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In Your Own Skin: The Experience of Early Recovery from Alcohol-Use Disorder in 12-Step
Fellowships

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Abstract

This paper presents a single case study of a young adult's early recovery from alcohol-use disorder whilst participating in 12-step fellowships. A longitudinal, qualitative study was carried out with semi-structured interviews taking place at intervals of three months. The transcripts were subjected to interpretative phenomenological analysis. During the participant's two months of recovery, a series of intrapersonal changes were reported concerning issues of self-care and emotional development. Following six months in recovery, the participant's recovery focus then centred on the interpersonal issues related to changes in his social network and ways of relating. By ten months, the participant's recovery emphasized aspects of self-actualization, including a sense of spirituality. The findings illustrate how issues of authenticity, emotional expression and identity transformation are intertwined in the participant's early recovery. This idiographic case study offers an in-depth examination into the early days of recovery of a young adult within the context of 12-step recovery fellowships in the UK.

Keywords: Early recovery, alcohol-use disorder, 12-step fellowships, young adulthood, IPA, longitudinal qualitative research, case study

Introduction

Research on addiction recovery shows that there are many pathways towards recovery from alcohol-use disorder (AUD) (e.g. mutual aid, natural recovery, medically assisted treatment). The psychosocial and contextual factors that may facilitate life-style changes conducive to a successful rehabilitation have also been highlighted (Cloud & Granfield, 2008; Davies, Elison, Ward & Laudet, 2015; Webb et al., 2007; White & Kelly, 2008; White, Kelly & Roth, 2012). Recovery-oriented policies and programs have been developed in both the US and the UK, indicating 'recovery' as a developmental and multidimensional process consisting of enhancing the individual's quality of life and well-being (Best, Gow, Taylor, Knox, & White, 2011; Brown, 2002; Laudet & White, 2008). For abstinence-based programs, a developmental approach to recovery addresses the issue of what happens to the individual after he or she has stopped drinking (Laudet & White, 2008; Margolis, Kilpatrick & Mooney, 2000). Early recovery is a stage where the critical focus is on attaining abstinence; after the individual has maintained abstinence for some period of time, a transitional period (or middle recovery) becomes apparent, where the focus is centred on developing a whole new lifestyle without drinking (Best et al., 2011; Cadwell & Cutter, 1998; Charney, Zikos & Gill, 2010; Rivaux, Sohn, Peterson & Bell, 2008). During this transitional period the recovering person confronts the question of 'what do I do now?' as they are challenged by the demands of maintaining their recovery amidst difficult changes (i.e. housing, job, relationships) (Laudet & White, 2008). Long-term recovery unfolds as a time marked by individual growth and focuses on life's purpose and meaning (Brown, 2002; Flaherty et al., 2014; Humphreys, Moos, & Finney, 1995; Laudet, Savage, & Mahmood, 2002). Studies on natural recovery and people without formal treatment that have been affiliated to 12-step fellowships have reported a similar developmental pattern (Burman, 1997; Klingemann, Sobell, & Sobell, 2010; Laudet & White, 2010).

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Early recovery has been identified as the period with the highest rate of relapse, with great stress created by the challenges and changes that take place in order to sustain abstinence and/or restrain from drinking (Charney, Zikos, & Gill, 2010; Laudet & White, 2010; Moos & Moos, 2005; Shumway, Bradshaw, Harris, & Baker, 2013; Stevens, Jason, Ram, & Light, 2015). A prominent issue is that the majority of studies on early recovery have been developed from retrospective accounts and cross-sectional designs, with only a few longitudinal studies examining how different routes of recovery develop over time for different groups (Crape, Latkin, Laris, & Knowlton, 2002; Dawson, Goldstein, & Grant, 2007; Kissin, McLeod, & McKay, 2003; Laudet, Savage & Mahmood 2002; Moos & Moos, 2005; Webb et al., 2007). Retrospective studies depend on participants recalling memorable or significant experiences of their early days in recovery -such accounts will by then have necessarily already been accommodated as part of their current recovering narratives. This is particularly the case for participants of Alcoholics Anonymous (AA) and 12-step fellowships, whose long-term members tend to internalize the rhetoric employed within AA's stories of recovery and successful self-transformation (Denzin, 1993). This is part of how the recovery model works, as these stories facilitate the installation of hope for the newcomer; however, the nuances and individual processes of early recovery can either be overlooked or not portrayed in detail. Prospective studies facilitate a 'natural' examination of how processes of change develop in real time, and which experiences are lived as significant events that define early recovery as a developmentally differentiated recovery period.

