

# **Vigilance: The Lived Experience of Women in Recovery**

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## **Abstract**

Recovery from addiction is an individualized process and necessitates understanding the phenomenon from the perspective of the individual living the experience. This qualitative study seeks to understand women's lived experience of recovery. Data was collected through participant interviews of women self-identifying as in recovery and interpreted from a phenomenological lens. The overarching theme is vigilance—a way to maintain recovery from addiction through remembering, being careful, and seeking community.

## **Keywords**

Addiction, recovery, women, lived experience, phenomenology

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What we understand about substance-related and addictive disorders, as they are currently designated, influences how we come to understand recovery. The etiology of substance use disorders has been theorized, debated, and pontificated upon for decades, in scholarly articles, popular press, and media. The New York City Medical Society on Alcoholism, which later became the American Medical Society on Alcoholism, recognized alcoholism as a disease in 1954 (Smith, 2011). This declaration has been wrought with conflict over the years with many making claims that alcoholism is a moral and spiritual failing instead of a biological disease. The current and most widely accepted understanding among scholars and researchers is that it is a brain disease involving neurotransmitters within the limbic system, affecting cognition, and overall mental and physical functioning (Erickson, 2007). These discoveries continue to build on scientific findings and will no doubt offer continued understandings of the complexity of addiction.

Substance use disorders have been treated as if they are an acute condition however evidence suggests it is more like a chronic disease (McLellan, Lewis, O'Brien et al., 2000) and research continues to expand this understanding (Arria and McLellan, 2012). Having a disease means to suffer from a condition. The individual with an addiction is considered to be suffering from a "chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences" (NIDA, 2014: p. 1). The meanings we ascribe to our personal stories are constructed within a socio-political-cultural context. The dominant story of addiction and recovery is one of disease, meaning that you are either in a diseased state of addiction or in recovery from the disease, but never without the potential for the return of the disease.

This disease requires a remedy or some process in which one can engage for healing and to regain and maintain a state of equilibrium in their life in relationship to the illness.

Alcoholics Anonymous (AA) has profoundly influenced the discourse on substance use disorders. Founded in 1935 by two men, AA later gave birth to the Big Book, as members refer to it (Alcoholics Anonymous, 2001). First published in 1939, and now in the fourth edition, very few changes have been made since the first iteration. Medical doctor, William Silkworth legitimized AA among the medical profession by declaring countless success stories he personally observed. “The Doctors Opinion” located in the preface of the Big Book establishes “that the body of the alcoholic is quite as abnormal as his mind” [and therefore alcoholics] “have an allergy to alcohol” (2001: p. xxvi), which both pathologizes and medicalizes alcoholism.

The Big Book goes on to establish that recovery is a spiritual path requiring a relationship with a Higher Power and that no amount of self-knowledge will help the alcoholic to recover (Alcoholics Anonymous, 2001). AA has come under fire in recent popular press as being ineffective, blaming unsuccessful individuals as not trying hard enough, as the unfortunates who cannot follow a spiritual path (Dodes and Dodes, 2014; Glaser, 2013, 2015). Although, AA (2001) claims not to be a religious organization nor does it align with any particular medical position, it is considered by many to be a faith-based organization and is widely used in treatment settings and by court systems, requiring individuals to attend AA meetings, thus institutionalizing the discourse of a spiritual path necessary for recovery (Glaser, 2015).

### **Review of the Literature**

Recovery from substance use disorders has often been simplistically defined as abstinence from mood-altering substances. More recently, recovery is considered a change in lifestyle that improves quality of life. Laudet (2007) found that individuals who identify as in

recovery from addiction went beyond simply abstinence and see it as a process for life with no endpoint. SAMHSA's (2012) working definition of recovery from mental and substance use disorders is: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (p. 3). This broad working definition reflects the difficulty in defining a concept that has different meanings for each who experiences the phenomenon of recovery. One of the key principles identified by SAMHSA (2012) is that recovery is person-driven. Therefore, each person has their own personal experience and research should reflect the individual lived experiences that influence the process of recovery (Larkin and Griffiths, 2002; SAMHSA, 2012).

