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A Hero's Journey: Becoming and Transcendence in Addiction Recovery

Abstract

This paper presents findings from a study that explored young adult men's lived experience of addiction recovery whilst participating in Alcoholics Anonymous and Twelve Step fellowships in the UK. It argues that changes in self-narrative and temporality might be critical features of the experience of addiction recovery in young adults, facilitating the process of individuation. Examples from the participants' accounts are provided to illustrate the changes in their sense of identity in light of their recovery trajectories. Participant recovery, as in the mythical hero's journey, shows itself to be a quest through transformation and growth into a genuine and balanced selfhood, necessitating the difficult transcendence of an unwholesome selfhood that was manifested in their addiction. In mythical literature, the hero develops authenticity and a higher ethical conduct as the result of a process of individuation, and we can find evidence to suggest a similar occurrence in the participants' journeys. Finally, I reflect on the limitations of the biomedical language of addiction and the potential implications of the hero's journey myth in the delineation of a more humane and empathic discourse on young men's recovery and self-change.

Keywords: Addiction recovery, young adulthood, Alcoholic Anonymous

Introduction

In this paper, a discussion is built upon findings from a study that examined young adult men's lived experience of recovery whilst participating in Alcoholic Anonymous (AA) and Twelve Step fellowships in the UK. Recovery from addiction embodies critical transformations in a person's identity and sense of self, whilst variations in social networks, discursive practices, and available narratives, have great influence on the possible 'identities' that people develop in recovery. All of these processes take place and are intertwined with the individual's experience of selfhood. Clinical literature is often aware of self-identity issues in recovery (e.g. Best et al., 2015; Buckingham, Frings, & Albery, 2013; Weegmann, 2010), but there is little research that has explicitly explored the links between selfhood and recovery in young adulthood. To what extent do the notions of self and identity that underpin current theoretical development on addiction recovery resonate with young adults' actual experiences? Addiction recovery cannot be grasped without understanding the nature of being a young adult person today.

Young adulthood is a process of containing and transforming the established adolescent self – it is a marked season of life that imposes great challenges on our relationship with the world, self and others (Erikson, 1980; Levinson, 1978). It often requires the death of deeply engrained ways of life that no longer suit the self's path of becoming into adulthood. Life-span theorists have long established that this time period entails 'an exciting yet often confusing and painful process' (Levinson, 1978; p. 58); they also agree that today's youth face a more demanding journey to adulthood (Tanner & Arnett, 2016). Young adults (18-35 years old approximately) have well-differentiated developmental patterns to those of adolescents or mature adults. Some theorists have proposed a post-adolescence or emerging adulthood, recognizing that this stage has also developed, and lengthened (Arnett, Žukauskienė, & Sugimura, 2014). Young adults comprise the largest segment of the substance abuse treatment population (Labbe, Slaymaker, & Kelly, 2014; Public Health England, 2018), yet the young adults' developmental status suggests that application of interventions based on mature adult studies may not work properly as they fail to consider these well-known developmental features. Similarly, young adults may face additional barriers, since recovery-supportive life contexts can be more challenging to access (Kelly, Bergman, & Fallah-Sohy, 2018). Young adults often use multiple substances and may not have experienced the same levels of clinical severity as older adults; at the same time they also face increasingly challenging critical normative milestones on route to their own 'mature' adulthood (e.g., independent living, romantic partnerships or marriage, educational qualifications, employment). In the UK, Twelve Step fellowships make up part of the recovery support network for young adults, and young persons' meetings (i.e. 18-30 years old) are facilitated by AA in a variety of locations (AA, 2018). Twelve Step meetings resemble group therapy dynamics, with self-help mechanisms facilitating recovery-oriented social groups and values (Kassel & Wagner, 1993; Kelly, 2017). Kelly, Bergman, and Fallah-Sohy (2018) have found that young adults in the US attending Twelve Step fellowships benefit mostly from changes in their social network and access to low-risk activities conducive of recovery life-style changes. Group contexts where young adults share common experiences in recovery (e.g., Yalom's universality) whilst connecting with other young members facilitate the installation of hope, which appears to be critical to their ability to self-change.