In the UK, 12-step fellowships are an important part of the addiction recovery treatment provision and they are used predominantly as an aftercare resource, having been incorporated as part of the national treatment policy (Gossop, Stewart, & Mardsen, 2007; Manning et al., 2012). As the 12-step program has been increasingly integrated into the main treatment approaches for recovery, group meetings have been developed solely for young

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adults (18-30 years old). Whilst participation is encouraged, little is known about young and emerging adults' experience of 12-step fellowships in the context of the UK addiction treatment services (Manning et al., 2008; Rodriguez & Smith, 2014). US research has focused on outcomes of young people participating in 12-step orientated treatment, since it is there a major component of formal addiction treatment. Higher rates of abstinence have been demonstrated among young people completing 12-step treatment programs (Hoepfner, Hoepfner, & Kelly, 2014; Kelly, Dow, Yeterian, & Myers, 2011; Kelly, Stout & Slaymaker, 2014; Winters, Stinchfield, Opland, Weller, & Latimer, 2000). Successful early post-treatment engagement in abstinence-supportive social contexts such as those provided by AA/NA may have long term implications for substance use in adulthood. Likewise, studies have reported positive outcomes for young adults participating in the 12-step fellowships (Kelly et al., 2014; Labbe, Slaymaker, & Kelly, 2014). Manning, Faulkner, Titherington and Best (2008) found that young substance users in the UK in the early stages of their usage are receptive to the idea of attending 12-step meetings and prefer to be abstinent from all substances, making the 12-step philosophy a viable support system. Nonetheless, there was a notably low awareness that meetings existed specifically for young people.

The study reported here adopts a longitudinal-single case approach to examine a young adult's experience of early recovery in 12-step fellowships. It attempts to understand what it is like to recover from an AUD in all its social and personal complexity, while providing an in-depth exploration of the individual psychological transformation. An idiographic approach is a distinctive form of empirical inquiry which enables a detailed and richly contextualized understanding of the phenomenon under investigation (Conner et al., 2009; Thomas, 2011). The aim at this stage of the inquiry is to understand the processes underpinning the participant's early recovery rather than produce or generalize statistical findings. Incorporating a longitudinal perspective enhances our understanding of the

particular transformations in the participant's life and how these processes entwine within a successful transition in the recovery model of AA. Neele and Flowerdew (2003) assert that longitudinal qualitative research can provide a rich picture of the evolving dynamics of people's experience as attention is given to *understanding* how processes develop over time from the perspective of the individual person. Qualitative longitudinal research looks at subjective meanings and the emergence of psychological processes *as they are lived* by the individual person. Understanding how people move and change through time, according to Neele and Flowerdew, requires good comprehension of the varied and individualized circumstances of their day-to-day lives. Working from the individual's perspective, the researcher's concern is not simply with concrete events and transitions, but with the agency of the individuals in the crafting of those processes (Smith, 1996). Adopting a case study along with a longitudinal perspective brings forth an understanding of the relation between contextual and individual issues that arise during early recovery.

Method

Participant

The participant was 29 years old and single at the time of the first interview. He has been named James to protect his anonymity. James mentioned that he does not have much contact with his family due to various incidents related to his drinking, including being arrested a few times for disorderly behaviour. James's main problematic substance is alcohol, though he has used other substances recreationally (ecstasy, speed, cocaine and ketamine). According to James, his drinking and drug use started to escalate when he was 25 years old, related to frequent involvement with the clubbing scene.

James pointed out that his recovery began after going to a Narcotics Anonymous (NA) meeting that took place one and half months before our first interview session. He was

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participating in both NA and AA meetings. When asked if there was a preference regarding both fellowships, he stated that although drinking is his main problematic behaviour, he preferred NA's focus on addiction rather than just alcohol. Following his first month of abstinence, he started attending a day treatment program for AUD as he felt the need for a more structured environment and support system. All names in the paper have been changed to safeguard confidentiality.

Data Collection

James was recruited from an alcohol and drug day treatment centre in the UK where a flyer had been posted inviting collaboration with the study. James was briefed on the purpose of his participation and assured of his right to withdraw, the confidentiality of the interviews (and the transcripts), and the protection of his anonymity. After James agreed to take part in the study, a consent form was signed. The study received ethical approval.

Data was collected through semi-structured interviews; the author was informed by an interview schedule to facilitate comparison across time, but questions were deliberately open intended merely as cues for the James to talk. He was encouraged to talk in detail about his experience and particular concerns were probed on important individual topics which arose (e.g. what is it like to participate in AA/NA? How is participation in 12-step fellowships helping you? What does the term recovery mean to you?). He was interviewed three times: during his second, sixth and tenth month in recovery. The interviews were recorded and transcribed verbatim.

Analysis

Interpretative phenomenological analysis (IPA) is particularly suited to the idiographic approach as its analytical framework enables a nuanced and in-depth examination

of experiential research questions. IPA focuses on the detailed examination of personal meaning and lived experience; its aim is to examine how the participant is making sense of his/her social and personal world (Smith, Flowers, & Larkin, 2009).

