

Chapter 1

Introduction

The purpose of the study

My personal interest in this study arose from professional contact with many clients who have shared with me their personal stories related to addiction, relationships and many other life issues. As a counsellor in the Alcohol and Other Drugs (AOD) field, I share the view of many other professionals and clients that a permanent rehabilitation from opiate use calls for some important changes in people's lifestyle and their way of being in the world (Strasser and Strasser, 1997). I was interested to explore whether spirituality might be a potential resource in supporting such changes.

While numerous studies explore the effectiveness of therapeutic approaches using spirituality, there are fewer studies that explore a holistic approach which includes a spiritual dimension (Morgan and Jordan, 1999). However, one example of a holistic approach is that of addiction therapist Charlotte Kasl (1999:112), who developed her own "Sixteen steps of empowerment" that includes elements of spirituality as well as those pertaining to social relationships.

The purpose of the present study is to explore the understanding and experience of spirituality of opioid dependent clients on a Maintenance Methadone Treatment (MMT). This will include those who are still continuing to use heroin and those who

have stopped. Through in-depth interviews I explore what part spirituality might play in their lives and whether this might be integrated into the participants' daily living as a potential inner resource for a drug free existence.

Choice of phenomenological narrative approach

The field of alcohol and other drugs (AOD) is truly multidimensional and the longer I work in this area, the more I realise that there is no simple approach that fits all. Unlike many physical ailments, addiction is a hidden dys-ease (or mal-ease) that people fight against, yet they keep going back to the drug that contributes to their addiction and this is what intrigues me. It is like an unsolved mystery and it motivates me in persisting as a counselling psychotherapist and researcher.

My own holistic approach reflects my understanding that human beings exist on four dimensions: physical, psychological, social and spiritual (Strasser & Strasser, 1997). Most current treatment and therapeutic styles that are presently used do not appear to embrace all four of these dimensions of being at the same time, as many drug treatment facilities strongly rely on empirical and mainstream methods, such as Cognitive Behavioural Therapy (CBT) or humanistic and existentialist approaches.

A phenomenological narrative approach to this research will allow an exploration of these four dimensions, with the main focus being on spirituality and its relationship with the other three dimensions in the lived experience of the participants.

Definition of addiction

Addiction impacts on physical, psychological, spiritual and social dimensions of a person's life. For example Albers (in Morgan and Jordan, 1999:139) claims: "Addiction is a holistic disease that affects the totality of the person, triggering adverse effects in the body, mind and spirit as well as the social milieu or matrix in which the person lives". Others describe addiction as a symptom related to psychological aspects of an individual and his/her relationship with his/her environment. Kasl (in Morgan and Jordan, 1999:119) claims: "Addiction, like anxiety, springs from alienation from self along with a host of genetic and cultural factors".

On the other hand, the medical or disease model of understanding addiction, as in DSM-IV-TR (2000:191-296), defines different substance related disorders as a “maladaptive pattern of substance use” with its main criteria being “with physiological dependence” or “without physiological dependence”. It is clear from the many definitions available that addiction is a very complex matter and affects people on many dimensions simultaneously, although seldom are all dimensions addressed in the treatment.

Kreek, Zhon and Schlussman (2004) hypothesize that three main factors contribute to the development of addiction: genetic effects, chronic exposure and self-administration, as well as environmental factors including co-morbid problems related to mental health. In their study, frequent use of heroin was found to have profoundly altered the hypothalamic-pituitary-adrenal axis, which is then responsible for cravings and withdrawal symptoms, creating a physiological dependence.

On the other hand, some authors emphasize the contextual and social construct of addiction (Griffith, Larkin, 2004; Truan, 1993). Keane (2002) refers to the consumption of licit substances, such as tobacco, caffeine and social drinking, which seems to be accepted, whilst consumption of illicit drugs tends to be seen negatively. This implies that any behaviour or consumption that digresses from the “social norm” is seen as maladaptive in terms of health, psychological functioning and/or morality.