The findings that inform this paper resonate with the life-course approach to recovery, which emphasises developmental stages and milestones that support successful recovery in young adults (e.g., Kelly, Bergman, & Fallah-Sophy, 2018; Laudet & White, 2008). The life-course approach emphasises the developmental context of recovery by focusing on the salient trajectories within the individuals' lives, and how those patterns are shaped by broader historical contexts and social structures, identifying critical events that take place during the life-span (Hser & Anglin, 2010). I draw examples from case studies that were part of a larger research project that explored young adult men's (22 to 35 years old) lived experience of recovery in Twelve Step fellowships through in-depth interviews and written autobiographical accounts of their recovery trajectories, analysed from a qualitative-experiential framework. How did AA's recovery program influence participants' sense of self and identity? Participants gave up on their life-world of addiction whilst internalising new aspects of life in recovery as a foundation for transitioning into the adult world, learning and developing new skills that demanded core changes in their sense of self, whilst participating in the fellowships (Rodriguez-Morales, 2017;

Rodriguez & Smith, 2014). All participants referred to their adolescent years as imbued in alcohol and drug consumption, with their sense of identity from such a young age clearly being based on cultural expectations around 'normal' drinking. Early recovery brought an identity crisis as their substance user identity starts to be described and understood as inauthentic. The development of a new recovery identity allowed them entry into a temporary social scene that facilitated a new life-structure. Once they had established a more or less secure life-structure in early recovery, they were able to address or at least ponder questions concerning the psychosocial task of intimacy vs isolation (Erikson, 1980) – their relational world became a matter of concern. Two outstanding aspects of their recovery were made clear in their self-narratives, which recounted transformations in both their sense of temporality and their process of individuation (Jung, 1962); their recovery stories find symbolic meaning in the universality of the archetypical myth of the hero's journey (Campbell, 1972).

Self-Narratives, Time and Change in Recovery

Participants faced the task of revising and re-creating a sense of who they are in light of their recovery; their former lives in addiction were re-evaluated and so too were their 'former selves'. Having experienced the realisation of addiction as a breakdown or a great disruption in their lives, participants' recovery stories show the building of a new relationship with the flow of time, and with the changing self. Participants in early recovery (three to twelve months) presented narratives clearly based on the AA master story (Cain, 1991; Denzin, 1993), describing their chaotic lives in addiction, followed by a turning point (or 'hitting rock bottom'), and then describing their new evolving self in recovery. The felt sense of 'hitting rock bottom' generally served as the critical moment of change between their narratives of self in addiction and self in recovery. For instance, in the following excerpt, Eric recounts hitting rock bottom whilst he was in prison, after being arrested for disorderly behaviour:

I suddenly got scared because I realised that I could've been arrested and put in prison where I would have to be alive without drinking and that scared me more than dying.

Whereas participants with more time (five years or more) in recovery placed less emphasis on AA's master story, reflecting on their involvement with AA as part of their life journey as young men. Mark reflected on his involvement with AA after eleven years sober:

So to today, I really do treat the 12 step meeting rooms as group therapy...as effectively it's people that gain hope, help, self-reflection, self-esteem and so much more by attending groups, interacting, and being helpful. My 'recovery' has now become a phrase I am less inclined to use a great deal as it seems to indicate I am or was in some way ill. I feel like a pretty balanced human being these days.

Mark's process shows that identity is continually self-construed - as some individuals find that they no longer belong to or identify with AA's community and discourse of recovery, their AA recovery identity will become less significant (e.g., Flaherty et al.,

2014; Weegman & Piwowitz-Hjort, 2009). The passage of time and developmental experience has accommodated self-understanding as part of a bigger 'life-plot', thereby making their self-stories appear more individual. Negotiating and accepting the alcoholic identity offers the individual a membership in the fellowships, where an explanation of their addictive behaviour is conveyed, whilst providing an initial self-definition that orients their actions with a sense of structure (Denzin, 1993). They are still co-authors, though, of their recovering narrative, as AA offers them a master narrative at the beginning of their journey: it is by default always incomplete, as their engagement will become re-evaluated and re-signified by their own external life changes. Recovery narratives facilitate re-casting and re-signifying chaotic experiences into 'causal' stories, in this way making sense of them and rendering them safe (Bruner, 1990).

Time and narrative are closely interrelated, as the experience of time expresses itself through narrative accounts and through storytelling. For Ricoeur (1992), every narrative is concerned with the experience of time and obtains its full significance when it becomes a precondition for our existence. A narrative story is the mode of meaning construction that accommodates and relates various experiences within a sense of time as a unity, signified by mimetic activity and a model of concordance (Taieb et al., 2008). AA's temporality of the present (communicated as 'one day at a time') shows how the discursive framework of the recovery paradigm confers a change in the individual's understanding of time. Participants' accounts were clearly situated in AA's temporality, as evident in Robert's reference to AA's principle of 'one day at a time' or 'just for today':

It's kind of run by different kinds of principles, but one of the main ones is just for today and it is all you have to worry about today, don't drink or use drugs, just for today, so it's a daily program of recovery. So all you worry about is not using drinks or drugs just for today, and in that way it's not overwhelming. Because when I first came in to recovery, I was like, I will never have drinks or drugs again, and it was too much to take in you know. But if I just thought of, if I put it like I'm not doing drugs just for today, it was a lot easier to comprehend...It's living the present moment. This is, you know, I used to live like, I will go drinking next week, or think, I messed up my life so much in the past but, you know, is just for today and live in the moment.