The analysis followed the four-stage process described in detail in Smith, Flowers and Larkin (2009). A table of themes was produced for each transcript capturing what was taking place in James's recovery at that time. These tables were further compared in order to identify the changes that had taken place between each interview session. A new table was created, summarizing the convergent and new themes for the three interviews. An independent audit was carried out by an experienced IPA researcher to insure the integrity of the analytical journey (e.g. ensuring coding was appropriate, and that themes were grounded in the participant's account). These themes will be presented as follows: (1) two months recovery: development of self-care; (2) six months recovery: finding new ways of relating and being with others; (3) ten months recovery: looking towards the future.

The results are presented chronologically, marked by the three time points at which James was interviewed. In the quoted extracts, editorial elision by the author is indicated by three dots (...).

Findings

Two months recovery: development of self-care

James was renting a studio and living by himself with housing support. He was finding it very difficult to live there as some alcohol and drug use was taking place in the neighbourhood. James's daily structure consisted primordially of visiting the day treatment centre from Monday to Friday, 9.00 a.m. to 5.00 p.m. The treatment program included individual counselling sessions, group therapy and life skills workshops, and it was supportive of the 12-step abstinence approach. At the time, James was participating in NA and AA meetings, four to five days a week.

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James becomes aware of his recovery as his new life starts to develop around abstinence:

Things are changing in my life...I see myself changing, I look a lot better physically than I did you know, I looked a total mess, a real mess. I take better care of myself, I care about my surroundings, simple things like I have a shower every day, I brush my teeth twice a day, I make sure that I eat three meals a day, I pay my bills, yeah I'm paying my bills, I'm not just letting all the letters pile up. I actually open them now and read them...I feel a lot more alive and healthy and I listen to my body more as well, when I'm tired I think right okay I'm going to sleep before I fight it.

James experiences his initial transformation as self-care. Self-care is primordially manifested as care for the body and it is the primary reflection that attests to his transformation. Care is also starting to be lived through developing routines, keeping up with daily normal living, but most importantly, through being actively engaged and concerned with the world around him.

James's self-care also involves taking care of his emotional life through being honest about what is going on for him and sharing it in the AA meetings:

I'm being more honest with myself emotionally, a lot more honest...I thought, if certain feelings like frustration, irritation, anxiety, unhappiness and things like that I, I, I always thought you should keep that to yourself and not show that to the world, not show that to other people because that might put you at risk of not being liked by other people so I think, I'm more authentic on an emotional level. If I experience a problem instead of staying, instead of staying here [touches his chest] closing the curtains on my own, letting it fester inside me, I go to a meeting and I try and share about it.

James portrays his process as a gradual feeling of being more at ease with opening himself to the world. He relates shutting himself off from the world as a 'felt sense' on the chest: the seat of emotion. Hence James's early days in recovery manifest a new sense of authenticity.

James's gradual cultivation of emotional authenticity is centred on the disclosure of suppressed emotions, including particularly negative feelings that give rise to a sense of not being worthy in the eyes of others. AA meetings seem to provide a safe space where James can disclose difficult emotions. In the following extract, he illustrates the significance of the support he receives, particularly by members of his 'home group':

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J: I feel supported by, especially the people in my home group, in my home meeting...in terms of my family it's quite difficult because you know, my Mum said she was proud of me for going into treatment, which was really nice but because of the distance between us, the physical distance, I don't really feel supported by my family.

I: Is it different the support you get from the meetings?

J: Yeah very much so...it's different because of the identification with people that you meet and just the empathy and, just the understanding at a personal level 'cause if I share something honestly at a meeting, especially like, like deepest darkest secrets and things like that, I've always a positive response, even things I thought I'd never reveal about myself...I just know I can walk into a room and I'll be welcomed.

A 'home meeting' in AA's terminology refers to the meeting most frequently attended by a member, becoming the group in which he or she will accept responsibilities, volunteer to help with the maintenance of the meetings and participate in the decisions affecting the group. As other members receive and respond positively to the sincere self-disclosure, it fosters a sense of support and identification. In being with others that are going through the same process he is given a sense of accompaniment whilst receiving unconditional acceptance. By mirroring others' empathic acceptance, James also accepts and embraces his life-story. His home group provides a network of care, which in James's life becomes very important due to his distant relationship with his family of birth. The meetings also provide a place to socialize as James's efforts are directed towards avoiding the alcohol and drugs social scene, which brings its own challenges:

I don't have contact with most, well the majority of people who I used to do drugs or drink with, I avoid going to places where I think I'll be vulnerable so I avoid going in pubs and clubs...I'm trying to develop a social network within the fellowship, but I find it quite, I'm not the type of person who rings people or texts a lot, I think that's gonna be something that takes time.

Here he is starting to develop relational bonds whilst receiving constant support and encouragement. As he exits a life-world that was centred around drinking and the club scene, he has a place that allows him to develop new social contacts and relationships that answer to

his new situation in life, rebuilding his social world and providing new recreational opportunities.