An increasing amount of research is now focusing on the unique factors which contribute to substance use for women and subsequently impact the recovery process. Covington (2000) states that females with addictions often have used since early adolescence, have developmental delays caused by trauma and have extensive trauma histories. Women are more likely to experience intimate partner violence and sexual assault (Pratchett, Pelcovitz, and Yehuda, 2010). Trauma work has been identified as a crucial part of women's recovery programs (Harris, Falloot and Wolfson Berley, 2005; Linton, Flaim, Deuschle et al., 2009), and engaging in healing work may be a crucial part of the recovery process. In thinking about women's recovery, women particularly use social support as a way of building the self-efficacy necessary to maintain sobriety (Davis and Jason, 2005; Hodgson and John, 2004). In fact, the very way in which women are socialized may negatively impact their recovery process and ability to navigate relationships (Sun, 2007). Rivaux et. al (2008) talk about the difficulty women face in recovery due to their reliance on relationships in their recovery, and the role that those relationships can play, both for good or ill, in their recovery. Women recovering from addiction or illness have

their personal lived experience, which is informed by the culture in which they live. This purpose of this qualitative phenomenological study is to add to the body of knowledge about women recovering from substance use disorders.

### **Methodology**

Mallow and Steiker (2015) found recovery to be “a process rather than an outcome” (108) and “the search of a unifying definition seems to be hermeneutic” (108). Hermeneutic phenomenology purports that a phenomenon cannot be separated from the understandings that people have of it (Rivaux et al., 2008). Phenomenology appreciates the lived experience in the lifeworld by “...gaining a deeper understanding of the nature or meaning of our everyday experiences” (Van Manen, 1990: 9). Phenomenological researchers strive to surface the deeper meanings of the experience of the participants "by identifying the common and unchanging components or essences of a particular phenomenon" (Rivaux et al: 959). Researchers in this tradition also bring their own lifeworld and understandings to the narratives told by the participants, and thus make sense of the narratives in an iterative and interpretive way (Van Manen, 1990).

Recruitment flyers were sent to local agencies that provide addiction services requesting participants who self-identify as being in recovery from substance abuse or dependence to contact the researchers. Interviews were scheduled at a location convenient to the participant ensuring adequate privacy, recorded, transcribed, and were analyzed from a Heideggerian hermeneutical phenomenological framework (Heidegger, 1962; Van Manen, 1990, 2014). A semi-structured interview guide was used including the following questions: 1) Tell me a story about a time when you knew you were in recovery; 2) Tell me a story about a time when you struggled to maintain recovery; 3) How do you know today you are in recovery; and 4) How

long have you been in recovery? Follow-up questions were asked to explore and clarify responses. A brief questionnaire was given to each participant regarding demographic information although this information was not seen as essential to the research. Each participant signed an informed consent and the appropriate university internal review board approved the study. Thirteen women volunteered to be in the study with time in recovery from one year to 30 plus years. Participants ranged from 26-70 years in age. All participants except one had completed at least a bachelor's degree and some had graduate level education. Four of the participants were counselors in the addictions field at the time of the study.

Initially, both researchers read all transcripts. Secondly, each transcript was read and coded for themes. Both researchers corroborated on emerging themes through collaboration and extensive review of the data, and sought to understand the meanings of the experience through writing interpretations of each interview. Consultation was sought from scholars with expertise in phenomenological data analysis, which was a core component of the researchers' efforts to ensure trustworthiness. Additionally, trustworthiness was maintained by sustained engagement with the data (Vagle, 2014) and by reflexivity of the scholars, making every effort to bring into focus any "presuppositions, biases, and taken-for-granted assumptions regarding the phenomenon that one is researching" (Van Manen, 2014, p. 347) of recovery and interpret the data as it is presented by the study participants' lived experience.

## **Findings**

### **Overarching Theme: Vigilance**

Participants shared their lived experience of recovery by telling not only their story of recovery, but also included their story of addiction, which was essential to their experience and meaning-making. Kemp (2009) writes that an "addict lives an existence of withdrawal...from a

meaningful world and from authentic relations with others” (130). Thus recovery, its opposite, can be seen as being engaged in the world. These two states exist simultaneously -- being an addict living in the diseased state, and being in recovery seeking a state of health. It is important to note that both authors, as social work practitioners and educators, chose the strengths perspective (Saleebey, 2012; Van Wormer and Davis, 2012) as a foundational standpoint and therefore do not promote naming individuals as the problem or the use of the label, addict. However, we acknowledge that the politics of identification with a stigmatized or oppressed group may be a source of empowerment for many (Young, 1990).

