly used to describe essential aspects of meaningful lives and connectedness most people strive for (Kvia et al., 2024; Seligman & Csikszentmihalyi, 2000). Positive connoted end-goals, such as living altruistic, contributing, and meaningful lives are certainly not limited to certain groups of individuals, but, as

Fomiatti (2020) points out, they are often described as specific goods or end-goals that specifically people in SA recovery only can obtain through qualification processes, as prerequisite to access normatively accepted arenas and new social roles. Fomiatti (2020) therefore argues that there exist societal, normative expectations towards people in SA recovery that do not apply to other citizens, containing elements of difference erasure, (…) 'rather than the acceptance of living with difference and different embodied practices' (Fomiatti, 2020, p.8).

According to Fomiatti (2020), a key aspect necessary to qualify for a healthy, societal citizenship is that the individual is required to stop using substances in non-normative manners. Only then change can start and potentially end up in a meaningful and purposeful community belonging for the individual. The individual that has been living a life outside of the normative community frames must therefore go through comprehensive processes that often will be time consuming and challenging, and that would not necessarily apply for citizens without SA (Lancaster et al., 2015; Lancaster, 2017). The above debates provide critical perspectives on what it entails to be a citizen with rights, and to what degree societal rights should be a given, or whether they are earned through people performing the correct citizen roles.

According to Vandekinderen et al. (2012), accessing or achieving normative citizenship requires individual responsibility, while Lister (2007) describes how societies are responsible in securing individual inclusion, and that citizenship can refer both to relationships between a given state and its citizens, and between citizens. Nesse et al. (2021) reports on a translation and adaptation of the Citizen Measure (Rowe et al., 2012) to a Norwegian context with individuals with co-occurring SA and mental challenges. They found that, compared to American respondents (Rowe et al., 2012), the Norwegian respondents stated more positive experiences of security regarding legal rights and room for individual choice-making, leading to a discussion point that: ‘In some respects the Norwegian welfare state may more readily provide its citizens with essential rights and resources, such as access to public support and healthcare’ (Nesse et al., 2021, p. 10). These arguments align with the Norwegian welfare state system, expressing to that all citizens have the same rights, and are subject to public support. It is not surprising that America and Norway differ in how citizens view access to public support, as the social and healthcare systems are vastly differently organised between the two countries, based on opposed individualistic and collective ideologies. However, as shown in previous sections of this thesis, universal rights do not

demand less, particularly when discussing unwanted citizen behaviour (Krendl & Perry, 2023).

In a commentary article, Lancaster (2017) argues that although recovery is used as an organising concept in drug policy and substance use treatment, understanding of recovery by clinicians, and treatment providers, compared to individuals with SA experiences, may differ. Lancaster (2017) uses the work of Neale and colleagues (Neale et al., 2015) to exemplify how service providers' notions of recovery measures, contrasted from SA service users in problematic ways because these service users' notions did not capture the complexity involved in recovery processes. Neale et al. (2015) conducted five focus groups with individuals in various SA recovery courses, reflecting on what the recovery concept meant for them through 76 pre-collected measures of recovery suggested by service providers. Neale et al. (2015) found that, even though they differed in their opinions concerning the measures during discussions, the participants agreed that recovery should be considered as a personal journey, within a lifespan-perspective, because possibilities of substance use slips and relapses were always present. When examining the service-providers' notions of recovery, the participants described that several of the measures would be impossible to obtain, that they would have to behave better and achieve more than people

without SA challenges, and that they would have to become ‘superhumans’ (Neale et al., 2015, p. 29) to meet the recovery standards suggested by the addiction service providers. Several contradictory measures were also presented by the individuals with SA experiences, e.g. conflicts between reduced and safe drug use, accessing treatment and living independent lives, and, in addition, the participants reported that many of the measures did not fit with individual differences, preferences, and complex needs, especially in early recovery phases. The focus group discussions (Neale et al., 2015) provide first person reflections on what the SA recovery concept mean to them, with recovery described more of a process than as an end-goal, and more as ‘coping than a cure’ (Neale et al., 2015, p. 32). Neale et al. (2015) therefore conclude that caution should be used to put those individuals that seem to be doing well on ‘recovery conqueror pedestals.’

The study by Neale et al. (2015) provides useful insights into the concept of recovery, based on people with personal experiences of SA. Importantly, in the study, substance use treatment and follow-up service providers are cautioned against viewing recovery as a process with a set, successful end goal. Rather, opportunities to return to substance use is described as a looming opportunity, thus, services are advised to stay available indefinitely, if aspects of life should change. The study by Neale et al. (2015) articulates

the many issues concerning SA and help seeking, and the need for substance use treatment and follow-up services to be flexible when facing temporal, complex needs.

The various perspectives on the concept of recovery discussed above, suggest that individuals from one perspective could appear to be provided with opportunities to make life choices within the currently available individual and societal recovery frameworks. From an alternative perspective, the same frameworks can be viewed as dominantly pre-set, quite narrow, as several of the proposed recovery definitions historically are permeated with expectations of predetermined synchronism and order regarding how individuals are expected to play out their recovery in society, to qualify for normative citizenships. These debates also suggest that interindividual, societal and cultural perspectives concerning barriers to individual recovery courses are currently under-researched, as stated by Krendl and Perry (2023).

Witkiewitz and Tucker (2024) summarise conceptual and empirical bases for recovery, arguing that the concept is constituted through dynamic, behavioural, temporal processes, within socioecological contexts, thus shifting the focus on recovery from mainly factors occurring within the individual, e.g. connected to shifts in substance use. The concept of Recovery Capital is an increasingly investigated concept in efforts to understand recovery as change

processes occurring when the individual interacting with its social and societal context, including building and rebuilding social relationships, and gaining access to meaningful life domains such as housing, leisure activities and employment, presented in the following section.

4.5 Recovery Capital

Dating back two decades, Cloud and Granfield (2008) developed the concept on Recovery Capital (RC) in efforts to comprehend available SA recovery resources, barriers, and facilitators in a study with individuals who recovered with no formal substance use treatment. Best and Hennessy (2022) outline the RC concept on individual, interindividual, and environmental levels, where the total individual RC sum directs recovery progression. In constituting the RC concept, Best and Hennessy (2022) include that individuals have different amounts of RC, and that it is a resource based, integrative, dynamic, and time-sensitive concept, which includes both individual and external factors from social interactions, networks, and societal dimensions. In addition, Wincup (2016) has included a gendered dimension in discussing RC, finding that women's substance use could differ from men's, stemming from higher prevalence of mental health challenges, and physical and sexual maltreatment.

Despite RC showing potential for recovery research, Best and Hennessy (2022), state that operationalisation issues currently exist, an issue that was also raised by Hennessy (2017), which calls for integrative work between researchers, practitioners, and individuals in recovery to move RC developmental work forward. A specific criticism of SA recovery research stems from its reliance on treatment samples, leading to exclusion of considerable population groups (Subbaraman et al., 2015), including investigations of recovery courses outside of substance use treatment frames, and individuals in natural recovery (Dekkers et al., 2021; De Meyer et al., 2025; Mudry et al., 2019). Bowen et al. (2022) recommend that a variety of recovery courses, types of substances, and medication-assisted treatment should be explored. In a review (Bunaciu et al., 2023) including 69 quantitative studies targeting SA recovery strengths and barriers, the authors conclude that specific resource compositions linked to individuals in various recovery courses are needed to stimulate professional treatment and follow-up interventions developments that potentially can lead to individual RC growth.

International research definitions of SA recovery cover accounts of existential aspects for individuals, including utilization of resources (Best & Hennessy, 2022; White, 2007), attention to negative aspects of social capital (Brookfield et al., 2019), changes in social

identity (Copes, 2016; Haslam et al., 2016), and movements into normatively ordered states (Ashford et al., 2019; Herold & Søgaard, 2019). Several chapters from the currently published 'Handbook of Recovery Capital' (Best & Hennesy, 2025) will be referred to in this thesis, as they provide updated discussions concerning the concept of RC.

Assuming that lifespan is characterised by temporal change and development, research into recovery processes necessitates an emphasis on time, described more in detail in the following section.

4.6 Temporality in international research on substance addiction recovery courses

In a paper from 2007, 'The life course perspective on drug use: A conceptual framework for understanding drug use trajectories', Hser et al. discuss how a life course framework can be useful to construe how SA trajectories evolve throughout people's lifetimes, stating that SA can be chronic, and therefore require long-term help and holistic approaches that take social structures into consideration by substance use treatment and follow-up services. Dennis et al. (2007) used a life-course perspective to investigate duration of substance use abstinence and various recovery aspects in an eight-year study. The findings showed that self-

sustainable SA recovery took five years to achieve, thereby nuancing the picture of SA chronicity (Dennis & Scott, 2007) and underlining the efforts over time that often is necessary to achieve a stable recovery platform. The Betty Ford Institute Consensus Panel (2007) used the Dennis et al. (2007) results to categorize SA recovery in three stages: Early recovery less than 12 months, sustained recovery between 12 months and five years, and stable recovery greater than five years. The latter definition, however, does not propose that people can achieve a state of being fully recovered, as only stability is mentioned as the end goal. Thus, also after five years of efforts in people's lives, people are still underway on their chronic recovery journeys, with no available end goals in sight. This is contested by Best et al. (2020), finding that substance use was self-sustained after five years of abstinence.

Dennis et al. (2007) embedded the concepts of timing, turning points and RC (Granfield & Cloud, 2008) in the applied life-course perspective. The timing term reflects substance abstinence length as significant for changes in various recovery aspects, turning points is used to describe changes in trajectories, and the term of RC describes time sensitive assets that can be built up through substance abstinence. Examples of RC in the Dennis et al. (2007) paper are employment and social relations. The authors (Dennis et al., 2007) found that substance use relapse risk was imminent

during the first three years after substance cessation, with a potential risk of substance use relapse continuing beyond the temporal scope of eight years. Thus, continuous follow-up service efforts were promoted by Dennis et al. (2007). In a recent paper, Best et al. (2024) identified five typologies of individuals in early, sustained, and stable SA recovery, finding that the longer individuals were in recovery, the more recovery strengths and the fewer recovery barriers for SA were found in the cohort. The authors suggest that socio-economic and cultural factors should be included in all future investigations of SA recovery.

Dating back to 2007, Hser et al. stated that to identify recovery trajectories preceding inquiries from shorter term, episodic substance use treatment interventions, it is necessary to develop research studies applying to extended follow-up periods. However, as shown in a paper from 2020, only 3.8% of current randomised controlled studies on SA recovery used a follow-up period of two years or more and lacked information on other aspects of recovery than study participants' substance use cessation, and isolated substance use treatment outcomes (Bjornestad et al., 2020a). Significant psychosocial recovery factors (Dennis et al., 2007), such as social roles functioning, housing situation and quality of life were less reported according to the Bjornestad et al. (2020a) review.

Examples of SA recovery studies that include temporal dimensions aspects are presented below, to illustrate how time is pertinent when inquiring human change and development.

Roxburgh et al. (2023) studied the significance of social networks compositions in early and stable (Dennis et al., 2007) SA recovery stages. Their findings state that while having someone in the network that were in recovery was significant for the individual in initial stages of recovery, this was no longer significant for individuals in stable recovery, where the number of principal people was the most important. These findings illustrate that long-term SA recovery courses are not necessarily linear or static regarding developments of social networks. Rather, as we stated in Vigdal et al. (2023), reconstructing and developing new social networks were perceived as challenging, long-term processes. We therefore suggest needs for follow-up support over time to aid in new social contexts and in fighting societal stigma.

We also identified examples of challenging processes regarding developments of social networks in Veseth et al. (2019), where participants shared how close social relationships were significant for participants' recovery courses, ranging from difficult relationships that participants needed to detach themselves from, to supportive others that could provide social stability.

Alongside developing satisfying social networks, other societal arenas, such as employment and meaningful activities are of importance for long-term SA recovery. In Veseth et al. (2022), we investigated how engaging in employment and meaningful activities can contribute to SA recovery. In the study findings we suggest that activity participation provides a significant scaffolding for long-term recovery courses. The results regarding employment as a significant aspect for SA recovery is supported by Robertson et al. (2022), describing participants' efforts to gain employment, in which policy makers are challenged to develop employment activation programs that could aid in broadening inclusion of individuals with SA experiences.

Skogens and von Greiff (2020) studied five years SA recovery courses for young adults, finding that the group could benefit from substance use treatment and follow-up service support when initial treatment has ended, and that the commonly mentioned period of five years for stable recovery might need extension for young adults. Von Greiff and Skogens (2021) investigated recovery self-identification for individuals five years after substance use treatment, finding that various SA recovery courses and changes in individual preferences indicate that there is a need for a variation in treatment and follow-up services over time.

Martinelli et al. (2020) studied life domains that characterise SA recovery for individuals in early, sustained, and stable recovery (Dennis et al., 2007). Their findings state that individuals in later recovery stages had fewer housing, criminality and substance use issues compared to individuals in the early recovery stage. Martinelli et al. (2020) conclude that SA recovery should be considered a gradual, long-term process concerning various life domains beyond substance use cessation. Martinelli et al. (2023) conducted qualitative interviews with participants identifying as being in early, sustained, and stable stages of SA recovery, in accordance with the proposed recovery stages from Dennis et al. (2007). The findings of this qualitative inquiry supported the findings from the Martinelli et al. (2020) study in that SA recovery was perceived as complex, long-term processes, leading to the conclusion that substance use treatment and follow-up service efforts should be available over years to reduce stigma and enhance SA recovery outcomes.

Webb et al. (2022) explored four years identity transitions for individuals in various stages of their SA recovery courses, finding that individuals moved from reliance on support groups in early recovery to an individualistic and agentic identity in later SA recovery courses. These results (Webb et al., 2022) find support in Robertson et al. (2021) investigating how SA recovery is culturally

embedded and requires normative social adjustments to be successful, and in Bjornestad et al. (2019), where we found that participants in SA recovery went through progressive long-term processes, from dependency toward substance use treatment, and further, to autonomy and agency.

The above research findings underline several important aspects of SA recovery that need further consideration. Individual needs are described as potentially changing over time, both personally and socially. Recovery courses are viewed as constituted by non-linear, long-term processes, with social connections and functional networks as important factors. Further, broader life domains besides a dominating focus on substance use cessation should be promoted by substance use treatment and follow-up services, alongside long-term, or even indefinite support, as recovery is described as involving complex processes within dynamics of time.

4.7 Chapter conclusion

This chapter provided an overview and discussions regarding the concept of SA recovery. The inquiry illustrated how the multi-faceted concept has led to discussions in international SA recovery research, and entails ongoing challenges for research, policy, and practice based on its complexity. The investigation into the variations of the concept described available definitions for SA

recovery highlight individual autonomy and existential meaningfulness. However, societal normativity standards continue to state that substance using people must cease their substance use to qualify for access to normative societal arenas such as workplaces and arenas that offer meaningful activities. Thus, people with a substance use that differ from the norm (Krendl & Perry, 2023) must achieve normativity on a higher level, as ‘superhumans’ (Neale et al., 2015, p. 29), than other citizens. This challenge has led to conflicts regarding discrepancy between personal autonomy and complex needs, and normative, societal frameworks for people with SA experiences. In addition, the principal factors of temporality and inquiries of change- and developmental processes in SA recovery are currently relatively sparse in international research (Jordan & Walker, 2023).

The next chapter provides an overview of Developmental Systems Theory (DST), developed by Ford and Lerner (1992). It will propose that DST is particularly useful when investigating human processes of change and development over time. It will be used in the current study’s chapters, as it promotes possibilities for change through agentic behaviour within, and reciprocal to, its context. In addition, DST offers a critical view on idealised templates for human change as a potential blockage for various life-course pathways.

Chapter 5. Theoretical perspectives of human change and development

5.1 Introduction

As the current study investigates long-term substance addiction (SA) recovery courses using a narrative research design, theoretical perspectives on human existence, change processes and temporality provide opportunities for enquiry of temporal and developmental themes that are currently relatively sparse in SA research. From this perspective, Developmental Systems Theory (DST) (Ford & Lerner, 1992) represents opportunities for investigations and discussions that can arguably be useful for knowledge expansions on the broader SA recovery field.

5.2 Developmental Systems Theory

Given the focus of the current study, theoretical frameworks that explore and explain human change and development are key. Ford and Lerner (1992) developed the integrated theory of DST explaining systematic human development, predominantly based on ideas from psychobiology (Griffiths & Stotz, 2018), with a traditionally main scientific focus on behavioural development (Moore, 2016). DST was synthesised based on a meta model named ‘developmental contextualism’ (Ford & Lerner, 1992), combined with the Living Systems Framework (LSF). LSF stems

from cognitive developmental theory (Piaget, 1950) and behaviour analytic theory (Bijou & Baer, 1961). It ‘focuses on the creation of a representation of the nature of humans and their development’ (Ford & Lerner, 1992, p. 2), including the argument that individual life courses will inevitably channel in a predetermined direction towards a universal destination. Developmental contextualism, in contrast, represents assumptions about human development that includes dynamic possibilities, as an alternative to predetermined end goals.

Ford and Lerner (1992) state that dynamic possibilities do not entail infinite possibilities, as such a view would argue that there do not exist commonalities in human development, but rather that:

(…) ‘biological through social contextual variables act to both make people different from all others in some respects; different from some others in some respects; and similar to all others in some respects’ (Ford & Lerner, 1992, p. 40).

Thus, developmental contextualism assumes that although both human biology and the human environment contain fixed traits, there exists opportunities for multiple directions through relative plasticity, i.e. tentative potential for changes (Lerner, 1984), within dynamic contexts:

(…) ‘as the developmental possibilities for each person are both constrained and facilitated by: (a) their personal characteristics; (b) their contexts, and (c) their current states (e.g., their health and skills)’ (Ford & Lerner, 1992, p. 40).

Thus, relational developmental systems, i.e. between individuals and their contexts frame developmental theory (Lerner, 2012).

5.3 Rationale for operationalisation of the Developmental Systems Theory in the current study

Key features/ -assumptions of DST that will be used in the current research include the following dimensions:

- First, individual life courses are not predetermined. There exist dynamic human possibilities through relative plasticity (Lerner, 1984).
- Second, past events affect current functioning through trace effects, and humans can imagine future possibilities, which can also affect current behaviour (Schneirla, 1957). Thus, past and future ‘can exist simultaneously in the here and now, making it possible for humans to deal with the flow of life (…)’ (Ford & Lerner, 1992, p. 46), within context dependent frameworks.
- Third, change and development inhabit differentiating conceptual traits, as:

(…) ‘not all changes represent development, and that a specific type or subset of changes has a specific array of change characteristics that require a special label: development’ (Ford & Lerner, 1992, p. 37).

- Fourth, humans are active through action, and in that sense, humans are self-organising and self-constructing (Bandura, 2006).
- Fifth, changing environments require changes in action to obtain desired consequences, and changes can be observed both as temporary and prolonged, aligning with discussions on human agency. As noted by Emirbayer and Mische (1998, p. 963), changes can be seen

  (…) ‘as a temporally embedded process of social engagement, informed by the past (in its habitual aspect), but also oriented toward the future (as a capacity to imagine alternative possibilities) and toward the present (as a capacity to contextualize past habits and future projects within the contingencies of the moment)’.

  From this perspective it is possible to study degrees of human manoeuvrability, inventiveness, and reflective choice, dependent on the temporal, spatial, and contextual circumstances they find themselves in. Thus, human

actions are dynamic in how critically responsive they are, depending on the situation.

- Sixth, DST argue that developmental changes entail coherency and are systemic as they must occur within the dynamic frames of the intraindividual system: ‘including system-context modification to accommodate the change that is occurring’ (Ford & Lerner, 1992, p. 39).
- Seventh, idealised templates for human change should be critically investigated, as such a view potentially could block the various pathways that may serve positive life-course performativity and lead to social injustice and personal distress.

5.4 Human change and development

The ability of theoretical frameworks to allow for change and growth are particularly pertinent for research focusing on long-term SA recovery. Ford and Lerner (1992) ask what conditions need to be in place for change to occur, and question whether change and development can be juxtaposed, or if they differ. Discussions regarding human change and development is given extensive space in the work of Ford and Lerner (1992), with the concepts presented as separate, based on the assumption that:

(…) ‘while all development involves change, not all changes represent development, and that a specific type or subset of

changes has a specific array of change characteristics that require a special label: development' (Ford & Lerner, 1992, p. 37).

Thus, in DST, development refers both to a type of change, and to an approach for investigating change. Ford and Lerner (1992) argue that change can be observed through comparison of: 'a thing, attribute, or event with others or with itself on the same or different occasions in the same or different contexts' (Ford & Lerner, 1992, p. 34). Further, humans themselves are active in their change creation through action, and in that sense, humans are self-organising and self-constructing (Bandura, 2006). In addition, changing environments require changes in action, which is operationalised 'to obtain needed and desired consequences' (Ford & Lerner, 1992, p. 35), and changes can be observed both as temporary and prolonged. These arguments signify that human change can occur both as actions played out in interindividual – between individuals' contexts, and as intraindividual changes, i.e. within one person over time.

To exemplify, an individual with SA could decide to go into substance use treatment based on dramatic, negative experiences of psychosis triggered by substance use. These experiences could lead to thoughts of stopping substance use, i.e. intraindividual changes and action. Alternatively, an individual's substance use could accelerate confrontation within the immediate family system,

leading to changes in their social interaction, and eventually to the individual's choice to engage in substance use treatment based on interindividual changes. Neither of these illustrated inter or intraindividual changes necessarily leads to 'developmental change' (Ford & Lerner, 1992, p. 17), as this refers to alterations in one person from one time to another, representing a specific, systemic concept. Developmental changes entail coherency, as 'they must be non-random and linked together in a meaningful spatial-temporal framework' (Ford & Lerner, 1992, p. 38), in which the person maintains their functional skills. Developmental changes are therefore systemic, because they must occur within the dynamic frames of the intraindividual system: 'including system-context modification to accommodate the change that is occurring' (Ford & Lerner, 1992, p. 39). Fitzgerald et al. (1994) use DST to conceptualize patterns of substance abuse in families, by conceiving SA as a life span problem where:

(…) 'the search for causal determinants of substance abuse must take into account intraindividual (within the individual), interindividual (between individuals), contextual (social-historical-temporal events or situations), and organism-environment transactional (ecological, bidirectional) sources of variance, rather than relying on simple main effects models' (Fitzgerald et al., 1994, p. 352).

This approach to SA thus entails models that operationalise compounds of genes and environmental factors over genetic or cultural determinism, as SA recovery conceptualized through DST lenses includes a dynamic and contextual framework, i.e. changes in human behaviour can occur over time, within reciprocal relationships between an individual and its context.

DST (Ford & Lerner, 1992) problematises whether and how past events in peoples' lives relate to current functioning and behaviour, arguing that past human behaviours cannot directly influence the individual here and now. However, the authors (Ford & Lerner, 1992) agree that past events do affect current functioning and behaviour, using the term 'trace effects' (Schneirla, 1957, p. 89) to illustrate how past experiences can influence the individual in the present. For example, a specific parental behaviour cannot be said to be the direct cause of the now grown-up child's dysfunctional behaviour, including SA. Rather,

(…) 'patterns of cognition, emotion, and action developed because of that treatment (i.e. the past's traces), and that are manifest in current behaviour cause dysfunction' (Ford & Lerner, 1992, p. 45).

In addition, although the future is not here yet, future possibilities can be imagined, which could affect the human in the present. Thus, investigations of a person's past experiences can serve as

one source for trace effects that could later show to be influential, alongside studying individual reflections on their future existence. These two perspectives concerning past and future

(…) ‘can exist simultaneously in the here and now, making it possible for humans to deal with the flow of life and the world and to rise above the moment’ (Ford & Lerner, 1992, p. 46).

Ford and Lerner’s (1992) definition of individual human development states that:

‘Individual human development involves incremental and transformational processes that, through a flow of interactions among current characteristics of the person and his or her current contexts, produces a succession of relatively enduring changes that elaborate or increase the diversity of the person’s structural and functional characteristics and the patterns of their environmental interactions while maintaining coherent organization and structural-functional unity of the person as a whole’ (Ford & Lerner, 1992, p. 49).

When discussing intra- and interindividual changes and systemic modifications, Ford and Lerner (1992) argue that it is theoretically and practically useful to distinguish elaborative changes, i.e. which ‘increases the size, diversity, or complexity of organization of a person (…) (Ford & Lerner, 1992, p. 35) from decremental

changes, which reduces the human organisation's complexity, to illustrate the efforts required for human developmental changes to occur. Ford and Lerner (1992) argue that descriptions of both elaborative and decremental human changes are value-loaded and find that the terms are less judgemental than for example gains and losses during human life courses. This argument refers to previous discussions concerning human life courses as predestined journeys with fixed end goals, what the authors refer to as:

(…) 'idealized template for change (…) where deviations from the ideal developmental trajectory may be seen as evidence of abnormal or undesirable growth and development' (Ford & Lerner, 1992, pp. 40-41).

In addition, this argument refers to developmental contextualism, with emphasis on dynamic possibilities through relative plasticity. This is illustrated by the Ford and Lerner (1992) through an example of overcoming SA as both an elaborative and decremental process, as a habit of substance use is removed from the individual that potentially can lead to development in various areas of life. Ford and Lerner (1992) caution against an idealised template for human change, arguing that such a view potentially could block the various pathways that may serve positive life-

course performativity. Further, the authors state that such blockades can:

(…) ‘lead to social injustice (e.g., persecution of those who do not match the idealized template), and/ or personal distress and difficulty (e.g., self-evaluation as being unworthy, bad, or incompetent because one is different from the idealized template for development)’ (Ford & Lerner, 1992, p. 42).

5.5 Brief discussion of considered alternative theories and conceptual understandings

DST was considered the preferred theoretical approach in the current study, investigating human change and development for people that have worked towards comprehensive changes in their lives, despite former challenges. Thus, they have challenged preconceptions concerning that people find themselves locked in lives that lead towards predetermined end goals. In addition, DST (Ford & Lerner, 1992) combine individual and social contextual perspectives as necessary areas to consider when investigating people’s potential for change in dynamic perspectives. The individual perspectives include notions of agency and action, i.e. self-organisation (Bandura, 2006). Thus, depending on contextual circumstances, people have potential to be inventive and manoeuvre themselves in new life directions. It is this broadness

presented within DST, combining focuses on both individual and contextual possibilities and delimitations, which inherit potential for dynamic life directions, that made DST the preferred theoretical approach for this study. However, other conceptual and theoretical approaches for investigating human performativity, change and developmental processes were considered for the current study. In the next sections, two of these, Bronfenbrenner's Developmental Ecology Model (1979), and the concept of Recovery Capital (Best & Hennessy, 2022; Cloud & Granfield, 2008) are briefly discussed, to show the reflective process behind choosing DST as the right fit for the current study.

5.6 Bronfenbrenner's Developmental Ecology Model

A considered theoretical approach used for this research was Bronfenbrenner's (1979) Development Ecology Model, using four environmental systems to illustrate how the individual acts and influences its social surroundings, in correspondence to the environment the individual finds itself in. Thus, this theoretical approach ticks the box of investigating how people act contextually, from systems close to the individual, such as near family, up to the societal culture where the person lives. Furthermore, these relations and contexts are not fixed. Over time, both people, relationships between people, and all environmental

systems change, which introduces a dynamic aspect to understanding human development.

The above perspectives are arguably valuable for the field of SA recovery research. The significance of contextual and relational understandings for individual SA recovery courses have been relatively overlooked in favour of a dominant focus on individual responsibility. Paradoxical as it might seem, the lack of factors within the individual in Bronfenbrenner's (1979) theory was the reason why this approach was discarded in the current study's context. Christensen (2010) provides critical insights into the Developmental Ecology Model (Bronfenbrenner, 1979), through suggesting incorporating entrepreneurship and resilience to the model, to highlight individuals' capacity and potential influence in their own lives, as independent actors within their social world, also when barriers for individual development occur. I could have chosen to pair Bronfenbrenner's Developmental Ecology Model (1979) with theories of entrepreneurship, and resilience. However, I argue that these perspectives are found in the Developmental Systems Theory (Ford & Lerner, 1992), with humans as active in their change creation through action, in reciprocal relationships within their social context. To conclude, Bronfenbrenner's Developmental Ecology Model (1979) and DST (Ford & Lerner, 1992) overlap in several manners, concerning how people act

dynamically considering their social environment. However, the theories differ concerning how individual psychological traits, such as entrepreneurship and resilience affect possibilities for varied and dynamic life courses (Christensen, 2010). For the current study, this was an important aspect when investigating individual stories of change and development. DST was therefore considered the best option for the current study.

5.7 The concept of Recovery Capital

As outlined in Chapter 4.4, the concept of Recovery Capital (RC) dates back two decades (Cloud & Granfield, 2008), and numerous efforts have since been made to develop the concept on the SA recovery field. The RC concept concerns human resources, barriers, and facilitators on individual, interindividual, and environmental levels, to understand human progression (Best & Hennessy, 2022). Thus, RC is adequate as a concept for understanding individual human change- and developmental processes through investigations of interindividual, and contextual frameworks. Like Bronfenbrenner's (1979) model, the RC concept also includes a dynamic dimension, as it concerns human processes over time. The RC concept is enticing to use, particularly stemming from the obvious advantages connected to the operationalisation of it, which could add value to both use treatment, follow-up services, policies, and research. However, the

operationalisation of the concept has proved challenging and work in progress (Best et al., 2020).

RC is arguably a strengths-based approach, as it emphasises development of human resources and capacities. Furthermore, the RC concept brings in a realist perspective regarding human capacities in that it also concerns developmental barriers, as outlined in Best et al. (2020). As such, the RC concept fits well with the aims and objectives in the current study, and it is a valuable contribution to a field that has been overly concerned with specific substance use aspects when investigating recovery aspects. However, the reason for choosing not to use RC as the main conceptual approach in the current study stems specifically from it as a valuable contribution to the specific field of SA recovery. When Granfield & Cloud (1999) defined RC, the concept concerned resources for starting and maintaining recovery from alcohol and drugs. Thus, although RC contains broad social, physical, human, and cultural structures (Best & Laudet, 2010), which are arguably necessary elements for all human change and development, the specific substance use element of RC leads to representations of people with SA experiences as a group that differs from the normative population.

Although I investigate long-term change and developmental processes for people with SA experiences in the current study, I

argue that doing so from a general theoretical perspective concerning human change and development, such as DST (Ford & Lerner, 1992), is more advantageous when it comes to contribute to normalisation for people with SA experiences. Thus, I hope that the current study can contribute as a counterweight to the comprehensive levels of stigma (Krendl & Perry, 2023) people with SA experiences still face daily, including people in SA recovery (Walmsley, 2025), which the concept of RC has pushed towards from its origins (White, 2025).

5.8 Chapter conclusion

Developmental Systems Theory (DST) offers various perspectives to inquiries of general human processes of change and development that are particularly useful for the current study. Long-term SA recovery courses entail both temporal aspects, and inquiries of experiences of intra- and interindividual change processes. DST offers theoretical insights that can be used to develop novel understandings of humans as agentic in change and developmental processes within contextual, and spatial-temporal frameworks.

A qualitative research approach is useful when exploring such processes, which focuses in-depth on people's experiences. The next chapter introduces the chosen research methodology and introduces the narrative approach for the current study.

Chapter 6. Research methodology

6.1 Introduction

The literature review identified several research gaps regarding substance addiction (SA) recovery courses, specifically studies where the methodology explored associations between individual performativity and its social and societal surroundings, within dynamics of time, i.e. within recovery courses rather than specific stages and outcomes. This chapter describes the methodological choices for the current study, which aimed to explore people's narratives of long-term SA recovery.

6.2 Taking a standpoint: Ontological and epistemological perspectives

In the current study, people's stories of long-term SA recovery courses are explored from first person perspectives. These explorations focus on people's psycho-social and cultural factors, including the use of a theoretical framework that aims to explain how people facilitate change and development through intra- and interpersonal interactions. Thus, the current research argues that studying how long-term SA recovery courses occur necessitates integration of multiple perspectives on human change and development, from psychological, social, and cultural viewpoints. I therefore needed to look to methodological ways that ensure how

explorations of long-term SA recovery can be understood and evaluated within an integrated framework, to gain insights into SA recovery and change.

The current study aims to explore people's lived experiences of long-term SA recovery courses, change and developmental processes from intra- and interindividual, and sociocultural perspectives. To gain understanding of individual experiences, a qualitative approach was decided on as the best choice as opposed to conducting a larger scale population study. Qualitative research approaches have been debated for decades, as part in an ontological and epistemological 'paradigm war' (Mulisa, 2022) against quantitative research approaches. Quantitative approaches, stemming from a positivist paradigm are known for focusing on cause-and-effect relationships using numeric statistics (Maksimovic & Evtimov, 2023), while qualitative research commonly is disseminated non-numerically, for example in narrated forms (Mulisa, 2022).