James's initial attempt to define recovery proceeded with a more or less conventional definition of AA's recovery:

I: What does recovery mean to you?

J: What does it mean to me, it means abstinence from all mind altering drugs, it means making it you know, making a concerted effort to change your life and become a better person, it means accepting the past for what it is, concentrating on today and what you can do today, you know to change and you know to make yourself a better person... it means I bring some hope for the future as opposed to resignation to a miserable future, which is what I had in addiction, I didn't have any hope for myself.

In a way his response seems to be aim-based, detailing something to work towards, rather than based on his own realization of recovery. This response appears to be aligned with a general concern around the incorporation of AA discourse. His choice of definition delineates an emphasis on the installation of hope and of a reassurance of his own journey of self-acceptance. He puts the emphasis on a narrative reorganization of his past-present-future orientation, signalling that his sense of inner time is starting to be composed of a temporality of the present, prescribed by AA's slogans such as 'just for today' and an emphasis on the installation of hope. Nonetheless, as our conversation progressed towards exploring what he understands as recovery, James's sense-making revealed his efforts to create a definition that is attuned to his own emerging self-understanding. In the next extract, James seems to unfold a more authentic, experiential understanding:

Recovery as well, it means looking at, looking at life through a different lens...not wanting to control everything, it means accepting that not everyone's gonna like me you know and that, that's okay 'cause I always wanted everyone to like me and would go to the most extreme ridiculous lengths to trying to get people to like me so it means becoming, becoming comfortable in my own skin...it means being true to yourself, I think recovery above all else it just means being true to yourself.

It is here that the definition of recovery really has resonance. James appears to hold a definition more in tune with his own journey whilst it also displays a general disposition to

‘self-talk’ that was prevalent in the interview. He is concerned with developing a different outlook towards the world, suggesting that being in recovery entails a new understanding in regards to life’s uncertainty. James also signifies recovery as involving a different relational engagement with others. Thus he defines recovery as a process of becoming more secure in his own existence and moving towards being more authentic (this being expressed in James’s reference to becoming more comfortable in his own skin). This metaphor resonates with his previous comments on the difficulty of staying true to his own feelings and learning how to express them properly. It is evident that he conceptualises recovery at this point as a journey that hinges crucially around a sense of authenticity.

Another concern that unfolds for James is seated in trying to reframe his self-understanding in the light of an alcoholic identity. He responds with an affirmative expression of his acceptance of not being a successful recreational drinker whilst revealing at the same time that he is still struggling to accept this:

I’ve accepted that I’m not one, I’m not one of those people who can go out to a club once a month and have one pill you know or drink...I’m comfortable, I’m comfortable with that now, I’m comfortable with that fact ’cause I’m not fighting it anymore ’cause for so long I was fighting it, now I can carry on I can still do it but there’s certain comfort in accepting that you can’t do it.

His repetitive manner alludes to the effort of convincing himself of his new status. He changes to a second person voice as part of this process (“there’s certain comfort in accepting that you can’t do it”), showing that he’s trying to put himself within a framework of self-understanding through a process of negotiation. As our session progressed, James brought the topic back into conversation:

...if I’m being perfectly honest sometimes it does piss me off that some people can sit down and have a lovely meal with one or two glasses of wine and just leave it like that, that pisses me off sometimes, and it annoys me as well I don’t know it annoys me, it annoys me that it annoys me that I’ve got this disease...but it also gives me a great sense of how can I put it, a great sense of meaning in my life, if somebody said oh I really related to what you said that you shared that you know sometimes I shared at a meeting and somebody comes up to me after the meeting and says oh I really

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related to what you said then you know sometimes I feel that's like that it's got a purpose.

James discloses the primary difficulty of accepting that he is not a successful social drinker, and suggests that he is mostly concerned with the social distance that this identity creates for himself – even if he has evidently internalized the notion of ‘addiction as a disease’. His struggle with the alcoholic-addict realisation is based on the negative self-perception of not being a successful social drinker – he sees himself as ‘different’, as he is not able to take part in a recreational practice that is one of the most firmly established societal ways of relating. He tries to balance a comfortable self-understanding between the ‘negative’ aspects of his need for abstinence and the sense of purpose fostered by participation in the fellowships, thereby attributing a positive dimension to the acceptance of his new resolution.

Six months recovery: finding new ways of relating and being with others

In his sixth month of recovery, James was in a transition that demanded the creation of his own life-structure. He was moving into a new home and starting a new job as a support worker, and was no longer attending the day treatment centre. He was participating in AA and NA meetings three to four times a week. Although James was participating in 12-step meetings three to four times a week, he mentioned feeling disconnected from the 12-step recovery program mostly due to being busy. Nonetheless, in the following quote, he illustrates how the fellowships provided a key social network:

I sort of stalled, I've done step three...I am feeling a bit disconnected at the moment, I've got a lot of things you know like people in the Fellowship helped me to move so you know, I go out for a meal after the meeting every Tuesday with people from the Fellowship from AA, and I go out for coffee after the meeting tonight [at NA]...I do sort of participate in the social aspect of it.