Origin of heroin use

Opium, the parent of heroin, had been grown by ancient Sumerians since around the year 6000 B.C.E., and by 1000 A.D. it was well established in India and China. Later around the sixteenth century it became used in western medicine, and it was then called laudanum. At that time it was the only medicine that worked on certain problems. For example, non-medical use of opium began to gain popularity in the early part of the 19th century. Soon after this the morphine began to replace opium in medicine (Krivanek, 1988:8-16).

The invention of the hypodermic syringe around 1856 facilitated its administration and sped its effects for pain relief (Levinthal, 2006:107). Heroin was introduced into

the pharmaceutical market by the Bayer Company in Germany in 1898 as a cough suppressant that was more potent than morphine. Its potential abuse was not recognized until 1910 and its prescription by medical practitioners in the USA became illegal only in 1920 (Levinthal, 2006:107).

Heroin is an opioid substance derived from green poppy heads processed into smokeable (brownish) or injectable powder (white), which contains up to 90% morphine (Harding, 1988). Tolerance increases as the metabolism becomes more efficient in processing the drug and higher doses are required to obtain the same effect. Physical dependence is linked to the increased tolerance when neurological adaptation takes place and the absence of the drug produces withdrawal symptoms, which are generally opposite to the usual calming effect of heroin (Krivanek, 2000). An overdose generally occurs when the amount of administered heroin is higher than the tolerance, which can become lower during a time of abstinence. Heroin induced sedative effects are due to depressing the respiratory centre in the medulla, which can be lethal in overdoses (Scott, Grice, 1997).

Use of methadone

While methadone inevitably forms part of the participants' profile in this study, I am not studying the efficacy of methadone per se. Methadone is a depressant narcotic analgesic that attaches itself to opioid receptors (mimicking heroin) and thus minimises withdrawal symptoms. It continues to be the standard long-term treatment for opiate dependence. Methadone minimizes the extent of withdrawal symptoms when people stop using heroin (NSW Health, 1997).

However, investigators point out a high dependency potential of methadone itself and strong withdrawal symptoms have been noted during rapid methadone detoxification (Verthein, Prinzleve, Farnbacher, Haasen, Krausz, 2004). Personal experiences of regulated methadone decreased dosing are described by several participants of this study in chapter 5.

Approaches to spirituality

The concept of spirituality has been investigated by researchers and writers from various schools of thought. Some writers link spirituality to religion and others see it as a concept independent of religion. Possibly, “a personal sense of the divine” (Hayden, 2001:2) with the emphasis on “personal” could explain the multidimensionality of spirituality. Miller and Thorensen (in Miller and William, 1999:6) describe the difference between religion and spirituality as follows: “Religion is characterised in many ways by its boundaries and spirituality by a difficulty in defining its boundaries”. Waters (2005) suggest that spiritual experience has varying degrees of relevance within a person’s life.

In this qualitative study it is assumed that participants will define spirituality for themselves and that their understanding will reflect their biography and social context. Any attempt to define a spiritual way of being would be incomplete as its experience and understanding is subjective. However, Cook (2004) compiled a list of common aspects derived from 265 books and papers, of ways in which the concept of spirituality is understood and employed in practice. Thirteen conceptual components were identified: “relatedness, transcendence, humanity, core/force/soul, meaning/purpose, authenticity/truth, values, non-materiality, non-religiousness, wholeness, self-knowledge, creativity and consciousness”.

Some writers include God or a Higher Power in their concept of spirituality, while others do not. Jacobson (1995) interprets spirituality as the living expression of the relationship between the individual and the Higher Power. On the other hand, Winarsky’s (1991) view is that spirituality may or may not refer to God or a Supreme Being. Also, Nietzsche’s (1959) well known statement “God is dead” initially shocked and divided people but it also initiated discourses on God’s relevance to spirituality. Wiggins Frame (2003) claims that:

Existentialists other than avowed Christian existentialists (such as Kierkegaard, Tillich, Bonhoeffer and others) tended to support the notion that the search for meaning is a human endeavour, undertaken without the help of any Higher-Power (2003:13).

For example, Yalom (in Wiggins Frame, 2003:13) is of the belief that immortality and God were personal defences against the death anxiety that unconsciously preoccupies most people in some stage of their life.