The temporality introduced by AA's 'just for today' gave Robert a change in his sense of time that allowed him to situate himself in a different lived experience; this brought a sense of relief, as the recovery work needed only to be faced on a day-to-day basis, and was evidently accepted as a more manageable expectation around recovery. This time period also demonstrates a different perception of time and its relation with fear, as the next extract shows:

I used to be a very fearful person. Fearful of what people might think of me and alcohol and drugs gave me a false sense of confidence. When I was drunk or high, I used to feel confident; slowly, for being clean for so much time now, I'm, it made me a lot more confident and I can go out and do things that I never used to do. I can go and dance sober you...You know sitting here right now and thinking into the future, what's going to happen next week, if I'm going to have a house, wife, etc. I used to build myself up like in a fearful

state. Worried about the future, what you may be thinking of me, you know how the world is. It's very hard, it's very energy consuming.

We might consider that the 'just for today' principle introduced in early recovery facilitated a new perception of temporality that evolved into a new apprehension of time, manifested in his interpretation of experienced emotions such as fear. In contrast, Robert's experience of time in addiction was defined by the consumption of alcohol:

I had a quarter of whisky on my way to work. Then during work, I had, between 10 and 12, another quarter of whisky. Then I had a couple of beers, and then, after lunch, between one and five, I had another quarter of whisky. So, I'll keep drinking another bottle of whisky at work, and, you know I didn't want to stop, I didn't see the problem with that. I did not sleep at all, and everyday it was the sam...for years and years my life was like that...I'm going to stop, I'll stop tomorrow, but tomorrow never came.

It seems that rather than having a sense of time as a flow of events, his consciousness was framed by repetition of drinking acts ('everyday it was the same'). Thus, this loop of repetition constituted Robert's sense of familiarity with what seemed to be a life-world based on drinking. As there remained a level of functionality sufficient to retain his job and to continue studying, drinking alcohol had not interfered with his life-structure. Robert's new 'self in recovery', however, is clearly concerned with living in the present:

I realised it's all about living in the present moment. That's what life is all about for me now...living in the moment. I know from my own perspective and from where I come from and where I am now, I feel happy within myself most of the time...I'm in a good path in my life now.

Recovery narratives often express the regaining of a sense of temporality, a re-animation of the future and an awakening from a dormant state (Reith, 1999). Recovery brought about fundamental changes in Robert's life-world, with his social and relational world collapsing, and the experience of time acquiring new dimensions and meanings. This included the questioning and the rebuilding of his identity as an alcoholic, which entailed an identification with his self in the present: "because for me, as an alcoholic...recovery means living in the present moment." Yet it is through the appropriation of the present moment as 'one day at a time' that his time horizon shifted, which not only alleviated the anxiety of thinking about the future, but also facilitated in himself a greater awareness of the spacious present moment of life (Mead, 2002/1932).

Mead (2002/1932) states, in his work *The Philosophy of the Present*, that time is a flow that is primarily present. The past is part of my experience of *now*, and the projected future is also part of my experience of *now*:

Our values lie in the present, and past and future gives us only the schedule of the means, and the plans of campaign, for their realization...We live always in a present whose past and whose future are the extension of the field within which its undertakings may be carried out. This present is the scene of that

emergence which gives always new heavens and a new earth, and its sociality is the very structure of our minds (p. 108).

Existential time is lived in the present. There is hardly a moment when, turning to the temporality of my life, I do not find myself existing in the now (Mead, 2002/1932). This is true even if that which is important and meaningful for me is located in the 'past' or in the 'future'. Thus, to gain full contact with oneself, it is necessary to focus one's consciousness on the present and to appropriate that present (that 'existential situation') as one's own. In this way the past is used to inform both the present and the projected future, adding structure and coherence to the present.