Though not fully carrying out the recovery work suggested by AA, keeping a close association with other members facilitates relationships supportive of James's recovery in a time of significant changes in his life-structure.

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James's ways of relating with others is a major theme during the interview:

All my relationships are sort of changing...I started to re-evaluate my relationships with people in a lot of ways and look at the reasons, not necessarily with family but the reasons why I might be friends with such person or why, why I'm feeling, how do I do, it's sort of like I've just got a new perspective on things really, I don't see things through a drink or a drug haze anymore...I need to be very careful in the future about jumping into relationships, I have to be careful that I'm going into relationships for the right reasons.

He experiences an enhanced self-awareness regarding his relationships after being abstinent for six months; as James emotional awareness increases, his capacity to consciously experience his relational engagements facilitates a reappraisal of his way of relating and of being with others. The above quote also illustrates how James's concern with relationships links to his search for authenticity. Likewise, in the following extract, James describes how he is becoming more aware of the way he responds to conflict:

I find it really difficult, dealing with conflict you know, like I shy away from it and I start to feel really uncomfortable inside...if like say I disagreed with somebody, I'd not say that I'd disagreed with them because I'd fear what the consequences of that disagreement might be I'd fear that they might reject me or find me rude for having a different opinion to them what I'd do is as opposed to expressing disagreement and listening to what the other person said back and stuff like that, I'd just go along with what the other person wanted and then I'd start harbouring resentments inside myself you know feeling resentful that they you know that I didn't express my disagreement.

He states that the fear of rejection is the primary source of his concern; he has to find ways to relate and share with others whilst staying true to his own self. As James starts sharing with others without drinking, awareness of his feelings come to the fore with such strength that he is no longer able to "go along with what the other person wanted", as was his old way of relating – this is not in tune with his new evolving selfhood. James's consciousness of "harbouring resentments" reveals that part of his relational mode has been to displace difficult feelings that emerge in his interactions with others. As feelings get suppressed, they appear to engulf the self with a grievance; this in turn leads to further engagement with his addictive behaviour patterns.

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In his six months of recovery, James's understanding of what recovery means unfolds differently:

Recovery changes the further into recovery...at the beginning all is so raw every day is more of a, more of a miracle sort of thing but I still, I still have that sense you know sometimes, but it's more about, it's more about now beginning to live life in a normal way...they talk about the bridge to normal living...it's more about how, now beginning to live in a normal way you know, I sort of see it in that way...Sometimes I get fearful that I'm not doing it right or something like that, or that I don't want to work tomorrow or that I'm not going to enough meetings or I'm not doing enough reading.

James does not have a concrete definition of recovery, he is instead more aware that the meaning of recovery changes as it develops. He talks about his early days in recovery as being a time of extraordinary self-consciousness in regards to the 'newness' of being sober, whereas now recovery signifies the transition into a more normal life. He is feeling more at ease with being abstinent but is now challenged by an all-new, developing life-structure. He uses AA's saying, 'the bridge to normal living', which seems to help him appraise change as a customary part of the recovery process. The transition is however experienced with anxiety, as a more active role is required in order to decide how the recovering journey will continue, with the institutional framework of AA playing an ever smaller role in his decision making.

James continues to try and find significance in an alcoholic-addict identity:

L: Do you see yourself as an alcoholic?

J: I think yeah, you know when I'm in meetings you know, my name's James and I'm a recovering alcoholic or my name's James and I'm an addict and I do you know I, I, I believe, I believe that I do suffer from the disease of addiction and I notice in lots of aspects of my life especially with food that's a big issue for me now...I overeat a lot well not that I perceive it as overeating, when I talk to members they don't perceive me to be overeating, but I do you know I've put on a lot of weight.

James re-directs his answer to describe the way he presents himself in the meetings, rather than specifically answering the question. He returns to a pattern of oral repetition, signalling that he is still negotiating the alcoholic-addict label within himself. He posits himself in the conversation as someone who suffers from a disease and emphasizes the semantic resonance

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that a disease label carries. In this way James can to some extent discharge the social perception of addiction as a wholly self-inflicted disease. He is not yet clear, however, of the boundaries that delineate ‘the disease of addiction’ and looks for evidence of this in other areas of his life; addiction or ‘being an addict’ is seen as a phenomenon that encompasses much more than merely drinking alcohol. Simultaneously, James reveals how he looks for shared identity material within fellow members to clarify his understanding of addiction. At this second session, after six months of his recovery process, James is still negotiating an acceptable framework of self-understanding that resonates with his own experience and with which he can feel at ease.

Ten months recovery: looking towards the future

James remained abstinent and continued to participate mostly in NA meetings, four times a week. He mentioned that “all of my friends are in the program”, suggesting that he has consolidated a strong social network through involvement with 12-step fellowships. He had taken on more responsibilities as part of his day job, and was considering going back to university.