Substance use disorders have been described as a chronic illness for which relapse may be close at hand. However, other chronic illnesses have medications and treatments, which mediate symptoms and consequences of their illness. What then mediates the disease of addiction? A way in which the participants of this study found is by being vigilant. Being vigilant is defined as “Wakeful and watchful; keeping steadily on the alert; attentively or closely observant” (Oxford English Dictionary, 2016). If vigilance requires watchfulness to be able to sense danger, further action must be taken to mitigate any perceived threat, otherwise one might become complacent, thus recovery is jeopardized. In looking at this concept in regards to those in recovery, participants talked about how they must be always alert to potentially returning to the active “addict” behaviors, which would lead back to use of substances. One must hold the past tightly in order to be in the present and look toward the future. The past must never be too far behind. Action must be applied to maintain vigilance in order to ensure that recovery is sustained. Women in recovery described maintaining vigilance in these ways: remembering, being careful, and seeking community. The poem *Vigilance* (Dahlen, 2009) captures much of how the participants might express their vigilance.

“The city sleeps  
but I a vigil keep.  
Alone in silence  
I wait  
For your return.  
Should I chance to doze,  
I awaken startled



from my slumber  
by fictitious knocking  
or the phantom ring  
of a telephone.  
Insomnia I welcome,  
For I must  
be there awake  
to greet your return” (para 1).

Those without addiction do not need to be vigilant about the substance use—they can sleep, be complacent. They do not have to stay awake, aware, and vigilant by maintaining certain activities as would a sentry at their guard post. For those with addiction, should they lose focus, or become complacent, certain behaviors may return and threaten recovery. So they welcome vigilance and must always be ready for a potential return of addiction or the “addict” because they remember their past, are ready in the present by being careful, and they seek community. A participant stated

*Well, I have a sponsor, I am sponsoring women, I am involved in the steps, I am talking to god on a daily basis, and listening ... I do prayer and meditation on a daily basis, and I think I am doing all the things I need to do, I am involved in service. ... I am doing recovery, unity and service, ... If I weren't doing all of those things, I would be teetering on the edge again, and I think that keeps me solid in AA and that is how I know I am in recovery today.*

Another participant talked about the vigilance as having her guard up, as if a sentry who remembers an adversary and waits for potential return.

*And if I lose sight of all that stuff, you know I'm single, would I someday think it is OK to marry someone who drinks and have alcohol in my house, so I always want to have my guard up.*

And another reported vigilance by avoiding complacency combined with remembering and seeking community:

*And so complacency is something I really watch today. I don't get below two meetings a week. You know, some people say, why are you still sober... well, I go to two meetings a week and go to my workshop every week because I don't ever want to get back there again.*

### **Vigilance through Remembering**

After 30 years of sobriety one participant recalls this story.

*...the last day I had a drink, I woke up the next morning and I had one of those hangovers that feels like you have ice cold water running through your veins, and you have the dry heaves, and I looked in the mirror and my eyes were yellow and my fingernails were kind of black, and I was almost to the point where I...was almost urinating on myself, so that's when I thought I can't do this anymore. I pretty much knew at that point, I was in recovery. It was the beginning of the end of that. I would call that recovery.*

She recalls her last drinking episode with a description full of color and clarity and claims it is important for her to remember the person that was out of control, and she recalls even then that she had the sense of being done with the lifestyle she was leading. She has not used alcohol or drugs since this incident in her youth. Later in the interview she recalls the story again and uses the ability to remember when an individual stops using as a sort of litmus test for those she deems are in true recovery.

*Yes, it's coming up on (date)... and everybody knows that... for me I can always tell if you are bull- crapping me or not because it seems like everybody knows their clean date, when you stop smoking cigarettes, you stop drinking, any addiction that you stop you know the exact date... I know it was winter, I know everything. So if you can't tell me your clean date, to me you aren't clean.*

Other participants also echoed the importance of remembering an incident when they were using and evidencing some of their most salient using behaviors.

*... I never want to forget, because they say if you forget your last drunk, you haven't had it yet.*

And another stated the importance of not forgetting her use:

*... I just don't want to forget where drugs and alcohol took me, and I believe that staying plugged into some kind of recovery, anti-drug alcohol fellowship of some sort will help keep that in my mind so that I don't forget, because I don't ever want to forget.*

And another thinks of potential danger in the present by remembering what is possible:

*I have mouth that waters for alcohol. Those feeling aren't as bad now, I can't say that they completely go away...I have had to go back to the thought of, well, if I get drunk, you know, they say think it through to the end, I'm still thinking it through to the end.*