When social science research aims to investigate individual experiences through qualitative inquiry, forms of relativist or irrealist ontological positions often present as the logical choice, to express that an objective reality or truth does not exist, and that social reality should be investigated through individual lenses. Following a relativist or irrealist ontological position,

epistemological subjectivism or constructivism often present as natural choices (Gorski, 2013), based on presentations of a direct relationship between specific forms of ontological and epistemological positions. Bates and Jenkins (2007) critique presentations of direct relationships between specific ontological and epistemological positions, given that:

‘What exists, which is an ontological concern, is not necessarily the same as what we can know, which is an epistemological concern’ (Bates & Jenkins, 2007, p. 58).

The current study aimed to explore people’s narratives of how people navigated their long-term SA courses within their reality, which includes psychological, social, and cultural perspectives. This means that this research aims to gain knowledge concerning how people interact, directly, or indirectly, with systems that exist independently of their existence, e.g. substance and addiction policy discourses, substance use treatment, and follow-up systems. An ontological inclusive position was therefore necessary to explore people’s reality in processes of long-term SA recovery, within sociocultural frameworks. Following the ontological position choice, it becomes possible to decide upon the research approach to best gain knowledge of what is epistemologically possible to know (Bates & Jenkins, 2007).

This study adopted critical realism (CR) as the philosophical theory of ontology, based on its integrative focus on how ‘powers at the more basic level of reality (physical, biological and psychological) are emerging into more complex strata of reality (social and cultural)’ (Selbekk et al., 2015, p. 197). Through choosing CR as the ontological position for the current study, the research aims and objectives could be answered, as they involve how people navigate in social and cultural reality, in long-term SA recovery courses. Furthermore, according to Leighton (2025), critical realism:

(…) ‘offers a distinctive version of the relationship between agency and structure which avoids both an oversocialized conception of people and the opposite position whereby social manifestations are reduced to the actions of individuals’ (Leighton, 2025, p. 158).

This is a particularly useful perspective in the current study, as it aims to identify key factors relevant to long-term SA recovery, from first-person narratives, concerning changes and development over years, within people’s societal environment.

A CR ontological position states that there exists an objective reality regardless of humans, but that social reality is only available for studies through human lenses and therefore is fallible (Bhaskar, 1998). This means that CR both represents an alternative to positivist and constructivist positions (Fletcher,

2017), while simultaneously using elements from both these positions in its philosophical underpinnings. CR argues that reality exists, which aligns with positivism. In addition, CR argues that knowledge can only be represented through human lenses. Here, CR separates from both positivism and constructivism through arguing that human knowledge can only grasp smaller parts of reality (Fletcher, 2017), i.e. it is not possible to explore 'the full truth' through empirical data, or through studying people's individual experiences concerning a phenomenon such as SA addiction and recovery.

The CR ontological position involves focus on how research in social sciences can be relevant for the knowledge field by uncovering and describing mechanisms that produce social events, searching for causal tendencies that can explain a phenomenon (Bygstad et al., 2016). A CR positioning means attempting to get as close as possible to social reality, which is useful when studying interindividual issues and in recommending solutions concerning social change.

According to Fletcher (2017), reality can be divided into three levels, which are all parts of the same structure: The empirical level represents human experiences of events, the actual level includes resolutions and measures that can be causal, i.e. happens whether people experience them directly or not. The third

level, the real, represents causal mechanisms that produce actions within the actual level. To exemplify, performing a qualitative inquiry of people's experiences of SA can lead to empirical data concerning the phenomenon. The actual level can for example be investigated concerning what happens when people undergo substance use treatment, or if they are not permitted access to such services. Events on the actual level can only, according to CR (Wells & Giacco, 2025), be understood through understanding mechanisms from the real level, for example socioeconomic status. Fletcher (2017) argues that these causal mechanisms are dependent on human performativity to occur, and that they can only be studied through human lenses. Therefore, all human knowledge is fallible as it is produced by people. However, the goal within the CR positioning is to get as close to social reality as possible, which necessitates the use of relevant theories in doing so. Thus, the CR position is arguably useful for the current study, in that it can help to unveil both the more basic, and complex mechanisms (Selbekk et al., 2015) involved when exploring people's first-hand experiences of long-term SA recovery courses, approached through theoretical perspectives (Ford & Lerner, 1992) on human change and development.

As the CR is positioned between positivist and interpretivist approaches, and do not accept that there exist ‘one truth’, it is methodologically flexible. While this can be seen as a methodological advantage, it can also be viewed as a limitation, as the search for causal mechanisms always will be limited by people’s knowledge concerning them (Wells & Giacco, 2025). In addition, CR’s search for causal mechanisms can potentially lead to an ignorance concerning the complexity of human events.

As the current study use CR as its ontological position, it is acknowledged that CR has its advantages and limitations, like all existing methodological approaches. The main reason to choose CR for this study is its focus on studying links between different mechanisms in human lives, from the psychological to the social and cultural (Selbekk et al., 2025), as this focus hopefully can lead to answering the ‘so what’ aspects in the current research. As an experienced social work practitioner from the substance use and mental health field in Norway, I believe that the practical significance of studies should be emphasised. Thus, although CR has its limitations, it is arguably useful when attempting to grasp complexity concerning human lives within their societal context.

Within the CR position, this study adopted an interpretive epistemological position, arguing that there exist rational ways to assess knowledge claims (Bygstad et al., 2016), in this case

through qualitative data collected based on the study aims and objectives concerning explorations of long-term SA recovery courses, human change and development. The understandings of this qualitative data will inevitably be affected by researchers' constructions through personal perspectives and standpoints (Maxwell, 2012). Thus, section 1.2 in this thesis presented my professional and personal background, and section 8.1 in this thesis reflects on researcher reflexivity in the current study.

Following this, social constructionism (Andrews, 2012), an epistemological position stating that subjective perceptions and experiences construct knowledge, was employed to illustrate that reality is viewed as both a subjective and objective reality, aligning with CR's perspectives on all research as potentially fallible. In this study's context, the interpretive position aimed to develop explanatory claims from the empirical data, as an alternative to solely seeking to describe phenomena through exploratory lenses (Creswell, 2009). For the current study this entailed an aim to gain knowledge of human experiences and experiences of long-term SA recovery and contextualise them within the structures of their social world.

6.3 The narrative research approach

The current study aims to contribute to the knowledge field through investigations of stories relevant for people in long-term

SA recovery. A qualitative approach that can provide nuanced, in-depth data regarding complex topics (Pistrang & Barker, 2012), was therefore a logical choice for this study, to unfold people's experiences. Several qualitative approaches can potentially serve the purpose of exploring people's experiences concerning complex phenomena, in this context SA and recovery. As an example, the phenomenological and hermeneutical approach of interpretative phenomenological analysis (IPA) could have been chosen for the current study. According to Smith and Osborn (2015), the focus of IPA is to provide detailed insights into human lived experiences through the researcher's attempt to make true meaning of participant's expressions. The ontological position of CR and the epistemological positions of interpretivism and social constructionism in the current study, however, argue that while it is significant to develop studies that can explore people's experiences, these experiences are never formulated in a vacuum. Rather, qualitative interviews reflect situational and contextual meetings between people, where interrelations inevitably will affect data outcomes. In the current study, IPA was therefore not considered as the optimal choice.

A second example of a methodological approach that potentially could have been useful for the current study, stemming from a qualitative sociological tradition, is grounded theory (Glaser &

Strauss, 1998). The focus on theory construction from data as an alternative to working from pre-existing hypothesis has shown to be intriguing for scholars across multiple fields, from psychology to computer science (Charmaz & Thornberg, 2021). Glaser and Strauss (1998) argued that researchers should avoid immersing themselves in the research field on which they wanted to do their research, as this would hamper what would be known concerning the research topic and thereby block new theorising. An argument for not using grounded theory in the current study stems from my experience from the substance use field as a practitioner and researcher, as outlined in Chapter 1.2. Arguably, it not possible to listen to, and analyse, people's statements regardless of the researcher's preconceptions of them, if the researcher has knowledge or experience from the knowledge field. Thus, I agree with Gergen's (in Cisneros-Puebla, 2007) statement that empirical perspectives are always interpretive, based on experience, and carried out through language. Further, my experiences from the SA recovery field, has led me to the argument that there currently exist a myriad of angles to understanding what SA recovery is, and how it should be approached, which are all potentially relevant, based on how they are contextualised and operationalised. Examples are the concept of Recovery Capital (Cloud & Granfield, 2008), and life course perspectives on

substance use (Hser et al., 2007). Further, in the current study, the use of Developmental Systems Theory (Ford & Lerner, 1992) argues for a broad view on people with SA, and to normalise rather than continue to stigmatise through labelling their experiences as deviant from the general population, with practical implications concerning how people's needs should be approached.

With the current study grounded in CR and epistemological interpretivism and social constructionism, it was necessary to use a qualitative approach that could answer this research's aims and objectives, including taking into consideration how knowledge is produced through language and social interactions. A semi-structured qualitative approach, for example, provides opportunities for flexibility during data collection, combined with the use of an interview guide. A semi-structured approach provides the interviewer with opportunities to use follow-up questions based on the interviewee's responses and allows room, or provides opportunities, for the interviewee to be an active part of the interview conversation (Kallio et al., 2016). In our previous research, using a semi-structured approach with peer-interviewers produced rich data regarding long-term SA recovery courses (Bjornestad et al., 2019a; 2019b; Svendsen et al., 2020; 2021; Veseth et al., 2019; 2022). The aims and objectives in this study,

however, departed from previous studies in its specific search for individual stories of participants' long-term SA recovery courses for a decade or more. There was a risk that a semi-structured approach could block potential interviewees' stories regarding their long-term SA recovery courses through conducting an overly structured interview approach. A narrative research approach was therefore considered (Riessman, 2008), as this approach explicitly provides opportunities for unfolding of chronological events and experiences over time (Murray, 2003).

According to Squire et al. (2013), contemporary narrative research is based in two theoretical traditions. In the first tradition, a person-centred approach with focus directed towards individual stories, while an alternative approach is mainly interested in narratives situated in social and sociocultural contexts. These traditions divide in their premises for subjectivity and interpretation of social context. Smith and Monforte (2020) set a dividing line between stories and narratives by describing that while a story is a tale told by individuals, a narrative is described as the available scaffolding comprised by culture and social relations from where stories can be told. For this study, a narrative research approach including social and sociocultural contexts was chosen, as the aims and objectives for the study underlined arguments that social reality and cultural circumstances directly connect to language,

storytelling, and social action. These are key components of human co-existence to share experiences and beliefs, and as tools to construct and re-construct temporal aspects of personal and social identities (Smith, & Monforte, 2020). Narratives are, therefore, instruments for social negotiation (Mishler, 2005), crafted through the research collaboration between interviewer and interviewee (Moen, 2006).

Smith (2007) states that, given the multiple approaches to narrative inquiry, it could:

(…) 'be best considered an umbrella term for a mosaic of research efforts, with diverse theoretical musings, methods, empirical groundings, and/or significance all revolving around an interest in narrative' (Smith, 2007, p. 392).

Schiff (2006) argues that researchers should define what narrative inquiry can mean, and how different perspectives on human existence and co-existence can lead to different research results, to clarify narrative research contributions in social research. In developing this study, clear methodological choices based on the chosen epistemological perspective were key to formulate adequate contributions for research and practice. A specific methodology aspect concerned that narrative research frequently: (…) 'look to time as a construct to organize stories or lived experiences into temporal experiences situated around one's past,

present, and future' (Weiss & Johnson-Koenke, 2023, p. 392). Applying a narrative research framework in this study concerned gaining access to temporal representations of past events and experiences for people with experiences of long-term SA recovery courses, linked to the present and future.

6.4 Peer-interviewing in research on substance addiction, recovery, and mental health

In general, user involvement in research on mental health and substance addiction (SA) in Norway has been lacking up until the last decade, from which political attention and financial funding has led to an increase of user involvement in health research (Malterud & Elvbakken, 2020). According to Strickland et al. (2021), researchers reported lower support for research participation by individuals with SA compared to healthy adults. A review (Leeman et al., 2017), found that individuals with post-traumatic stress disorders and co-morbid substance use disorders, have been largely neglected in randomised controlled trials. The lack of user involvement in SA research has occurred despite calls for inclusion of citizens more actively in different roles, as participants in research reference groups (Pettersen et al., 2019), as research contacts for study recruitment, and as direct project participants on various levels (Helse Stavanger/ KORFOR, 2021). According to Devotta et al. (2016), employing peer-interviewers

can improve the richness of qualitative data, an argument supported by Tracy (2010), presenting quality criteria in qualitative research.

Qualitative studies can potentially improve research credibility by employing peer-interviewers in studies to challenge authoritative knowledge (Nind, 2017), in efforts to equalise power relations (Beebeejaun et al., 2014; Webb et al., 2021), working for social change (Banks et al., 2018), and in recognition of the complexity regarding social science issues (Durose et al., 2022), which requires a multiplicity of experience and expertise in efforts to solve them. Others have argued that peer-interviewing presents practical and ideological challenges, linked to training and monitoring efforts and considerations of power imbalances between researcher and peer-interviewer (Delman & Lincoln, 2009; Remple et al., 2007). The concept of suggesting expertise by lived experience has been challenged. Frankham (2009) cautions against the idea that one or a few individuals' experiences concerning, for example, human disability, are used as general representations for all people with such experiences, as this form for over-privileging individual experiences could potentially lead to a uniformity representativeness of participant experiences.

The current study employed two peer-interviewers to conduct all interviews. A critical approach is arguably a necessary theme to tackle both when employing peer-interviewers for research studies, and when discussing various peer involvement in voluntary services, and professional substance use treatment and follow-up services. I agree that the concept of expertise by personal experience should be critically approached and thoroughly discussed. This is particularly the case given the potential power imbalances in relations between service users and peers, which necessitate reflections regarding best practice when employing people with SA experiences.

As outlined, employing peer-interviewers can potentially improve study credibility and rigour. For the current study, my research department had formerly employed two people as both peer-interviewer and as follow-up consultants in follow-up services for people with SA. They both had experiences that could arguably be useful in this research. These experiences included that they both had experiences of long-term recovery following substance use for ten or more years. They both had experiences of using peer services, such as peer-led organisations. In addition, both peer-interviewers had clinical experiences following employment in Stavanger University Hospital, as follow-up consultants. They had skills based on their experiences and attributes that were known to

ensure trust and comfortable conversation settings for people in vulnerable life situations. Based on their experiences, these peer-interviewers were therefore considered to be a compatible fit for the current study.

Concerning researcher reflexivity, which will be returned to in Chapter 7 and 8, the above information arguably makes a strong case concerning why these peer-interviewers would be a suitable fit for the current study. However, it was important for me to ensure sufficient time for critical conversations with both peer-interviewers concerning their current views on e.g. the phenomena of substance use in the population, substance use treatment and follow-up services, and substance use policies. It was particularly important that both peer-interviewers were open to the interviewees' stories, also when they differed from their own. From my professional experience, investigations and open discussions concerning peer reflexivity is equally important as investigations of all professional or non-professional personnel positioned to be in contact with people with potentially personal vulnerabilities.

Several aspects affected the decision to employ peer-interviewers, based on pragmatic, methodological, and ethical considerations:

First, I have worked as a research assistant and researcher in the Stayer-study since 2012. I recruited and was responsible for keeping in touch with, and assessing, 140 of 208 participants in

the study throughout the 10-year study period, with individual, biweekly contact. Thus, I have been in professional research relations with all the participants eligible for participation in the current study over a significant period. Arguably, these research relations potentially could have led to interviews with rich data collection. We have worked closely together research-wise for 10 years, which could potentially have led to safer working relationships, entailing openness concerning stories of personal experiences. Alternatively, the professional relationships between participants and myself in the current study could potentially have led to a biased data collection due to participants' and my own former roles. This could result in the study participants wanting to be seen in the best possible light, e.g. concerning reports of substance use slips or relapses. The existing research relationships could therefore potentially have transferred to the study interview situations, for example by participants holding back personal information with relevance for the current study.

Second, the methodological choice of employing peer-interviewers was also based on sub projects in the Stayer-study, where we had previously employed peer-interviewers with lived experience of SA (Bjornestad et al., 2019; 2020; Svendsen et al., 2020; 2021; Veseth et al., 2019; 2022). The interactions between interviewees and interviewers in these studies were characterised by natural

dialogue based on similar experiences, which led to natural and trustworthy story sharing of common experiences with long-term SA recovery courses. The data collection from the sub-projects in the Stayer-study proved especially rich, with several strengths connected to peer conversations (Veseth et al., 2019). This could potentially have led to data production that would not have become visible if the interviewer for example did not have personal experiences with SA recovery. On a critical note, the choice of employing peer-interviewers to conduct interviews based on potentially similar experiences could have led to confirmatory or an 'echo-chamber' effect (Nguyen, 2020, p. 141), with information left out based on preconceptions of what the conversation partner wished to hear. Further, it is not a given that the use of peer-interviewers automatically will add to the existing knowledge base. Therefore, methodological and ethical aspects of employing peer-interviewers to conduct interviews needed consideration, including reflections concerning how these choices involved new positions and relationships that would empower their voices to challenge or complement the academic researcher's preconceptions and habitual approaches (Malterud & Elvbakken, 2020).

Third, the current study recruited both participants and peer-interviewers from a relatively small Norwegian region with approximately 480.000 inhabitants. This could potentially have led

to both parties knowing each other to some degree or having met in various settings before the interview. It is not possible to be certain whether the peer-interviewer and interviewee shared solely positive memories if this should be the case, or if, for example, they had interacted in situations that were negative for one or both parties. Several considerations needed attention to tackle potential challenges stemming from potential power imbalance in relations, subjective preconceptions, reflexivity, and personal experiences, thus these are reflected in this Chapter 8 concerning ethical considerations and researcher reflexivity.

6.5 Chapter conclusion

This chapter described the methodological choices for the current study, aiming to explore first person perspectives on long-term SA recovery. The rationale for choosing CR as the philosophical theory of ontology was presented, based on its integrative focus on human existence and navigation in social reality. The interpretive and social constructionist epistemological positions for the current study underline that reality is viewed as both a subjective and objective reality, thus all involved parties in research projects will affect knowledge production. Further, an introduction to narrative research was presented, with arguments for why this design is considered the best fit for the current study. In addition, an introduction to peer-interviewing in research on SA,

recovery, and mental health was presented, which will be detailed further in the next thesis chapter.

The following chapter describes the chosen methods for the current study.

Chapter 7. Methods

7.1 Introduction

Although a significant amount of research has been published concerning helpful elements in earlier phases of substance use (SA) addiction recovery, relatively little is known concerning explorations of first-person experiences of long-term SA recovery courses. The people recruited for this research had been in SA recovery for 10 years or more when they were recruited, thus they represent a somewhat understudied group. When developing the research interview for this study, it was therefore of importance to use a design that was flexible concerning people's long-term experiences, aiming to collect a rich dataset.

7.2 Developing the narrative research interview

Developing the narrative research interview and studying stories presented by people with SA experiences can be challenging if events or periods of time are blurred or unmemorable. This represents a potential challenge for people both with and without lived SA experiences, as representations fluctuates over time (Squire et al., 2013). Further, representations are impacted by living conditions, subjective variables regarding cognitive prerequisites for remembering and choices concerning sharing

past life events and experiences, and the specific, interactional, interview situation.

For people with SA experiences specifically, challenges stemming from substance use (Marlowe, 1999; Perreau-Lenz et al., 2007) or trauma (Riessman. 2008), could lead to presentations of narratives with temporal breaks and gaps. In this study, this potential methodological issue in narrative research concerning participants with SA experiences was pragmatically tackled through discussions with peer-interviewers both before interviews commenced, and during the interviewing process, regarding interviewees' potential difficulties in remembering details or lacking memories stemming far back in their lives. For this study, contemplating fluctuating representations and potential memory loss, the peer-interviewers' focus remained on gaining access to the interviewees' representations of events and experiences. If, for example, events or life periods were presented as blurred or lost from memory during an interviewee's storytelling, this did not automatically lead to the conclusion that events and experiences before or after missing story parts lacked coherence, as the consequences of potential blurred life periods still could become visible during interview conversations.

As Scheglof (1997) argues, using a narrative research framework entails knowledge production developed through a negational

sense making process, within the local and social context. Thus, the interviewee does not tell a chronological story separated from the interactional interview context. This has consequences for how narratives are presented in the interview setting. By taking these elements into account, the research process could be analysed through how the stories were brought forward and negotiated by both the interviewee and interviewer (De Fina, 2009).

The notion that the peer-interviewers had their own lived experiences of long-term SA recovery courses meant that potentially similar experiences and differences could be reflected upon within the interactional event of the narrative interview (De Fina, 2009; Hydén, 2014). A potential strength of employing peer-interviewers to conduct narrative interviews was that similar experiences could lead to interview conversations where the interactional dialogue set the stage for detailed descriptions of events and experiences. Reflections concerning past and future consequences of these reflections could potentially be useful for research and practice. From another perspective, although potentially similar past experiences could have led to fruitful conversations, the study interview situations were not informal events (De Fina, 2009), unaccompanied by social positioning and power relations. Reflections concerning strengths and limitations of conducting narrative interviews with peer-interviewers are

therefore presented in detail in the following section, alongside ethical considerations in Chapter 8, as they concern methodological topics for this research, including potential consequences for the narrative data analysis.

7.3 Peer-interviewing in narrative research

The current study used a design based on epistemological interpretivism and constructionism. The information that the participants presented through interview conversations are reflections of their constructions of their personal and social experiences (Murray, 2003), shared with an interviewer in an interactional context. This ensured that both interviewer and interviewees were active participants in the interview knowledge production. All interviews have embedded in them a social dimension that will affect the form, course, and result from the interview, like formal or informal conversations between humans. As I will return to in Chapter 8, both researcher and interviewers' roles involve reflexive impacts on the development and outcome of qualitative interview processes (Gudmundsdottir, 1997). For people recruited as peer-interviewers it is therefore important to look beyond mere experiences of substance use and treatment experiences and reflect on socio-demographic knowledge which could impact their views of the social world, and the conversations with interviewees. In addition, the interviewer role differs in

narrative studies, depending on the chosen variant of narrative interview method and analytical approach. The focus will always be, as stated by Murray (2003) and Riessman (2008), on encouraging the interviewee to shape the agenda and their storytelling.

The peer- interview training and supervision is outlined in the following sections. It included several meeting points between me and the peer-interviewers, to discuss all aspects of the interviewing process based on the current study's aims and objectives. We had contact over several months before commencing with the interviews, to ensure that the peer-interviewers were comfortable in the interview context. I was available by phone, e-mail and through live meetings, individually and with both peer-interviewers throughout the interview period, also in the period after the interviews had been conducted. We spent a significant amount of time training for the narrative interviews through role-plays and reflections concerning how the interviews might play out in their role. In this context, it is important to underline that my responsibilities as a researcher when employing peer-interviewers reach beyond interview training and supervision. Both interviewees and peer-interviewers' well-being needs consideration throughout the interviewing process. It was therefore of great importance to be available for the peer-

interviewers, to answer questions and to reflect on their experiences. Considering ethical considerations, following each interview, I called the peer-interviewers for debriefs. We talked through how the interview went, and how the peer-interviewer experienced the interaction, including any uncomfortable situations.

Studies employing peer-interviewers should make decisions concerning which parts of the research process peer-interviewers should be actively engaged in. This is a topic the Centre for Alcohol and Drug Research (KORFOR) is engaged in (Helse Stavanger/ KORFOR, 2021). To ensure triangulation of my interview interpretations to ensure that they aligned with the peer-interviewers experiences from the conversations, I called the peer-interviewers following each interview. As outlined above, these conversations acted as debriefs, but also as opportunities to gain information concerning interview elements that was not possible to get through the audio recordings, e.g. body language, facial expressions, and perceived attentiveness during the interviews. I used notes from these conversations when I analysed the data. It was decided in consensus with the peer-interviewers that I would conduct the data analysis myself, using the inputs from our post-interview telephone conversations. After having completed the PhD, however, I will consider engaging with the peer-interviewers

in analysis of data that has not been used in this thesis, with the purpose of paper publications, as this could lead to new perspectives, given the peer-interviewers knowledge from the interview conversations and their personal experiences from SA recovery processes.

Both peer-interviewers had 10 years experiences of non-substance use, were employed, had stable housing, and functional social networks at the time of the interviews. The peer-interviewers underwent training by myself in narrative interview techniques prior to the interviews and were supported and supervised by me in the full period of the project, both individually and as a group, as their experiences regarding conducting qualitative interviews differed. Areas discussed with peer-interviewers concerned the narrative research approach, with implications for the interview situations. Specifically, these areas concerned approaches to conduct fruitful interview conversations using a few selected interview guide questions and aiming to facilitate natural dialogues between peer-interviewers and interviewees. The interview guide questions were developed alongside the peer-interviewers through discussions, leading to project ownership from the project start. We agreed that the peer-interviewers should aim to receive reflections on all questions from the guide during each interview. To ensure the peer-interviewers placed sufficient effort into

developing safe interview spaces and productive conversations, they each conducted one interview, that were considered pilot interviews. This provided opportunities to reflect on the peer-interviewer role, and to discuss their first experiences with meeting interviewees and conducting qualitative interviews using a narrative research design. Key aspects regarding peer-interviewer reflexivity concerned self-disclosures of their own lived experiences during the interviews (Devotta et al., 2016), and reflections on peer-interviewers' emotional reactions to interviewees' stories. The pilot-interviews were included as part of the original data sample, as the original questions in the interview guide used for the pilot interviews were not adjusted following the post-interview reflections. An example of a topic that came up in these reflections included how the peer-interviewers could involve themselves in the interview conversations, while simultaneously allowing the interviewees to steer the conversation in the directions they wanted.

Further, the peer-interviewers and I discussed the power relations and social roles imbedded in all formal interview conversations (De Fina, 2009). Despite potentially sharing similar experiences with interviewees', holding a role as a peer-interviewer consequently includes asymmetric power relationships and social roles. The peer-interviewers had been handpicked by me based

on my past experiences of them in qualitative research and in clinical areas within the SA field. Both peer-interviewers were financially employed by KORFOR to conduct narrative interviews, with the results to be used in a PhD thesis and for scientific papers, based on their personal and professional experiences with long-term SA recovery. Interviewees', on the other hand, had been recruited on the basis that they had completed the Stayer-study, a 10-year study on SA recovery, not used substances for a minimum of two years, and a fixed definition of adequate social functioning, as outlined in Chapter 7.6. Furthermore, interview participants agreed to show up in a preset interview location, with a concrete agenda, regardless of the potential conversational freedom that followed from employing a narrative research design in the study. Based on the asymmetry in power relations and social roles, it was of methodological significance to first and foremost focus on the interviewees' voices and stories (De Fina, 2009; Hydén, 2014; Scheglof, 1997), to avoid peer-interviewers' voices dominating the interactional, narrative interview conversations.

Reflecting from a post-study point of view, I believe that it was a correct decision to employ peer-interviewers from both ethical and methodological perspectives. As the analysis chapters of this thesis will illustrate, the peer-interviews led to open conversations and novel narrations of themes and perspectives relevant for long-

term SA recovery that are currently relatively under-researched. Notably, several themes emerged from their conversations that I had no prior knowledge of, despite my professional research relations with the participants for 10 years. This underlines both the potential bias if I were to conduct the interviews myself, with participants potentially withholding important stories from their lives, and the conversational effect following peer-interviewing.

By considering Lincoln and Guba's (1986) four criteria for rigour, i.e. trustworthiness in qualitative research which include credibility, dependability, confirmability, and transferability, several aspects are relevant when employing peer-interviewers, as conducted in the current study. As outlined in Chapter 6 and 7 of this thesis, employing peer-interviewers can arguably contribute to study credibility through their experiences of the phenomena of substance use and SA recovery, which plays out in the interview interactions, potentially leading to in-depth conversations and thick descriptive data. Further, the interactions between interviewees', peer-interviewers and myself represent opportunities for data triangulation and thereby heightened study rigour (Lincoln & Guba, 1986) through data checking using multiple sources, at multiple times, and between people with various perspectives on the phenomena in question. However, simultaneously there are potential for inhibited rigorous practice if a study's design does not

leave enough room for reflection in all study phases. Thus, as will be returned to in this Chapter 15, sufficient use of time is paramount in all study phases which employs peer-interviewers, to ensure sufficient time for training and supervision throughout the study. This can be done by including peer-interviewers in the study design development and conduction from the earliest possible stage. Together, these factors can lead to study rigour, and to all parties feeling comfortable and experience ownership of the study.

7.4 Developing the interview guide

The current study aimed to explore narratives of long-term SA recovery. It was therefore necessary to develop a narrative research interview that was able to explore storytelling related to individual motivation for SA recovery, to understand how challenges and key life events affected these processes through the interviewees' storytelling.

For this study, this entailed developing a study design that took into consideration existential aspects of human processes, including addressing how multifaceted aspects of SA recovery courses could be emphasized through the interviewees' stories. Following these considerations, the narrative interview guide (Appendix 2) developed for this study allowed for open reflections. The following questions were therefore chosen for the study:

1. Could you tell me about your life during the last 10 years?

2. Could you tell me about periods in the last 10 years that have been difficult, and how you got through them?

3. Could you tell me about times, events or periods in the last 10 years that have been especially important?

4. Could you tell me about how your social network has changed during the last 10 years?

5. Could you tell me about how your position in society has changed in the last 10 years?

By using an open first question, the goal was that interviewees would share their stories from the starting point of their own choosing. The first question did, however, entail that interviewees' stories set out from a decade back in time. This was due to the time that participants had been participating in the longitudinal Stayer-study (Erga et al., 2024), investigating various aspects of clinical, personal, social, and societal recovery processes for people with SA. The aims and objectives of this study directed the narrative research interview design development through questions about personal challenges, key life events, descriptions of social networks, and societal positioning during 10 years of SA recovery courses.

A methodological choice in the current study regarded using interview-guide questions that did not specifically use terms directly linked to substance use, to allow interviewees to narrate their journeys as free as possible, within the study frames. Regardless of this choice, however, participants were recruited from the Stayer-study, a longitudinal follow-up study specifically investigating various aspects concerning a decade of SA recovery courses, and the study's interview-guide questions specified a timeframe of 10 years in the study.

These timeframes separated the current study, using narrative inquiry, from narrative studies focusing on interviewees' life stories (Creswell & Poth, 2016). Narrative life-story studies can use a single question, such as: 'Could you tell me about your life'. For the current study, the 10-year timeframe did not prevent participants from sharing experiences from outside of these timeframes, but the methodological choice underlines that it was the life experiences during the last decade that were the primary focus of attention, based on their experiences of long-term SA recovery courses.

7.5 Saturation and PhD thesis frames

According to Sebele-Mpofu (2020), the subjective nature of qualitative studies in combination with lack of sample guidelines and challenges with generalisability of results are existing reasons

for debates. Malterud et al. (2016) state that reports of saturation in qualitative research, to argue for both sample size and if the collected data set is adequate for analysis often is poorly justified, beyond statements that it was ‘achieved’ (Malterud et al., 2016, p. 1753). Several researchers attempting to develop guidelines for qualitative sample size saturation came to various results. Charmaz (2014) suggested 25 participants as an adequate sample size, while Thorogood and Green (2018) found that little new information came out after interviewing 20 participants. A narrative study by Butina (2015) argued for the use of 10 participant interviews, based on the lack of new information from the data following these interviews. Mason (2010) conducted a content analysis of studies using qualitative interview as the method of data collection in a PhD database by universities in Great Britain and Ireland since 1716. Of the 560 studies analysed, the median and mean were 28 and 31 participants respectively, and 80% of the studies adhered to Bertaux’s (1981) guidelines of a minimum of 15 participants, irrespective of the methodology used.

The use of a narrative study design often leads to the conclusion that a smaller participant sample is sufficient (Butina, 2015), based on arguments of a rich data collection, efforts to keep the told stories intact, and the potential overwhelming amount of collected

data if too many participants are included. The above arguments commonly present as elements of normative guidelines for narrative research, but they need a concrete study context to be useful. First, it is not a given that the conversation between the interviewer and interviewee ends up as a dataset that is ‘rich enough’ (Butina, 2015, p. 195) to argue for a smaller sample size. This depends on the interview quality, and the interaction between the interviewer and interviewee. Second, although narrative research commonly states that it aims to ‘keep stories intact’ (Butina, 2015, p. 195), this is not fully possible practically. During analysis, collected data is always subject to divisions and re-arrangements, where meaning is interpreted through the analyst’s knowledge, preconceptions and perceptions. It is also challenging to keep stories intact in a presentation format of a thesis or scientific papers with limited word lengths.