James expresses that he’s mostly interested in the potential of his future:

I want to start exercising, they’re my two goals really, be fit and healthy physically and give up smoking...complete my education you know, I want to develop intellectually, I want to develop spiritually as well I want to lay a portion of each day aside to focus on that because I do feel better when I take the time out to think you know, to think and try to give more importance to that. I...I started to trust people a bit and I feel sometimes calm, and I feel a sense of inner peace not often but sometimes I can just sit down and let all the troubles go out of my mind. I could never, never do that before...I want to do more with my life, but I’m aware that for so long in my life I led a really isolated and enclosed life...I get quite nervous about going back to the world quickly so I want to do it in small baby steps.

His main concern is self-actualizing possibilities; as he feels more secure in his recovering journey, he starts projecting his thoughts towards future goals. He projects himself towards the future with eagerness, yet anxiety remains around the challenges ahead, which he foresees

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as a process of growing. In quickly establishing the temporality of the present, he reassures himself that growing, as an expansion of self, is coming into existence. James has developed a sense of basic trust that allows positive engagement and companionship, experiencing the world with others as reliably trustworthy. Nonetheless, James still recognizes a recurrent difficulty in managing his emotional life. He concludes that he has been using sex encounters to suppress negative feelings:

I've realised that I use sex in a similar way to alcohol and drugs, to avoid dealing with my emotions or to change my feelings...there's been times in recovery like when I'd just go off and put myself in a sexual situation...I'd feel you know afterwards, I'd feel an emotional hangover from it you know like it'd leave me feeling empty and guilty...it's the addiction that's not been fed so it's coming up in another way, it's coming up, it's like a jack-in-the-box, when you push one down the other one comes up.

This realization comes through experiencing a similar hangover as to that caused by drinking or using drugs. The image conveyed by the “emotional hangover” transmits a feeling of breakdown that remains with him. He introduces the metaphor of a “jack-in-the-box”, portraying his addictive behaviours as a way of addressing conflictive situations: strong emotional diversion to discharge his tension or ill-ease. This expresses his perception that the addiction is inherent to the self, signalling a change in his self-understanding. The challenge that James then sets for himself is to find healthy ways to assimilate his emotional life and negative self-feelings without diverting his self-consciousness. He seems to be realizing that his recovery demands acknowledgment of the feelings of being; to have full participation in the life of the world requires him to fully embrace his affective reality. This understanding becomes clearer as James reveals his longing for genuine intimacy:

I'm craving emotional engagement with someone you know, but I just know deep down inside me that if I go into that situation that, it will be so detrimental to me and my recovery, it would be detrimental to them as well, but it still doesn't stop me wanting it...I've never had a relationship, an intimate loving relationship in which I haven't drank and used drugs, so it would be just like a totally new experience for me, but it scares me, it does scare me...there's a lot of self-esteem issues around that as well you know, part of me thinks that it's never gonna happen.

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His concern over a lack of intimate relationship experience that is free from heavy intoxication, whilst contemplating what such a genuine intimacy with others would be like, ignites anxiety. The dual yearning for and fear of intimacy might also relate to one of the widely experienced psychosocial crises of young adulthood. James's recovering journey is one of preparation, as he must establish great trust in himself in order to achieve more genuine and loving co-existence with others. He also needs this great trust in order to confidently let go of a huge part of his old self; he knows this old part of his self has no place within his new emerging selfhood, but it is difficult nonetheless to leave it behind.

During our third interview session, James's definition of recovery accentuates his search for and development of spirituality:

J: Recovery for me now it's about developing a spiritual dimension in my life.

L: What do you mean by a spiritual dimension?

J: I pray, I talk to God in my head and stuff like that and sometimes I do get down on my knees and pray but you know, you know I just sometimes, I just think what the *** am I doing you know, and other times I do feel that sort of connection to like an energy and a power greater than me you know and sometimes I feel decidedly unspiritual you know, really I don't know. I think part of me you know, part of me is a Buddhist sat on a mat meditating, drinking herbal tea and thinking you know that's it I've done it, the shaved head, but I know that's not me and I don't think the spiritual dimension will take that shape or form in me. I think spirituality for me is more about sitting down and relaxing you know, and taking that time and thinking about my day and what I could have done better the way I treated people, could I have treated people differently, would I have liked to be treated the way I treat other people and I think that's for me you know a big part of, a big part of the way I want to live my life.

Spirituality is a key dimension in AA's recovery program; it could be that James has been challenged to examine his understanding of spirituality through having to engage with AA's discourses in the meetings. Such a process will have required active interpretation, creating genuine personal meaning out of what could appear to be the prescribed religiosity of 12-step fellowships. Although he accepts the spiritual component of AA's recovery, he is nonetheless compelled to find ways of understanding it that resonate with his own changing sense of self.