Cervantes and Ramirez (1992) include in their description of spirituality the search for harmony and wholeness within the universe. Tillich (1959) views spirituality as an individual dimension of meaning-giving. Booth (1992) defines spirituality as an “inner attitude that emphasizes energy, creative choice and a powerful force for living” (1992:25). Elkins, Hedstrom, Hughes, Leaf and Saunders (1988) posit that having an appreciation of sacredness of life helps coping with tragic events and betterment of the world.

The link between spirituality and meaning has been commented on by several writers. For example, Hinterkopf (1994) sees spiritual experience as a transcendent dimension of life felt through the body, enhancing an emergence of new meanings. Pelican (in Wiggins Frame, 2003) juxtaposes religion and spirituality as “spirit versus structure”. He referred to Martin Luther’s belief that:

The institutional church’s structures, (eg. dogma, doctrines, monasticism and papacy) had become so rigid that they were squelching the spirit of God (2003:6).

For the purpose of this study the emphasis is on the individual participant’s understanding of spirituality, rather than any a priori definitions.

Introducing the researcher

*It is only when I bracket my own ego,
Assumptions, knowledge, beliefs and experiences,
Can I connect to my Higher Spirit,
Which then can connect with yours
To give us the needed guidance
That is otherwise unavailable to*

*Your or my intellectual mind
To facilitate this journey.*

The above lines represent my spirituality and the approach I take when all logic seems to be defeated for both the client and myself. I have attempted to listen to this study's participants in a similar way and I have become aware of how difficult it can be to use simultaneously the cognition required to put thoughts into words, and the intuition to "hear" an unsaid meaning. For example, a participant might hint at a theme that logically appears to fit within the context of the narrative but could also indicate some deeper meaning important to this research. It is in such instances that a researcher's or therapist's intuition can help to explore those meanings.

For the past seven years I have been working in a methadone clinic providing counselling therapy to clients who seek it. Some clients come just for a few sessions or intermittently, whilst others feel that continuous long term therapy is what they need. Over the years I have experimented with many different therapeutic styles in which I was trained, such as cognitive behavioural therapy, interpersonal psychotherapy, hypnotherapy, neurolinguistics and existential psychotherapy. It became obvious to me that an effective therapeutic style needs to match the client's own sense of Being-in-the-world and exploring spirituality is one of the four existential dimensions of being. This study is also my personal journey of exploration as a therapist.

The position of my personal philosophical epistemology needs to be clarified here as, despite my intention to be neutral, it will inevitably still influence my perception in the collection of data and its interpretation. Firstly, I embrace the Stoic philosophy which posits that people become more disturbed by their thoughts about an event, rather than by the event itself (Epictetus in Bee, 2000). This view relates to the intellectual processing that includes emotions, appraisal, meanings and coping strategies (Gendlin, 2000; Lazarus, 1991, 1999) and a person's construction of meaning is of fundamental importance. At the same time I believe that people have choices about the attitude (thoughts and meanings) that drive their behaviour and emotions (Hayes, Strosahl, Wilson, 2003). Related to this, I believe that all human

behaviour is purposeful, even if the purpose is in conflict with the person's cognition and as such its purpose is unconscious, "Nihil est sine ratione" (Leibnitz in Heidegger, 1991:117). Also, I believe that satisfaction is a state of mind coming from doing something meaningful and that happiness arising from satisfaction is not a primary goal but the consequence of attainment of something meaningful. Likewise, the purpose of life is taking something from the world and giving ourselves to the world (Frankl, 1959, 1967, 1973, 1997).

The above beliefs inform how I try to live my life personally and professionally. Having studied comparative world religions earlier, over the time I created my own form of understanding of spirituality, drawing on ethical roots, connection with the forces of nature and native wisdom, rather than following formal scriptures. The virtues I respect and aim for in my life include honour, justice, respect, dignity and courage. These virtues relate to both people and the natural environment. I practise mindfulness through meditation and simple joys of life.

In terms of the philosophical underpinnings of the methodology chosen for this thesis, I am drawn to an interpretive phenomenological approach, recognising that people make meaning through the narratives they tell. This approach will be discussed in chapter 3.