The importance of remembering, even the exact date recovery began, was crucial to many of the participants in this study. Remembering is a way to understand the person that was—the active addict—in comparison to the person that is in the present. The image of the person in recovery could perhaps be conceptualized as a boat that has dropped its anchor. The anchor is a past story of using substances that serves to keep the person tethered to the experience of addiction for the present and future. It is through being vigilant by having an

anchor to past experiences, remembering them, that participants were able to understand who they are now in relationship to their past. However, remembering that relationship between the person that was and the person that is may not always be perceived as helpful. One participant contested remembering as helpful and shared an alternative view:

*I felt like AA was only focusing on the negative, like constantly focusing on what you done in the past and yeah, we are supposed to learn from our past, but to me constantly bringing up all the things I have done in my past, and I have apologized for them, and I have tried to take steps for recovery, is detrimental to me. I can't do that to myself.*

Her view was that you learn and move forward. Others viewed the past in light of the present, always an “addict.” Time and success allows for a relationship to emerge with the past story. The addict story often seems fixed and set in time, but the living of the experience of recovery changes the relationship to the addict story. Balance is maintained by perceiving the addict story as a reminder that the recovery story does not exist without the addict story—a way to understand one’s recovery. Like Icarus, you cannot move too far toward the light, lest hubris take charge, and humility be lost. Remembering the struggle keeps this in check—balance. You only know you are in the light because you know what the dark looks like.

### **Vigilance through Being Careful**

Participants talked about how important it was to stay vigilant by being careful to notice behaviors that lead to relapse and take action to get back into a balanced state that fosters sobriety. Being careful is a special kind of self-surveillance, which requires awareness of behaviors that could lead them astray. Maintaining recovery for these individuals seemed to be precarious, needing constant attention and monitoring, and having a delicate balance. A participant used “teetering” to imply her struggle to maintain a balance between healthy and

unhealthy behaviors. Actions must be applied to keep the person from falling into old patterns of behavior.

*I was just teetering on the edge of alcoholics anonymous and I was not doing what I needed to do and....I got busy into service work and I got busy into getting back into the steps and working with a sponsor again and praying the way that I was supposed to pray, and that was the only thing that saved me.*

The action taken to maintain balance speaks to the nature of complimentary pairs (Kelso and Engstrom, 2006) – recovery and relapse, complacency and vigilance. In order for the person to keep the potential danger of relapse at bay, actions must be taken to ensure that sobriety is maintained, but it is not an effortless balance that is obtained. This woman works hard at journaling in order to keep focused on recovery.

*...I mean constantly, I am either reading or I am writing you know, so it really gives me a focus and I think if I didn't, I don't know, I think that working in addictions will give me that same focus, that is at least what I am hoping, because if I don't have that I start to go off at loose ends and we don't know what will happen.*

Being careful requires one to anticipate and plan for potential harmful situations:

*Don't think I'll ever have to be required to have to take benzos, you know....but it is very realistic that at some point in my life I may need some pain management stuff. What do you do about that if you are in recovery? So I have had a lot of talks with my doctor and my family and all that kind of stuff.*

Being careful to maintain balance feels like an actual struggle between the person (remembered) as an imagined foe that seeks to capitalize on complacency.

*...I think of my addict as this little man back here in the cage [points to the back of her head] and sometimes he rattles those bars, and when he sees an opportunity, like oh she's thinking about pot. I'm going to rattle the cage a little bit and see if I can get her to let me out. You know, maybe she'll have a cigarette and then she'll start feeling bad about herself because she's smoking again, and then, you know that's how it works...very rarely does he just come right at me and say "let's drink." It's always subtle backdoor stuff to just try to get me off kilter, get me off the beam, to get me to a bad place where he has more leverage.*

This woman recounts that her staying sober is akin to walking on a balance beam, which can tip over by negative thinking. She recounts that she must maintain vigilance by being careful to keep "the little man" at bay in order to stay on balance in recovery. Danger is always present and action must be taken to counteract this danger, so one must be careful and stay watchful.