After ten months in recovery, James is still negotiating his identity as an alcoholic-addict. When asked how he perceives the issue, he replied with an anecdote from an AA meeting:

I was listening to this guy yesterday, he said that sometimes he sees having an addictive personality as being a gift if it's channelled you know in the right direction, if it's channelled in a positive way and I thought, I can see your point because you know if I've got an obsessive compulsive character make up, yeah like self-perfectionist and stuff, but I suppose you know, you can channel that into a way that can make you very successful, but it can also you know, you know at the same time as being extremely productive it can it can also be extremely destructive you know.

Here he does not assert himself as being an addict or an alcoholic. Instead he introduces the notion of an addictive personality, defining it as a potentially positive and desirable quality of the self that manifests itself like a Ying-Yang dynamic. This anecdote seems to have provided identity material for James that is more attuned to his self-understanding. It also suggests that he is gradually exiting his previous dualistic predicament of being or not being an alcoholic, towards a non-dualistic proposal of complementary forces that can be used positively when in the right balance. He slowly comes to terms with this more acceptable self-understanding, facilitating a positive balance between his membership of AA and his personally satisfying narrative of recovery. James's changing sense of identity navigates through various provisional meanings and he is continually negotiating a conceptual framework that fits with his evolving self-understanding.

Discussion

James's main challenge across the three interviews was the development of healthy emotional expressions and relationships with others, particularly when experiencing negative emotion. Substance abusers have shown emotion regulation deficits, including alexithymia (difficulty identifying and expressing feelings) (Fox, Hong, & Sinha, 2008; Kober, 2014; Thorberg, Young, Sullivan, & Lyers, 2009). Emotion regulation refers to the processes (e.g. cognitive reappraisal, distraction, expressive suppression) that can influence how emotions

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are experienced and expressed (Gross, 2014). Critically, emotion regulation serves to link the intrapersonal world of the individual's emotional experience with the interpersonal world where emotions (and feelings) provide an essential source of communication in relationships (English & Gross, 2013; Zaki & Williams, 2013). Poor emotional regulation has been associated with experiencing higher levels of negative emotions, difficulties using emotional cues to interact appropriately with others (Webb, Miles, & Sheeran, 2012), attachment difficulties (Thorberg et al., 2011), somatization (Waller & Scheidt, 2006), and higher rates of behavioural addictions (Behar & Arancibia, 2014; Maniaci et al., 2016; Kun & Demetrovics, 2010). James expressed being aware of experiencing negative emotion (including body sensations), but found it very hard to express his anger and disagreement to others, thus employing suppression to modulate his feelings. The habitual use of emotional and expressive suppression has been associated with lower relationship satisfaction, feelings of inauthenticity, negative social functioning, reduced expression of positive emotion, and ill health (English & John, 2013; Gross, 2013; Pennebaker, 2010). The key challenge for James was finding healthy and constructive ways to express his anger without suppressing it or diverting his attention (e.g. using sex encounters to self-soothe). Hence, developing emotional skills such as awareness of one's feelings, using emotional cues to inform action, accepting and adjusting negative emotions (Gross, 2001), confronting versus avoiding distressing situations, and learning how to self-soothe when in distress seem to be critical to enhancing the individual's sense of well-being and capability to relate in satisfying ways (Berking et al., 2011; Krentzman et al., 2015). James's recovery also illustrates the importance of emotional expression to enable authenticity.

James's suppression of negative emotion brought feelings of inauthenticity. Being authentic was a major theme in his understanding of recovery across all three interviews. Rogers (1961) suggested that the perception of incongruence between one's inner or "true"

self and one's outer behaviour can arouse an acute sense of inauthenticity that is distressing for the individual. The interpersonal effects of emotion suppression are due to the inauthenticity that results from incongruence between the individual's inner experience and outer expression of emotion (English, John, & Gross, 2013). Authenticity is vital to social functioning as it signals trustworthiness and honesty in interactions, particularly in intimate relationships (English & John, 2013; Gross, 2001). Authenticity is also a paramount concern during young adulthood as issues around the question 'Who am I?' are at the fore. Some might experience a split between their sense of self and their various social identities, thus experiencing a sense of inauthenticity (Harter, 2007).