Overview of thesis

In this first chapter I have presented the objectives of the study and the methodology that will be used. Some definitions and interpretations of spirituality and addiction have also been presented. The use of methadone as a pharmacological treatment and the participants' experience with it has been introduced. The researcher and her philosophical epistemology are presented here so that her position on aspects dealt with during the thesis is clarified. Chapter 2 will present selected literature that was seen as relevant to this study. Chapter 3 elaborates on the methodology used in this study. Chapter 4 presents profiles of all participants related to their personal experiences of themselves and their world. In Chapter 5 the common themes are presented through developing group narratives. The final chapter will discuss the

findings in the light of existing literature and make recommendations for clinical practice and further research.

Chapter 2

Literature Review

Introduction

This chapter will discuss how addiction and spirituality have been conceptualised in the literature. Different treatment approaches to addiction will be discussed from theoretical and research perspectives, including the part played by spirituality in some approaches which arise from writers' clinical practice. Empirical and mainstream approaches will be presented only briefly, as the focus of this study is on spirituality in its different forms and how it is used in addiction therapy.

Why do people become drug dependent?

Why do people use drugs? This question has puzzled many academics, philosophers, medical professionals and the public. Jara Krivanek (2000) who is known in the Australian AOD field for his contributions over past three decades, noted:

Under the influence of drugs, people may become more or less strong, alert, beautiful, outgoing, productive or whatever, and this will necessarily change their relationship to their social environment (2000:1).

These words place addiction in a personal and social context. The suggestion that people tend to have a different view of themselves as they shift to a different state of mind under the influence of any substance, is well known. Lenson (1995) observed that heroin, like many other drugs, seems to bring up the user's potential ability of

Being that may be inhibited by the environment or circumstances. Based on informal discussion with many drug users, Lenson's (1995) exploration concluded that what is being sought is an idealised version of the Self, often described as a relaxed Self, that heroin facilitates by inhibiting stress-like states of the mind. Levinthal (2006:16) pointed to the expectation effect as one of the most uncontrollable factors contributing to drug-taking as well as relapses.

Several writers have emphasised the link between drug dependency and stress, and others mentioned health problems. Leventhal and Schnitz (2006) explored various risk factors of drug dependence based on an interactional-transformation model of developmental psychopathology. A study conducted by the National Drug and Alcohol Research Centre (NDARC), University of New South Wales found amongst its subjects in opioid treatment a very high rate of psychiatric comorbidity, including that 37% of subjects have a lifetime history of Post Traumatic Stress Disorder, a high rate of depression and history of suicide attempts (Mills, Teesson, Darke, Ross, Lynskey, 2004). Besides family and social variables, maladaptive expectancies related to personality variables, social and emotional functioning were noted as vulnerabilities. Therefore, substance use may be for some people a way of coping (Sussman, Dent, Stacy, 1999) with life stressors or mental illness.

The way that people experience their feelings and how they cope with them, is influenced by many personal and external factors. Lazarus (1999) suggested that emotions can sometimes precede appraisal of circumstances but at other times the actual appraisal evokes an emotional response, depending how the appraisal is constructed (Lazarus, 1977). Stress is known to be one of the main reasons why people use medication or illicit drugs. Many people believe that their feelings are the cause of their misery and if they "knock-out" their feelings by licit or illicit drugs, the problem will disappear. Most people find that this is not so, but still persist in blaming their human ability to feel their feelings (Bien and Bien, 2002:196-206). Likewise, Jampolsky (1999) sees this aim as a fallacy and a "compulsive and continuous searching for happiness outside of ourselves despite the fact that contentment always eludes us" (1999:58). Whether feeling precedes cognition, or whether cognition precedes feeling, it can be seen that there is a link between emotions, appraisal and coping. Appraisal is inherently closely related to the meaning attached to an event.