The inclusion criteria in the current study entail a homogenous participant group in several respects. However, knowledge concerning long-term SA recovery courses is relatively sparse. This leads to an ethical and scientific effort obligation when it comes to improving the knowledge regarding this phenomenon and is an argument to why a larger participant sample could be useful, to allow for multiple voices reflecting on their recovery courses. Given that the presented guidelines and discussion

papers range in sample sizes between 6 and 31, and that the study used a narrative research design, a decision was made to recruit 10 participants for the study. This number was regarded as sufficient to answer the aims and objectives of the current study clearly, in addition to upholding the ethical standards of using most of the collected data.

7.6 Recruitment

The idea for this standalone study came from my engagement in the Stayer-study, where I had recruited and followed up 140 of 208 participants dating back to 2012. In 2022, when the Stayer-study started to approach the 10-year completion for the first recruited participants, the participant retention rate continued to stay within satisfactory levels, approximately 66%, following the study's commitment to tailored participant retention strategies (Svendsen et al., 2017; 2020; 2021). Participants' courses in the Stayer-study varied according to levels of substance use, developments of social networks, and employment. However, a section of the Stayer-study cohort reported courses with stable substance use cessation and included significant changes in their personal and social lives. Considering the relatively limited available research investigating long-term SA recovery courses, this group of participants represented an opportunity to develop a qualitative inquiry concerning various aspects of this phenomenon.

The recruitment period for the current study commenced between November 2022 – April 2023, following study review and approvals from the Research Ethics Committee at Manchester Metropolitan University (17.11.22) (Appendix 3) and the Norwegian research ethics committee for medical and health ethics (16.02.22) (Appendix 4).

At the time of the 10-year assessment in the Stayer-study, potential participants fulfilling specific recruitment criteria were asked if they consented to receive information concerning a qualitative study on long-term SA recovery courses, post Stayer-study completion. These criteria were a minimum of two years with no reports of substance use, and adequate social functioning. A minimum of two years with no reports of substance use was operationalised based on consensus definitions classifying recovery courses (Betty Ford Institute Consensus Panel, 2007) as early recovery representing less than 12 months, sustained recovery between 12 months and five years, and stable, or self-sustained recovery (Dennis et al., 2007) greater than five years. The current study represented an opportunity to investigate recovery courses for people with up to 10 years or more of recovery experiences following substance use cessation. Based on the current study's aims and objectives, participants that could share experiences of various phases of sustained and stable

recovery courses were therefore of particular interest. Given the current need for more knowledge concerning long-term SA recovery courses, with investigations of domains other than substance use cessation, and substance use treatment outcomes (Bjornestad et al., 2020a), a minimum of two years, and up to 10 years or more, with no reports of substance use was decided as fitting the study's aims and objectives and methodology. Adequate social functioning was operationalised using four factors related to social functioning status, specifically housing, income, friends without addiction, and participation in work or school. To that end, thirty-two participants that completed the 10-year assessment in the Stayer-study were potentially eligible for study participation. Interviews were conducted consecutively based on participants' Stayer-study completion date, until the target number of 10 interviews was reached.

When the study approached the recruitment phase, I contacted potential participants by order according to the date they had completed the Stayer-study. I informed them about the study, and introduced the peer-interviewers who would conduct the narrative interviews. The peer-interviewers could not themselves be participants in the study. Both peer-interviewers had 10 years of experiences with not using substances, stable housing, being in employment, and engaged in functional social networks at the time

of interview conduction. If the potential participants consented to hear more, one of the two peer-interviewers contacted the participants, using the phone number that the participants had consented to share with the peer-interviewer through contact with me. The peer-interviewer informed the potential participant verbally concerning the study and made an appointment to meet for an interview if the participant agreed to it. Chapter 8 in this thesis concerning ethical considerations include additional details concerning the interview conducting.

7.7 Chapter conclusion

This chapter described the methods for the current study. Several themes with significance for the current study were discussed, including how to develop narrative interviews for people with former SA experiences, training and supporting peer-interviewers in narrative interviewing, and how to develop a narrative interview guide that would be useful when investigating people's experiences of long-term SA recovery. A discussion of the concept of saturation in qualitative research was presented. Combined, this chapter has presented a clear methods rationale for the current study.

The following chapter describes ethical considerations and researcher reflexivity for the current research in detail.

Chapter 8. Ethical considerations

8.1 Introduction

The narrative qualitative research design in the current study included conversations between an interviewee and an interviewer with lived experiences from substance addiction (SA) recovery courses. Considerations concerning personal information sharing between interviewee and interviewer were therefore necessary, considering that these experiences could revolve around potential exposure of intimate, personal details. Thus, it was important to develop safe conversation spaces for the study. This was considered through multiple steps, starting with recruitment procedure considerations.

As outlined, the participant recruitment region is relatively small. This led to possibilities of interviewer and interviewees' knowing each other, or knowing of each other, through others. Potentially, the parties could have been in the same substance use dominated networks at a given time, or been in substance use treatment simultaneously. It was therefore of ethical importance to ensure that both parties felt comfortable with meeting each other in the narrative interview setting. Hence, I provided potential participants in the pre-recruitment phase with the names of both peer-interviewers. By doing this, the potential participants could choose who they wanted to meet for the interview, based on any

objections toward one or both peer-interviewers. During the recruitment period, several potential participants expressed that they knew, or knew of, one or both peer-interviewers, but no participants refused to meet for the interview based on this. Further, they did not refuse to talk to either of the peer-interviewers. I performed the same check towards the peer-interviewer after informing and talking to potential participants, to ensure that the peer-interviewer was also comfortable meeting with the participant.

At the time of the interview, all interviewees were provided with research information sheets (Appendix 5 and 7) that included a list of agencies they could contact if emotional or psychological support was needed post interview. All participants read the research information sheets. Following this, all participants signed the English and Norwegian informed consents (Appendix 6 and 7) prior to the interview. The information sheets emphasized that participation was voluntary, confidential, and that their participation decision would not have consequences for them as people, as former participants in the Stayer-study, or as patients in substance use treatment or follow-up services. I was also available for contact with the study participants in the full period of the study.

The interviews were conducted at an office provided by Stavanger University Hospital, in Stavanger, Norway. The office provided

confidentiality during the interviews. All interviewees were provided with a gift card to various shops at the amount of 400 NOK, approximately 40 pounds at the time of the interviews, to reimburse them for their time.

As outlined in Chapter 7.3, I met with the peer-interviewers on several occasions prior to the interviews, and during the data collection period. Both peer-interviewers have agreed in writing that their names could be used in this thesis.

Ten recruited participants were regarded as sufficient to answer the study's aims and objectives and to uphold principal standards regarding utilising the collected data. Despite this ethical recommendation, it is not practically possible to present all data, due to the PhD thesis with limited word length. Concerning this dilemma, several measures were taken to avoid non-use of significant data. First, a participant number of 10 limits the amount of data output, leading to heightened possibilities of most data being used for analysis. Second, Chapter 9 in this thesis describes how data was analysed specifically across the study's aims and objectives, where participants' names have been changed for anonymity. Third, chapters 11 - 13 in this thesis show that rich data is presented through lengthy quotes to present participant data to the most comprehensible degree, within the PhD thesis formal framework. Fourth, data that was not used in the thesis will

be used in future publications. Fifth, reflections on the researcher reflexivity in Chapter 8.1 in this thesis describes key validity and reliability approaches used in the current study.

8.2 Researcher reflexivity

In the current study, as in all studies where researchers engage in, and interpret data actively, my role and positioning as a researcher need consideration. As Gudmundsdottir (1997) states, the researcher's interpretation and reflection impact on the development, outcome and analysis of qualitative research studies. Thus, researcher reflexivity is a necessary process to ensure study credibility and trustworthiness in qualitative research, including clarifying the researcher's position and assumptions that could have impacted the inquiry (Creswell & Poth, 2016). Further, Presser (2005) argued that a thorough reflexivity should investigate the institutional, political and social structures to contextualize research studies. Elements in this process consists of the sum between the researcher's personality, cultural and social upbringing, and standpoints and conceptions regarding social sciences, thus several of these aspects were described in this thesis' Chapter 1.2, concerning professional background.

My professional experiences in the field of mental health and SA goes back over 20 years, where I have had different roles and responsibilities. A key element in my professional practice has

been the combination of approaching people with a non-judgemental attitude, and simultaneously to meet people with normative expectations, i.e. not meeting people as weak or flawed from contact outset. This approach proved particularly useful in the 10 years I had responsibility for the 140 participants in the Stayer-study. Our investigations of key retention factors for Stayer-study participants showed that non-judgemental attitudes from the research staff (Svendsen et al., 2017), combined with proactive retention strategies, for example through providing individual feedback on longitudinal data (Svendsen et al., 2020), was eminent for keeping attrition low. In addition, our approach concerning expecting normative behaviour from people despite for example active substance use through expecting people to show up for appointments or send a message if an appointment needed to be postponed, was appreciated by the Stayer-study participants (Svendsen et al., 2021). Importantly, these approaches were used whether participants for example started substances again, or if some were hard to reach for a period. Hence, the Stayer-study participants have experienced over a significant amount of time that they would be welcomed back whether something happened in their lives that made following up appointments or answering text messages difficult. Despite that these long-term professional relations led to the choice of me not performing the interviews for

the current study myself, I believe that the participants' long-term interaction in the Stayer-study from 2012 could have made it easier for them to say yes to participating in the current study as well, based on their knowledge of me, and the Centre for Alcohol and Drug Research (KORFOR). We have a genuine interest in long-term courses for people with SA, a desire to contribute to developing high quality substance use treatment and follow-up services, and a working philosophy where change and development are seen as possible for all people, regardless of personal background and experiences. Thus, I have had a personal engagement for people with SA experiences and mental health challenges throughout my professional practice and research career, particularly concerning how people can be approached in a more pragmatically flexible and better-timed manner by substance use treatment and follow-up services.

Phillips (1997) questioned whether it is possible to check whether a story in fact reflects the participant's point of view, and in addition if the researcher interacted in shaping the outcome story. For the current study, a constructionist epistemological position entails that the knowledge produced in the narrative interview is developed through the interactions between the study participants, peer- interviewers, and me as the researcher (Andrews, 2012), in the process of investigating phenomena related to long-term SA

recovery courses. This triangulation represents a methodological strength and ensures study rigour. Social constructionism illustrates how reality is viewed as both a subjective and objective reality, and that there exists a need to investigate the interpretive reciprocation between social science phenomena and researcher's efforts to investigate them (Giddens, 1984). These investigations correspond with Lincoln and Guba's (1986) four criteria for rigour, i.e. trustworthiness in qualitative research, which include credibility, dependability, confirmability, and transferability. For the current study, audit was a formal demand throughout the PhD period, through annual formal reviews with an elected scientific review board, and regular meetings with my supervisory team. In addition, sharing thick, written data descriptions transcribed for analysis with the supervisory team allowed investigations of transferability based on the data results.

8.3 Chapter conclusion

This chapter described the ethical considerations and importance of researcher reflexivity in the current study, including the practical measures taken to ensure that all parties were comfortable in the research process. There are several areas of particular importance when conducting qualitative research, concerning sharing of personal information about experiences that might be challenging for participants to reflect on with the peer-interviewer.

The researcher reflexivity section reflected on my background when engaging in the current study. The following chapter explains in detail how the narrative analysis for this research was conducted.

Chapter 9. Narrative analysis

9.1 Introduction

The current study focuses on narratives of human change and development within their dynamic, societal environment. Thus, combining approaches from Developmental Systems Theory (DST) (Ford & Lerner, 1992), critical realism (CR), and a narrative research design, offers opportunities for investigations of how substance addiction (SA) recovery progress over time. Polkinghorne (1988) states that understanding human experience and meaning is the goal of narrative inquiry, through operationalisations of narrative interpretation. In this chapter, the narrative analysis approach for the current study is described.

9.2 Approaches to narrative analysis

Different approaches to narrative analysis are often not mutually exclusively (Riessman, 2008), and boundaries between the different analysis approaches can be vague. Kim (2015, p. 286) uses the terms ‘flirtation’ and ‘aesthetic play’ in approaching narrative data and narrative data analysis, to remind researchers to be open-minded and allow for free association when facing comprehensive datasets. Smith (2007) describes narrative inquiry as an umbrella term in investigations of narrative analysis. Research differs between using formulaic or standardised

descriptions (Labov, 2006), to more creative and flexible approaches to data analysis (Josselson, 2006). Discussions concerning analysis of narrative data have been concerned with to what degree analytical processes should be guided by step-by-step or codified guides (Chamberlain, 2011) as opposed to more heuristic guides (Frank, 2010), that potentially allow for analytical flexibility and movement in unexpected directions.

Given that a narrative approach aims at collecting rich data, discussions have focused on how analyses can be performed without losing sight of interviewees' individual voices, stories, and circumstances such as time and space (Mishler, 1995). As different approaches to narrative analysis often are not mutually exclusive (Riessman, 2008), the current study needed to present clear analytical choices to ensure study validity. The aims and objectives of the current study reconciled with analytical approaches focusing on a practice-based social interactional approach (De Fina & Georgakopoulou, 2015), which links production of narratives through social interaction, including the actors' surrounding sociocultural contexts. The concept of positioning is relevant for these types of narrative studies in that it places human reciprocity, co-construction of positions through activity, social actions, and situational flexibility at the centre of attention (Depperman, 2015; Foucault, 1969). In this perspective,

concepts of self or identity are linked to mechanisms of social discourse, as an alternative to viewing individual identity as a self-contained psychological structure (Depperman, 2015).

When studying stories of how people position themselves in society through social actions, an interactional-performative analytical approach, presented as typologies by Riessman (2008), serves as an analytical lens to shed light on how these processes occurred, demonstrated through the provided participants' descriptions. Riessman (2003; 2008) does not describe the performative analysis approach toward narratives within a systematic, standardized framework, but as an approach to study narratives with emphasis on action in stories, with descriptions of how people represent themselves as social actors. Riessman (2003) originates the analyses of narratives as performances to the classical work of Goffman (1959; 1981), and his use of the dramaturgical metaphor, where social actors present desired versions of themselves to an audience to preserve personal integrity. By shaping their lives retrospectively, people construct memories in storied accounts, which serve strategic purposes. Using an interactional-performative approach as analytical lenses to describe interviewees' experiences allowed for a focus on temporal presentations and the participants as active participants in social reality (Riessman, 2008). This approach was useful to

study how interviewees described their long-term SA recovery courses, thereby providing opportunities for descriptions of individual and societal positioning and agency that has been relatively sparse in SA research.

A flexible analytical approach was chosen in the current study to allow for an analytical process where interviewees' stories of long-term SA recovery courses were investigated with focus on their individual voices (Josselson, 2006), including circumstances such as time and space (Mishler, 1995), their narratives as situated and produced through social interaction (De Fina & Georgakopoulou, 2015), and how the interviewees' presented themselves as social actors through interactional-performativity (Riessman, 2008).

Alongside choosing a flexible analytical approach, the current study's ontological position of CR and its epistemological positions of interpretivism and interactionism, called for an analytical approach attempting to reveal social events mechanisms to search for causal phenomena tendencies (Bygstad et al., 2016). Although several typologies for narrative analysis exist (Mishler, 1995), for example structural narrative analysis, where the focus is mainly on the storytelling itself, and how the story is presented as persuasive, other forms of narrative analysis are more advantageous when searching for phenomena and structures imbedded in recovery. According to Wells and Giacco (2025),

thematic analysis can be particularly useful for researchers positioned within CR based on its flexibility, alongside aiming to identify common tendencies within the data. Narrative thematic analysis was therefore combined with the interactional-performative approach to investigate across cases (Riessman, 2008), to construct narrative typologies of long-term SA recovery (Phoenix & Orr, 2014; Smith & Monforte, 2020).

Narrative typologies represent various adaptations people use when constructing stories (Phoenix & Orr, 2014; Smith & Monforte, 2020). Smith and Monforte (2020) summarise narrative typologies, which starts with clustering individual narrative cases into a set of assorted ideal types. These ideal types express distinctiveness concerning the interviewees' experiences and performativity, differing them from other ideal types. Smith and Monforte (2020) exemplify what other ideal types may represent by drawing on Franks' (1998) narrative investigations of deep illness, using three stories to present understandings of such narratives, namely stories of restitution, chaos, and quest. Other examples of narrative ideal types exist, including Mishler's (2005) presentations of resistance, suppressing, and recovery narratives in health care, and hope narratives for men with spinal cord injuries (Smith & Sparkes, 2005). In other examples, Hanninen and Koski-Jannes (1999) developed four narratives when investigating recovery from

various addictions, and Mellor et al. (2021) presented four narratives for individuals that had not undergone substance use treatment. In the following section, this study's approach to reviewing and analysing the data is explained, where superordinate themes and sub-themes from the data set were developed into narrative typologies.

9.3 Reviewing the data

Between January - April 2023, 10 interviewees had been peer-interviewed. The analytical procedure of the current study started when the digitally recorded interviews from peer-interviewers were transcribed verbatim by me. Interviews lasted an average of 64 minutes, ranging from 35 – 98 minutes per interview. The first transcript, which was chosen due to its detailed and comprehensive data, was read and re-read several times, and written notes were taken in the process for analytical content reflection. This transcript was then analysed using the current study's aims and objectives, through interactional-performative lenses (Riessman, 2008) to guide the analytical procedure. Specifically, the analysis focused on psycho-social cultural factors for people in their long-term SA recovery courses, through narrative explorations of the interviewees' lived experiences as social and performative actors in interaction with the peer-interviewer. Initial themes were developed to highlight recurring

topics (Riessman, 2008). Following this process, the first analysed interview case was developed into an initial template, functioning as a means of access for comprehensions of individual long-term SA recovery courses, by exploring whether key elements of individual performativity showed to be similar or departed from other interviewees' narrations. Following this, themes were clustered into narrative typologies (Phoenix & Orr, 2014; Smith & Monforte, 2020). The interactive impacts (Riessman, 2008) from participant conversations (Murray, 2003) with peer-interviewers are represented throughout all 10 interviews, through examples of similar experiences of substance use treatment, or participation in peer-led groups which led to rich interview conversations. The first template interview with Olivia produced the following 10 themes:

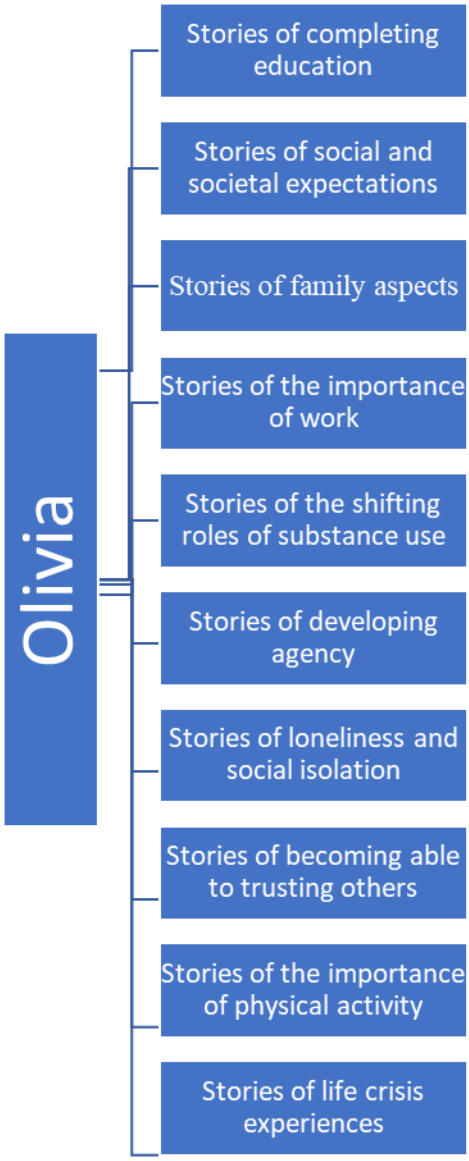
Olivia
Stories of completing education
Stories of social and societal expectations
Stories of family aspects
Stories of the importance of work
Stories of the shifting roles of substance use
Stories of developing agency
Stories of loneliness and social isolation
Stories of becoming able to trusting others
Stories of the importance of physical activity
Stories of life crisis experiences

Figure 1.

The next analytical step investigated whether the themes produced in the template interview showed to be similar through other interviewees' narrations, through analysing the nine remaining interviews. Three additional themes were developed through this process:

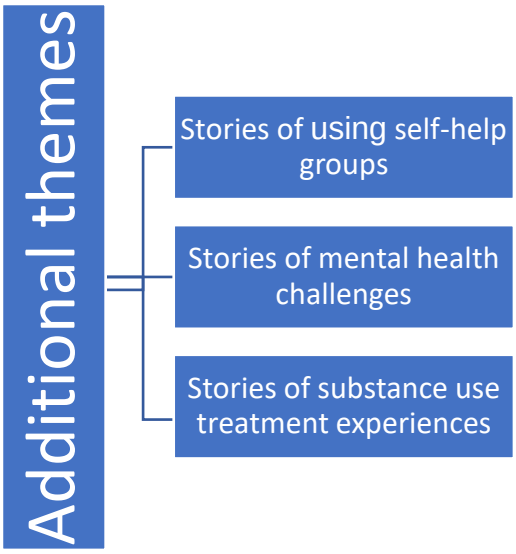

Figure 2.

Three superordinate themes were then developed into typologies, based on clustering of the 13 sub-themes produced from the 10 interviews. The final typologies were ‘The Confiding’, ‘The Agentic’, and ‘The Self-Determined’. The interpretative process of finalising the typologies used in the narrative analysis included consideration of candidate typologies that were considered but not used. To exemplify, ‘The Confiding’ typology was developed based on participants’ narratives of long-term processes concerning changing lives dominated by isolation and loneliness, to building confidence through supportive relations to others. I could therefore for example have named this typology ‘The Socially Isolated’ or ‘The Lonely’. However, ‘The Confiding’ typology illustrates that the participants have moved through stages, towards trusting in others, over time.

Another example of a considered typology was ‘The Autonomous’ as an alternative to ‘The Self-Determined’. However, had I chosen to use ‘the Autonomous’ typology, it could be challenging to differ it from ‘The Agentic’ typology. Through choosing to name this typology ‘The Self-Determined’, it is underlined that while ‘The agentic’ involves the support of others, ‘The Self-Determined’ typology relates to self-developed cognitive appraisals that resulted in independent volition.

Some sub-themes reoccurred in more than one superordinate theme. These sub-themes were ‘stories of family aspects’, ‘stories of using self-help groups’, ‘stories of mental health challenges’, ‘stories of substance use treatment experiences’ and ‘stories of the importance of physical activity’, underlining how the interviewees’ stories contained several aspects of one theme when employing analytical temporal lenses, illustrated through verbatim quotations. The following figure illustrates the superordinate and sub-themes developed through analysis:

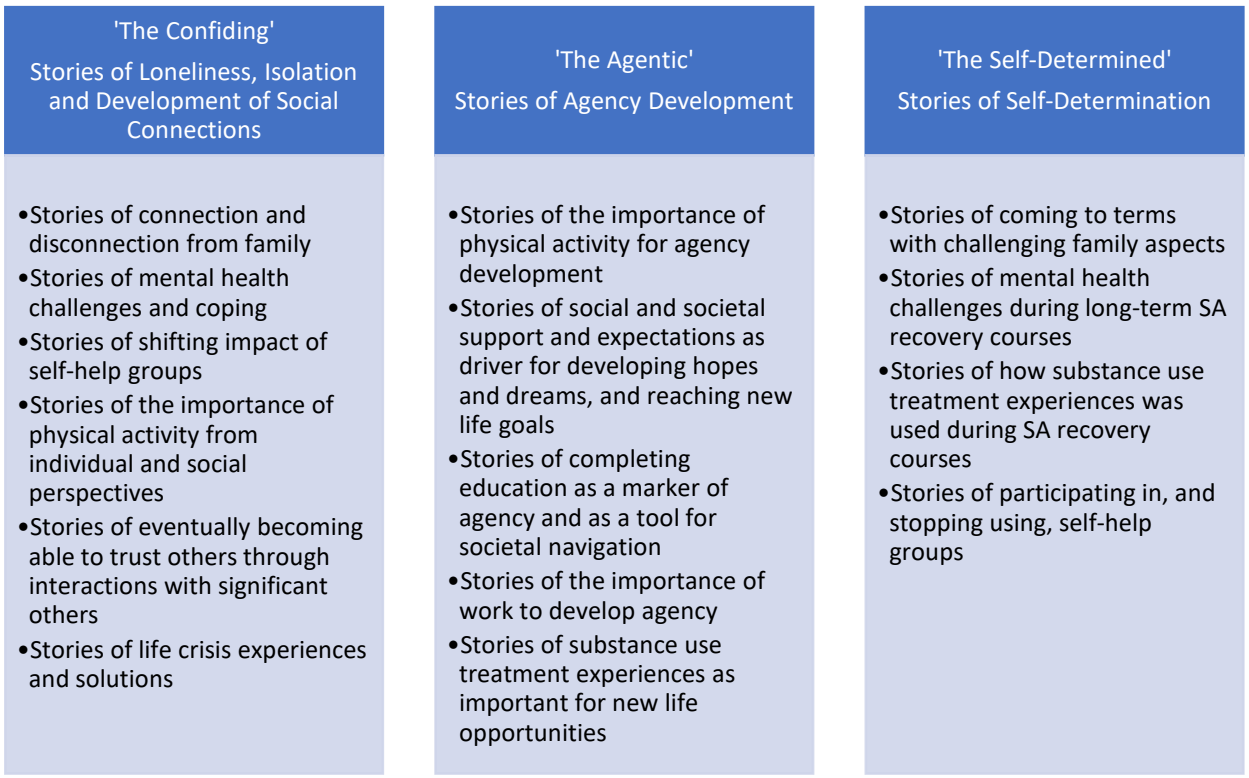

Figure 3.

9.4 Chapter conclusion

This chapter described approaches to narrative analysis, with relevance for the current study's aims and objectives. Interactional- performativity served as an analytical lens to investigate the participants' narrations of themselves within their societal environment. A flexible analytical approach was combined with narrative thematic analysis to investigate across participants' narratives. Typologies of long-term SA recovery were then developed based on the narrative thematic analysis. The next chapter presents the current study's findings, based on the analytical procedure presented in Chapter 9.

Chapter 10. Findings

10.1 Introduction to findings

Through the data analysis, using a flexible, interactional-performative approach and narrative thematic analysis (Riessman, 2008), narrative typologies of long-term SA recovery courses (see Figure 3) were developed (Phoenix & Orr, 2014; Smith & Monforte, 2020). Developmental Systems Theory (Ford & Lerner, 1992) and critical realism (Fletcher, 2017; Leighton, 2025), informed the approach to data analysis through multiple perspectives on human change and development over time, within the participants' societal environment.

As the interviews were conducted in the Norwegian language, selected quotes represent Norwegian idioms that were not possible to translate directly into English. In these cases, brackets [ ] were used to provide short interpretations of the quotes.

The following sections introduce the study participants in terms of age, time of substance use abstinence, substance use treatment experiences, education, and key features from their stories, as an introduction to their stories in analysis chapters 11 – 13.

10.2 Participant presentations

Billie

Billie was 31 years at the interview time, with four years of not using substances. Billie's substance use treatment experiences had been solely outpatient. Her story concern themes regarding loneliness, and descriptions of emotional fluctuations, which has been challenging for her through her life. She describes how her involvement in a peer-cycling group and completing a long cycle race helped her realise her agentic resources in deciding on, and completing, challenging goals. At the interview time she was in a relationship with a man she trusted her feelings with and had started a bachelor's degree in health sciences.

Sonny

Sonny was 31 years at the interview time, with 10 years of not using substances, except for a few slips. Sonny had experiences of outpatient substance use treatment, but it was in an inpatient treatment using a 12-step approach Sonny found a social network with similar experiences as himself. Sonny's story often comes back to what he calls his inner dialogue, which can go into destructive paths if he is alone with his thoughts for too long. Reaching out to his social network to avoid social isolation is key

for Sonny. He has completed a university master's degree in finance and currently works in the Norwegian oil industry.

Olivia

Olivia was 32 years at the interview time, with 10 years of not using substances. Olivia had experiences of outpatient substance use treatment. She quit using substances when she fell in love with a man and became pregnant shortly after. Olivia's story concerns her efforts to prove to society that she is worthy of new social roles as a wife, friend, mother, as a student at bachelor's level. Her family always comes first, which is truly put to the test when her then-husband starts using substances with two children in their house, and her process in this life-crisis. Her story also involves descriptions of how her employment in a low threshold SA service leads to Olivia facing her past from a new perspective, as a professional health nurse.

Leo

Leo was 35 years at the interview time, with five years of not using substances. Leo had numerous experiences of outpatient and inpatient substance use and mental health treatment. His story involves descriptions of upbringing in a family in which all used substances, leading to a lack of stability and structure from childhood. He is a father of two and narrates his battle against the

Norwegian child protection services and the legal system to see his youngest son. Despite his efforts to work with his mental health challenges and SA, his past is still used as argument for him to only see his son on rare occasions. He works fulltime on a sports arena.

Mia

Mia was 31 years the interview time, with 10 years of not using substances except two slips. Mia had brief experiences of outpatient substance use treatment and tells how she used substances to avoid negative feelings, and her ambivalent relationship with substance use. Her story involves descriptions of a traumatic knife-stabbing experience and the period necessary to work through it. Mia narrates how her perception of using self-help groups has changed over time for her. She has completed a bachelor's degree in child protection services and currently works in a youth facility.

Karson

Karson was 32 years at the interview time, with 11 years of not using substances. He was in short-term substance use inpatient treatment once. His story includes his eventual distancing himself from the narcotics anonymous network, building a new social circle, being physically active, and finding his life partner. He

narrates how he evolved into the person he wants to be through employment experiences, which led him to realise his potential in career innovation with a high degree of autonomy. He currently works full-time as a creative artist.

Drew

Drew was 40 years at the time of the interview, with 10 years of not using substances. She had numerous experiences of inpatient and outpatient substance use treatment. Her story involves developing emotional stability and life structure, sparked by her involvement in a therapeutic community treatment where she learned that people around her depended on and trusted her. She depicts how the transition from long-term treatment to living alone was terrifying, and how she used physical exercise to cope and eventually build her social network. She completed high school as an adult and is currently a university student.

Jack

Jack was 41 years at the interview time, with five years of not using substances. Jack had numerous experiences of inpatient and outpatient substance use treatment, and a long criminal career. He narrates how his substance use led to life-chaos for him, and how an incarceration verdict provided a possibility for him to engage in a long-term therapeutic community treatment at the

right time in his life, involving taking responsibility for himself and others, which lead to him stopping using substances. His story involves how a personal fighting spirit eventually brings his life from disorder to structure, to an international bachelor's degree, and a professional career in a sports arena.

Harry

Harry was 27 years at the interview time, with six years of not using substances. He had experiences from outpatient substance use treatment. His story involves being institutionalised at a young age, substance overdoses, destructive sense of self, social isolation, funerals, and broken relationships. Developments of personal and working relationships with significant others inspires Harry to make new life choices that eventually leads to agency, self-worth, and life enjoyment. He currently studies construction building and works as a landscaper.

Franklin

Franklin was 32 years at the interview time, with 10 years of not using substances. He had experiences of outpatient and inpatient substance use treatment. He completed high school as an adult and narrates how experiences from the educational system aided him in realising that he could make more with his life, and in developing a social network he is satisfied with. His biggest crisis

happens several years after stopping using substances, when his relationship with a woman ended, while she was pregnant. He describes an ongoing battle in the legal system to be allowed to see his son. He has a bachelor's degree in social work and currently works in an inpatient substance use treatment as an environmental therapist.

Chapter 11. Stories of loneliness, isolation, and the importance of social connections in recovery

11.1 Introduction

This chapter presents the analysis and findings of participants' stories of loneliness, social and societal isolation, and how social connections eventually were developed in the participants' lives, functioning as important foundations in their long-term substance addiction (SA) recovery courses. The participants' temporal aspects regarding stories of personal and social development underlines that there usually does not exist a quick fix for people working to develop new social roles on various arenas. For most people, regardless of substance addiction, such processes involve long-term, challenging tasks.

The literature review showed that research studies concerning developments of new social networks (Bathish et al., 2017; Veseth et al., 2019), societal (re) integration (Fomiatti et al., 2019), and relational recovery (Nepustil, 2020) aspects for individuals with SA experiences are important aspects of recovery. Approaches investigating such aspects is a consequence of updated understandings of the recovery concept (Ashford et al., 2019; Elms et al., 2018), where focus on the individual's efforts to improve wellbeing, alongside social and societal developments

through taking on new roles and accessing new social and societal arenas are key. The participants' storied accounts provide insight regarding their efforts to eventually able to view themselves as 'normative insiders'. Through their stories' starting points, dating 10 years or more back in time, they organise their stories (…) 'into temporal experiences situated around one's past, present, and future' (Weiss & Johnson-Koenke, 2023, p. 392), thus providing insight into where they have come from, with implications to where they moved on to during their recovery courses. In this chapter, the stories shared by Olivia, Harry, and Sonny particularly illustrate such efforts.