The theme of authenticity is a significant feature in 12-step recovery accounts (Larkin & Griffiths, 2002; Zakrzewski & Hector, 2004; Shinebourne & Smith, 2009; Smith, 2001; Reith & Dobbie, 2012; Rodriguez & Smith, 2014). AA's model of recovery works through greater emphasis on the self's system and further focus on spiritual (ethical) values (i.e. belonging, honesty, service, moral conduct). Authenticity is strongly embedded in 12-step recovery philosophy as illustrated in their one year anniversary coin "To thine own self be true". Similarly, authentic self-disclosure is encouraged in meetings through members sharing their stories, and doing 12-step work such as keeping a journal and engaging with step four (Make a searching and fearless written moral inventory of yourself). Whilst honesty (sincerity) is exercised individually through veridical self-knowledge of one's experience (Samela, 2005), authenticity is relational in nature. AA's meetings and group dynamics help the individual to learn how to relate emotionally and members can learn from others how to articulate suffering through giving expression to emotional turmoil without shame, thus encouraging authenticity. By being part of a fellowship, members are compelled to relate within a 'holding environment' (Winnicott, 1965) that allows healing through experiences of self-transcendence. Furthermore, AA's recovery is established around the development of a

new relational worldview (Finfgeld & Lewis, 2002; Young, 2011). Developing healthy and satisfying relationships was a key issue for James; his recovery required new ways of managing his emotional life in order to develop a new relatedness with others. Individual agency depends on one's coping skills and ability to self-regulate, yet these are learnt and acquired with others through social interaction (Mead, 1967/1934).

James's understanding of recovery displayed an evolving sense-making process as he learned about 12-step fellowships. Initially, he offered a description aligned with AA's definition that was part of the 'self-talk' of early recovery, and is part of learning the principles and language of AA's epistemological framework (Bateson, 1971; Denzin, 1993). The storytelling embedded in the 12-step fellowships is one of its principal modes of reframing the past with a new understanding of the participants' selves and their lives, whilst forging a positive new orientation towards the future (Humphreys, 2001). Telling an AA story is a way of demonstrating that the member has acquired the appropriate understandings that preclude the transformation of the self and the genesis of the recovering-alcoholic. The stories are also used in what is simultaneously a social and cognitive process that works as a mediating device for self-understanding (Cain, 1991; Swora, 2001). However, using a story and telling one's story is an active process and it requires the person to create not just a personal story that is relevant to the fellowship but also one that is meaningful for the recovering person's sense of self. James enacted a recovering-alcoholic identity as a way to gain membership into AA, helping him to frame and interpret life events related to his drinking. Confronted with his discomfort, he managed to create his own version of a recovering-alcoholic identity. He interpreted this identity in a positive and satisfying way that was coherent with his new evolving worldview. James's process illustrates that, although the official discourse in AA establishes certain codes of intelligibility regarding what is an addict-self, the meetings are dynamic environments where people bring in their own

interpretations and are able to accommodate their own sense-making creatively and meaningfully.

James's attendance pattern resonates with extant empirical literature on AA and 12-step fellowships' involvement in early recovery. Although there can be considerable variability in AA meetings during early recovery, attendance is expected to be temporarily higher during the early days of recovery, then to decrease in the following months to an estimate of three meetings per week (Gossop, Stewart & Marsden, 2007; Kaskutas, Bond, & Avalos, 2009; Manning et al., 2012). Greater early participation has been associated with better long-term outcomes, and this has also been associated with young adults (Galanger, Dermatis, & Santucci, 2012; Kelly, Stout, & Slaymaker, 2013). Affiliation with 12-step fellowships during and after treatment is helpful in maintaining short-term abstinence (Donovan, Ingalsbe, Benbow, & Daley, 2013; Laudet, Savage, & Mahmood, 2002), especially for those who become actively engaged with the program. James's engagement and active affiliation helped him to create a supportive life nexus with similar values towards being abstinent that facilitated his transition into a new life-world. Kelly et al. (2014) found that young adults benefit most from the social context and the more general group processes inherent in the meetings than the 12-step recovery techniques or practices as such. The specific characteristics of AA's organization (i.e. widely available, flexible, free, long-term availability) were an important feature for the young members. For all recovering journeys, the social and community resources that are readily available for long periods are more likely to have a lasting influence on the course of the addictive behaviour (Laudet & White, 2012). For James, it was critical to have a social network that provided a reliable source of support, given that family support was absent or distant; he developed relationships that gave him practical assistance (e.g. moving houses), access to alcohol free recreational activities, and more importantly, friendships that were supportive of his recovery.

Conclusion

This study illustrates in detail the participant's early recovery whilst examining the conditions that facilitated this; all were taken from the participant's experience and understanding of his recovering journey. By adopting the qualitative approach of IPA, and through focusing on an in-depth longitudinal case study, we have been able to build up a detailed picture of the experience of early recovery as lived by a young adult in the context of his day-to-day life.

It is possible that James's account was influenced by the interviewer being female. James seems to have an active role within the fellowships, thus, he might have emphasized more positive aspects of his recovering experience. Another limitation is contained within the very nature of a qualitative case study design. While it delivers a nuanced picture of the participant's recovering journey, it cannot control for unique biographical factors that shape the data. Accordingly, the direct transferability of findings is not advised. Additional studies with alternative methods are called for which address generalisability. The findings also provide points of reference (i.e. authenticity, emotional expression) for future research on 12-step recovery with young adults. More studies into the particular processes of 12-step recovery is thus called for in order to broaden our understanding of early recovery in the UK context.

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