AA's emphasis on the present and recovery-oriented language fosters a change in the Robert's self-understanding; the narratives work to change participants' perceptions and understanding of the structure of time. His past-present-future horizon comes to be re-configured within his self-understanding. Self-understanding as an interpretation of the self in turn, finds in the narratives nutrient for a vital re-constitution. Robert's self-understanding and his experience of time during addiction were remembered as 'everyday being the same': an existence of constant repetition, devoid of agency. The fundamental shift that took place during the experience of recovery signals that a re-appropriation of the present - a new existentiality - had taken hold. As his awareness of the flow of time and his agency increased, time became a healthy concern.

The narratives and recovering stories of AA underpin what young adult men know about themselves, providing a basis for a recovery identity during early recovery. These stories make viable new forms of self-knowledge, offering a horizon for a symbolic ordering of events, and so bring about a sense of orientation and structure to their lives. All the same, a recovery identity is not a permanent resolution, but a reinterpreted identity, whose narrative is never finished (Ricoeur, 2005). Thus, as captured by Muldoon (2006, p. 254): "Time's exigency is essentially creative but not determined, since time is a story not written in stone but in our daily actions, and hence, choices." The significance of the temporality of recovery as a conscious engagement with the present is that it enables a re-constitution of care as an existential mode of being in recovery.

Young adulthood, becoming and transcendence

Young adults' recovery predominantly resonates with the tasks for the Early Adult Transition (Levinson, 1978). The young self has to modify or give up his or her relationships with other important persons; leaving behind pre-adult components of the self in addiction. All terminations bring a sense of loss, a grief for that which must be given up, and a fear that one's future life as a whole will not provide satisfactions equal to those of the past (Levinson, 1978). Both the recovery and the young adult's maturational process have common ground in the task of identity renewal (Paris & Bradley, 2001). Once participants have found their footing they find themselves immediately needing to address a gamut of personal and social complexities, the same as any young man confronts in transition to mature adulthood (e.g., employment, or romantic relationships). Participants with more time in recovery described the process as a journey towards a more balanced selfhood, confirming that recovery can be conceptualised as part of a normative developmental process, as illustrated in the following quotes:

In life you grow with your pain...you become who you are as a result of very painful situations...your spirit only grows through those painful situations. (Robert)

Recovery has become about more than drink...I realise that recovery is freedom from myself by spending more time thinking of and acting on behalf of others. (Danny)

In a way recovery took me away from myself and brought me back in a better way. (Mark)

Jung (1962) described individuation as the process of becoming an individual, beginning in the second half of life (i.e. during the young adulthood), when people reach the zenith of their lives and suddenly find themselves facing an unknown view and undertaking: the call to become a psychological 'in-dividual', 'an indivisible unity or whole' (p.78). Sometimes this turning point is experienced as a crisis and a collapse of what has been known as the Self; the young adult is called to embark on a process of self-knowledge in order to understand his or her self. Jung (1967) described this process as a very heroic and painful undertaking, as the self-world, as known, collapses. By definition a hero is a character who, in the position of danger or weakness, displays courage and the will for self-sacrifice for a greater good (Campbell, 1972). In mythical stories the hero develops a higher ethical conduct and self-integrity as the result of a process of individuation. The process of individuation demands departure of one's infantile level of consciousness, which Jung described as a dualistic phase. For Jung the primeval issue of individuation is of the ego 'putting aside' the given importance of adaptation and conformity, to embark on a journey of becoming an individual: an integration of the inner opposites of the Self. The goal of this stage is the inner union of pieces of the psyche that were divided and split off by earlier developmental demands (Stein, 2006). In this stage of integration there arises a deep need to join the opposites of one's persona: the true self (good person) and the shadow (bad person), the masculine and feminine, the child and adult, the thinking and the feeling. Thus, as young adults are confronted with the problem of opposites, there comes a call to transcend their duality:

The hero...discovers and assimilates this opposite (his own unsuspected self) either by swallowing it or by being swallowed...he finds that he and his opposite are not of differing species, but one flesh (Campbell, 1972, p. 108).

The transcendent function manifests itself as a quality of conjoined opposites. Everything comes to the fore for the sake of integration, rather than adaptation. The result is that the young adult becomes more accepting of complexity and differences, and thereby more capable of sharing his or her humanity. According to Stein (2006), the individuality that arises from the third stage of individuation is made up of a unique collection of common human elements embodied in one particular life, "it is simply affirmed as one experiment in human life that is unique because of its precise position in the common matrix" (p. 213). The following quote illustrates Robert's understanding of addiction as transcending his negative addictive side:

I see my addiction as something that is part of me, it is metamorphosed, it's gone into other things now...there are certain things of my addiction that are

good. They spur me into my music. Like you get that creative addictive energy that forces into positive ways as well, you know, it's the way you use it. I'm addicted to music but I'm doing something positive with it.