11.2 Olivia's story of processes from a social outsider to a normative insider

Olivia told her story to peer-interviewer Silje, involving her re-authoring of herself from *'junkie'* living in a municipal housing service with active substance users, to someone who is not using substances, creating a family life with two children, and completing a bachelor's degree as a health nurse. Olivia narrates the story of her 10 years in recovery, contextualising her experiences through drawing on significant factors which affected her upbringing:

O: *I have had a very normal upbringing, middle class. So, even though I got off on the wrong foot, I still had a lot to gain from my*

childhood that was…safe, really. But, yeah, I have understood that a big part of the reason why I started using [substances] *was about regulation, emotions…and bullying. I was alone for the entire primary school. So, when I started secondary school, I was angry at the world, I felt alone, and in addition to these regulations' problems, it was easy to end up in the environment where you are accepted no matter what. (…) From the 10 years* [in recovery]*, the things I remember the most, it is when I got things right, I only grew stronger and stronger. And I hadn't experienced that before in my life, because of dyslexia. I could not read and write, did not get the diagnosis before I was 11 years old, and so it was like…I was nothing. But then I understood eventually that I am just like everyone else. And I get things right, and quite good as well!*

S: *But that recognition, or experience, came with that mastering, then, that you got things right?*

O: *Yes, and I got to know new people, and they accepted me! I did not tell anyone that I had* [substance] *user experience. No one knew that. That was not something I talked about until I knew them very well. Then it was more natural to say: 'Yes, I had a bit of a troubling youth'.*

Olivia narrates a story of her family home as a safe space, despite various challenging factors in her life that led to her positioning herself as a social outsider for several years growing up, and

eventually to a social network dominated by problematic substance use. She narrates times of loneliness, anger, and a notion of herself as *'nothing'*, due to her learning disabilities, emotional issues, and experiences of being bullied. The recognition of having dyslexia, however, was a turning point in her life, that enabled her to begin re-authoring herself to be seen as *'just like everyone else*'. Olivia eventually created a story she could present to surrounding people as being someone with *'a bit of a troubling youth*', representing a profoundly normative statement compared to her earlier descriptions of nothingness, outsideness, and ongoing substance use from an early age, which served an important performative function in her SA recovery. Following the recovery definition suggested by White (2007, p. 236), Oliva utilized 'internal and external resources to voluntarily resolve' her SA through efforts to 'develop a healthy, productive, and meaningful life', thus re-authoring herself as being like everyone else. In addition, White's (2007) definition involves a description of people with SA experiences as needing 'to actively manage their continued vulnerability*'* (White, 2007, p. 236). Descriptions of personal 'vulnerability' issues due to former SA experiences is a common part of offered recovery definitions, with terms such as 'maintained lifestyle' (Ashford et al., 2019, p. 5), and 'sustained efforts' (Betty Ford Institute Consensus Panel, 2007, p.

222) to develop personal wellbeing, and social and societal positions. It could be questioned whether such definitions, highlighting recovery as a never-ending process that most often requires constant awareness from people with SA experiences, contributes to continued, individual conceptions of otherness and self-stigma compared to people without SA experiences (Krendl & Perry, 2023). Although Olivia narrates her developmental changes as involving dynamic relations to significant others, she underlines that a key to her taking her place in society happened when, through her dyslexia diagnosis, she was finally able to resist being positioned as a social outcast compared to her normative peers. From this perspective, her re-authoring and ability to be open about her disability offered her a normative insider role as a person with a *'bit of a troubling youth',* thus de-mystifying her presentation of herself to others. Through Olivia's storied de-mystification, locating her as a normative insider in society (Fomiatti, 2020), and by withholding descriptions of her SA experiences, she was eventually able to take on new social roles.

During her conversation with Silje, Olivia narrates a story of a profound life crisis involving her now ex-husband, eight years into her recovery. Olivia narrates a high-risk moment in her life, yet, in this conversation, her social support is highlighted as a key coping factor:

O: *Everything went fine, really, no big crisis, no particularly hard things happened, before 2021. Then I found a syringe. Because my son had spilled yoghurt in his backpack, and he was supposed to borrow the daddy's backpack, and then I found a syringe and some other things in there. And as it turned out, he* [the husband] *had used amphetamine for three and a half years.*

S: *Oh my god.*

O: *So, in the end I asked him why he had started using, and then he answered that it was so hard to live with me. So, then he had to leave.*

In this section, Olivia underlines how her children's wellbeing and safety was her main priority when crisis hit. When Silje asks how Olivia coped when she realised that substance use had been going on within the household, she had developed over years to keep her family safe, Olivia says:

O: *Me and my mom have a very open relationship where we talk about a lot, and I think that is a big reason why I dared to go to her that day, when I found it* [the syringe]*, because I was like…I had no clue, what am I going to do? Should I hide it? Should I lie? What am I going to do? But I did know that the right thing is to go and air it out, say it out loud, right, and cry. Because I know that if I was going to sit there and keep it in, or if I had jumped on the*

[substance use] *carousel, then it had not gone well (…) I have worked so much with myself, I know that it's not a secret I can keep to myself, alone. Then I will go, too. So, then it became important for me to share it, and get advice. And luckily, I have a very open relationship with my parents taking into consideration my youth period, that was tough for them, like they don't blame me, and I don't blame them. They know everything, right?*

S: But if this had happened just a few years before it did, when you didn't have everything sorted, like you had now, then it could have been completely different?

O: I have thought about that as well, that essentially, I was lucky, as well, with the time point. Because now…I have learned that there isn't something called 'normal people'. Everyone has got their luggage, even if it is not substances. They have got things they struggle with, all of them. And if it is psychiatry or if it is family, or next of kin, everyone has got experiences. And they have got so many similarities, compared to substances, even though specific [problematic substance use] *experience maybe is a bit…a bit more destructive for the person and surrounding people. But we are not that different, anyway. Because when I was a teenager, then I believed that: 'I am not like them. I do not fit in'. I was not accepted. But I have understood that it's not true.*

In this quote, Olivia narrates meaningful and trusting relationships as key, alongside the need to identify as *'normal'* to fit in her social world, through the acceptance that humans are all flawed. Olivia narrates how she always has kept an open dialogue with her parents, particularly her mother, also through Olivia's upbringing, which she narrates as *'tough'.* This relational openness proved key when crisis hit, as she dared to be open with her mother concerning an incident, she found profoundly shameful. The significance of considering the dynamics of time is underlined in Olivia's story, as her *'first crisis'* after stopping substance use occurred eight years into her recovery. Olivia's first years after ceasing substance use, from 2012, had led to her re-authoring herself as someone who did not fit in socially, to someone who eventually took on new roles on various social and societal arenas, including motherhood. Thus, Olivia's story can serve as a storied example of developmental changes (Ford & Lerner, 1992), which occurred within her interindividual, i.e. between individuals' contextual systems. When crisis hit, Olivia tells how she had undergone coherent, developmental changes through the re-authoring of herself as an outsider to an active actor in various arenas over eight years. Her parents, in addition to friends and colleagues, who Olivia also narrates as important in this challenging period of her life, needed to modify their view of Olivia

considering the new events, ‘to accommodate the change that is occurring’ (Ford & Lerner, 1992, p. 39), which proved possible through Olivia’s openness towards significant others. Her ability to be open concerning sensitive and challenging life-topics had developed over time, alongside her re-authoring of herself from a position of an outsider, with few people to mirror her experiences, to developing a social view including seeing people as *‘not that different’* from herself. Thus, her view of what it is to be *‘normal’* had changed over time, helping her let her guard down towards others to get support in a challenging life period, and providing an optimistic view on human change and helpful, social interactions. Olivia specifically narrates how a work colleague and friend helped her in this period:

O: *I got very good help from my friend, that also worked where I worked, and that had just separated and was going through divorce the same year that I separated. It was her that guided me through it a lot, and…I remember we were going on summer vacation, a vacation in Norway. So, it was me and her, her kids, and my kids, and I was not entirely ‘at home’ in my mind, right? I was just like, I was in flight or fight, so she just planned everything, and I paid her* (Olivia chuckles).

S: *Wonderful.*

O*: And it's the best vacation we have had. We went to southern Norway, and then we went up to the mountains, to a climbing park, and slept in these camping huts. It was so nice. And she just sort of…she just paved the way, and I followed.*

Olivia's story concerns her efforts to fit into her image of normative society, with family support as a key aspect. For other participants, however, their family relations played opposite roles, as barriers when they strived to overcome loneliness and 'outsideness' in their lives. Harry's story illustrates such efforts.

11.3 Harry's story of efforts to be perceived as a valuable social actor

Harry told his story to peer-interviewer Silje, starting with a story of heroin misuse overdoses from his early teen years, in addition to a broken engagement, fragile family bonds and emotional flatness towards himself and his surroundings. Silje asked what Harry did to change comprehensive parts of his life, and substance use cessation for six years prior to their conversation:

H: *Depression, and a lot of sleep. It sounds stupid, but especially in winter I got depressed. I was using* [substances] *a lot in the winters, because that was when the family was getting together, and I had to cope with them, so that was very hard to overcome. To not use when I was going to be with my family. I thought of my*

family as just a façade. So, in the end I just celebrated Christmas alone for several years. To avoid it. And then, one of the main reasons to use was gone, sort of. And that helped. Because I could avoid all those questions, like: 'Do you have a job, have you thought about starting to live [properly] soon'. Like, thanks, that is exactly what I need right now. So, what really helped was to drop my family. Because they were a big part of why I started to use. So, I needed that distance to those relationships. Like, 'Ok, it was like that, now it is like this, and if you cannot change, I just have to drop all of you'. So, after that they stopped asking how I was doing. That is the worse question I know. I hated it. It does not go fucking well.

Harry provides a narrative of loneliness through his description of being alone at Christmas. For him, this was a time of year that could lead to substance use for him, thus he stayed away from family in these periods based on a strategic decision that aided his recovery. Harry further narrates that he had been in outpatient substance use treatment for the last seven years, and that he had just stopped going there one week prior to the interview with Silje, because of agreement to stop treatment between himself and the psychologist. He praises the psychologist there, calling her the *'only consistent helper he has met'*, and *'almost a family member'.*

When Silje asked about the help that Harry has gotten from the psychologist, his family is brought into the conversation again:

H: *I have come to care a lot for my family again. It is still bumpy sometimes, like the last thing my father told me when I moved was that: 'If you use drugs again, I will kick the shit out of you'. But I have built it up again, with my father, and come to think of him as my father, not just a buddy. That has taken a long time. But to know, like, if I call, they are always there. And my uncle and aunt have been a great support because they are a bit more grounded than the rest of the family. I think my other uncles are using* [substances]*. So, I do not call them. I have become a family lover, because there was a very long time where I hated them. I did not want anything to do with them, they could have died for all I care.*

Harry's descriptions depart from the unconditional love often linked to notions of 'family'. However, from the beginning of his conversation with Silje, Harry narrates perspectives on how his view on, and interactions with, his family has changed over years. From narrating his family as *'just a façade'* and one of the main reasons for Harry's SA, he has eventually changed his views in several ways, through support from his psychologist that he stayed in contact with for seven years. The Norwegian escalation plan for the drug field (Prop 15S, 2015 – 2016) does not mention temporal frames for its focus on early intervention, treatment, and aftercare

for people with SA. However, as the plan states goals of ‘enabling the individual to master or achieve the best possible control over important life conditions’ (Prop. 15S (2015 – 2016, p. 6), and placing the person in question, and their close social network as the focus of attention, it is logical that efforts in many cases will need to be extended over years. Harry stated early in his conversation with Silje that he was placed in his first substance use detoxification at age 15 and had switched many psychologists over the years. His long-term relation with the psychologist he attended for seven years led to comprehensive positive effects in his life, as enough time was provided so that they could build a professional relationship where Harry trusted that the psychologist would support him over time. Prior to Harry meeting the psychologist, however, another significant person in Harry’s life is presented in his conversation with Silje:

H: *I had a friend that was living on the other side of Norway, and she was using* [substances], *but she quit, and she lived in different institutions, and when I was 18, she moved here. And we have a very good relationship. I have a good relationship with her kids. The only person I had for a long period, was that girl. I was with her every single day. But then I was drinking a lot, and if I hadn’t had her, I would have been alone again, then. Because she knew*

my history, but she also knew me very well. I am going over to her after. She has been there for 13 years. I cannot get rid of her.

(Both laughing).

H: *She saw me in a different way than the others, even if I got very angry it was like: 'I know that is not what you mean'. No matter what I did, she wanted to be there.*

S: *She looked past it. That is very nice.*

H: *It is very big on her part, because I have put her through a lot of shit.*

S: *And maybe you are not used to people seeing through those things?*

H: *You are only seen as a problem. I was only the angry one. It was the only feeling I had left. I was not really seen before I was 18 - 20 years, I think. It was a fucking childhood. So, that was a new experience, that I started to trust quite fast, because she was very caring, and I had not had a lot of that in my life. So, when that came it opened* [his life] *a bit. And it has built from there, I have more new people that I see, and they have been good in tough periods.*

The girl in Harry's story acted out the unconditional love towards him that he had been missing, through his narration of being *'only*

seen as a problem', leading to key formative and developmental years being lost. Despite these personal losses, Harry found a friend that supported him despite his SA, narrated through Harry's statement that *'she knew my history, but she also knew me very well'*. Definitions of recovery occasionally includes both relational and intraindividual aspects, exemplified by Ashford et al. (2019, p. 5): 'Recovery is an individualized, intentional, dynamic, and relational process, involving sustained efforts to improve wellness'. When discussing the concept of Recovery Capital, Best and Hennessy (2022) include social interactions, networks, and societal dimensions in recovery courses. A timely question when investigating defining aspects of what recovery constitutes regards whether definitional terms in its nature separates from existential aspects that regards all humans, including striving towards living meaningful lives and social connectedness (Seligman & Csikszentmihalyi, 2000). From this perspective, 'recovery' could be replaced with 'people' in the definition proposed by Ashford et al. (2019, p. 5), given that it does not explain other individual or interindividual aspects that most people share, and further, that specific aspects of SA are not included in the Ashford et al. (2019) recovery definition. This is also the case for Recovery Capital (Cloud & Granfield, 2008), as most people will pursue sociality through sustained efforts during their lifetime. Harry's re-authoring

of himself from socially isolated and as *'a problem',* to eventually trusting that people genuinely could care for him, happened in relationships with significant people in Harry's life up to 13 years in his life. Harry narrates how his experiences of patience, care, and steadfastness by significant others over years ground his self-perception as a person, allowing him to re-author himself as a social actor. Later in his conversation with Silje, Harry narrates a story of the temporal value of eventually trusting people around him, getting responsibilities, and meeting normal expectations from others, including expressions of care:

H: *I have been studying for three years, so I will graduate next year. I have become more social over the years because I used to be very closed. Especially after I stopped using* [substances]. *Because you go from going from king on the hill to absolutely nothing. Not even worth the shit under your shoe. We* (Harry and the psychologist] *have been working with that a lot. And I was in work practice before that. It is originally six months and up to one year, but I was allowed to stay there for three years.*

S: *That is brilliant! That they facilitated that!*

H: *Fantastic. So that helped my self-esteem a lot, because I got responsibility, compliments, I liked to work, I liked to be outside, and I was able to figure out who I was, then. That was a very supportive part. They scolded me when I got in late, but it was not*

the end of the world. They were just as happy to see me the day after. I found a peculiar father figure there as well. My work leader. He was…it was…you always want to have some role models in your life.

For the third time in Harry's story, following his psychologist and his friend, he narrates how he experienced receiving the unconditional love and support that had been lacking in his life, and was given the space to 'figure out who I was'. When Silje asks more about Harry's relation with his work leader, he says:

H: *I have not believed in myself before the last two - three years. So, when I had rough periods while I was with them, he said: 'If there is something that bothers you, if you are stressed, you have my number! I do not turn off my phone when I finish work! Just call'! And that helped a lot, especially when I broke it off with my last girlfriend. Then he said: 'You call me after work. I do not care if you are drunk, I do not care if you are high. Whatever it is, you call me tonight, after! Just so that I know that you are still here'. And that…that hit.*

S: *It hits me as well when you talk about it.*

H: *Mhm* (voice breaks). *Wasn't supposed to cry.*

S: *That is ok, I will start to cry soon, too.*

H: *So, they helped me to see that I was worth something else. And just to hear a day after you have not been there: 'You know what Harry, when you are here it is a totally different chemistry at work, you change the whole energy'. They meant that in a positive way.*

Harry shares a storied account of how he was able to *'figure out who he was'* and build self-esteem through others who expressed that he mattered, and that it was important for others that he was there. Furthermore, Harry narrates how being allowed to stay in the work practice for three years was crucial for him, although six months was the original placement limit, thus the importance of dynamics of time is underlined.

The continued, narrow focus on substance use ceasing and chronic abstinence as qualifying criteria for people in recovery to be allowed access to normative social arenas, leads Fomiatti (2020) to the conclusion that people in SA recovery continue to meet societal expectations separate from other citizens (…) 'rather than the acceptance of living with difference and different embodied practices' (Fomiatti, 2020, p.8). Ford and Lerner (1992), epistemologically positioned within psychobiology, advocating dynamic human possibilities with room for change and development, cautions against ideals of viewing human lives as journeys with predestined end goals. The authors call this an idealized template for change (…) 'where deviations from the ideal

developmental trajectory may be seen as evidence of abnormal or undesirable growth and development' (Ford & Lerner, 1992, pp. 40-41), potentially hindering alternative life-course performativity pathways. Following Ford and Lerner's (1992) descriptions, Harry's meeting with the work leader could have led him to feeling 'unworthy, bad, or incompetent because one is different from the idealized template for development' (Ford & Lerner, 1992, p. 42), if Harry had been blocked from contact with the work leader and workplace because he used substances. The work leader, however, pinpointed his genuine acceptance of him, regardless of him starting using substances again, because he wanted to know that Harry *'was still here'* even though he had a rough time. The work leader's statements illustrate that he was aware of Harry's past, and that he had known him personally over time, as Harry was allowed to stay in the workplace far beyond the originally set placement time. Through accepting his past, and acknowledging Harry's challenges, the work leader stepped out of an idealised template regarding SA issues, which led to an interaction Harry narrates as relationally significant for him.

Harry tells Silje how over time he has re-authored himself from a person that was never good enough, based on his SA, to someone who is accepted by others:

H: *So, the last year I would argue that I have been very happy with the people I have met. And that has been crucial for me not going back to using* [substances]. *Because I have too much to lose. Like, before there were only negative reactions, nothing positive, you feel that you get dragged down all the time because you are never enough. And you will never be enough. And then you meet people that say: 'There is something with you, there is something there, and I am going to fucking get it out'! You feel appreciated in a totally different way. I have spent many, many, many hours writing thanks to these people. No one shall wonder if I am grateful.*

S: *How have you done it?*

H: *I have not been alone. My instinct has always been: 'Stay away from others, close yourself in, no one shall see that you are in pain'. But I have not been allowed to do that! I have not been allowed to isolate myself, especially from the girl. If I don't respond* [to her] *it is like: 'You will come here today. Dinner is on the table'.*

Receiving unconditional love and support through interactions has enabled Harry to re-author himself as someone who matters, someone who is loved and cared for, and thus ultimately is worth being part of society. Through Harry's storied account, time acts as a key factor during the facilitation of his re-authoring of himself, from self-isolating and as *'a problem',* to a person who experiences development of social relations. Following Harry's

story, several of the developmental changes he has undergone have been due to significant people surrounding him who *'knew my history but also knew me very well'.* This statement underlines a temporal aspect that often is underplayed in recovery courses, namely that knowledge concerning a person's history might not be sufficient when supporting the person in present and future developmental processes. Arguably, a focus on long-term relationships in various arenas, including substance use treatment and follow-up services, could prove beneficial, as consistency in relations is important in recovery courses. Further, interactional trust and openness can take time to establish and is a prerequisite for expectations between people. Thus, it should be critically investigated if a dominant focus on specific SA aspects potentially prove to serve more as blockages than gateways to meaningful conversations concerning development of new social roles in society for people with SA in substance use treatment and follow-up services, For Harry, his story of interactional processes had lasted for 13 years, and functioned positively in his life on the very basis that SA aspects were moved to the sideline, in favour of relations based on genuine care and normal expectations.

11.4 Sonny's story of social isolation as an escalator that he needs to avoid in his recovery

Sonny told his story to peer-interviewer Aleksander. He talks about the first years in SA recovery in which the foundation for his current life was established, with a substance use treatment that worked for him, and gradual movement into societal arenas, including graduating with a university master's degree and a successful professional career:

S: *I want to say that it is a success story, in many ways, and now, 10 years later, I have an education and a job in the oil industry. For me, if I had heard about that when I was out using, I would have thought that it was completely sick, that I managed that. Today it feels very normal. And sometimes I feel that it goes back to, if you are going to have a good life it is about social relations, and how you treat yourself. The inner dialogue. Like, I was out with my work last Friday, played minigolf in the city, and people started drinking and stuff, and then I still sense that uncertainty, right, when I am not drinking myself. That wavelength. And then I am getting closer to using myself. Like, maybe it would not be a bad idea to...It has been a long time since I used* [substances], *but I still feel that...that I am still substance use dependent, when I am in those settings.*

Except from a brief relapse period while studying five years ago, Sonny has not used substances for 10 years. He is in a recovery phase Dennis et al. (2007) call stable recovery, characterised by time-sensitive Recovery Capital (Granfield & Cloud, 2008) built around education, employment, and social relations. Besides using the self-help group Narcotics Anonymous (NA), Sonny has no contact with substance use treatment or follow-up services and narrates his story as 'a success'. His story of current social relations with his colleagues, however, illustrates the sense of alert Sonny feels that he still needs to uphold when substances become part of the social picture. Despite his re-authoring of himself as a person that has accessed normative societal arenas, some are still not comfortable for him. Aleksander asks how Sonny copes with those challenges, through using his own experiences of long-term SA recovery in their dialogue:

S: *I still think that many things are hard. I think that it is difficult to really see myself as a social person, and that I can develop good relations. But at the same time, that is the hardest thing in life, to create relationships, and maintaining them. I have focused on areas, first on sports, then on education. And that went well, when I focused on it.*

A: *So, relations are essential to get a good life, as we are social animals, we need to be in touch with others. But how have you*

handled that? Because you say that you are sociable but that it is hard. How do you deal with that?

S: *I am a bit isolated, and then I must approach others, to maintain social, going to [NA] meetings and stuff. For me, it is sort of like a staircase, connected to the addiction. Like an escalator. If I stay home, I get isolated quite fast. I must push myself to get out. It is very basic, but it is still a challenge. Like, I go to work, and I must add things to life. That can still be challenging (…) I have a bit of the 'white knuckles' approach in my life, sort of feeling lonely sometimes, but I get through it. It is not always about having the best life. It is ok to feel lonely sometimes. But there have been some periods with 'white knuckles'.*

A: *To just stand in it, to ride it out?*

S: *Yes, basically.*

A: *But isn't that life? The way it has be sometimes?*

S: *I agree, but when I look back, I see that I did not have to isolate myself. It is often better to talk to others. I could have handled it better, sometimes.*

A: *Ok, but how do you manage to tackle it before it gets bad?*

S: *That is the challenge, and it is important for me to trust in someone around me. Call someone to...for me, that is the* [NA]

sponsor now. I guess you can use a psychologist, or a girlfriend, or family. For me, it helps to tell someone how I am feeling.

For Sonny, supportive relationships are key in his long-term SA recovery course, to help work through his challenges. Thus, isolation is narrated as the antithesis for his desired existence, which requires time and meaningful relational engagement. Through his story of periods with *'white knuckles'* and illustration of isolation as an *'escalator',* 10 years into his recovery course, Sonny nuances his own success story by underlining ongoing existential challenges and himself as a social actor. Thus, he adds to the conclusions put forth in the study by Neale et al. (2015, p. 32), highlighting that caution should be taken to avoid placing people who seems to be doing well on 'recovery conqueror pedestals', which could lead to people in recovery experiencing difficulties to share vulnerabilities in challenging life periods. The conclusion by Neale et al. (2015) was drawn on the background of service providers' descriptions of what recovery consists of, in which study participants with experiences from SA found to be impossible to live up to, as the recovery standards entailed people with SA experiences becoming 'superhumans' (Neale et al., 2015, p. 29). Sonny narrates a key challenge in recovery as the loneliness staircase, which he stories as a part of his personality, and an existential aspect he needs to consider consciously,

through the help from others. Sonny narrates how his SA experiences make it necessary for him to stay alert because of his *'addiction'.* This statement aligns with findings in the study by Neale et al. (2015), in which participants expressed that recovery should be considered as a personal, never-ending journey, based on ever-present opportunities of substance use slips and relapses. Aleksander asks Sonny to talk more about his social roles in his workplace, specifically connected to sharing his SA experiences:

S: *I do not share anything about that at work. I do like to be honest, but at work, it is not always strategic to do it. And on the other side, the addiction part is not a big part of my personality anymore, I am more than an addict so to speak. If I was to tell something about myself, it would not be like: 'I used to be a junkie'. Like, I have many other stories about myself that I can tell, if you know what I mean?*

A: *I understand that a lot.*

S: *But if people was really getting to know me, they would know about that as well. Because it is an important part of the story, but not something that I need to share at the first meeting. Like, I was sitting in a job interview yesterday, and they asked: 'I could see that you did not go on to study right after high school'? Then I just say that I went all in for the sports and stuff. I do not say that I was a junkie. And they all buy it!*

Sonny stopped using substances when he was between 19 and 20 years of age, prior to the substance use treatment that worked for him. However, he underlines that his SA experiences constitute an *'important part of the story'*, and a part of his life that he could share if he got more closely acquainted to other people. In Veseth et al. (2019), we investigated various impacts of close social relationships in a group of people with recovery course experiences. 'A stabilising and destabilising social world' (Veseth et al., 2019, p. 93) is used as a main finding's headline in the study, to illustrate the various roles close social relationships played during the participants' recovery courses over time. When temporality is consciously included as a perspective when investigating human relations, logical aspects concerning humans, as all living creatures, change in various aspects as time passes. The specific temporal aspect thus offers opportunities to see how individual life courses, including courses with SA, are not predetermined (Ford & Lerner, 1992), and that dynamic human possibilities exist contextually. As time passed, Sonny entered new social arenas, and took on new social roles, which made it *'strategic'* for him to make conscious choices concerning sharing personal experiences. In addition, Sonny highlights a factor that he mentions as an advantage for him, namely that he has *'many other stories'* he could talk about concerning himself, exemplified

by his investment in an elite sports genre from an early age. When Sonny states that *'they all buy it'*, his available stories work as an advantage for him in new social settings, where Sonny calculates that stories of SA experiences are best to remain untold. Sonny's story of his recovery course over 10 years serves as an illustrative example regarding the demanding task of developing and performing social roles, while constantly reflecting on best matching his available stories with the social arena, he finds himself in. Thus, Sonny explains his social strategies through personal action, through taking into consideration that changing social environments can require changes (Ford & Lerner, 1992) regarding his role performativity.

Sonny's movements into new social arenas through education, his professional career and development of new social networks are storied as an ongoing process over 10 years, as Sonny still finds it difficult to see himself as *'a social person'.* In addition, Sonny aligns himself to being able to perform social roles as a prerequisite to not using substances again, as the *'staircase of addiction'* is ever-present for him, vividly illustrated on the mini golf arena with Sonny's colleagues, when alcohol became part of the social picture. For Sonny, his recovery course after 10 years still involves avoiding social isolation through interacting with people

he can confide in, striving to act as a social individual, and juggling his available stories on various social arenas.

11.4 Chapter conclusion

This chapter presented insight into the participants past experiences and where they come from, thus providing a starting point for the following chapters of this thesis. The participants' stories in this chapter included entering an alien social world for them, as many of them had felt isolated and unconnected during their childhoods, teenage and early adulthood. The participants narrated movements from social outsideness to experiences of being connected to their social surroundings. Their stories serve as illustrative examples of how human change and developments can occur (Ford & Lerner, 1992) if necessary personal abilities are teamed with support from others. In this chapter, these abilities and social support included honest communication with significant others, development of new perspectives of what normative social interactions consist of and having people in their lives who expected them to stay in touch over time.

The stories from Olivia, Harry, and Sonny nuance SA recovery perspectives from multiple angles, regarding the various roles substances plays (White et al., 2007), how social connectedness (Veseth et al., 2019) is closely linked to personal capabilities (Veseth et al., 2022), ongoing debates (Ashford et al., 2019)

regarding recovery courses as ceaseless, personal journeys, and the importance of incorporating investigations of loneliness (Ingram et al., 2020) and stigma (Chantry et al., 2025; Krendl & Perry, 2023) when discussing recovery courses. The narrative typology (Phoenix & Orr, 2014; Smith & Monforte, 2020) developed from participants' stories in this chapter is 'The Confiding', implicating that without other people in your life to help guide and support, and without people taking quality time to support someone, change and development would be profoundly difficult.

The following chapter in this thesis concerns stories of how participants continued to build on the experiences of confiding in others and moving from social outsideness to new developments of social belonging, in their endeavours to develop agency on multiple social arenas during their recovery courses, including how occurring barriers and challenges were tackled by the participants.

Chapter 12. Stories of agency development in recovery

12.1 Introduction

In the previous chapter, the study participants narrated how they moved from loneliness and isolation to eventual social connectedness over time through confiding in and receiving support from significant others. Through these efforts, the participants were eventually able to access new social and societal arenas and started to perform new roles within them. Later in the participants' stories, they shared novel understandings of their long-term substance addiction (SA) recovery experiences, and how barriers were tackled concerning agency development on various social and societal arenas.

SA recovery research has included perspectives regarding personal wellbeing, participation in meaningful activities, and social inclusion during the later years (Ashford et al., 2019; Elms et al., 2018). However, the literature review also described how positive intentions regarding agency and social inclusion can be quite narrowly framed, grounded in what Fomiatti (2020, p. 1) calls the 'normative fantasies of healthy society and citizenship that underpin recovery'. These demands of normative performativity often include a schematic, linear progress, including ceasing

societally deemed unwanted behaviour linked to SA, avoiding contact with people who could be of negative influence, developing new social relationships with people without SA, and building and living a life filled with meaningful activities. Such processes will logically require time to achieve for most people, including existential aspects related to undergoing personal changes, in addition to more practical issues such as stable housing, and employment (Lancaster, 2017). Knowledge gaps currently exist regarding how such processes realistically occur from first-person perspectives, and how normative, linear expectations accord with temporal accounts regarding long-term recovery courses. Furthermore, critical investigations of the traditionally individualistically agency concept are needed (De Meyer et al., 2025), to include broader contextual factors when investigating long-term SA recovery courses.

The following sections present the stories of Billie, Jack, Drew, and Franklin. Through their conversations with peer-interviewers, all participants shared their stories of developing agency through efforts toward extensive life goals.

12.2 Billie's story of completing challenging goals as key in developing agency

Billie shared her story through conversation with peer-interviewer Silje, narrating how she had used substances as mood regulation tools from a young age, to maintain a mental state with less emotional fluctuations, anxiety, and loneliness. She tells how her substance use had stopped her from holding on to work, joining higher education and building a stable social network through her teen years and early adult life. Billie narrates how several positive aspects changed for her when she joined a peer-based cycling group in 2019, with a leader showing personal engagement and flexibility towards her:

B: *The leader, she is always there, she has been this person for me…I can call her, or send her a text no matter when, sort of. Not just between eight and four. To have someone that believes that I can do it, and support, and to be in an environment where people want to make it. And support each other and…up and away sort of. I would probably not be where I am today if it weren't for them. Those people, and the training. The cycling, they became my high.*

(Billie and Silje laughs).

S*: Yes, but a bit healthier alternative. Not those big consequences?*

B: *Yes, but you get out some of the good chemicals when you work out hard, it is as close as you can get, I felt. Like, a natural high.*

S*: I have heard a lot of people talk about that, how you need to find something to replace it with. But how did you get in it?*

B: *It was more like, 'if you want to come here, come on'.*

S*: That is fantastic.*

B: *Yes, so that is genuinely nice with that offer that you can just show up, sort of. There are no waiting lines. The cycling helped me to regulate the feelings that were off the hinges then.*

Billie's storied experiences highlight the importance of the peer-group and the group leader, stating that she would not have experienced the emotional regulation and personal development in the later years of recovery without the peer-group's support. Her story corresponds with key content of Recovery Capital suggested by Best and Hennessy (2022), that individual and external factors from social interactions, networks and societal dimensions are significant for recovery processes. Criticism has been directed towards Recovery Capital evidence by a dominated reliance on treatment samples (Subbaraman et al., 2015), that has led to a

dearth of voices of individuals, including experiences of long-term recovery. Following the recommendation by Bowen et al. (2022) suggesting that a variety of recovery courses should be explored, Billie offers new perspectives on recovery courses for people outside of substance use treatment, over time.