Whilst some writers have conceptualised drug abuse as self-treatment for existential pain and void (Ventegodt, Marrick, Anderson, 2003), therapy has been seen as a guiding process aimed at helping clients construct a recovery enhancing new narrative that brings a sense of meaning and purpose in one's life (White, Laudet, 2006). Laudet and White (2005) suggested that spirituality introduced meaningfully for the individual, tends to reduce the risk of relapse by acting as a protective buffer against everyday stress during early recovery times. These and similar approaches will be discussed further when discussing treatment approaches.

The impacts of drug dependence

What is wrong with addictions? Keane (2002) examined this question and critically discussed a pathologising approach from a sociological perspective, including the social constructs of addiction, and concluded:

The excessive or otherwise troubling conduct of the afflicted individual is read as the expression of physical, psychological and moral disorders, which are in turn linked together in the totalised and distinct identity of the addict. The addicted individual is constructed as a pathological subject, one whose body, self, desires and conduct require examination, interpretation and rectification through various regimes of treatment, cure and/or self-transformation", (Keane, 2002:188).

However, not all addictions are negative. Glasser (1985) offered a challenging view on addiction, stating that some regular activities contributing to physical, spiritual or mental wellbeing can become addictive because of the positive outcome they bring to an individual, specifically by the release of brain chemicals that mimic the high produced by the intake of drugs.

Also acknowledging that people use drugs or alcohol in varying ways and quantities, Davies (1986:66) suggested five degrees of drug use: a) experimental - conforming to peer pressure; b) recreational - in a peer setting; c) situational - temporary uses; d/ intensive - drug becomes a central focus; e) compulsive – dependence occurs. From

vast literature Davies (1986) reviewed, it is still unclear what exactly these degrees consist of, and whether more or less often the first degree necessarily progresses to dependence. At this moment we have standardised only alcohol, which helps to measure the consumption in terms of its impact on health and social behaviour, as well as serving as a measure for penalties for driving offences (Pols and Hawks, 1992).

Generally, use of illicit drugs in Australia was low prior to the 1960s, but heroin use increased after the Vietnam War and has been increasing since then. Exposure to heroin by Australian soldiers in Vietnam is believed to be a contributing factor to the increase. Similar trends have been observed in the United States and Europe (Jones, 1999:126). Further, the increased heroin use is seen as social cause/effect and is often linked to economic and political decisions, as suggested by Dale (in Jones, 1999) as follows:

Heroin has been adopted as a symptom for other social concerns, and as such the heroin crisis enables Australia to continue to support the denial of Aboriginal sovereignty, unemployment and the voices of under-classes (Dale in Jones, 1999:126).

The social impact of regular heroin use on the users, as well as those in treatment, is seen on many levels. For example, stigmatization of people using drugs seems to be world-wide. Swedish researcher Lalander (2003) noted: “Drug users are seen as losers who live a meaningless existence full of irrational decisions” (2003:6). The concept of stigma is supported by Luoma, Twohig, Waltz, Hayes, Roget, Padilla and Fisher (2007) who examined levels of a) perceived stigma (e.g. beliefs), b) enacted stigma (e.g. social discrimination and exclusion) and c) self-stigma (e.g. shame and fear) by means of self-completion questionnaires distributed to persons in treatment at outpatient and in-patient facilities. Being in treatment inherently implies being a drug user at some stage. Their analysis indicated that all three levels of stigma were significantly high and had implications for individuals’ decisions in respect to employment, socializing and relationships. Secrecy was the most frequently encountered means of coping within the environment and people often alienated

themselves. Inevitably, the loneliness and perception of hopelessness have a negative emotional impact on individuals' sense of wellbeing (Seligman, 1975, 1993).

Many heroin users are also caught up in the criminal justice system and gaoled as a consequence of either dealing drugs, or other drug related offences committed to raise cash for their habit. Butler, Levy, Dolan and Kaldor (2003) interviewed a sample of prison population in NSW and found that sixty-four percent of prisoners had used illicit drugs at some time in the past, heroin and cannabis being the most common. Forty four percent of prisoners had been injecting heroin users prior to their imprisonment and approximately half of them had injected while in prison.