Individuality is thus a process where the young self needs to transcend what is no longer useful for his or her existentiality – the employment of previous identity material becomes, in fact, counterproductive. Stein asserts (2006, p. 351): “Identity is a continuous becoming, with transcendence inherent in the process.” The individual who transcends their identity is not narrowly adjusted or over-adapted to his or her cultural environment, but continuously and creatively adapts in order to sustain his or her self-agency. A self-actualizing individual is able to identify more widely with the outside world, and extend empathy and build genuine relationships beyond the immediate familiar network (Frankl, 1966; Maslow, 1968). Rogers (1961) also gave prominence to self-transcendence, affirming the necessity of rising above ways of being that no longer fit the process of becoming.

Contrasting with the recovering narratives of the mature adult experience that emphasise a return to an old self or spoiled identity (e.g., Cain, 1991; Denzin, 1993; Dingle, Cruwys, & Frings, 2015; McIntosh & McKeganey, 2000; Morgan, Brosi, & Brosi, 2011), the young adults' narratives can be interpreted in light of the developmental task or crisis that they as young adults need to overcome: assimilating and transcending duality in order to grow in their own individuality. Moments of crisis were emphasized in the early recovery participants' remarks such as “I'm becoming my own person” and “I've grown into a man”, suggesting that they are becoming attuned to a call for growth into a new selfhood. The ‘call’ for recovery means the death of a way of being, manifested as an infantile selfhood (alcoholic or addict), that has become an obstacle for their developmental journey. In contrast, the long-term recovery participants' narratives, exemplified by Mark, suggested a process of self-transcendence as an expanding of their selfhood into a more mature individuality where recovery is another milestone. Achieving a new sense of individual identity has provided the participants with a base from which furthermore developed forms of relational intimacy can blossom (Erikson, 1980). This was vividly portrayed by some participants' expressions such as “I really valued my relationships, they're the most important thing in my life” and “I would like to become useful to others.” Recovery, as in the mythical hero's journey, has been a quest through transformation and growth into a more genuine and balanced selfhood, necessitating the difficult incorporation and then transcendence of an unwholesome selfhood, that was manifested so powerfully in addiction.

Conclusion

The findings emerging from young adult men's recovery narratives illustrate how transformations in their self-understanding and sense of temporality (present oriented) are key features in transcending their addictions. As participants achieved a stable recovery, their self-narratives express an existential concern for their process of becoming. This is in contrast with mature adults' narratives, that focus on a previous, spoiled identity, and suggests that young adults would benefit from a therapeutic framework that allows a more fluid exploration of various potential identities in recovery and an understanding of their addiction. Although this discussion is based on a small group of participants, other studies have also found resonance in the ‘hero's journey’ as a heuristic framework that allows a

more complex and less pathologizing understanding of addiction recovery through the life-course (e.g., Bowden, 1998; Gaydos, 2005; Nixon, Solowoniuk, & McGowan, 2006). Recovery studies show that addiction does not manifest as an inevitably progressive, chronic or incurable disease, and that more than simply the reversal of addiction, successful recovery entails far-reaching life projects facilitating personal growth and wellbeing, requiring changes in one's system of values (Best et al., 2017; Kaskutas et al., 2014). Studies have shown that there is no single or uniform pathway for addiction recovery and instead there are a variety of recovery pathways; this demonstrates the need for a more complex explanatory framework that takes account of all the prominent psychological and social features. The biopsychosocial model of recovery recognizes that substance addiction is induced as a result of the broader factors in the society and in the peer group, a cultural tendency for substance abuse, thereby facilitating a more complex and multifaceted understanding of addictive behaviours (Heather et al., 2018). The biopsychosocial model, however, still operates within a disease paradigm, and is thereby constrained by the use of biomedical language (relapse, withdrawal, illness), which thus permeates our conception of addiction recovery. For instance, Benning (2015) addresses how the model fails to accommodate human subjectivity, thus it does not tend to give due attention to personal meaning or other aspects of subjectivity. The meaning of recovery can be known only in the context of participants' accounts and narratives of their lived experience, even at the margins of the disease model, as it influences and incorporates every aspect of their complex and varied lives, and of their development into mature adulthood. Current approaches to therapy could further explore the implications of the language and framework of the 'hero's journey' with young adults that might not benefit as well from the biomedical narratives of disease and illness.

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