An annual goal for Billie's group was a challenging cycle-race that takes place over 24 hours between the Norwegian cities of Trondheim and Oslo. Silje had also completed the race when she previously was in the peer-group herself several years ago, during her own SA recovery course. Thus, they share experiences that they both can relate to, based on their SA experiences, physical activity, and participating in a specific group setting. Due to the Covid pandemic, the race was postponed for two years. Billie said that she had stopped going to the peer-group by then, but was able to join the group again with mostly new participants in 2021 to finally complete the race:

B: *That was fantastic and horrible. Oh my god. I was so far down in the dumps* [pushing herself mentally and physically] *during that trip that…I had trained to do it for over two years (…) So, the next day…it took a while before I got to myself, and when we got to the hotel, then I heard three different conversations in my head, and a song, and it was just: 'Ooohh'. I did not see things that were not there, but I heard stuff. So, when I got some sleep, and the next*

day when I got to be alone, then it dawned on me: Shit, I have done it! And then I just sat there crying, of joy. So, when we were driving home, I probably cried for three hours in that car. It was so fantastic!

S: *I can imagine! And when you have been so far down in the basement and just be able to defy it.*

B: *And to complete something that you have been working towards for that long of a time, that was something I had not done before. So that was…I feel that when I did that, I can do what I want.*

Billie ceased substance use more than two years prior to the race. She trained systematically, changed her interactions with social groups, and had to postpone her goals due to Covid. Her storied efforts align with the Ashford et al.'s (2019) recovery definition as 'an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness' (Ashford et al., 2019, p. 5). The term 'sustained process' is used in the Ashford et al. (2019) recovery definition, alongside recovery as 'an extended period without interruption' (Ashford et al., 2019, p. 5), with the authors stating that 'linkages between the phenomena that constitute the process of recovery and the time scales on which these phenomena vary' (…) (Ashford et al., 2019, p. 8). When comparing Billie's endeavours to what Ashford et al. (2019) calls

the ‘essence of recovery’, namely ‘a movement from disordered to more ordered states’ (Ashford et al., 2019, p. 6), time as a significant recovery factor becomes striking, as descriptions of human movements from one ‘state’ suggest, as in Billie’s story, long-term, existential processes. For Billie, these experiences and changes included efforts to complete a clear goal, which she narrates as a new experience for her. An investigative question in this context regards whether Billie’s efforts were seen to be useful as a source of motivation in her future life, or whether she perceived her goal-achievement more as an isolated, positive event. Ford and Lerner (1992) contribute to discussions concerning human change processes through analysing whether change and development can be juxtaposed, or if they differ, arguing that ‘while all development involves change, not all changes represent development’ (Ford & Lerner, 1992, p. 37). Thus, human changes do not necessarily lead to developmental change, i.e., alterations in one person from one time to another, representing a specific, systemic concept. Silje is specifically interested in Billie’s views regarding whether her experiences with attendance in the cycling-group is also useful in her ongoing life. Their shared experiences as peers leads to a dynamic conversation in the following section:

S: *I get a bit curious. When I think about the things that you rehearse at the time, and the situation you are in, is that something you can transfer to your life?*

B: *Yes. Very. Because both in the training towards Trondheim-Oslo, when we cycle out in all kinds of shitty weather, and hard spinning lessons where you just want to leave, you must…you get used to sort of stand in it* [put up with something]*, sort of. And it is always worth it after. I have never regretted standing in it. But if I did not stand in it, I would have regretted it.*

S: *It is like I hear the leader's voice; you know: the shouting, and: 'All pain will pass'!*

B: *When I train today, I still hear her.*

S: *Me too.*

B: *'Never give up'!*

(Both laughing).

S: *It is fantastic, though. There is so much mastering in training.*

During their conversation, Billie and Silje narrate themselves back into their cycling groups, as if they are both there simultaneously when the group leader inspires them to push themselves physically. For Billie, the experiences from the group led to experiences of standing in challenging situations to work towards

longer-term life goals, which speaks to the corpus of the data in the current study in that all participants had similar experiences of 'standing in' situations to share. Developmental Systems Theory (DST) (Ford & Lerner, 1992) includes arguments that humans are active in their creation of changes, and that change can be observed both as prolonged, and temporary. If Billie had gone back to using substances again after completing the cycle-race, her active choices over a two-year period leading up to it would still have been valid as prolonged changes. According to DST (Ford & Lerner, 1992), change might also be viewed as developmental if they had showed to be of a durable nature 'that elaborate or increase the diversity of the person's structural and functional characteristics and the patterns of their environmental interactions' (Ford & Lerner, 1992, p. 49). The argument that Billie could have made prolonged or even developmental, individual changes had she started using substances again after a period of soberness, would be deemed problematic considering a commonly quoted definition of recovery, offered by the American Betty Ford Institute Consensus Panel, as their definition stipulates that SA recovery is 'a voluntarily maintained lifestyle characterised by sobriety, personal health and citizenship' (Betty Ford Institute Consensus Panel, 2007, p. 222), where non-substance use is presented as a prerequisite for wellbeing and societal inclusion. A

later definition of recovery (Ashford et al., 2019) critiqued the Betty Ford Institute Consensus Panel's (2007) use of sobriety as a universal recovery prerequisite, arguing that sustained efforts to engage in processes for developing personal and social wellness matched non-linear change trajectories better. When Billie continued her storied experiences of recovery, the development through the support from her peer-group with challenging physical activity was shared in her conversation with Silje. Here, personal hopes, dreams, and agency development were the focus of their conversation, while substance abstinence is only mentioned as a theme back in her early recovery course. In the following section, Billie stories her re-authoring from a person lacking ambition and feelings of not deserving a spot in several normative arenas, to eventually changing her attitude, and daring to perform on new social stages:

S: *What I hear is that there is a combination of several things. It is the social, and that someone believes in you, that is what I am hearing from you. That someone genuinely believes in you when you maybe don't do that yourself?*

B: *Yes, when you sort of come there, and I had the attitude that: 'What the hell am I going to do with my life', sort of. I can't become anything, I just want to cope, sort of, I don't want to use* [substances]*. There weren't much more ambitions than that. But*

then it happened, eventually. That they pushed me, sort of, like, what do you want? Maybe I want to go to school, at least that is something I have been able to do before, sort of. And then this was the result.

S: *I get goosebumps. Because you were not used to knowing what you want. Hopes and dreams and stuff, that is way out there in the beginning.*

B: *Yes, because there were no hopes and dreams, sort of. Maybe there was a little hope. That it may go well. But I never had a hope about getting an education and then get a job, and…the normal stuff, sort of. I thought that it was not me.*

S: *But do you remember when you started to get those thoughts* [of hope]*?*

B: *I can't remember a specific time, but little by little. And I got to know people in the group that came from the same, and saw that…shit, they are doing it, maybe I can do it too. It came eventually. If they can, why can't I?*

Silje's narration of *'hopes and dreams and stuff, that is way out there in the beginning*', leads back to her recovery course, relating to Billie's story of how her peers inspired her to take on new challenges and dared to dream that life changes could be possible. For Billie, these processes led to convenient,

developmental tools that showed usefulness in her ongoing life, a theme she comes back to several times during her conversation with Silje. In her story, issues connected to substance use have a position in her early recovery course. After years, however, themes such as developing and fulfilling hopes and dreams for the future, eventually performing unfamiliar social roles on normative societal arenas and *'standing in'* challenges over time become the focus of her story of developing agency.

12.3 Jack's story of agency development

The story Jack shared with peer-interviewer Silje starts from descriptions of instability and chaos regarding substance use, unstable housing, and contact with treatment and follow-up services, alongside a criminal lifestyle and regular contact with police and the prison system. In 2018, however, he experienced a substance use treatment programme in a therapeutic community matched his motivation for change:

J: *It was just a month after I went in there, that I felt that it did something to me to be there. It did something to me to invest myself in the programme. It wakened something in me, then. A feeling that I could do it. And…it is funny to say it, but I did not have any cravings the whole time I was there. And not after, either. I have tried a lot of substance use treatment, but it was the first time…*

S: *So, you think it was the model that did it then, because then it was a therapeutic community? That is interesting. That resistance you had towards going there…*

J: *I had a lot of resistance. But it was incredibly good. You grow a lot, you rise in the ranks, so you move on. I rose in the ranks before those that had gotten in before me. That does something to you. You feel that you master something. When you feel that you have not gotten anything right your whole life, really.*

S: *Right. So how long were you there?*

J: *For 13 months. So, in the beginning you could have this fixed activity once a week, and then they had this sport's* [anonymised] *group, so I went there. But I really did not want to do sports, I just wanted to get out of the house, because there was some fucking meeting that day when that group was.*

Jack eventually got a chance to work as a volunteer at a local sports club. As time went by, and Jack proved his worth through contributing actively at various tasks, his efforts paid off:

J: *After six months at the club, they tell me that if I want to, I can go to abroad and take the* [anonymised] *education, and if I did that, I would get a fixed position when I came back. So, then I do that, then, and went abroad. And now I have a fixed…it is the first time I have a fixed position anywhere in my whole life. So, that has*

also been important, that someone gave me a chance. Because that has never happened before. That they bet on me, sort of.

The timely encounters in the therapeutic community roused feelings of agency and personal growth through being part of a system in which Jack could prosper, storied as a first-time experience in his life. He shares how also felt new feelings of personal accomplishments as he entered the world of sports. Like Billie, Jack's re-authoring regarding agency and personal prosperity through being shown trust by significant others are not an exclusive feature for people in recovery. According to DST (Ford & Lerner, 1992), a variety of developmental routes are potentially possible for all humans. However, they always happen in dynamic contexts, i.e., human developmental possibilities are 'both constrained and facilitated by: (a) their personal characteristics; (b) their contexts, and (c) their current states (e.g., their health and skills)' (Ford & Lerner, 1992, p. 40). In Jack's case, despite his background with SA, people in both the substance use treatment- and sport arena's contexts, acknowledged that he had potential in his personal characteristics to rise in the ranks. For Jack, these experiences led to development of personal agency through gaining new chances in important life areas, such as education and employment.

Jack's personal characteristics aligned with the demands and opportunities he was presented with in the social contexts he performed during these principal years, leading to circumstances in which he could practice his personal skill sets. From this perspective, Jack followed the normative presentation of a successful SA recovery course involving substance cessation and long-term abstinence, building a social network not dominated by substance use, and self-selected life choices regarding leisure activities and labour. However, these processes occurred for the first time in Jack's life from when he was 36 years of age, after two decades with SA, and following numerous substance use treatment attempts, incarcerations, unstable housing and missed job opportunities. Thus, although he directed himself towards the normatively expected recovery destination in several aspects, the temporal aspect of his story is crucial to understand why these specific changes and developments happened at this point in Jack's life. Through investigations of Jack's story, meaningful changes over time could occur when he was shown trust and responsibility from significant others, leading to experiences and eventual agency that he had not experienced prior in his life.

12.4 Drew's story of overcoming injuries to regain life control

Drew shared her story with peer-interviewer Aleksander, describing how various sports functioned as important ingredients after she finished an inpatient stay in substance use treatment, to fill her days besides her daytime job. Like Billie, Drew had been active in the peer-cycling group, but she also combined cycling with numerous other sports, which eventually led to unfortunate consequences for her. In the following sections, Drew had told Aleksander about her challenges with physical injuries due to over-exercising previously in their conversation. She continues to story this theme:

D: *I did train like a top athlete for a long period, with bicycling, trained to cycle Trondheim-Oslo. Finished that, started working up for it one more time, and at the same time playing street soccer, and I was doing this rugby-like sport, and I was training to be a good runner.*

A: *So, four - five sports at once (…) How long did you train like this before the pains started to come?*

D: *Two - three years. So, I had done one Trondheim-Oslo race, and I was in the training for the next one. So, it was a few weeks before the next race that I had to say that it didn't work. I couldn't*

sit with bent legs in the end, I had to sit with tense legs, or else the whole foot stiffened up.

As Aleksander himself has been using challenging physical exercise in his long-term SA recovery, specifically ultra-trail run races, he was curious concerning Drew's personal coping when a big part of her everyday life could not be accessed due to her becoming injured. The following section illustrates how peer experiences, in this case, shared experiences of physical activity, functioned as a door opener to Drew's open story sharing:

A: *Ok, so that drive that you got from the training, a massive, good feeling, and then it must have given you a new position in society, to be someone who works out, to have that as part of your identity. How was it when you got injured?*

D: *It was fucking hard, because it was there, I had my social network. And I used training for life quality, because it helped me regarding sleep, anxiety, stress, all that stuff. And I also thought it was much easier to function socially with people when I had the training to focus on and do. So, then to remove both the people, the arena, and that mastering…that tool sort of, that was fucking hard. Suddenly I was sitting at NA* [Narcotics Anonymous] *meetings and had to face like… it was fucking hard. And that I couldn't go to work, because that was also very important, that finally I'm a part of society and am normal and…*

A: *And you didn't have anything to fall back on. But why didn't you relapse then? Why didn't you start to use* [substances] *again? Did it sometimes felt like it was nearby, to start again?*

D: *Yes, I didn't want to get high, but I had that desperation, that I can't do this anymore, I need time off, I need to turn it off, and I knew that the only thing I could turn it off with was substances. But at the same time, I knew, I was able to think further, like the consequences and…it really isn't what you want. Like to go back and…but how I managed for that long… I don't understand that completely, even today.*

Drew tells how her network became unavailable for her in the forms she was used to over several years, and how her mental health suffered based on her being blocked from exercising or going to work for a long period of time. She tells how she had found it easier to interact with people when they shared a focus on specific physical activities, and that experiences connected to what she narrates as being *'a part of society'* had to be put on hold. This theme represents knowledge which peer-interviewer Aleksander is clearly familiar with, given his own experiences of both physical exercise and his own long-term SA recovery, leading to his question to Drew regarding the social benefits of physical exercise.

Drew had gone through processes including establishing external resources during her long-term SA recovery course, to ‘actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life’ (White, 2007, p. 236). In her case, the conceptual framework by Dennis et al. (2007) can be applied, stating that self-sustainable recovery commonly takes five years to achieve, thus underlining the efforts over time that often is necessary to achieve a stable recovery platform. Best et al. (2024) confirmed the findings by Dennis et al. (2007), finding that the longer individuals were in recovery, the more strengths and the fewer barriers for recovery were found in the cohort. Applying his own experiences of long-term recovery, physical activity and experiencing injuries himself, Aleksander highlights that Drew’s injuries started several years into her recovery course in the next section, thus adding a temporal perspective on her course. Drew tells how she was able to cope with the consequences of her ongoing challenges:

A: *This is 4 - 5 years in your trajectory, right, so you have built a good base, and you have gotten more legs to stand on, and then I hear you saying that it wasn’t just one of the things that fell away, but everything, sort of, disappeared for a period. That’s quite strong of you, despite…I am thinking for myself, I have gotten…like training has gotten to be very important for me and*

has given me many of the things that you talk about yourself, and I notice in the periods where I am reduced or need to do things differently, that it is…it is a void there.

D: *It was like the whole life…or say, life is 100%, and then 80 - 90% of it got ripped away, and I stand left with 10%. Of the social, the mastering, of what you do in the daily life. And while everything is weakened, I also have this fucking load with the pains and, yeah, all the emotional that follows from it, both with fright, and feelings of not mastering, or, fuck, oh no, I am back on medicines.*

A: *So, concretely, how did you deal with it?*

D: *I was good with using people around me, I was good with showing myself as vulnerable, really. Use my closest people and say to them that this is fucking hard. I remember it was so fucking shameful but also huge, to ask someone to help lift me in a couch so that I could lie down and participate at NA meetings, because I couldn't sit. So, I was lying there, crying, and it was so fucked, but also so nice. Because I did something that was good for me. So, I think that was the most important thing I did. I used my workplace, was there a lot, even though I felt like shit, because everyone was like functional, and I was just sitting there, just sat there. But I was there, I had people around me, and NA was the most important that I used.*

Drew stories the experiences after her social network and physical activities needed to be put on hold for a long period of time due to her challenging pains, and how these experiences both affected her sense of agency and re-lit negative emotional patterns. However, based on what Aleksander narrates as Drew's *'good base',* which she had developed over several years, she was able to show vulnerability, and trust in people in her close social network to support her. Despite that she had to show her physical and emotional challenges to people around her, a role she narrates as highly shameful, she coped with these situations, which is storied explicitly when she is lifted on to the couch in NA to be able to, and by coming into work even though she could not work due to her physical pains. By choosing to show vulnerability, she tells how she could avoid negative personal consequences, including self-isolating.

In the study by Neale et al. (2015), people who described themselves as being in SA recovery experienced that they needed to exceed perceived expectations from surrounding people and society to perform as, and achieve more than, people without SA challenges. They had to become 'superhumans' to meet the expected recovery standards (Neale et al., 2015, p. 29), especially in early recovery. Drew narrates similar perceived expectations also after several years in recovery, commonly labelled in

research as a stable phase (Dennis et al., 2007), where her physical pains, that did not have direct relationship with her past SA, was perceived as a weakness that was challenging to be open about. Thus, Drew's story of her life crisis and how she overcame it, provide insights regarding how the content of recovery courses should be acknowledged and investigated more as processes than as a hunt for a fixed end-goal, where embodied SA experiences can continue to affect human changes, in addition to relational and developmental processes, several years into so-called stable (Dennis et al., 2007) recovery phases.

12.5 Franklin's story of social belonging as markers of normality

Well into their conversation, Franklin told Aleksander his story of how stepwise performativity in new social roles, and in new social arenas, acted as a thread in his long-term SA recovery story:

A: *This thing with identity, and to move away from this addict-identity, do you feel that it was a conscious choice you made at some point, or do you think that it just became the result after having participated in a lot of ordinary things in society? Through becoming a pupil, a student, an employee, I don't know if you have children, if you have gotten more contact with family, gotten other sober friends? Like, you are making choices to do other things in*

your life, but did you make a concrete choice not to identify with that anymore?

F: *I feel more that…no it wasn't like I woke up one day and thought that now I am not going to have anything to do with that. I feel more that is has come eventually, I have gone to high school, gone to university, I have done more things that normal people, in quotes, has done, then. And thereby seen that, I can do it as well. Maybe it makes me feel more normal and…start to do what other people…or, what most people in society do, then.*

Franklin stories his recovery course as a gradual process, clearly linked to social performativity by practicing similar activities to what he calls *'the majority of people'.* Aleksander calls this phenomenon doing *'ordinary things in society'*. Through their naming of elements that symbolise contrarieties to a substance use dominated life, they touch upon ongoing discussions regarding what a SA recovery definition could consist of, based on both their experiences of long-term recovery courses. Nearly four decades ago, Maddux and Desmond (1986) pinpointed several challenges with defining SA recovery, including the use of diverse terms when describing the phenomena, such as 'maturing out' (Maddux & Desmond, 1986, p. 60). Franklin does not portray SA recovery as a process with a fixed end point, but rather as a series of events in which he portrays his performances of new social roles, in new

environments. Thus, he narrates his SA recovery course as including gradual, intraindividual changes (Ford & Lerner, 1992), in interindividual contexts, as an alternative to a more formulaic description where substance use is ceased, and both identity and existential aspects fall into place as a natural consequence of abstinence. Franklin continues his story of his social movements, and how developing social roles led him to new opportunities:

F: *I used street soccer for a long time because it gave me a sense of belonging, a social unity. Now I don't go there much anymore. But maybe one or two weekends ago, I was with them as a volunteer, because now I am thinking that I am more ready to take on that kind of role. The thing is that it develops more naturally. Like, ok, now I am just a normal man in the street. I have also started with CrossFit, and a lot of the things I get there are the same as I got from the street soccer. It is very social, I remember last year there were suddenly someone…if we finished an exercise one day, and Sunday was the next day, then someone would ask me if we should get together tomorrow and run on track for example. Other days, it was someone who invited me to play volleyball, a third day someone said that we should go somewhere and sunbathe by the sea. These are things that makes me move…to put it like that, out in society.*

A: *I recognize that. In my private life I have had contact with more, like ordinary things, more and more, and gotten more and more friends who don't have that* [substance use] *history and stuff like that. And then it was, like you said, that it didn't go from one thing to the exact opposite from one day to the next. It was the more that I moved into the normal, sort of, life, with other people.*

For Franklin, becoming *'a normal man in the street'* is narrated as a gradual process involving physical activities, providing developments of new social connections during his recovery course. He tells how he was gradually becoming ready to take on new parts, and how social opportunities and agency rose from them. Aleksander recognises Franklin's illustration, describing it as a gradual manoeuvring towards what he perceives as a normal life, with *'ordinary things',* including interacting with people for which substance use was not a dominating factor.

The themes of social (re) connectedness and meaningful activities in recovery courses underlines the significance of temporal, dynamic graduality in regaining life control and developing everyday structuring (Veseth et al., 2019). In Veseth et al. (2022), we describe such processes as examples of the indirect nature of recovery processes, as they shed light on other parts of recovery courses than most often has been described in research, namely the individual ability to cease substance use. Through his story,

Franklin narrates what he calls his *'movement'* into society, through participating actively and performing the role of a socially available actor towards people with similar interests, thus gaining new social opportunities over time. Peer-interviewer Aleksander recognises these aspects of long-term SA recovery from his own course, thus contributing to their conversation based on common features.

12.6 Chapter conclusion

In this chapter, participants' stories underline time as a significant factor regarding processual changes, where agency development represents a key area to investigate regarding long-term SA recovery courses, as personal accomplishments, and efforts to change and develop, were not short-term matters for them. Personal accomplishments regarding various aspects of recovery have eventually developed from a dominant focus on substance use cessation (Bjornestad et al., 2020), to include broader life aspects, and processual changes (Ashford et al., 2019). In the stories from Billie, Jack, Drew, and Franklin, however, they all underline the importance of being involved in social settings with common goals, with expectations of their active contribution over long periods of time. The narrative typology (Phoenix & Orr, 2014; Smith & Monforte, 2020) developed from participants' stories in this chapter is 'The Agentic', implicating that development of

agency requires individual efforts over time, alongside sustained support by significant others, expressing that they both trust and expect something from them.

When people aim to develop agency and role performances on unfamiliar social arenas, these are efforts that logically would require efforts over time to achieve. Thus, their narrations imply that relevant substance use treatment and follow-up services should aim to specify how dynamics of time can be embedded in the operationalising of supporting human change. Several examples from this chapter investigate what such a perspective potentially can add to people's change and developmental processes, including utilisation of daring to hope, dreams, and to achieve goals perceived as unimaginable in their active substance using years, and in early recovery courses. Further, their stories underline how positively perceived changes could only occur when participants were shown trust and responsibility expectations from significant others, eventually leading to regaining life control and structure. Thus, challenges in SA recovery can continue to exist also several years into stable phases (Dennis et al., 2007). This has implications for both substance treatment and follow-up services, and development of SA recovery research projects, which should aim to include the temporal lenses needed to realistically investigate what the content of human change and

developmental processes entail for knowledge regarding long-term SA recovery.

The following chapter analyses participants' development toward self-determination and autonomy through multiplex performances on personal, social, and societal arenas, including which roles substances and SA played in these endeavours over time.

Chapter 13. Stories of developing self-determination in recovery courses

13.1 Introduction

In the previous chapter, participants shared stories of the necessary efforts to develop agency, through sustained support from significant others. Substances and substance addiction (SA) gradually played less important roles in participants' stories, in terms of personal, social, and societal developments.

In this chapter, the focus is on how participants narrate the phenomena of substance use and SA through temporal and performative lenses, several years into their recovery courses. Here, participants' narrations of self-determination and autonomy constitute a key aspect of their recovery courses. Shifting roles of SA using temporal lenses for people in recovery is an important topic for developments in both substance use treatment and follow-up services, public administrative and political arenas (Castelpietra et al., 2022; World Health Organization, 2019). It is also important for SA research, as practical substance use is often used as a dominant marker of a blockage to life improvements, human change and development. In the current study participants' stories contribute to the knowledge field, as they reflect and nuance ongoing discussions concerning SA addiction as a chronic,

life-long challenge (Dennis & Scott, 2007; Glassman et al., 2020), descriptions of substance use and SA in recovery definitions (Ashford et al., 2019; Betty Ford Institute Consensus Panel, 2007), implications for substance use treatment and follow-up services (Martinelli et al., 2023; McKay, 2017; WHO/ UNODC, 2020), and regarding prerequisites for human change and development (Ford & Lerner, 1992).

The following stories were shared by Leo, Mia, Karson, and Olivia, narrating how self-determination and autonomy was developed in their long-term SA recovery courses.

13.2 Leo's story of coming to terms with his past to develop self-determination

Leo told his story to peer-interviewer Aleksander. He starts their conversation through an encounter with a physician who viewed his challenges differently from services Leo had met in the past:

L: *I came to a physician after countless admissions in mental health hospitals, and he said: 'Maybe you are just substance addicted'? And I said: 'Maybe I am'! So, that was where it started. For me it was like I got a confirmation that I was cured. Like, people think that you are sick when you are substance addicted, but I had gotten the diagnosis of paranoid schizophrenia and*

gotten a very high dose of Seroquel [antipsychotic medication] *each day.*

A: *There are not many signs that you are paranoid schizophrenic now.*

L: *No, but when I was in mental hospital, they said that it is when you do not know it yourself, that you are.*

(Both laughing).

L: *You get a bit crazy from messages like that. So, it was very different when the doctor came and said: 'Maybe you are just substance addicted'.*

For Leo, the meeting with the physician offered an opportunity to re-author himself from a person with a serious mental illness, with *'countless'* admissions into mental health care, with daily medication, to a person that was *'just substance addicted'.* This re-authoring, however, led to new reflections regarding the life choices that Leo had taken:

L: *So, I had a lot of focus on getting my son back. And it took a while until I learned that you need to have focus on yourself. It does not last to just focus on others. You will fail if you just do it out of outer motivation. And it was hard to cope with the fact that I had used substances, and that had led to my son going away. You*

need to kill something within yourself to endure that. To take time and get through it. And how do I usually do that?

A: *To use* [*substances].*

L: *To use. So, it got a lot worse. A lot fiercer. After* [substance use] *treatment. Felt a lot more addicted after treatment (…) That was an advantage I had growing up, that I did not need to go out in the streets or to the city centre to get drugs, I got it at home! So, in that manner I was a bit protected. But after treatment, I got more out into the environment. Then it was like, coming down to the [drug purchasing] scene. Like, walking down every morning, met a toothless dude and paid 300 NOK* [Norwegian kroner] *for a small piece* [Subutex] *that he had in his mouth. I remember, it became enough for me, there.*

A*: So, when was this, at the scene?*

L: *Five years ago. So, what happened the years between the long-term treatment and the scene, that is just a mess. A lot of moments…But 2014 was a good year. I was sober, saw that life had other things to offer besides substances. And when you get an experience like that, then you do want to try again. That was what I needed, to see that something really is larger than substances. And then, no matter how far down you go after, you want to go*

back there again. And for me, that was a motivation to never give up.

A*: So, you held on to those experiences when…*

L: *Yes, it is like training. If you have trained before, it is much easier to go back to it.*

Leo narrates his efforts over time to eventually make the enduring changes he had worked towards, backed up by peer-interviewer Aleksander acknowledging that Leo could easily have gone back to using substances again given the challenges in his life. In the above section, Leo refers to 2014 as *'a good year'* as he saw other aspects of life other than aspects dominated by SA, which was nine years prior to the conversation with Aleksander, and four years prior to him being able to cease substance use altogether. Leo thus offers insights into common themes connected to SA recovery, such as hitting rock bottom as a starting point for enduring changes (Bjornestad et al., 2019), and reflections on the significance of motivational aspects (McKay, 2017), and potential complexities regarding close family relations (Veseth et al., 2019), storied by Leo through his own childhood with ongoing substance use at home, and descriptions of his son which he had lost contact with:

L: *With my son, they have said that whether I am sober, or if I am using, nothing will change. So, I have been in three trials and fought. I have gotten a bit more* [visitation with his son]*, but it kind of stops. And then I realised that I just need to accept that. Maybe five years ago. That you can't be bitter, because it only affects yourself negatively in the end. Like, I put myself in this situation, and now I need to take the consequences. And when he gets older, then it will look better for him, and I can say to him that I have tried. I have been sober. I have not given up. I must stand steady over a long time. Then at least I can say that.*

Leo's story offers temporal perspectives on personal losses in long-term SA recovery courses. Although he has utilized what White (2007) would term:

'internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD [alcohol and other drugs]-related problems, actively manage their continued vulnerability to such problems' (…) (White, 2007, p. 236),

the consequences regarding the contact with his son are permanent in his story. Leo narrates how he takes responsibility for this situation, exemplified through how he performs the role of being sober over years, to prove to his son that he has *'not given up'.* Despite that Leo has undergone comprehensive changes in his personal characteristics, the consequences of his

developmental possibilities showed to be constrained (Ford & Lerner, 1992) by his social contexts. Leo's storied account shows how he has come to terms with both existential possibilities, and constraints, to eventually find a life balance he can live with:

L: *I have seen and experienced things that are not totally normal for a kid. But I do not sit and feel sorry for myself because of that or think that is the reason why everything went to hell. I need to look at the advantages. Like, I was never thrown out when I used, didn't have to walk the streets, and I always got love from my mother, I have never been bitter or upset with her, because I feel that she has given me what I needed. I know that this is not how things should be, but she never meant anything bad by it.*

A: *I think a lot of people blame those around them…*

L: *And it might be because of them, but that doesn't help you! You need to think up and away and…*

A: *What about people around you today?*

L*: I have a job that means that I am with people all the time, so I do not have a lot of buddies outside of work. I have some guys that I go to the gym with and stuff, but it is seldom I sit with…like, I have two guys that I am gaming with, and then I talk with them online. I am not searching for relationships, I have enough. I am mostly with my daughter when I am not at work.*

Leo narrates that despite his challenges regarding not seeing his son, his life has moved on. He has come to term with his past, and takes his responsibility for his own life choices, including avoiding blaming his family despite his *'not totally normal childhood'.* His story regarding his social life entails that he does not need peers to support him regularly to avoid returning to substance use. Instead, he puts into words how an ordinary life with a full-time job and a young daughter takes most of his awake time. Through his story, from mental health and substance use treatment, to the narrated Subutex-scene he found himself on, Leo narrates how his life currently has been pieced together through efforts over time, despite issues that he was not able to solve.

13.3 Mia's story of 'doing her own thing' to develop self-determination

Mia told her story to peer-interviewer Aleksander. Her story shows how SA aspects have continued to linger in her life, despite that she has only experienced a handful of short-term substance use slips over 10 years. She starts her story by stating how she opposed illegal substance use in her early teens. However, her first romantic relationship included using substances sporadically. After their relationship ended, she continued using substances, marking the first point in her story where illegal substance use occasionally occurred in periods involving loss and distress:

M: *Like, it helped to not feel. That was the only way I knew helped, sort of. I tried not to smoke* [cannabis] *before going to work, but the only thing I thought about was going home to smoke. Like, I could not sleep if I had not…yeah (…) And it was hard, I tried different things to be able to stop. And then I had a sister that was in residential* [substance use] *treatment, and she introduced me to NA* [Narcotics Anonymous]. *Because she was not allowed to have visitors, and that was the only time I could see her, so then I went to those meetings. I went sporadically to NA. I do not use it today. I did it* [stopped using substances] *myself.*

A: *What about your relationship to alcohol?*

M: *I did not stop drinking when I stopped smoking, and it became a different way of having a good time with friends. It is not something I have thought about.*

A: *How did that work at NA, as they see alcohol as a drug?*

M: *I think I did my own thing. If I had done it much more, while I was smoking, or together* [with alcohol]*, I see that combination. But I did not think about that.*

Mia's storied account shows how she experienced losing control over her substance use in loss and distress, affecting her daily life, and her attempting various angles to quit using substances. Developmental Systems Theory (DST) (Ford & Lerner, 1992)

argues that dynamic possibilities potentially exist for human change and development to occur, through relative plasticity (Lerner, 1984). For Mia, her personal characteristics entailed that she worked to find a balance between coping with life challenges herself and seeking help in her social environment when she needed it. Thus, Mia's storied accounts narrate ways she worked with life challenges she faced through navigating her '(a) personal characteristics; (b) contexts, and (c) current states' (Ford & Lerner, 1992, p. 40). To illustrate, she tells how she came to use NA, initially as a way of seeing her sister, who she has a close relationship with. Mia underlines early, however, that she only used NA sporadically, and that she changed her substance use pattern herself. Furthermore, Mia places alcohol use in a normative sphere, repeating how she had not *'thought about'* alcohol use as problematic, even though NA deems it as a substance which should not be used for people in SA recovery, as addiction is viewed as a chronic illness (Alcoholics Anonymous, 1939). Glassman et al. (2023) found positive consequences of 12-step group attendance, however: (…) 'AA [Alcoholics Anonymous]'s narrative may make it difficult should a person begin to view themselves through different frameworks or want to address their problems through alternative avenues' (Glassman et al., 2023, p. 7).