### **Vigilance through Seeking Community**

Another way for the women in this study to maintain vigilance in their recovery is to seek community with others. Maintaining vigilance alone may be exhausting and difficult to maintain. A community can share the responsibility of vigilance. Seeking and being in community with others provides safety, comfort, and access to individuals who are also in recovery. Seeking out others is a way of maintaining vigilance in order that one does not become too isolated and vulnerable to relapse. The following statements are ways participants discussed the importance of a recovering community:

- *Because I believe the key is being together, because in How it Works, it says we 25 times, Bill emphasized we 25 times for a reason. It is a we program. Nobody had to*

*do this alone anymore and I drank because I was alone. And I have not had to go through anything alone since I started the program.*

- *...I honestly believe deep in my heart that if I don't stay plugged into some sort of recovery program...it really doesn't matter if it is NA, AA, or CA, celebrate recovery. It doesn't matter what it is...find a fellowship where your focus is on staying clean and sober because things happen.*
- *...I live in AA rooms.*
- *...[if] I'm in a bad spot and so I go more often, just doing that and just maintaining those connections with people, you know the people that are in recovery.*

Critical to participants' recovery was seeking community. Vigilance by seeking community helped participants to "stay plugged into some sort of recovery program," "... focus...on staying clean," and knowing that when one is "in a bad spot," they are not alone in their desire to remain vigilant for the sake of their recovery.

### **Discussion**

Vigilance must be understood in the context of recovery and the experience constructed by the world in which individuals live or are thrown. For Heidegger our existence, Dasein is thrown into a world that is beyond our control (Guignon, 1993; Wrathall, 2005). We can understand the concept of world "as the matrix of meanings inherent in things, space, and relations lived out by the subject" (Kemp, 2011: 338). Heidegger (1962) conceptualizes thrownness, which means that we exist in a particular world with its own time, past, present, and situational context. Because we are thrown into a specific world, it is so close to us that we cannot see it in an objective sense because it is all around us, giving meaning to our experiences.

Such is the world of addiction and recovery, a world shaped by a discourse of disease, pathology, morality, spirituality, and in which there is no cure. In this discourse, there is only being in the throes of addiction or being in the process of recovery, yet never fully recovered. For participants in this study, this discourse shapes their world and the context in which they view and understand living recovery.

Discourse has to do with “a system of statements, practices, and institutional structures that share common values” (Hare-Mustin, 1994: 19). We examine discourses in order to think critically about the meanings that are constructed in the culture at large. Discourse wields power, makes truth claims, as well as names and defines the subject. “In the end, we are judged, condemned, classified, determined in our undertakings, destined to a certain mode of living or dying, as a function of the true discourses which are the bearers of specific effects of power” (Foucault, 1997: 543). Our lived, storied experience is a reflection of the dominant discourse.

"Women do not make up stories or interpret experiences outside the social worlds in which they live; they construct stories through culturally available discourses and meaning, and thus draw on existing stories" (Brown, 2013: ¶15). The culturally available discourse on addiction continues to be fraught with moral judgments, blame, and suspicion of addicts. The scientific evidence to support understanding addiction as a brain disease has not released individuals from the sentiment that it is a condition for which people have control over and bear personal responsibility in the onset, course, and cure of the illness. This posits a limited view of self and the possibilities for recovery. One is either in the disease or in recovery as defined by the social narrative constructed by the medical and moral discourse on addiction, thus requiring the person to perform self-scrutiny to determine their position in relation to this dichotomous discourse. Their inclusion or exclusion in the recovering community may be determined by



whether they are compliant with a discourse that perpetually defines self as an addict. People cannot separate themselves from the discourse of the disease and simply have an objective view of their condition, thus they look to their own personal experience to make meaningful sense of their illness and provide a remedy for their condition (Carel, 2013). An individual's recovery story cannot be separate from this narrative and the associated stigma. It is a disease for which there is no recovery. There is only *recovering*—a process of vigilance.

Unlike other diseases in which individuals seem to work to keep the disease from becoming their identity, “addicts,” as they often refer to self, are required to surrender to being an addict for life because with it comes an array of characteristics that must be continuously addressed. Charmaz (1997) has extensively researched and written about chronic illness and she writes that it “...can catapult people into a separate reality—with its own rules, rhythm, and tempo” (4) bringing good days and days that require one to attend to the illness with all their being, changing priorities, perception of self, and coming to terms with what it means to live with an illness. Living recovery from addiction calls the individual to a reality shaped by a discourse that requires vigilance. The specter of returning to the diseased state seems always looming for the women in recovery, thus requiring them to stay focused on a delicate balance and tension between being in recovery and acknowledging being diseased.