Mia's story includes her choosing to do *'my own thing'*, which speaks to the corpus of data in the current study in that all participant's long-term SA recovery courses included striving towards more self-determined lives. Despite stating that she had a SA, she does not narrate loyalty to the 12-step narrative, proclaiming how people with former SA must abstain indefinitely from all substance use, as Aleksander questions in his role as peer-interviewer in the conversation with her. Thus, Mia's story does not include descriptions of placing herself within a 12-step framework which she later must depart from to find her own path. Rather, NA initially functioned as a means for her to see her sister, and without her ever-adopting NA's practical guidelines regarding total substance abstinence.

Later in her story, during her bachelor's education, Mia shares a storied account of how a traumatic incidence in her life eventually triggered her latest substance use slip:

M: *It was this guy that was yelling at me, and I stopped at this bus stop, and I got this bad feeling and thought that I should call my sister. Like to have someone to talk to. And he came up to me and started to ask who I was talking to. And then he stabs me with a knife, in my arm. It was very surreal. And then this young guy came by, and sees everything, and then the guy with the knife walks off, and this young guy says that I am bleeding from my*

jacket. And then I sit down, and he calls the police, and they come and drag me into the ambulance, and stitches me up. And they found the guy. But because of Covid there was no one there that I could talk to (…) And then I moved houses, because I did not want to take those buses anymore. Got a car, like those kinds of things. And it took a long time before I came into trauma treatment, but I stayed in school. I struggled a lot with anxiety attacks, and to go out at night.

A: *And with Covid as well, you do not go back to something normal. So, when did you choose to smoke* [cannabis]*?*

M: *The year after. I went to this* [trauma] *treatment, and that was heavy, and I was in* [anonymised] *professional practice, so that was heavy as well. Then it was very easy to buy some, and stay home, sort of.*

A: *So, every time you have had slips, you have had a rough time?*

M: *I use it when I am at my worst.*

A: *How did you get through it?*

M: *It happened eventually. I was sitting at the bus one weekend, and there was this girl sitting in front of me. I could tell that she was very uncomfortable because there was this guy sitting talking to her the whole trip, and then I pretended that I knew her. I have always done that with my sister, like if there was a fight or*

something, I have never been afraid to step in. And that was strange, because normally I think that I would have felt it very physically, but I did not feel fear. So, that was a confirmation that now it is ok.

A: *And you stepped up.*

Through the knife-stab episode and the following consequences following it, Mia's story illustrates the scene on which she realised that *'now it is ok',* through helping a random stranger, like how she had reacted regarding her sister in past situations. When working through her traumatic experience, Mia approached trauma treatment actively, as she previously had done with the NA-groups, in addition to staying in school. Thus, although stating that she wanted to *'stay home',* she took active choices regarding not becoming pacified, through using her resources to make necessary personal changes. Her story differs from stories of hitting rock bottom (Bjornestad et al., 2019) as she narrates that even though SA affected her life in an earlier period of her life, negative consequences did not expand to Mia losing her connection to normative, societal arenas, such as school, work, or stable housing. Thus, in Mia's story, she narrates how she maintained a 'coherent organization and structural-functional unity of the person as a whole' (Ford & Lerner, 1992, p. 49), through her system of self-determination and steadfastness. Aleksander asks

whether Mia has been open towards others concerning her SA experiences, mirroring his own long-term SA recovery course in their conversation:

M: *I have not shared my experiences with that many of my friends or people at work, because I do not want that to define me anymore. And I do not think it defines me today, so that is why I don't feel like sharing it. I was not open to others about it when I was using the most* [substances]*, either. I did not try to drag others in on it. I kept it to myself. I am not ashamed of it, and I can talk about it if I was to get a question about it, but I do not have that need, to say it. I mean, everyone has got theirs. We don't share everything.*

A: *I agree with you, it does not have to be like you come in the door at a new workplace and you announce your past straight away.*

M: *I think that I have experiences that I can use, like with the PTSD* [following the knife stabbing episode]*, but I need to think: 'Is this something that defines me'? And I have thought a lot about, like, is this something I should tell? But I landed on that I do not want it to hinder me. I do not want others to define what I should think and feel.*

Through her statements, Mia authors herself as a person who does not need to share her SA experiences to be accepted by her surroundings. When telling that *'I do not want others to define what I should think and feel',* this can be interpreted as a statement illustrating that she believes that her life choices are personal and autonomous, and based in thoughtfulness. Mia's story provides input regarding discussions on people in recovery, or whether they have recovered, (Bjornestad et al., 2019; Kelly et al., 2018), grounded in philosophical discussions (Best et al., 2017) regarding recovery as an achievable state, or life-long processes. Mia does not narrate her episodic substance use either as expressions of losing ground to an underlying, chronic addiction, or as an expression that her recovery course has failed. Instead, she tells that she used substances when things were *'at the worst',* exemplified by situations that she has been able to overcome on several occasions, during the last decade. Her story illustrates that although theoretical, conceptual discussions regarding recovery as a state or an end-goal can be useful in developing nuanced understandings of recovery courses, they must be individually operationalised to become useful.

13.4 Karson's story of developmental processes to move from dependency to personal and social autonomy

Karson told his story to peer-interviewer Aleksander. He starts his story by sharing how he cut off his social network associated with substance use when he entered short-term residential substance use treatment, using NA as an integrated part of his treatment. In the next section, Karson tells how his relationship with the 12-step group changed over time:

K: *There is a lot of good. But where there is good, there is also always negative. And for me, my* [NA] *career lasted for three years*. *When you have been sober for three years it can be good to show that it works, and it can be good to get a reminder of who you were and stuff like that. But no matter whether you are the guy that has made it, you still are that junkie. Both in the work life and in business. Because you get some prejudice towards you. It* [NA] *was very nice, and very helpful the first years, but when five-six years go you feel, ok, it could be nice to be part of society as well.*

Karson's storied account shows how he did not perceive that he could be *'part of society'* before he rid himself of *'that junkie'* role. For him, this entailed stopping his NA attendance and focusing on his professional career. His story reflects critical questions raised by clinicians and researchers (Glassman et al., 2020), concerning

if adopting an identity as an addict is harmful or beneficial for the individual. In Karson's story, he perceived how a *'junkie'* role continued to linger with him as a person, blocking career opportunities for him. Later in their conversation, however, Karson returns to the theme of addiction, when he tells Aleksander that his personal drive stems from competition, both towards himself and towards other people, to grow and develop as a person. Karson aligns these competitive traits with *'addiction*', when telling how his modus operandi to be effective and ambitions in life do not allow him to focus too much on more than one area at the time. This *'routine'* eventually led to a lucrative, creative, freelancing career path for him:

K: *I have established a routine that states that if one thing disappears, then I find a new one automatically. I was clear on that I needed to replace it* [the addiction]*, because I got the message* [from treatment] *that I needed to replace it (…) Then I moved from one career to another. There were many of them in the beginning, and then I got that job where I could be more career free. So, I am quite proud of the things that I have completed, but eventually the focus became to do only the things you wanted to do, and not being affected by others.*

S: *I think it's a very cool story because you started in NA with just doing what you were told, and then to come out in the other end*

just doing what you want. And that there are different ways of doing it.

K: *I was told that in the beginning, that there is only one way.*

S: *And a lot of people get a narrow view.*

K: *But I found out myself, eventually, like you see who stays and who leaves* [in substance use treatment]*, and which choices they make. You learn about your own processes as well through that. Because, often, those who are the toughest, it does not go well for them. And by the toughest I do not mean talking the loudest, but those who does not take criticism. Because if someone says that something wasn't good enough, then it is like, ok, how can I do it better? Instead of having the sparks out and…because that was very me, back in the day. I could not take criticism. Now I have a big focus on it, when I have my own business, and going out in sales settings and social settings. I would rather appear as clear and honest. That can be perceived as arrogant and sharp. But I picked some of the things that I think are important, and there are some basic values in me that say that I do not walk around the porridge* [not being direct]*, no matter who you are. If I have something to say, I am going to say it in the most effective and clear way, so that you understand the message I want to tell you.*

Karson narrates a strong personal drive and sense of looking for new opportunities when he faces challenges. He states clearly that new opportunities can arise when he is able to take choices regardless of others, thus illustrating how his developed sense of autonomy stands in contrast to NA, where he experienced that there was *'only one way'.* Using his experiences from substance use treatment, and NA, himself, Aleksander acknowledges Karson's view, through the statement that *'a lot of people get a narrow view'.* Simultaneously, Karson narrates how he has used his previous experiences with substance use treatment to develop into the self-determined actor he currently performs in his professional career, thus using a temporal lens when narrating his long-term recovery course.

In Bjornestad et al. (2019), we propose that SA recovery often involves arduous developmental processes to move from dependency to personal and social autonomy. Dependency involves both personal consequences of SA, and in addition a dependency towards authority systems, such as substance use treatment and 12-step programmes, in early recovery courses. In later recovery courses, however, the dependent role can shift, often on the basis that it is perceived as limiting for the individual, who requires more personal freedom and agency in line with sustained substance abstinence. Karson tells on several

occasions during his conversation with Aleksander that his goal is to be independent in most arenas in his life. When Karson questioned the proposed view that there was only one path to reach his goals, new opportunities arose. He links this process to self-insight, in that innovation and self-drive must be connected to humbleness towards others, who may possess knowledge he does not have himself at the time. He narrates how he has re-authored himself from a person that *'could not take criticism'* to someone who is entitled to stand his ground without having to have *'the sparks out'* to be respected as a trustworthy person by others.

Karson narrates his recovery course over more than a decade. His story involves choices of detaching from necessary life areas, such as his social network associated with substance use in his early recovery course, and NA five to six years into his recovery, to attaching to societal arenas which he finds productive, such as his career path. The idealised life course template Karson was offered in early recovery, arguing that individual life courses always will be going in a predetermined direction towards a universal destination (Ford & Lerner, 1992) did not match his life later in his recovery. For Karson, this was specifically linked to staying in NA, as that would have left him in a permanent *'junkie'* role. Thus, in his later SA recovery course, Karson found that the proposed addiction

chronicity proposed in 12-steps programmes did not fit with the role template he wanted to act within, which showed to work positively from him:

K: *I have started a whole new life, that has lasted even longer than my substance using career now, sort of. At one point I need to say, ok, I am not going to go back there. My direction is the total opposite. So, since the three-year mark, I haven't had an attraction towards substances. After that, things have gone automatically. I have never had…it has not been discussed. That does not exist after seven-eight years, sort of.*

Karson's story is currently at a narrated point of no return regarding using substances again. He narrates that this option *'does not exist'*, as his life has moved in a contrasting direction over many years, which he narrates as a satisfying situation for him. Thus, Karson's story involved his endeavours to use what he could from substance use treatment and NA participation, to eventually separating his life from a view that addiction continue to lurk indefinitely in the background of his life.

13.5 Olivia's story of incorporating former substance use experiences in her life framework

In her conversation with peer-interviewer Silje, Olivia shared her story of the shifting roles and impacts of substance use and SA in

her recovery course, through her current employment as a licensed health nurse. She was currently working in a low-threshold SA service in the same city in which she had used substances herself a decade ago, at the time of the interview. She had also used the very service she was now working in when she was using substances. Olivia narrates temporal aspects of her long-term SA recovery course, in situations reconvening with people from the social network she was in herself a decade ago:

O: *I have, like exes that come in, or good old friends, or people I have sold* [substances] *to, or bought from. So, there as well* [to her professional colleagues]*, I had to tell them that I have* [substance] *user experiences. I have gone to this place myself.*

S: *But how is it…sort of, is it just ok to be in that role and…*

O: *It is bittersweet. Like, if I meet…a good girlfriend, that I was with a lot, for example. And have not had contact at all, for 10 years. And they come in without teeth and…very skinny and…and they are sort of happy to see me…*

S: *But do they recognize you?*

O: *Some of them, not everyone. Some. And then they are very much like: 'How did you do it, what did you do, what happened to you'. And then it gets a bit like…I think it is a bit sad, because they have been hard in it, for 10 years, while I have been out of it for so*

long, right. So, what was it that made me do it, and not them? (…) But I have sort of decided that I am going to grasp mostly the good and be a role model. Even though I feel bad for them as well, I think that I show that it is possible. And I need to take that with me, that here I am standing and handing out needles, right?

S: *Pretty wild.*

In the above section, Olivia narrates the decade of changes and development she has gone through, vividly illustrated when she meets people today that she used to use substances with, in the role of being a licenced health-nurse. She narrates the *'bittersweet'* aspect of meeting people again as she has moved beyond SA herself and is choosing to practice as a *'role model'* based on her long-term SA recovery course. Olivia continues her story of the service she works in, sharing insights regarding meaningful contributions low-threshold services offer to people with current SA:

O: *It is the only arena where they are allowed to be themselves. They are allowed to be intoxicated, they are allowed to be real, right? They are not met with judgement and sanctions and threats, and deprivation of medicines. They can be completely themselves. And I find that to be good. To be allowed to be in the place where they do not need to lie. I get goose bumps, because it is so much around it, when you have been there yourself as well, in the*

system, right? You must go to social services and lie there, you must go home and lie there, and it is so heavy to live like that! But to be able to be in a sanctuary, then…

S: *From not fitting in anywhere, and you get chased from place to place.*

O: *Right?*

S: *To just be able to be there, and to be accepted for who you are.*

O: *Yes!*

Olivia's story reflects Recke's (2017) cautioning against introducing recovery as a concept into Nordic substance use treatment and follow-up services, arguing that the concept from a historical SA perspective is laden with substance abstinence as the sole solution to better one's life. Recke (2017) discusses how the term of rehabilitation, often used in Nordic substance use treatment and follow-up services, sufficiently covers treatment and care for citizens with SA and mental challenges, from low-threshold services to continued care, and efforts aimed at societal integration on various arenas. Olivia's storied account shows how people with ongoing SA need to play the correct roles to get the help they need, which is only possible through not being honest with their surroundings. Fomiatti (2020, p. 1) calls this phenomenon 'the normative fantasies of healthy society and

citizenship that underpin recovery', which include existing community boundaries that hinder societal inclusion for people with SA. Despite that Olivia has not used substances for a decade, she argues how honest role performativity, regardless of intoxication, should be a basic starting point in services interacting with people with SA to avoid *'chasing people from place to place'.* Olivia continues her story of her recovery course:

O: *Like, if you are in* [substance use] *treatment, you are there for maybe six months, for a year, and then you are sort of finished with treatment. But I have never thought that I am finished. I am still not, today. I am thinking that there are always things that you can do better, and things you can reflect on. Like, we can always develop as humans, and we always make choices. Sometimes they are bad, and sometimes they are good. Sometimes they are fatal, right, but we need to, all the time. For me, I like to think that I learn and develop myself all the time, I am not finished. So, I have not really conquered like soberness, I have just thought that this is my life now!*

S: *I recognise that.*

O: *I have put a line. That was there. I remember it was hellish, it was painful, but I have accepted it, sort of. I don't walk around and think about it, and I do not take it with me as the person I am today. It is like I have just accepted that it is a part of my life. And*

that is ok. And I would not have removed it if I could. Because I think that it has made me the way I am, right? So, if I could have chosen again, I would not have lived a boring, normal life, no matter how much terrible things I have experienced or seen. I am happy that I have those experiences.

Through her recovery course, Olivia narrates how she has incorporated the past period with SA into her temporal life framework. It is not solely substance use Olivia highlights in summing up her life up until now, but rather the experiences she has gained over a long time. She narrates how she is using these experiences as part of her story of herself as a human with possibilities. Olivia narrates how she '*can learn and develop myself all the time*', thus resonating with Ford and Lerner's (1992) points concerning individual life courses as not predetermined, including dynamic opportunities, and equally dynamic challenges, what Lerner (1984) terms relative plasticity, i.e. tentative potential for human changes. Olivia has gone through developmental changes through taking an active part in steering her life into the direction she desired, alongside that her network and community granted her access to various arenas, despite her SA experiences. Thus, her system-context has been modified to accommodate (Ford & Lerner, 1992) challenges and changes that has been occurring in her life. A decade later, Olivia cautions substance use

treatment and follow-up services against developing services which entails that service users cannot be honest concerning their personal situations, including SA status, stating how such approaches lead to social injustice (Ford & Lerner, 1992), and unnecessary, personal suffering.

Towards the end of their conversation, Olivia talks about episodes where people from former arenas are re-visited. As a peer-interviewer with her own long-term SA recovery experiences, Silje uses an example from her own life, which adds to their conversation:

O: *I quite often feel that, for us, that have a long sober period, then we disappear into society. Do you understand what I mean?*

S: *Yes. Yes.*

O: *That we disappear a bit. In the crowd. And especially, like at the low-threshold job, like if they disappear, they are either dead, or in jail, or in treatment. And we do not know. Because we just do not see them anymore. And then maybe they come back after* [substance use] *treatment before they start using again. But with the people that makes it for a long time…*

S: *They disappear (…) I remember one time I came to a low-threshold service* [as a peer-worker]*, a bit random, outside of their opening hours. Then they had a meeting, the people who worked*

there, and I came in. And then one of the women who worked there saw me. She broke completely together, crying. And then she said just that, they do not see when it goes well with people. Those people just disappear.

O: *I had a contact person in an outreach service when I was in middle school. And suddenly he was a teacher in my bachelor's. So, then I took him aside and, like: 'Hi, do you remember me'? And he started crying too, just: 'What'?*

S: *It is powerful.*

O: *'Did it go well'? Who would have thought, sort of?*

Olivia and Silje agree that after a given time, people with former SA *'disappear into society'* and to '*the crowd*', symbolising that changes and development have occurred that has led to people no longer being identified based on their SA. This eventual independence from substance use treatment and follow-up services represents an illustrative example of how positive changes can occur, which relevant services will not get to know about, because people disappear from the arenas they have performed in previously. Through Olivia and Silje's conversation, however, the potential value of peer experience is underlined, illustrated by the response they both got when they met their former helpers several years into their recovery courses.

13.6 Chapter conclusion

In this chapter, the participants shared their stories regarding how the phenomena of substance use and SA have shifted dynamically over the years during their recovery courses. Their narrations highlight independence from SA aspects, as they are no longer as relevant for them in their ongoing lives, on behalf of making self-determined decisions regarding the lives they want to live personally, socially, and societally, and how they have used their life experiences to get to the places they currently find themselves.

Ford and Lerner (1992) argue for the usefulness of distinguishing elaborative changes from decremental human changes, as an illustration of the comprehensive endeavours often required concerning human development processes. In this chapter, long-term SA recovery courses represent both elaborative and decremental processes (Ford & Lerner, 1992), where the decremental aspect in this context entails substances being removed from one's life. Removing a specific aspect from someone's life can concern much more than the physical act of substance use, as we previously have argued in Bjornestad et al. (2020b). DST (Ford & Lerner, 1992) focus more on the elaborative opportunities for human change and developments, and dynamic possibilities of life trajectory relocations. In this context, SA is presented as a potentially existential blockage for human change

and development. The participants' stories in this chapter serve as illustrative examples of how the shifting roles of substance use and SA were perceived in their storied accounts of recovery courses. Their stories involve much more than a focus on substance use- and cessation. They include complex transitions to meaningful personal, social, and societal arenas over years, serving as examples of human changes and development, and the required prerequisites necessary to undergo comprehensive efforts to develop the lives they wish for. The narrative typology (Phoenix & Orr, 2014; Smith & Monforte, 2020) developed from participants' stories in this chapter is 'The Self-Determined', implicating personal efforts where substances and SA eventually play secondary roles, on behalf of focusing on facilitation of autonomy with room for human change and development as natural elements.

Caution should be taken to develop SA recovery frameworks that lack critical investigations concerning current idealised templates for human change (Ford & Lerner, 1992) and societal existence as parts of the definitional context, as societal stigma (Krendl & Perry, 2023) towards people with SA experiences continues to function as a key barrier to human change and development. Through such critical efforts, frameworks can be developed in which people can access various existential pathways in search of individual,

positive life-course performativity. Considering the participants' stories in this chapter, these pathways do not necessarily fit with the potentially rather narrow menu presented to them, including a current, overstated focus on substance use – and ceasing, or SA as a chronic condition.

In the next chapter, the findings from the current study will be discussed, including SA recovery in Norway as welfare state with normative expectations towards its citizens, and how DST, critical realism, and narrative theory can come together in SA recovery studies through contextualisation of people's stories. Reflections on the role of substance use in recovery definitions, and arguments for why dynamics of time should be included as a key feature on the broad SA recovery field will be discussed, alongside a new, proposed definition of SA recovery.

Chapter 14. Discussion

14.1 Introduction

The narrative analysis of 10 participants in long-term recovery has provided several themes to consider when investigating long-term substance addiction (SA) recovery courses. The participants' stories emphasise how their personal courses occurred and changed over years, through their dynamic interactions and shifting social and societal roles, thus stretching the time frames and compositions often suggested for SA recovery (Dennis et al., 2007). In this study, the participants' storied accounts described several key factors that they narrated as useful for their long-term SA recovery courses, specifically; the value of a functional social network, being shown trust and love by others, and support from SA professionals over time, which mitigated barriers to their long-term SA recovery courses, including loneliness (Ingram et al., 2020), self-stigma, and stigma (Chantry et al., 2025; Krendl & Perry, 2023).

Receiving support from significant others is an occurring theme in recent SA recovery research (Bjornestad et al., 2019, Veseth et al., 2019; 2022; Vigdal et al., 2022; 2023; 2024). As in this study, when recovery is considered within dynamics of time, representing a key theme within the participants' stories, new opportunities to

investigate aspects of human change are visible. When following a critical realist (CR) positioning within social sciences, a common goal is to explore and critically evaluate the social conditions people live their lives within, and to recommend action claims concerning societal issues, based on ‘identified tendencies and causal mechanisms’ (Fletcher, 2017, p. 191). The participants’ stories in the current study offered novel insights through their temporal storied accounts, which nuance and add updated knowledge and understandings of SA recovery in several ways, presented in the following sections. These can subsequently lead to future SA recovery research, practice, and policy developments. I will return to these themes in this thesis Chapter 16.

14.2 Recovery courses represent contradictive stories of normativity and deviation

The participants’ stories highlight various aspects of how peoples’ lives should not solely be divided into two separate stories: One story of life with chaotic lives stemming from ongoing SA, and another story representing a harmonic life in recovery. This division illustrates an over-simplification of humans as existential and social beings, and as symbolic bearers of wrong, or correct, life practices from a narrowly framed, idealistic perspective (Fomiatti et al., 2019; Fomiatti, 2020, Ford & Lerner, 1992). This in turn is operationalised into how service delivery is set up.

As reflected in Glassman et al. (2020), lack of nuance in understanding both SA and recovery aspects potentially contributes to locking people into pre-set labels, implying that people with former SA experiences are expected to act and develop in given directions towards ‘an idealized template for development’ (Ford & Lerner, 1992, p. 42), based on societal values and norms regarding SA, and expectations of individual change embedded in current understandings of SA recovery.

Policy developments aim to facilitate specific kinds of developmental patterns and values for their citizens. So too is the case for Norwegian substance use policies and harm reduction efforts, i.e. caretaking of people despite active SA on multiple levels, which continues to collide with political discussions concerning criminalisation (Meld. St. 5, 2024 – 2025b) and a full-abstinent-recovery focus (Recke, 2017), as discussed in this thesis Chapter 3. The Norwegian tensions regarding harm reduction efforts and full-abstinence recovery models thus represent two separate trajectories, opposed to viewing peoples’ lives as continuums with diverse efforts and support needed based on life situations and personal wishes. This separation represents a short circuit, based on an over emphasis on substance use itself as representing a practice that should be avoided, to ‘ensure that all individuals can lead active and meaningful lives’ (Prop. 15S

(2015 – 2016, p. 6). What ‘active and meaningful’ life practices imply is not clearly defined in the Norwegian governmental plan. However, given the fundamental organisation of Norway as a welfare state (Svendsen et al., 2018), with universal welfare schemes and goals of citizens growing up in an inclusive society, normativity and conformity represent a starting point for the individual’s freedom and perceived meaningful existence. People with SA thus represent deviation from the Norwegian streamlined welfare organisation if they stay dependent on public support as an alternative to societal contributions through labour and tax contributions, as its organisation relies on high levels of employment to uphold the welfare services’ support levels. Hence, it can be argued that it is based on employment activation policies from which demands of substance use cessation and total substance abstinence are founded. Thus, ‘an idealized template for development’ (Ford & Lerner, 1992, p. 42), in this context, demands trading substance use for a ticket to normative society, is operationalised through current mechanics of Norwegian policies.

Viewed through temporal lenses, a dominating either-or- narrative on human life existence represents a rather naïve approach to SA recovery courses, given current knowledge stating how such changes most often require comprehensive efforts over years, with substance use cessation as one of several necessary elements to

facilitate human change and development (Best et al., 2024; Martinelli et al., 2020; 2023; Roxburgh et al., 2023). An example of such efforts was shared by several participants in the current study through social negotiation (Mishler, 2005) between interviewers and interviewees regarding their shared stories of loneliness and social outsideness, which represents an under-researched area in the SA field (Ingram et al., 2020). Participants' existential efforts regarding loneliness and social outsideness started years, and in several cases, decades prior to their SA experiences, and continued to linger years into their recovery courses, potentially hindering their entrance into societal arenas and their ability to contribute actively to the welfare system. Hence, if people with experiences of profound loneliness (Ingram et al., 2020) and social isolation from an early age are more likely to develop SA challenges over time, this combination of issues can potentially be of significant hinderance of development of personal agency and desired performativity within their societal environment.

Best et al. (2025) provide an overview of how the concept of community recovery capital is useful to focus on how people can gain access to resources within the broader community, in support of their recovery. An example of an asset-based community engagement model, illustrating how communities systematically

can map their available resources and link individuals in recovery to them, is outlined in Collinson and Best (2019). Other examples have also been developed, for example recovery-oriented systems of care (Kelly & White, 2011), arguing for continuing and flexible care for people in recovery. In addition, the concept of inclusive recovery cities has been developed to reduce stigma for people in SA recovery through linkage between recovery communities and the broader community (Best & Colman, 2018).

The above examples represent valuable contributions concerning how to develop bridges between people in SA recovery and the broader community in several regards. These have relevance for the current study, using a general theoretical model for human change and development (Ford & Lerner, 1992) as approach to people's stories of moving from social isolation, stigma, and self-stigma to agency and self-determination in reciprocal relationships within their community. In the current research, the participants narrations underline that such efforts are formidably challenging if they constantly must prove their worth as normative citizens to be allowed entrance into the 'normative societal sphere'. In the current study, I argue that this is partly due to a continued focus on all levels of society on substances and substance use itself, i.e. individual moral weakness and/ or chronic disease, on behalf of focusing on what people are interested in and can contribute to,

using a strength-based focus. Best et al. (2025) use the term ‘reciprocal altruism’ when outlining the concept of inclusive recovery cities, where including people in recovery, and recovery communities such as self-help groups in society, is emphasised as valuable for the broader community. Key to such efforts is that people meet on similar terms, despite differences and background, and to focus outwards, on a common goal or area of interest. A practical example from Norway follows, to illustrate this theme.

The Centre for Alcohol and Drug Research (KORFOR) developed an evening school in 2018, located at a local cultural centre in the city of Stavanger, Norway. The model design for the evening school has been published in Norwegian (Svendsen, 2019). The events offered monthly popular science lectures held by researchers. Themes varied, from neuropsychological understanding of SA recovery to social and societal recovery perspectives, with up to 300 people attending. A novel aspect of these events was that the common interest for the topic of the lectures led to an audience that included students, healthcare and social professionals, interested citizens, people in SA recovery, and their next of kin. Importantly, it was the common interest in a phenomenon that brought people together, which led to normalised and positive spaces for shared learning. Although anectodical, this example illustrates how developing spaces where

people meet can counteract stigma and self-stigma, in support of people's efforts to move beyond social isolation, representing a key finding in the current study.

14.3 Recovery courses represent crossroads between social dependence and individual autonomy

The Developmental Systems Theory (DST) developed by Ford and Lerner (1992) is a general and integrated theory, aiming at explaining systematic, human development and developmental outcomes from a psychobiological epistemological stance. It could be argued that using DST when investigating recovery courses could lead to a continued focus on individual factors, such as substance use behaviour (Witkiewitz & Tucker, 2024), rather than how behaviour and behavioural changes occur in dynamic, societal environmental spheres over time. However, DST emphasises that reciprocal, continuous relationships between the individual and their societal environment are a necessity when investigating how human changes and development occur. Furthermore, DST argues that changing environments require changes in action, which is operationalised 'to obtain needed and desired consequences' (Ford & Lerner, 1992, p. 35) for the individual over time. Through placing the individual as agentic, in the sense that they are self-organising and self-constructing (Bandura, 2006; Ford & Lerner, 1992) within their dynamic,

societal environment, DST arguably offers useful perspectives for the SA recovery field, which has been criticised for neglecting the significance of socioecological factors in recovery processes (Bjornestad et al., 2020a).

In addition, CR attends to the concept of agency, and conceptualises it as a contrast to structure in social theory, representing two different layers of reality (Archer, 1995; Selbekk et al., 2015). However, according to CR, they are correlated and should be studied simultaneously. Focusing on the agentic individual within their dynamic, societal environment, this serves as an example of how DST, CR, and narrative theory can come together, as the latter offers opportunities for investigations of how performances, and experiences unfold over time in people's recovery stories. This opens opportunities to explore how people act through reciprocal interactions, and how non-linear change courses are possible through people's re-authoring, i.e. agentic changes in action, within their societal environment, illustrated throughout all analysis chapters in this thesis. In addition, from perspectives on human agency (Bandura, 2006; Emirbayer & Mische, 1998), it becomes possible to investigate dynamic processes of human reflective choices and inventiveness.

The participants' retrospective reflections throughout the findings' chapters in this thesis illustrate how they manoeuvred their various

recovery courses. In some narrated examples, participants acted to direct threats concerning their SA recovery, such as avoiding specific people, or locations, where substances were available. In other examples, participant narrations illustrated inventiveness in how they handled thresholds between social isolation and social performativity, through continuing to participate in social interactions that were challenging for them. However, the long-term effects of this participation showed to be positive for their SA recovery, and involved long-term individual changes and development, expressed through narrative inquiry in this research.

The study participants' stories underline that recovery courses concerned varied perspectives on the role of substances and substance use in their lives. Together, they offer perspectives nuancing understandings of SA as a chronic addiction, with substance abstinence as the sole correct path to walk, and how participants view their social roles and positions in relation to their SA experiences several years into their recovery courses. These perspectives are important in updated SA recovery discussions, as several suggested definitions of SA recovery either explicitly mention the need for people to stay sober (Betty Ford Institute Consensus Panel, 2007), or avoid mentioning substances directly, although commonly referring to individual life courses as divided between their former and current/ future life choices. In this regard

it is arguably of value to focus research investigations on individual SA recovery courses within contextual and temporal-spatial frames. These investigations would benefit from including people from various life phases. To exemplify, Wright and Yarwood (2022) state that existing evidence for people at the end of life, SA recovery and substance abstinence might not be a realistic option, where maximising well-being and life quality despite continued substance use might be the route to choose, depending on people's personal wishes.

For several participants in the current study, recovery efforts started years prior to substance use cessation, in reciprocal interactions with people they either trusted from before, or eventually came to trust, in roles of family members, friends, romantic partners or professionals. Thus, a variety of developmental routes eventually became available for the participants through their social interactions over time. Their stories illustrate the dynamic contexts which were paramount for their long-term recovery, and that concerned much more than substance use reductions or cessation. Consequently, the variety of possibilities for human change and development courses stemming from ongoing performativity between the individual and their societal environment in the current study imply that humans

do not move toward an end state or predetermined bases concerning their recovery.

14.4 The complexity of long-term substance addiction recovery courses

Discussions regarding what role, if any, substance use aspects could or should have in people's recovery courses are ongoing. These discussions include whether it is possible to reach a state of fully recovered (Bjornestad et al., 2019) - recovery from, or if recovery entails life-long processes - recovery in (Kelly et al., 2018), for people. In addition, discussions include whether substance abstinence is a prerequisite for being in recovery prerequisite (Hoffman et al., 2020; Laudet, 2007), recovery as a dominantly individual process (Sommer et al., 2021), and the various roles of social, societal, and cultural aspects for SA recovery courses (Best et al., 2020; Patton et al., 2022). Discussions also include the various timeframes used in studies when investigating recovery aspects (Hser et al., 2007; Martinelli et al., 2020).

The roles of substances and substance use in the participants' lives were described as shifting throughout their narrations. For none of them, however, substance use aspects were narrated as pivotal in their current lives and had not been so for many years.

Rather, it was individual life navigation the study participants were concerned with in their narrations of their recovery courses. Narrated accounts of life navigations, reflected in the analysis chapters and discussion chapters of this thesis, regarded how to overcome loneliness (Ingram et al., 2020), social isolation, and to fight self-stigma (Krendl & Perry, 2023). Furthermore, the narrated navigations concerned developing a heightened sense of agency, purpose, autonomy, and self-determination concerning how they want to live their lives (Webb et al., 2022), regardless of the 'normative fantasies' (Fomiatti, 2020, p. 1), and 'idealized template for development' (Ford & Lerner, 1992, p. 42), offered to them from their surroundings during their recovery courses.

The current study findings underline the complexity often involved in long-term SA recovery courses, with existential perspectives that include much more than substance use cessation and abstinence. Thus, this study findings contribute to overarching, novel perspectives on SA recovery courses through integrating individual, and contextual perspectives. This focus has been relatively sparse in SA recovery research and is needed to develop SA research going forward.

Championing integrated and contextual perspectives on SA recovery courses does not, however, mean that substance use aspects are irrelevant when investigating long-term SA recovery

courses. This point was underlined through the study participants' various narrations of the roles of substances and substance use over time. For some, the act of substance use was narrated as being out of the question for several years, while for others, substance use was narrated as an ongoing opportunity and potential threat in their lives, temporally vastly exceeding what is commonly termed as stable recovery phases (Dennis et al., 2007). All participants' narrations also included stories of the efforts needed to cease substance use and change their lives accordingly to develop perceptions on substances that could fit with the lives they desired. Importantly, in most of the participants' narrations, substance use was out of the question indefinitely, which necessitated the development of strategies to avoid slips and relapses. Thus, the comprehensive life changes the participants underwent, also included conscious approaches toward their own relationship to substances over time, with implications for future investigations and developments of SA recovery definitions.

14.5 Time as key in substance addiction recovery

All the suggested SA recovery definitions discussed in the current research involve aspects of working towards social and societal normativity through long-term processes concerned with control, improvement, and heightened quality of life. Expectations of working toward pre-set definitions of normativity through individual

control has often been linked directly to the individual action of stopping using substances, to qualify for access to various societal arenas (Fomiatti, 2020). Investigated through this lens, people with SA experiences depart from the normative population in that specific roles are connected to them that do not apply to their surrounding citizens (Krendl & Perry, 2023), requiring reparation and rehabilitation processes to solve. If substance use cessation and abstinence is the sole definition for recovery, however, social, societal, and cultural aspects would be of minor relevance for the SA field. This is not the case, as shown through updated SA recovery studies (Best et al., 2024; Martinelli et al., 2023; Roxburgh et al., 2023), and through the current study's findings, underlining that for many of the people in question, SA recovery courses concern comprehensive life changes.

For comprehensive life changes to occur, e.g. representing more than temporary states in people's lives, time represents a key aspect that both the person in question and their surroundings, up to systems and policy levels, must consider. Long-term SA recovery courses thus entail a two-way street between intra- and interindividual needs and expectations, within continuous frames of possibilities and delimitations within people's societal environment over time. This is an area with comprehensive room for improvement in both the Norwegian substance use treatment

and follow-up services (Document 3:5 (2024−2025); Meld. St. 5, 2024-2025a), and internationally (Chantry et al., 2025; Vanderplasschen et al., 2025a), where a lack of coherence within substance use treatment, and between levels of services, still represents a comprehensive challenge for the support systems aimed at helping people with SA.

In the Norwegian context, I argue that this is partly due to a systemic ignorance of the realistic amounts of time needed when comprehensive life changes are the outspoken goal. It is for example still common in Norway to use the term ‘aftercare’ to illustrate the various efforts needed following substance use treatment. As MacLean et al. (2022) argue, the term ‘aftercare’ has several problematic connotations. These include efforts delivered following ‘the real care’, i.e. specialised substance use treatment, and that the term implicates time-limited interventions. As an alternative, MacLean et al. (2022) recommend using the term ‘continuing coordinated care’ to underline that various efforts need to be in place over time, and that coordination of them are key. McKay (2009; 2021) uses similar terminology when describing impacts of adaptive continuing care in long-term SA recovery. In addition, Day et al. (2025) operationalise such efforts as long-term recovery management check-ups, and Vanderplasschen et al. (2019) argue for case management as a valuable, ongoing,

person-centred approach to improve service delivery for people with SA.

I agree that a productive way forward is that substance use treatment and follow-up services need to have the person with SA's needs in focus and deliver flexible services over time. However, particularly in a Norwegian context with a strong welfare state, the naïve and rather paradoxical belief that with more people involved, the more coherent services will be delivered, should be cautioned. Further, the continued dominating focus on the person with SA's responsibility of working towards normativity should be nuanced, by placing current mechanisms of social reality concerning substance use issues under scrutiny, as these mechanisms arguably continue to lead to steep thresholds for people when attempting to work on their SA. I therefore argue for a pragmatic timing approach that will allow for service flexibility depending on people's needs. This theme will be returned to in this thesis Chapter 16.

The results from the current study provide insights into what individual SA recovery courses predominantly do not imply, namely being time limited, being concerned solely with human substance use cessation and abstinence, being stage and outcome dominated, or being exclusively concerned with intraindividual processes.

The following, new definition is therefore suggested:

Substance addiction recovery involves temporal, diverse courses, reciprocal contextual interactions, and strengthened cognition regarding substance use, leading to a heightened sense of agency and purpose within a person's societal environment.

This suggested definition implies that recovery must concern time from the starting point, considering how dynamics over and in time constantly influence people's lives. Following this, the 'diverse' element in the definition entails how recovery concerns peoples' lives and nuancing the view of the concept of recovery as time-limited, sequential, or outcome focused. This said, recovery courses do not necessarily entail never ending processes. Thus, I argue that people should be free to decide where they find themselves in their recovery continuum, including practicing ongoing recovery - in recovery, or whether they experience aspects connected to their former SA experiences and recovery as a closed chapter – from recovery. Hence, 'diverse courses and reciprocal contextual interactions' implies that, although humans are dynamically connected to their context through reciprocal relationships, various life courses are possible. Thus, the individual's past and current experiences and reflections concerning their lives hold significance for their thoughts concerning their futures. In addition, 'strengthened cognition

regarding substance use' is included to underline that although long-term recovery courses often entail comprehensive, existential efforts besides substance use, personal awareness regarding substances and substance use was highlighted through all study participants' narrations of their long-term recovery courses. Thus, I argue that including substance use in SA recovery definitions is logical, which separates SA recovery definitions from other forms of recovery, for example mental health recovery, although they obviously share several aspects. The new definition also includes 'a heightened sense of agency and purpose within a person's societal environment' to express that, although humans live in reciprocal interactions with their surroundings, they affect their context and are affected by it through life. Relative plasticity provides possibilities for taking various courses through life and changing them as they go (Ford & Lerner, 1992; Lerner, 1984). These possibilities bring individual potential for autonomy, and potential to act within contextually situated courses, including having basic societal rights met.

Although I argue that this new, proposed definition of SA recovery includes a specific combination of key elements that has not been included in previous definitions, proposed definitions of complex phenomena should always be approached critically. It is never fully possible to capture human processes that occurs over time, within

a myriad of contextual perspectives, within a few sentences. In addition, the new, proposed definition does not aim to capture recovery processes for areas other than SA. Thus, although it obviously includes elements that could be used to define for example mental health recovery, or other addictions, such as gambling addiction recovery, it is not an aim in this context to validate the new proposed definition, or to generalise the definition to other areas. To validate the definition, I will develop future studies concerning long-term SA recovery with this specifically in mind.

Chapter 15. Academic contribution

The aims of the current study were to identify, apply, and evaluate, relevant psycho-social and cultural factors for people in their long-term SA recovery. To achieve these aims, the following objectives were used:

1. Identify key factors relevant to long-term SA recovery through narrative exploration of people's lived experiences,

2. Apply a developmental model as a framework for mapping, explaining, and developing knowledge of intra- and interpersonal long-term SA recovery,

3. Propose recommendations for policy, practice, and further research in support of SA recovery.

This research has presented stories of long-term change and developmental courses, including dynamic interactions and shifting social and societal roles, stretching the time frames and compositions of substance addiction (SA) recovery courses.

The following definition was developed, which presents implications for practice, policy and research:

Substance addiction recovery involves temporal, diverse courses, reciprocal contextual interactions, and strengthened cognition

regarding substance use, leading to a heightened sense of agency and purpose within a person's societal environment.

The findings from the current study offer several new academic contributions.

First, time was included as a key processual factor for long-term SA recovery, illustrated in the new, proposed SA recovery definition, as an alternative to using specific timeframes to signpost staged recovery outcomes, which has commonly been reported in SA recovery literature. When investigating SA recovery courses within dynamic, temporal frameworks, human change and developmental processes are visible, which nuance the common normative, idealised template for change subscribed to people with SA experiences, with one story of life with chaotic lives stemming from ongoing SA, and another story representing a harmonic life in substance abstinent recovery.

Second, I argue that the findings from the current study offer perspectives on human changes in SA recovery courses which have been largely overlooked on behalf of a dominant focus on individual chronicity, substance use cessation and specific outcomes from time- limited substance use treatment. In this research it is not argued that SA recovery processes must entail lifelong processes and efforts in every instance, where addiction continues to loom as an existential risk. From a chronicity

perspective, a currently dominating perspective in recovery literature, it is an accepted view that all SA recovery courses inherit a universal starting point regarding substance cessation, followed by attempts at prolonged abstinence, as prerequisite for later, purposeful life developments. The current study findings challenge this view, through narrations of recovery courses where substance use aspects played various, and shifting, roles over time. Thus, it cannot be argued that the participants in the current study performed and changed their lives despite a specific, chronic condition. Rather, participants' various recovery courses could happen constituted by their personal, past experiences, where aspects concerning substance use were evident, alongside more prominent features in need of attention for their personal changes and development. This included overcoming loneliness and stigma and confiding in others to eventually develop agency and heightened sense of purpose, within their societal environment.

Third, based on the findings from the current study, I argue that SA recovery has no universal start – or end point during people's lives. This argument is based on participants' narrations of multiple, non-linear, long-term courses, underlining that focusing on dynamics of time, i.e. processes within recovery courses rather than specific stages and outcomes, is key for knowledge development regarding recovery processes. This included that the

current study participants' recovery processes did not necessarily start from when substance use was practically stopped and included much more than continued abstinence maintenance. Rather, the participants' narrations of their recovery courses illustrated human processes which could be linked far back in time in several cases, in addition to narrations of current and prospective processes, as the participants continued to change and develop within various, long-term courses. When research studies aim to investigate human change and development over time from various angles, the current study design can prove useful for future studies in its use of a narrative research design, with fewer, and as open, questions as possible. By trusting that research participants can tell stories from their lives without a too rigid safety net, i.e. overly structured, pre-decided questionnaires, new perspectives can become visible. In the current study, I was for example surprised by the presented timelines from participants when they were narrating their long-term recovery courses. This might not have been possible had I used too closed or narrow questions, stemming from my preconceptions of what SA recovery courses looked like. Although the narrative research design required comprehensive planning, the results show that a narrative research design was profoundly useful when exploring human

change and developmental processes that have occurred over time.

Fourth, recovery courses entailed more than solely intraindividual processes for the participants in this study, which nuanced recovery definitions traditionally focusing solely on individual recovery factors. The participants' narrations highlighted how humans live in social worlds, in reciprocal relationships with others, within their societal environment. The dynamics of these relationships impacted how they changed and developed their lives over time, including which possibilities were available to them at various points in their recovery courses, and how they narrated these as social agents within their societal context. Thus, these findings offer useful perspectives for the SA recovery field, which has been criticised for neglecting socioecological factors when studying human change and development.

Fifth, focusing on the agentic individual within their dynamic, societal environment serves as an example of how theories of human change and development, critical realism, and narrative theory can come together, as the latter offers opportunities for investigations of how performances, and experiences unfold over time through language, in people's recovery stories. The participants' narrations serve as examples of how they manoeuvred in their societal environment, alongside showing

inventiveness and entrepreneurship, while keeping their personal autonomy intact. Through focusing on individuals as agentic within their social context, this opens opportunities to explore how people act through reciprocal interactions, and how non-linear change courses are possible through people's re-authoring, i.e. agentic changes in action. Consequently, the variety of possibilities for human change and development courses stemming from ongoing performativity between the individual and its societal environment imply that humans do not move toward an end state or predetermined bases. Rather, recovery courses understood in this context entail a two-way street between intra – and interindividual needs and expectations. Thus, from a critical realist perspective, both individual, interindividual, and social reality contexts, and how they interplay through mechanisms, have significance for people's possibilities and delimitations for affecting and transforming social reality.

Sixth, the current study's findings illustrate how tackling loneliness, social isolation, self-stigma, and stigma aspects in the participants' lives through support from significant others promoted personal changes and agency. Loneliness, stigma, and self-stigma represent under-researched areas for people with SA and should be prioritised as key topics in future research, and future practice

and policy developments, based on the profound significance they had in the study participants' stories of long-term recovery.

Seventh, the operationalisation of peer-interviewing in this study holds academic relevance for future SA recovery research, as discussed in this thesis chapters 6, 7, and 8. These include having the sufficient time available from the study start to ensure that the most relevant candidates are chosen, based on a combination of personal experiences with the study theme, and prerequisites for establishing conversations based on trust and openness. Further, enough time for interview training and supervision, and follow-up conversations during the interview process is key, particularly if the peer-interviewers are new to the applied interviewing methods. Through allowing peer-interviewers to be part of the study design development and conduction from the earliest possible stage, e.g. concerning interview questionnaire development, and discussions of interviewing techniques, all parties are more likely to feel comfortable and experience ownership of the study. Further, in the current study, employing peer-interviewers exemplify how people's stories of long-term SA recovery were unfolded through language and interaction with people with shared experiences, illustrating the significant, potential value of peer experience.

As can be seen in mental health recovery, strengths-based philosophies underpin the recovery approach. So too in SA

recovery, there is a need for highlighting strengths-based opportunities, depending on people's current life situations, alongside subjective reflections on how they see their lives going forward within their societal environment. As potential for human re-authoring, change and development exist, the person in question and their context should remain ever attentive to such possibilities, as complexity and open endings constitute all human existence. In such efforts, investigations of resources, passions, and personal strengths are paramount, as advantageous alternatives to focusing on chronic vulnerabilities, weaknesses, and human limitations. Thus, continued investigations of necessary prerequisites for long-term human change and development are key to contribute to hope, change, and developments in the SA recovery field.

15.1 Study limitations

The current study has some limitations. First, the cohort and thereby study findings are context dependent. The participants were recruited from the Stayer-study, a 10-year study investigating SA recovery courses in Rogaland, Norway, a proportionate small-scale region of approximately 480.000 inhabitants, which could potentially affect the transferability of the study results to other cultural contexts. Second, the study participants were mixed race, represented by four females and six men, had a median age of 32

years, and had experiences of polysubstance use ranging from 17 - 20 years at the time of the interview. This means that the participant group has gone through long-term SA experiences from a relatively young age, thus, the participant group were in SA recovery as they matured into grown adults. The group does not represent the experiences of all people with SA, as these are likely to differ depending on multiple variables, including age, sex, ethnicity, socio-economical background, time range and scope of SA experiences, types of substances used, and substance use treatment experiences. Third, the interview conversations concern retrospective life events, thus participants' reflections could have been impacted by changing life conditions and events. Fourth, as described in Chapter 7.2, cognitive and emotional prerequisites, and challenges stemming from SA and trauma could have led to narrated presentations with temporal breaks. Fifth, it was up to participants and peer interviewers to report whether they knew each other from before the interviews, which could potentially have affected their conversations. Sixth, potential challenges stems from participant and peer-interviewer power imbalances, subjective preconceptions, self-contemplation, and past experiences, thus these potential challenges were discussed in Chapter 7 and 8. Seventh, all participants in the current study had experiences of a problematic polydrug use. It is not a given that

the results from the study are transferable in all respects to groups with SA experiences through single drug, or solely alcohol use. Eighth, reflecting from a post-study point of view, this research could have been designed using a life-course (Hser et al., 2007) perspective, as an alternative to the methodological choice of using 10 years of the participants' lives as a timeframe from the study start, as discussed in this thesis Chapter 7.6. In addition, multiple interview points would obviously have added longitudinal aspects of long-term SA recovery courses investigations and could also have been added to the Stayer-study protocol. However, the study results illustrate how the participants used the open questions from the interview guide to frame their temporal stories, which in several cases extended the 10-year frames set for the study, thus adding to knowledge of long-term SA recovery courses.

Chapter 16. Recommendations for practice, policy, and research

16.1 Introduction

The findings from the current study have several implications for substance use treatment and follow-up services, policies, and substance addiction (SA) recovery research. The study participants narrated ‘The Confiding’ typology (Phoenix & Orr, 2014; Smith & Monforte, 2020) through their stories of movements from loneliness, self-stigma, and non-belonging from an early age, to eventually connecting and opening to people. Their stories suggest that care should be taken to avoid over-simplifications of the complexity of processes regarding interactional trust, overcoming loneliness and stigma, and efforts in developing social and societal connections. Furthermore, the study participants’ stories of the changes and efforts necessary to develop ‘The Agentic’ and ‘The Self-Determined’ typologies (Phoenix & Orr, 2014; Smith & Monforte, 2020) through being allowed chances for, and daring to, perform new roles on unfamiliar social arenas, included years of efforts for all participants. In addition, these efforts required reciprocal relationships with people they trusted, respected, and who expected something back from them. Descriptions of the efforts necessary for people with SA

experiences to enter, and stay, on new social arenas, thus represent key themes for the complex processes at play regarding human change and developmental processes in long-term SA recovery (Veseth et al., 2019; Vigdal et al., 2023; 2024).

16.2 Recommendations for practice

The findings in the current study have several implications for practice in supporting people in long-term SA recovery:

• Focus on people’s social networks and significant others from professional contact outset.

• Employ dedicated professionals to follow-up people with SA indefinitely and flexibly to support people’s long-term recovery courses.

• Develop the concept of professional timing to work strategically, depending on people’s shifting support needs.

• Peer support can be supportive in various phases of people’s recovery courses.

• Focus on people’s performativity in social arenas outside of formal substance use treatment and follow-up services. This will help to build agency and purpose in people’s societal environment based on their resources, interests, and desires.

Given that the current study findings suggest that people can develop from loneliness, self-stigma, and social outsideness to confiding in others over time, substance use treatment and follow-up services would benefit from practically focusing on developments concerning people's social networks and significant others from contact outset. These themes showed to be key for the study participants to develop a heightened sense of agency and self-determination, and as a bridge between individual and societal mechanisms of reality. In these efforts, practitioners should avoid over-simplifying how difficult it often will be to operationalise changes in people's social networks. This includes stopping relations with people that has been your friends for potentially many years, in various phases of people's lives, and making new friends on unfamiliar social arenas. Practitioners could ask themselves questions such as 'when did I last make a new friend' or 'how do I develop new friendships in my life' to avoid expectations towards others that are often very challenging for most people to achieve, both with and without SA experiences.

Practitioners will normally need time to come into position to work with personal and emotional issues such as loneliness and self-stigma. Thus, engaging dedicated professionals to follow-up people with SA time indefinitely, in accordance with the person's personal wishes and needs could show to be of importance for

people's long-term recovery, given that the study participants' stories did not concern shorter-term substance use treatment and follow-up service involvement. Importantly, no study participants used terms such as 'aftercare', a common term in Norway for 'everything after' substance use treatment, when narrating what worked for them in their long-term SA recovery courses. Rather, all participants underlined how long-term relations, i.e. over years, to significant, supportive others, were key in their change processes to develop agency and self-determination within their societal environment. These findings indicate that a focus on fewer, functional long-term professional relations with mandate to stay in touch regardless of other services could prove beneficial, as an alternative to comprehensive, professional support groups, with multiple professions and power relations involved. This is an area with comprehensive room for improvement, as most substance use treatment and follow-up services in Norway still organise as fragmented (St. Meld. 5, 2024 – 2025a), representing challenges when people are to move from one substance use treatment or follow-up services to another, and the fact that most substance use treatment and follow-up services continue to be time-limited.

A keyword for such an organisation of services is pragmatic timing, as the stories from the current study showed how various levels of support was needed in their recovery courses, and shifting over

time. In some participant narrations, weekly contact or more with professionals in follow-up services over years was a prerequisite for their recovery. For others, having people they could contact when crisis hit, for example when Olivia found the needle syringe in her child's backpack, which destabilised her family life, was key for her continued recovery. Several study participants' stories included narrations of the significance of long-term, residential substance use treatment, for up to 12 months or longer. Although people's needs will differ, it is suggested here that long-term, residential substance use treatment for 12 months or longer should be an available choice, particularly in earlier recovery processes when people's lives can be in states of chaos on physical, mental, and other levels, due to long-term SA. This represents another example of how dynamics of time, i.e. processes within recovery courses rather than specific stages and outcomes, combined with pragmatic timing, should be the starting point when identifying people's needs.

Principal elements regarding pragmatic timing in substance use treatment and follow-up services include that trust should be established prior to challenging periods. Through this, it is likely that the threshold will be lower regarding reaching out for help when this is needed. By not having to 'start over' in professional relationships on multiple occasions, time could be used regarding

the challenges at hand, as the professional relationship has already been established. In addition, clearly formulated expectations from both service providers and recipient's points of view are important, to avoid misunderstandings and issues with trust. The concept of professional, pragmatic timing in relevant substance use treatment and follow-up services should be developed, with the participants' narrations from the current study in mind. A 'less is more' approach is likely to function as a key supportive element for people's long-term recovery courses, where the awareness that support is assuredly accessible if needed, challenges such as mental health challenges, substance use slips or relapse can be prevented. Pragmatic timing in this context aligns with the concepts of case management (Vanderplasschen et al., 2019), adaptive continuing care (McKay, 2009; 2021) and long-term recovery management check-ups (Day et al., 2025), to heighten service delivery and coordination, which currently represents an area with comprehensive room for improvement (Document 3:5 (2024−2025) in Norway.

The above suggestion that selected professionals should work indefinitely with people in recovery, according to their wishes and needs can of course be problematic. Professionals could potentially face challenges at their workplace if services are organised as dependent on one or a few people with the

responsibility to follow up people with various challenges over years. Pragmatically, people must be able to be away from work for periods of time, or switch jobs without experiencing feelings that they let their service users down or abandon them. In this research it is not argued that one professional should have the sole responsibility for a person's recovery course, as this would likely put too much pressure on the individual helper. However, reflection on the concept of pragmatic timing is relevant in this context. The findings from the current study show how various efforts were needed at different times during people's recovery courses. If professionals get possibilities to stay in touch with people over time, through continuous contact, as we have discussed previously in the context of Social Work (Svendsen et al., 2018), they are also more likely to know their 'modus operandi', depending on where they find themselves in their recovery courses. This could facilitate temporal comparisons of behaviour and states and help to detect change and development processes. This is valuable knowledge, which is possible to transfer to a person's colleague, should one wish to, e.g. switch jobs or quit. Professionals and people in SA recovery are arguably not dissimilar when it comes to solving challenges individually or in relations to others: For comprehensive changes and development to occur, reciprocal relations are key, whether they are to happen

in professional, or personal, areas. This entails that professionals should always have safe relations to their management and colleagues, that can act as supportive resources when challenges occur, which is a likely scenario when working professionally with human change and developmental processes.

16.2.1 Recommendations for peer support

Several study participants' narrations concerned peer support individually and in groups, both inside, and outside, of formal substance treatment and follow-up services. Thus, peer support was highlighted as important for several participants in their various recovery courses, and over years for some of them. Drew, for example, narrated how she attended Narcotics Anonymous (NA) after her injury, even when she could not sit up due to physical pain, because she found the fellowship of paramount importance for her recovery. Further, Sonny narrated how peer support has been of profound support for him for over a decade, to function socially and to avoid the escalator of isolation. Such support could prove particularly valuable for people within the stages of confiding in others and building agency, as role models and people with similar experiences were highlighted as inspirational for participants' change and developmental processes.

This is not, however, to say that peer impacts automatically act as functional tools in all recovery courses, indefinitely. For several participants, such as the narrations by Karson and Mia showed, distancing themselves from earlier SA periods, including old friends and social networks, was necessary to develop themselves as agentic and self-determined social actors. Through such processes, the role of the peer-group NA changed for them over time. This is not surprising when investigated through temporal lenses, as most people experience various and shifting impacts from their social surroundings through their lives. So also, was the case for the study participants.

Significant relations outside peer networks were also highlighted as important for several study participants, underlining the importance of building agency through focusing on resources, passions, and personal strengths through reciprocal relations to others, outside of formal substance use treatment or follow-up services. Harry, for example, narrated how the relation to his work leader contributed to him building self-esteem and feelings of self-worth at the workplace over time. Further, in Jack's story, his efforts at the sports club were noticed by the leaders there, which eventually led to his education becoming fully financed, and to full-time employment. From a socio-economic standpoint, society would clearly benefit from helping people not developing into

revolving door patients and long-term service users. For these efforts to be successful, operationalisations of frameworks with predictable, well timed, professional working relationships over time to avoid service system fragmentation are key. Focusing on ways for people to enter new social arenas and experiencing support from others to perform in other roles, to build agency and self-determination, is of paramount importance.

16.3 Recommendations for policy

The findings in the current study have several implications for policy in supporting people in long-term SA recovery:

• National policies should develop recommendations, and guidance for staff competencies and training, regarding long-term, non-linear SA recovery courses based on updated knowledge.

• These recommendations should include integrated perspectives on individuals within their societal environment from the starting point for recovery policies, and for funding of services, to normalise people’s change and developmental processes as more than solely individual processes regarding substance cessation and abstinence.

• Integrated SA recovery perspectives in policy developments must include focus on long-term focus areas, namely loneliness, social isolation, stigma, and self-stigma. Thus, substance use

treatment and follow-up services should be adequately funded to support integrated efforts over time, and the pragmatic timing needed to attend to them.

Due to the significant burden SA has on societies including health – and public services in broad, and the numbers of healthy life lost due to disability, there is a need for updated understandings of what long-term, non-linear SA recovery courses entail in policy developments. These understandings are important to nuance the dominating focus on shorter-term and sequential substance use treatment and services, and to enhance pragmatic timing in substance use treatment and follow-up services, according to where people find themselves in their recovery courses. Policy makers and stakeholder need to acknowledge that people's lives can be in states of chaos for significant periods of time following SA. Delivering long-term, residential substance use treatment, which can provide people an opportunity to get physical distance to the substance using environment, and chances to work on life challenges in a safe environment should not be underrated. Thus, long-term, residential substance use treatment for up to 12 months or longer should be a natural part of the available menu for people with SA, alongside shorter-term substance use treatment between three to six months, and indefinite follow-up opportunities with practitioners they know and trust. Here, developments of policies

must go hand in hand with staffing, and stable financing of services, to ensure the continuous care often needed for people in long-term SA recovery.

Given that stigma, self-stigma, loneliness, and social isolation represent profound challenges for people with SA in society, policy developments should include avoiding using stigmatising language when describing people with SA, and the services they use. This should include working to raising the status of so-called low-threshold services, as they often represent the people and services that meet people at an everyday basis, regardless of substance use and mental health functioning levels, and providing spaces for interindividual encounters. If people are not allowed in public spaces because of their life challenges, how steep is the threshold, then, when the same people want to work on their SA? Long-term perspectives on recovery must, as outlined, include people on a full continuum of change, over time, and within diverse courses. As most people have personally experienced how challenging lifestyle changes can be, e.g. cutting down on sugary foods or exercising more, more patience and understanding should be directed towards people with SA, regardless of their current functioning levels, as they are struggling with comprehensive challenges regarding several individual, social, and societal mechanisms. Policy documents should acknowledge

the profoundness of these challenges, and work to build fine meshed safety nets within substance use treatment and services with the pragmatic tools available to meet people where they find themselves on their change continuum.

This change continuum includes much more than substance use cessation and abstinence. Rather, it can include some or all the following areas that needs attention over time: A person's physical health, mental health, acute and long-term SA aspects, social network, next to kin and close social relations, stable housing, meaningful leisure activities, economy, education, and employment. This potential work package needs to be reflected pragmatically in policies, to underline the long-term efforts needed, and therefore the need for people within services with the formal power to attend to the fragmentising such challenges often play out as, in practice. Such challenges do not necessarily suggest that more people and services should be involved. Rather, they implicate that fewer people with formal power to make decisions, e.g. case management (Vanderplasschen et al., 2019) together with the person in question should be allowed the frames to follow people indefinitely or for the period the person in question expresses a need for it. In addition, as SA aspects and SA recovery courses entail a person's social and societal context, efforts should be directed towards mapping out all people within

the person in questions' environment that could be relevant to support and follow up in efforts for the desired, integrated view of what long-term SA recovery courses entail.

Knowledge of long-term SA recovery courses, with the integrated efforts often needed, and pragmatic timing to attend to them should be disseminated broadly, to future practitioners in the broad SA field, to professionals and all other involved in the SA field, to the people in question themselves, and their next of kin. A most useful tool when working with societal stigma, and for heightened agency for all people involved, is updated and disseminated knowledge of what SA aspects and long-term SA recovery entail.

To conclude, policy aimed at providing people with the possibilities to develop agency and purpose through access to their societal environment should be prioritised, including focusing on people's resources, passions, and personal strengths, as this focus represents an advantageous alternative to policies built with a focus on deficit needs, personal weaknesses, and limitations.

16.4 Recommendations for research

The findings in the current study have several implications for research in supporting people in long-term SA recovery:

• Studies aiming to investigate human change and development must include the necessary time frames to be able to do so.

• Loneliness, stigma, and self-stigma represent under-researched areas for people with SA and should be prioritised as key research topics.

• Studies using multiple follow-up points, and from diverse angles, are necessary to improve the organising and timing of substance use treatment and follow-up services.

• Development of research dissemination and making research data accessible should be a prioritised area, connected to individual engagement for recovery processes, for practice developments, heightened study retention, and in impacting societal views on the phenomena of SA recovery, including stigma.

• Peer-interviewers can contribute to SA recovery studies. It is important that sufficient time is used to ensure methodological and ethical reflection when designing studies employing peer-interviewers.

Studies aiming to investigate human change, and development must include the necessary time frames, and therefore, the financial incentives, to develop knowledge of realistic processes for people with SA in long-term recovery courses. Shorter term studies investigating specific treatment and/ or medicinal interventions clearly have value. However, there are limits to the

human change processes that can be investigated through such research designs. The current study's findings specifically showed how tackling loneliness, social isolation, self-stigma, and stigma aspects in the participants' lives through support from significant others promoted personal changes, agency, and autonomy. Loneliness, stigma, and self-stigma represent under-researched areas for people with SA and should be prioritised as key topics.

There is a need for both quantitative and qualitative studies on SA recovery courses over years, with multiple follow-up points, and from multiple angles, e.g. from service providers, and people's networks', to investigate how SA recovery courses can occur within people's societal environment, from various perspectives. Further, discourse analysis concerning how SA and recovery are framed within policy mechanisms have clear value in clarifying the reality of how governments approach the complexity of SA, and in linking individual mechanisms of SA and recovery to existing mechanisms of the same phenomena in the social sphere (Fomiatti et al., 2017; Fomiatti, 2020). Through such studies, opportunities to improve linkages between SA research, policy, and practice can hopefully be found.

In addition, research environments have clear obligations to disseminate results from studies to the relevant audience, particularly students who will work on the broad SA field in the

future, practitioners, people with SA experiences, and next of kin. Development of research dissemination and making research data accessible have several potential benefits connected to individual engagement for recovery processes, for practice developments, heightened study retention, and in impacting societal views on the phenomena of SA recovery, including stigma. SA recovery research dissemination currently represents a field with a wide development potential.

16.4.1 Recommendations for peer-interviewing in research

Regarding peer-interviewing, there are several practical take-away messages with relevance for future studies on SA recovery courses, as discussed in Chapter 6, 7, and 8. Key themes for employing peer-interviewers in SA recovery research include having enough time to recruit and train interviewers and providing space for methodological discussions, including that expertise by experience should be thoroughly and openly discussed with peer-interviewers. Peer-interviewing can contribute in meaningful ways in the fields of substance use and recovery research, if the ethical and practical measures are attended to in a rigorous matter.