This tension with the illness disrupts one's equilibrium. Illness points to something that is lacking in the individual (Gadamer, 1993, 1996). These women seem to embrace the possibility that something is lacking in that there is always a possibility of returning to the active diseased state of addiction. For Gadamer living with an illness requires one to engage in a balancing act in which one forgets the cause of their disturbance or at least regards the disease with “indifference” (55). Perhaps with advanced understanding of the science associated with

disease, this is no longer the case for many illnesses. A survivor of breast cancer continues to have regular health checks with the hope of being declared cancer free, which in reality means remission. The return of cancer is possible, but the longer in remission, the longer the individual may be hopeful for a full cure. This is not considered possible with addiction. Addiction seems to demand daily vigilance, lest the disease get over on the “addict” like a tempter, “a little man in the back of the cage...when he sees an opportunity...subtle back door stuff,” as one participant stated.

Addiction may have commonalities with other illnesses, but it is unlike other illnesses or diseases that may allow a respite from focusing on the disease. People in recovery are encouraged to remember their addict identity as a means of comparison or contrast with the person they are in the present. The past is always an anchor to which they are tethered in order to remember and hold close the addict identity. It is through various ways of maintaining vigilance that this connection is not just encouraged but insisted upon for true recovery.

When women told stories of recovery and also articulated a tension between recovery and addiction or “the addict,” there is always a reference to the inherent danger in returning to the ways of being an “addict.” Recovery and addiction can be viewed as polarities or as simultaneous co-conspirators, which speaks to the dynamic tension between the past, present and future. Kelso and Engstrom (2008) discuss how complementary pairs work dynamically and that concepts often exist in relationship to another, such as friend~enemy, nature~nurture, and cooperation~competition, and this emphasizes the either-or nature of an experience and misses the in-between-ness of real life. Women hold close the story of their self-described “addict” in order to maintain their recovery story, thus these two stories exist in tension with one another: addict~recovering. This dynamic tension keeps the concepts perpetually connected, and vigilant

behaviors help to keep the balance. Vigilance is lived in specific ways of thinking, acting, and being, and in this study, participants used remembering, being careful, and seeking community as ways of maintaining vigilance.

At the same time, as advocates of the strengths perspective we feel obligated to acknowledge the power of women's lived experience, while questioning if vigilance is in fact the most helpful way to be attentive in recovery. We know individuals who struggle with addiction often have co-occurring disorders (Tracy and Johnson, 2007) such as post-traumatic stress disorder, which requires the individual to maintain a constant attention to threat cues (Adenauer et al, 2010), perhaps another way of understanding vigilance. Could this constant attention to potential relapse cues reinforce ways of being in the world that keep the brain reproducing unhelpful habits of mind and neurochemistry? Might there be other ways to help individuals be attentive and intentional in their way of living recovery? Cognitive behavioral therapy and mindfulness-based relapse prevention may be ways in which to facilitate recovery (Bowen, Chawla, and Marlatt, 2010; Marlatt and Donovan, 2007) while providing individuals with ways of being in the world mindfully aware, as well as acceptance of one's progression in recovery without fearing complacency. In addition, narrative therapy provides a way of deconstructing stories of stigma thus minimizing self-blame and facilitating empowerment (Brown, 2013).

### **Strengths and Limitations**

Potential limitations for this study are that most participants identified as active in Alcoholic Anonymous, although we had two participants who were not engaged in any 12-step recovery program. Qualitative studies do not attempt to establish generalizability due to small sample sizes, however, there is transferability to clinical practice. This study reminds social workers to listen attentively to women's experience of addiction and recovery, not as truth, but

as a story constructed within the confines of a social-political discourse. We must think critically about how we might support and encourage women to go beyond the potential constraints of the discourse in an effort to embrace their self-efficacy in recovery.

### **Conclusion**

The world in which the addict is thrown, with its discourse on addiction and recovery, necessitates vigilance, particularly if the individual is engaged with 12-step programs, treatment, the courts, social media, as well as popular literature on addiction (Dodes and Dodes, 2014; Glaser, 2013, 2015). Vigilance can be seen as the enemy of complacency; therefore recovery is to be a continual struggle, whether real or self-created, between the recovering self and the addict self. How this tension is lived out is an important consideration for the person in recovery and the professionals who provide care and services to them.

The National Institute on Drug Abuse has advocated for research to be conducted with women (Sutherland, et al, 2009). This study points to the richness of women's stories and the need for social work practitioners to appreciate women's experience and their voices in recovery. Emerging themes reflect ways of living vigilance with the tension experienced between the addiction and recovery experiences. We believe it is useful for social workers to understand and critically think about the value of the story of the past-lived addiction and its role in maintaining recovery, as well as the importance of developing new ways of being in the present.

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