16.5 Summary of recommendations. Table 1

Practice	Policy	Research
Focus on people's social networks and significant others from professional contact outset.	National policies should develop recommendations regarding long-term, non-linear SA recovery courses based on updated knowledge.	Studies aiming to investigate human change and development must include the necessary time frames to be able to do so.
Employ dedicated professionals to follow-up people with SA indefinitely and flexibly to support people's long-term recovery courses.	These recommendations should include integrated perspectives on individuals within their societal environment, to normalise people's change and developmental processes as more than solely processes regarding substance cessation and abstinence.	Loneliness, stigma, and self-stigma represent under-researched areas for individuals with SA and should be prioritised as key research topics.
Develop the concept of professional timing	Integrated SA recovery perspectives in policy	Studies using multiple follow-up points, and from

to work strategically, depending on people's shifting support needs.	developments must include focus on loneliness, social isolation, self-stigma, and stigma.	diverse angles, are necessary to improve the organising and timing of substance use treatment and follow-up services.
Peer support can be supportive in various phases of people's recovery courses.	Focusing on people's resources, passions, and personal strengths represents an advantageous alternative to policies built dominantly with a focus on deficit needs, personal weaknesses, and limitations.	Development of research dissemination and making research data accessible should be a prioritised area.
Focus on people's performativity within social arenas to help build agency and purpose in people's societal environment.	Knowledge of long-term SA recovery courses, with the integrated efforts often needed, and pragmatic timing to attend to them should be disseminated broadly.	Peer- interviewers can contribute to SA recovery studies. It is important that sufficient time is used to ensure methodological and ethical reflection.

Chapter 17. Overall conclusion

In this research, the study participants' stories have illustrated how their long-term substance addiction (SA) recovery courses occurred within their societal environment, with implications for what is needed for people with SA to change and develop from states of social isolation and loneliness to heightened agency and self-determination. The study results offer nuanced perspectives on SA recovery perspectives which have been discussed for decades, regarding chronicity, the roles of substances in recovery courses, the significance of the dynamics of time, and the importance of integrating individual's contexts when exploring SA recovery. In the current study, I have argued for the significant potential for practice, policy, and research developments if the knowledge from diverse and interrelation – contextual long-term SA recovery courses are considered on the broad SA field.

The new, proposed definition of SA recovery from this research is:

Substance addiction recovery involves temporal, diverse courses, reciprocal contextual interactions, and strengthened cognition regarding substance use, leading to a heightened sense of agency and purpose within a person's societal environment.

Although this research does not aim to generalise from a sample of 10 participants, the results were used to identify actionable

recommendations for policy, practice, and further research in support of SA recovery courses. Social reality is only available for studies through human lenses and is therefore fallible. Considering this, the current study has aimed to develop relevant knowledge from a critical realist approach, by investigating individual and social events, searching for relevant mechanisms and structures that can inspire developments in substance use treatment and follow-up services, policies, and SA recovery research.

I argue that this research contributes to developments in the broad SA field in several manners, first through choosing peer-interviewing as part of my methodology, and a narrative approach when investigating long-term SA recovery courses. Further, by using Developmental Systems Theory as a fit for mapping, explaining, and developing knowledge of recovery courses, the potential for human re-authoring, change and development is underlined. This perspective arguably represents possibilities which the person in question and their context should remain ever attentive to, as complexity and open endings constitute all human existence.

After completing this PhD, the next proposed steps include developing several publications based on unused data from the current study. I will continue to focus on long-term SA recovery

aspects within dynamics of time, with implications for developments in practice, policy, and research in future research. This includes investigating such aspects from people with SA's network, and from substance use treatment and follow-up services' perspectives. These areas will all be of interest to work on going forward.

I plan to spend comprehensive time in disseminating the results from the current study and future studies I will be involved in going forward. This represents an opportunity to give back to all the participants that have spent significant amounts of time and energy to develop the SA field through their study participation, for which I am truly grateful.

Chapter 18. References

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Appendices

Appendix 1. Literature search strategy

Literature search strategy	
Database	APA PsycInfo <1806 to March Week 2 2023>
Date	21.03.2023
Search strategy	1 exp "substance use disorder"/ or addiction/ or drug addiction/ or drug usage/ or polydrug abuse/ or drug overdoses/159229 2 (((drug or alcohol or polydrug* or poly-drug* or poly substance* or polysubstance* or multidrug* or multi drug* or substance*) adj2 (abus* or misus* or addict* or dependen* or "use" or uses or user* or using* or usage* or disorder* or smoking)) or addict* or addiction*).ti,ab,id.219433 3 1 or 2258858 4 exp "Recovery (Disorders)"/14678 5 recover*.ti,ab,id.94900 6 4 or 595825 7 (transition or transitions or identity or identities or integrat* or reintegrat* or re-integrat*).ti,ab,id. 463963

	8 (citizen* or communit*).ti,ab,id.370728 9 7 or 8777387 10 3 and 6 and 93165 11 limit 10 to yr="2013 -Current"1726
Results	1726 prior to duplicate removal

Database	Ovid MEDLINE(R) ALL <1946 to March 20, 2023>
Date	21.03.2023
Search strategy	1 exp Substance-Related Disorders/ 308160 2 (((drug or alcohol or polydrug* or poly-drug* or poly substance* or polysubstance* or multidrug* or multi drug* or substance*) adj2 (abus* or misus* or addict* or dependen* or "use" or uses or user* or using* or usage* or disorder* or smoking)) or addict* or addiction*).ti,ab,kf.324181 3 1 or 2494244 4 recover*.ti,ab,kf.794954 5 (transition or transitions or identity or identities or integrat* or reintegrat* or re-integrat* or citizen* or communit*).ti,ab,kf.1993156 6 3 and 4 and 52212

	7 limit 6 to yr="2013 -Current"1482
Results	1482 prior to duplicate removal

Database	Scopus
Date	21.03.2023
Search strategy	(TITLE-ABS (((drug OR alcohol OR polydrug* OR poly-drug* OR "poly substance*" OR polysubstance* OR multidrug* OR "multi drug*" OR substance*) W/1 (abus* OR misus* OR addict* OR dependen* OR "use" OR uses OR user* OR using* OR usage* OR disorder* OR smoking)) OR addict* OR addiction*) OR AUTHKEY (((drug OR alcohol OR polydrug* OR poly-drug* OR "poly substance*" OR polysubstance* OR multidrug* OR "multi drug*" OR substance*) W/1 (abus* OR misus* OR addict* OR dependen* OR "use" OR uses OR user* OR using* OR usage* OR disorder* OR smoking)) OR addict* OR addiction*)) AND (TITLE-ABS (recover*) OR AUTHKEY (recover*)) AND (TITLE-ABS (transition OR transitions OR identity OR identities OR integrat* OR reintegrat*

	OR re-integrat* OR citizen* OR communit*) OR AUTHKEY (transition OR transitions OR identity OR identities OR integrat* OR reintegrat* OR re-integrat* OR citizen* OR communit*)) AND PUBYEAR > 2012 AND PUBYEAR < 2024
Results	2146 prior to duplicate removal

Database	Social Science Premium Collection
Date	21.03.2023
Search strategy	ABSTRACT,TITLE,SUBJECT(((drug OR alcohol OR polydrug* OR poly-drug* OR "poly substance*" OR polysubstance* OR multidrug* OR "multi drug*" OR substance*) NEAR/1 (abus* OR misus* OR addict* OR dependen* OR "use" OR uses OR user* OR using* OR usage* OR disorder* OR smoking)) OR addict* OR addiction*) AND ABSTRACT,TITLE,SUBJECT(recover*) AND ABSTRACT,TITLE,SUBJECT(transition OR transitions OR identity OR identities OR integrat* OR reintegrat* OR re-integrat* OR citizen* OR communit*) AND pd(20130101-20231231)
Results	1554 prior to duplicate removal

Appendix 2. Interview guide

Intro: Thank you for saying yes to sharing your experiences from the last 10 years. I would like to start with you telling me how the last 10 years have been for you, and then we will dive into different themes as we go.

Questions:

1. Could you tell me about your life during the last 10 years?
2. Could you tell me about periods in the last 10 years that have been difficult, and how you got through them?
3. Could you tell me about times, events or periods in the last 10 years that have been especially important?
4. Could you tell me about how your social network has changed during the last 10 years?
5. Could you tell me about how your position in society has changed in the last 10 years?

General follow-up questions:

Could you tell more about that?

Could you elaborate on that?

This seems important to you, could you tell more?

Can you think of other examples?

Appendix 3. Ethical approval Manchester Metropolitan University

17/11/2022

Project Title: The CRED study.

EthOS Reference Number: 37596

Ethical Opinion

Dear Thomas Svendsen,

The above amendment was reviewed by the Arts and Humanities Research Ethics and Governance Committee and, on the 17/11/2022, was given a favourable ethical opinion. The approval is in place until 01/10/2027.

Conditions of favourable ethical opinion

Application Documents

Document Type File Name Date Version

Additional Documentation Protocol CRED 2.0 ETHOS 20/10/2022 2.0

Additional Documentation Interview guide 2.0 20/10/2022 2.0

The Arts and Humanities Research Ethics and Governance Committee favourable ethical opinion is granted with the following conditions:

Adherence to Manchester Metropolitan University's Policies and procedures.

This ethical approval is conditional on adherence to Manchester Metropolitan University's Policies, Procedures, guidance and Standard Operating procedures. These can be found on the Manchester Metropolitan University Research Ethics and Governance webpages.

Amendments.

If you wish to make further changes to this approved application, you will be required to submit an amendment.

We wish you every success with your project.

Art and Humanities Research Ethics and Governance Committee.

Appendix 4. Ethical approval the Regional Ethics Committee in Norway

Region: REK vest

Saksbehandler:

Ingvild Haaland

Telefon:

Vår dato:

16.02.2022

Vår referanse:

364537

REK vest

Besøksadresse: Armauer Hansens Hus, nordre fløy, 2. etasje, Haukelandsveien 28, Bergen

| **E-post**: rek-vest@uib.no

Web: https://rekportalen.no

Aleksander Hagen Erga

Prosjektsøknad: Langtids tilfriskningsprosesser fra rusmiddelbruk

Søknadsnummer: 364537

Forskningsansvarlig institusjon: Helse Stavanger HF - Stavanger universitetssjukehus

Prosjektsøknad godkjennes med vilkår

Søkers beskrivelse

Formålet med prosjektet er å undersøke essensielle faktorer når det kommer til langtids-recovery prosesser for mennesker med tidligere rusavhengighet. Målet er å intervjue 20 - 30 deltakere fra den longitudinelle forløpsstudien STAYER - studien om deres erfaringer med 10 års recovery-prosesser. Det vil bli benyttet semistrukturerte, kvalitative intervjuer for å undersøke deltakernes individuelle opplevelser av recovery-prosesser. Prosjektet vil være nyttig for klinisk rusforskning, oppfølgingsapparat, høyere utdanning, pårørende og personer med rusavhengighet, fordi studien vil undersøke longitudinelle forhold som det finnes lite av internasjonalt per i dag.

Det vises til innsendt tilbakemelding mottatt 10.01.2022.

Tilbakemeldingen er behandlet av leder for REK vest på fullmakt.

Søknaden er behandlet med hjemmel i helseforskningsloven § 10.

REKs vurdering

Søknaden ble først behandlet i REK vest komitemøte 01.12.2021.

Komiteen ba om tilbakemelding på følgende:

‘Manchester Metropolitan University må inkluderes som forskningsansvarlig institusjon. Revidert rekrutteringsprosedyre etter ovennevnte merknader. Revidert informasjonsskriv og samtykkeskjema etter ovennevnte merknader. Avklaring på om data skal deles med veiledere i utlandet.

Reviderte rutiner for datalagring etter ovennevnte merknader.’

Søker skriver i innsendt tilbakemelding 10.01.2021:

‘Se vedlagte svarbrev, oppdatert samtykke og protokoll, samt utkast til avtale mellom SUS og MMU.’

‘Tilleggsopplysninger på REK-søknad ‘Langtids tilfriskningsprosesser fra rusmiddelbruk’ #364537.

1. MMU som forskningsansvarlig institusjon: Skal inn i 1.5.2 i REK portalen. Svar: MMU er lagt inn under punkt 1.6 i søknaden på nettet.

2. Revidert rekrutteringsprosedyre etter ovennevnte merknader. Svar: Punkt 4.4 i søknadsskjemaet beskriv rekrutterings prosedyre. Denne må rettes til: ‘Når deltakere har fullført 10 års deltakelse i STAYER-studien, vil de bli forespurt om de ønsker å høre mer om en studie som skal innhente kunnskap om 10 års recovery-prosesser. Hvis deltakeren samtykker til dette, vil forskningsassistent gi mulig deltaker informasjon – og samtykkeskriv som vedkommende kan lese hjemme. Potensiell deltaker blir spurt om intervjuer kan få vedkommendes telefonnummer, og ringe etter 3 dager for å høre om vedkommende ønsker å delta i studien. Hvis deltaker samtykker, lager intervjuer og deltaker avtale om intervju, der intervjuer i forkant av intervjuet vil gjennomgå informasjons- og samtykkeskjema med deltakeren.’

Dette er også rettet i protokollen under punkt 2.1.2.

3. Revidert informasjonsskriv og samtykkeskjema etter ovennevnte merknader. Svar: Logo for SUS, KORFOR og MMU er lagt inn som bunntekst i info/samtykkeskjema. Følgende formulering som gjelder innsyn, retting og sletting av data er lagt inn i samtykkeskjemaet: ‘Du kan kreve innsyn i opplysningene som er lagret om deg, og disse vil da utleveres innen 30 dager. Du kan også kreve at dine opplysninger i prosjektet slettes. Adgangen til å kreve destruksjon, sletting eller utlevering gjelder ikke dersom opplysningene er anonymisert eller publisert. Denne adgangen kan også begrenses dersom opplysningene er inngått i utførte analyser.’ Har omformulert mulige fordeler ved deltakelse i infoskriv. Følgende er lagt til informasjonsskrivet:

‘Studien innebærer en samarbeidsavtale mellom Regionalt kompetansesenter for rusmiddelforskning i Helse Vest ved Stavanger Universitetssjukehus og Manchester Metropolitan University (MMU). Det vil bli delt ikke-identifiserbare data fra studien med forskere ved MMU’.

4. Avklaring på om data skal deles med veiledere i utlandet. Avidentifiserte og oversatte data vil overføres til utlandet. Dette vil gjøres som tekstfiler av transkriberte intervju, som har blitt oversatt fra norsk til engelsk. Overføring av data vil skje i samsvar med

vedlagte avtale-mal mellom Stavanger Universitetssjukehus og MMU.

5. Reviderte rutiner for datalagring etter ovennevnte merknader.

Følgende skal inn under punkt 5.2.1 i søknadsskjemaet:

‘Både data (inkludert intervjuene) og koblingsnøkkel lagres på institusjonenes forskningsserver, med koblingsnøkkel adskilt fra andre data’. Følgende er lagt til under punkt 5 i protokollen:

‘The study will collect confidential data that is anonymized for storing and reporting. Each participant has an id-number, and only the research assistant will have access to the list which identifies the participants. Data, including the interviews, and id-numbers will be stored securely at the research server for Stavanger University hospital, with id number stored separately from other data. All data will be anonymised when the Stayer study has completed its ten-year follow up’. REK vest vurderer at søker har svart tilfredsstillende på merknadene fra komiteen. REK vest forutsetter at ferdigstilt Material/Data transfer agreement sendes inn før data sendes til utlandet. I informasjonsskrivet til deltakerne står det at dato for prosjektslutt er 31.12.2027, men det er tidligere søkt om prosjektslutt 01.10.2027. Datoen må derfor rettes til 01.10.2027 i informasjonsskrivet. Det er ikke nødvendig å sende inn informasjonsskrivet på nytt.

REK vest godkjenner prosjektet med følgende vilkår:

Ferdigstilt Data transfer agreement bes sendes REK vest før data sendes til utlandet.

Vedtak

REK har gjort en helhetlig forskningsetisk vurdering av alle prosjektets sider. Prosjektet godkjennes med hjemmel i helseforskningsloven § 10 på betingelse av at nevnte vilkår tas til følge.

Sluttmelding

Prosjektleder skal sende sluttmelding til REK på eget skjema via REK-portalen senest 6 måneder etter sluttdato 01.10.2027, jf. helseforskningsloven § 12. Dersom prosjektet ikke starter opp eller gjennomføres meldes dette også via skjemaet for sluttmelding.

Søknad om endring

Dersom man ønsker å foreta vesentlige endringer i formål, metode, tidsløp eller organisering må prosjektleder sende søknad om endring via portalen på eget skjema til REK, jf. helseforskningsloven § 11.

Klageadgang

Du kan klage på REKs vedtak, jf. forvaltningsloven § 28 flg. Klagen sendes på eget skjema via REK portalen. Klagefristen er tre uker fra du mottar dette brevet. Dersom REK

opprettholder vedtaket, sender REK klagen videre til Den nasjonale forskningsetiske komité for medisin og helsefag (NEM) for endelig vurdering, jf. forskningsetikkloven § 10 og helseforskningsloven § 10.

Med vennlig hilsen

Nina Langeland

Prof., Dr.med

Komitéleder

Ingvild Haaland

Seniorrådgiver

Kopi til:

Helse Stavanger HF - Stavanger universitetssjukehus

Thomas Solgård Svendsen

Appendix 5. Participant information sheet

Research Project Title

THE CRED STUDY: RECOVERY FROM PROBLEMATIC SUBSTANCE USE: QUALITATIVE EXPLORATIONS OF LONG-TERM CHANGE PROCESSES

Invitation to research

I am inviting you to take part in this research exploring long-term recovery. My name is Thomas Solgård Svendsen and this research is part of my PhD studies at Manchester Metropolitan University in the UK. I also work at the Centre for Alcohol and Drug Research at Stavanger University Hospital in Norway.

Before you decide to take part in this research, it is important for you to understand why it is being done and what it involves. Please take time to read the following information carefully or discuss it with the person who gave it to you. Or you can contact us directly. Our information is at the bottom of this information sheet. Thank you for your interest in this work.

Why have I been invited?

You have been a participant in the STAYER-study for 10 years. We have collected a large amount of data from you and the other participants, that is used to improve substance use treatment in

Norway. We would now like to ask if you want to participate in another smaller project about your experiences with long-term recovery processes over the last 10 years.

Do I have to take part?

No. It is up to you to decide. We will describe the study and go through this information sheet or you can read it yourself. We will then ask you to sign a consent form to show you agreed to take part. You are free to withdraw at any time before we begin data analysis, without giving a reason and any support you receive will not be affected in any way.

What will I be asked to do?

You will be invited to take part in one interview with an interviewer. You will be asked questions about your experiences with long-term recovery processes after substance use. The interviews will be held in a private room to ensure confidentiality. The discussion will last for about one hour. You may bring a person to accompany you during the interview if you wish providing you are happy to talk openly in front of them.

With your permission, we will record the discussion using a digital voice recorder. If you do not wish to be recorded, we will take hand-written notes to help us remember what you tell us.

Anonymised quotes from the discussion will be used in the final reports, which will be published on our website. We may also use your anonymised quotes for future research, publications, or conference presentations.

Are there any risks if I participate?

It is possible that talking about your recovery processes may be hard or upsetting. You do not have to answer any questions that you do not feel comfortable with. You can end your participation in the interview at any time without giving a reason.

If you become visibly upset at any point, we will pause the interview and see if you wish to take a break. You may leave the interview at any point without having to explain anything.

After the interview, we will offer you information about where to go for support if you need it.

Are there any advantages if I participate?

We hope that this research will help to improve the development of substance use treatment, understand individual motivation to engage in substance use recovery processes, and heighten societal inclusion for individuals with problematic substance use. The discussion also gives you the opportunity to have your views heard and to share your experiences with people who are interested.

Informed consent

To participate in this study, it is necessary to sign an informed consent. In the informed consent, you will confirm that you have read and understand the research information sheet or have had it read to you. You will also state if you have had the opportunity to think about the information and any questions you had have been answered satisfactorily. You will state if you understand that your participation is voluntary and that you are free to withdraw up to the point that your information is combined with other people's data for analysis. You will state if you understand that you can withdraw your participation without giving any reason and without any impact on your legal rights or services I may receive. You will state if you understand that information collected about you during the study may be reviewed by a small number of researchers from Manchester Metropolitan University in the UK where relevant and necessary. You will state if you give permission for these individuals to have access to your records. You will state if you understand that the findings from the study will form a report for a PhD thesis and that it will be available publicly. You will state if you understand that findings of the study may also be presented at conferences or published in academic journals, books or policy and practice guidance. Any quotes used in reports or other publications will be anonymous. You will state if you understand

that your confidentiality will be maintained throughout the research unless you disclose something which must be reported in line with confidentiality procedures. You will state if you agree for your interview to be audio-recorded and transcribed for analysis.

What information about me will you collect and why?

We will need to use information from you for this research project. This information will initially include your name and contact details. We will use this information to do the research and make sure that the research is being done properly. People who do not need to know who you are will not be able to see your name or contact details.

How will my information be stored and how will you look after it?

Your interview and questionnaire data will have a code number instead of your name. We will keep all information about you safe and secure.

How will you use my information?

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no one can work out that you took part in the study.

Will my data be sent anywhere else, or shared with other people or organisations?

The data will be shared with the research and supervisory team. No identifiable data will be shared with the team. Thomas Solgård Svendsen will be doing all the translation and transcriptions, and the data will be stored securely.

When will you destroy my information?

Thomas Solgård Svendsen will delete your identifying information we hold about you within three months after the project has ended. Pseudo anonymised data will be kept for 5 years for publication reasons.

Data Protection Law

Data protection legislation requires that we state the ‘legal basis’ for processing information about you. In the case of research, this is ‘a task in the public interest.’ If we use more sensitive information about you, such as information about your health, religion, or ethnicity (called ‘special category’ information), our basis lies in research in the public interest. Manchester Metropolitan is the Controller for this information and is responsible for looking after your data and using it in line with the requirements of the data protection legislation applicable in the UK.

You have the right to make choices about your information under the data protection legislation, such as the right of access and the

right to object, although in some circumstances these rights are not absolute. If you have any questions, or would like to exercise these rights, please contact the researcher or the University Data Protection Officer using the details below.

You can stop being a part of the study at any time, without giving a reason. You can ask us to delete your data at any time, but it might not always be possible. If you ask us to delete information before three weeks after your interview, we will make sure this is done. If you ask us to delete data after this point, we might not be able to. If your data is anonymised, we will not be able to withdraw it, because we will not know which data is yours.

What will happen to the results of the research study?

The information from you and others will be written up into a thesis – a large report for my PhD studies. The thesis will be openly available via the university library. We may also publish the results in a range of academic journals and professional magazines, and they may be presented at academic and non-academic events. You will not be identifiable in any of them.

Who has reviewed this research project?

The Research Ethics Committee at Manchester Metropolitan University have reviewed the study. The Norwegian research

ethics committee for medical and health ethics have reviewed and approved the study.

Who do I contact if I have concerns about this study or I wish to complain?

If you have any questions regarding this research, you can contact my supervisor directly:

Sarah Galvani – Principal Supervisor

s.galvani@mmu.ac.uk

0161 247 2579

If you have any concerns or complaints about the research, then please contact:

Sue Baines – Head of Ethics, Manchester Metropolitan University

S.Baines@mmu.ac.uk

0161 247 2511

If you have any concerns regarding the personal data collected from you, our Data Protection Officer can be contacted using the bradley.kevin.folsom@sus.no mail address, calling 0047 5151 3605, or visiting Stavanger University Hospital at Gerd-Ragna Bloch Thorsens gate 8, 4011 Stavanger.

If you are not happy with their response or believe they are processing your data in a way that is not right or lawful, you can complain to the Norwegian Regional Ethics Committee at post@helseforskning.etikkom.no, or by calling 0047 5558 9711.

You can also contact the:

Manchester Metropolitan Data Protection Officer

dataprotection@mmu.ac.uk

Tel: 0161 247 3331 Legal Services, All Saints Building, Manchester Metropolitan University, Manchester, M15 6BH

UK Information Commissioner's Office

You have the right to complain directly to the Information Commissioner's Office if you would like to complain about how we process your personal data:

https://ico.org.uk/global/contact-us/

THANK YOU FOR CONSIDERING PARTICIPATING IN THIS PROJECT

Appendix 6. Consent Form

The CRED study: Recovery from problematic substance use: qualitative explorations of long-term change processes

Participant Identification Number: **Please tick your chosen answer**		YES	NO
1.	I confirm that I have read and understand the research information sheet Dated…… ……Version…… …… for the above project or have had it read to me. I have had the opportunity to think about the	☐	☐

	information and any questions I had have been answered satisfactorily.		
2	I understand that my participation is voluntary and that I am free to withdraw up to the point that my information is combined with other people's data for analysis. I can withdraw my participation without giving any reason and without any impact on my legal rights or services I may receive.	☐	☐
3	I understand that information	☐	☐

	collected about me during the study may be reviewed by a small number of researchers from Manchester Metropolitan University in the UK where relevant and necessary. I give permission for these individuals to have access to my records.		
4	I understand that the findings from the study will form a report for a PhD thesis and that it will be available publicly. The findings of the study may also be	☐	☐

	presented at conferences or published in academic journals, books or policy and practice guidance. Any quotes used in reports or other publications will be anonymous.		
5	I understand that my confidentiality will be maintained throughout the research unless I disclose something which must be reported in line with confidentiality procedures.	☐	☐
6	I agree for my interview to be audio-recorded and	☐	☐

	transcribed for analysis.		
7	I agree to take part in an interview as part of the above project	☐	☐

Appendix 7. Norwegian participant information sheet and consent form

INFORMASJON TIL DELTAKERE

FORESPØRSEL OM DELTAKELSE I KVALITATIV STUDIE OM LANGTIDS

RECOVERY PROSESSER I STAYER

BAKGRUNN OG HENSIKT

Du har vært deltaker i Stayer-studien i flere år. Vi har samlet inn en mengde informasjon fra deg og andre deltakere som blir brukt til å forbedre behandlingsapparatet i Norge. Nå vil vi spørre deg om du også vil delta i et tilleggsprosjekt der vi ønsker informasjon om dine erfaringer med recovery prosesser i et intervju med oss.

Det er frivillig å delta i prosjektet.

HVA INNEBÆRER DETTE FOR DEG?

Dersom du sier deg villig til å delta i prosjektet vil du bli bedt om å delta på en intervjusamtale når det måtte passe deg i løpet av 2022-2023. Intervjusamtalen vil vanligvis vare fra 30-90 minutter.

Samtalen vil bli tatt opp på disk, slik at vi skal kunne skrive ned hva som er sagt gjennom samtalen. Alle intervjusamtalene som er tatt opp på disk vil bli forsvarlig oppbevart og ingen utenforstående vil ha adgang til disse dataene. Resultatene skal kun brukes slik som beskrevet i hensikten med studien. Alt som kommer frem under våre samtaler vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger.

En kode knytter deg til dine opplysninger og resultater gjennom en navneliste. Denne koden oppbevares adskilt fra selve dataene. All informasjon vil altså bli behandlet fortrolig og vil ikke bli gitt videre.

Det vil bli publisert resultater fra studien, uten at det vil være mulig å identifisere deg.

Studien innebærer en samarbeidsavtale mellom Regionalt kompetansesenter for rusmiddelforskning i Helse Vest ved Stavanger Universitetssjukehus og Manchester

Metropolitan University (MMU). Det vil bli delt ikke-identifiserbare data fra studien med forskere ved MMU.

Mulige fordeler og ulemper

Det er ingen spesielle ulemper for deg i å delta, men spørsmål om dine erfaringer, psykiske og sosiale forhold kan oppleves som belastende. Fordeler med deltakelse er en mulighet til å dele dine erfaringer og kunnskap om et område som det finnes for lite kunnskap om i dag.

TILBAKETREKKING AV SAMTYKKE

Dersom du ønsker å delta, undertegner du samtykkeerklæringen på siste side. Om du nå sier ja til å delta, kan du senere trekke tilbake ditt samtykke. Dersom du ønsker å trekke deg fra studien underveis har du anledning til det. Samtykkeerklæringen vil bli lagret på en forsvarlig måte, og vil ikke bli delt med andre.

En tilbaketrekking av samtykke vil ikke få noen konsekvenser for din øvrige behandling i helsevesenet. Du kan kreve innsyn i opplysningene som er lagret om deg, og disse vil da utleveres innen 30 dager. Du kan også kreve at dine opplysninger i prosjektet slettes. Adgangen til å kreve destruksjon, sletting eller utlevering gjelder ikke dersom opplysningene er anonymisert eller publisert. Denne adgangen kan også begrenses dersom opplysningene er inngått i utførte analyser. Alt personidentifiserbare datamateriale anonymiseres senest ved prosjektslutt som er satt til 31.12.2027.

ØKONOMISKE YTELSER

Deltakerne i prosjektet vil ikke få lønn, men vil motta en økonomisk kompensasjon for tapt arbeidsfortjeneste gjennom et gavekort på kr. 400 for deltakelse i intervjuet, som vil bli gitt samme dag, i etterkant av fullført intervju.

SPØRSMÅL OG OPPFØLGING

Spørsmål kan rettes til prosjektsekretariatet på adressen nedenfor.

Hvis du opplever at din deltakelse i prosjektet har vært krevende i etterkant, kan prosjektleder Aleksander Hagen Erga kontaktes på

telefon 90016644. Han vil da bistå deg med å få den eventuelle støtte eller hjelp du har behov for.

Prosjektleder Aleksander Hagen Erga

Regionalt kompetansesenter for rusmiddelforskning, Stavanger Universitetssykehus

Postboks 8100

4068 Stavanger

SAMTYKKEERKLÆRING

DELTAKELSE I KVALITATIVT FORSKNINGSPROSJEKT OM

LANGTIDS RECOVERY PROSESSER I STAYER

På bakgrunn av den informasjonen jeg har fått skriftlig og muntlig - sier jeg meg villig til å delta i prosjektet. Jeg er kjent med at resultatene skal publiseres i vitenskapelige artikler.

Jeg er informert om at deltakelsen er frivillig og at jeg kan trekke meg ut av undersøkelsen når jeg måtte ønske det. Jeg vet at informasjonen som jeg gir blir anonymisert både i forhold til oppbevaring og under fremstilling i vitenskapelige artikler.

Sted og dato: _____

Signatur: _____

List of figures

Figure 1

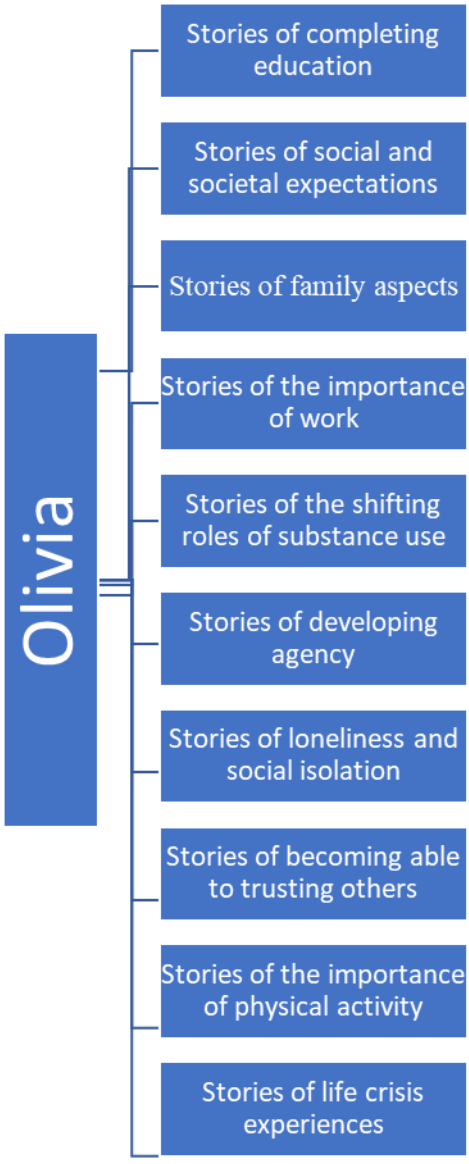

Figure 2

Figure 3

Stories of Loneliness, Isolation and Development of Social Connections	Stories of Agency Development	Stories of Developing Self-Determination
•Stories of connection and disconnection from family •Stories of mental health challenges and coping •Stories of shifting impact of self-help groups •Stories of the importance of physical activity from individual and social perspectives •Stories of eventually becoming able to trust others through interactions with significant others •Stories of life crisis experiences and solutions	•Stories of the importance of physical activity for agency development •Stories of social and societal support and expectations as driver for developing hopes and dreams, and reaching new life goals •Stories of completing education as a marker of agency and as a tool for societal navigation •Stories of the importance of work to develop agency •Stories of problematic substance use treatment experiences as important for new life opportunities	•Stories of coming to terms with challenging family aspects •Stories of mental health challenges during recovery courses •Stories of how problematic substance use treatment experiences was used during PSU recovery courses •Stories of participating in, and stopping using, self-help groups