A systematic review of literature dealing with delinquency and religiosity was conducted by Johnson, De Li, Larson and Mc Cullough (2000). They argued that many controversial findings are determined by the reviewers' skill and expertise as well as personal biases (2000:33). However, most of the studies reviewed showed that religion had a negative impact on delinquency, and that communities with high church attendance and membership showed an inverse relationship with delinquency, whereas communities with a low church attendance failed to show the inverse relationship. However, this study did not elaborate on the types of delinquency, such as drug related offences.

The reliability of the "gateway" effect in relation to illicit drug use has been often debated and studied. Whilst cannabis is a widely used substance on its own, Aharonovich, Liu, Samet, Nunes, Waxman and Hasin (2005) examined whether its continuous use after an inpatient treatment from other drug (including heroin) dependence increased the occurrence of a relapse in other drugs. Their study indicated that cannabis use was related to relapse in alcohol and cocaine but was unrelated to heroin outcomes. Similarly, the gateway effect hypothesis from licit drugs to illicit drugs among male youth was investigated by Tarter, Vanyukov, Kirisci, Reynolds and Clark (2006). The results indicated that this pattern as a predictor in drug using youths is not invariant and conclusive. However, medical statistics of cannabis abuse show that chronic use of large doses of cannabis on its own is associated with psychotic diagnosis. Also, poly-drug abuse has even a greater effect than cannabis in the

development of psychosis. The term poly-drug use is defined as using a variety of prescription drugs alone or in addition to illicit drugs (Victorian Government, 2005).

Johnson (2005) noted the frequent occurrence of cross-addiction when people on stimulants want to counter the feeling of constantly being high and on edge, and take a sedative substance, such as heroin or pills, to come down. On the other hand, Newport's (2004) clinical findings indicated that substance substitute also occurs when people complete treatment of their preferred drug and as they enter sobriety, they start using another substance, which they consider less harmful. These findings would suggest that a holistic therapy dealing with the body, mind and spirit is likely to be more permanent, as shown in several studies described later in this chapter. This view based on clinical experience is also supported by Dempsey (2006) who claimed that about 40-50% percent of clients experience a relapse during their first year out of residential treatment, suggesting that there is a difference between treatment and recovery for chemical dependency, and that maintenance of recovery requires a multidimensional after-care.

There are a number of health issues related to drug use. Heroin intravenous drug use is associated with depressant effects on the central nervous system. In some cases this could lead to risky behaviours, but in higher doses it can lead to death when vital organs function becomes extremely slowed down and an overdose occurs. There is also a risk of blood borne infections through sharing of infected needles. This includes Hepatitis B and C, and HIV and other diseases. One frequent infection is septicaemia, which is due to the bacterial invasion of the vascular system, when unsterile equipment is used for injecting. Frequent injecting can also contribute to thrombophlebitis and collapsed veins (Hulse, Basso, Wodak in Hulse, White, Gape, 2002:243-245). Many long term injecting drug users experience difficulties with finding a vein close to the skin surface and having a blood test done by a professional nurse is also a frustrating experience for both people.

Describing the lifestyle of "problematic" drug users is a problematic task by itself, as Keane (2002) suggested above. This is because this group of people have also other social roles and a combination of these roles and responsibilities make up their lifestyle. These factors include gender, family/relationships/parental status, hobbies,

vocational or employment status and other roles. All of these roles contribute to personal satisfaction or dissatisfaction and people deal with these issues in different ways. Some people engage in safe behavioural or spiritual distractions and others take licit or illicit drugs to deal with their daily issues. The researcher is reluctant to attempt a depiction of a drug user's lifestyle to avoid this being viewed as a typical example. However, a number of drug users have written about their experiences with drugs (e.g. Faupel, 1991) and how their usage impacted on their individual lifestyle (e.g. broken relationships, loneliness, criminal activity and other).

It should also be noted that heroin users face similar family issues to many other people (Lewis, Dana, Blewins, 1994). The clinical experience of many professionals shows that often the blame is made on heroin when problems arise. Other times heroin use becomes a form of self-medication when existing family difficulties become overwhelming. Examples of literature mentioned earlier in this chapter to attempt answering the question "Why do people become drug dependent?" also relate to various ways of coping (Goleman, 1996). However, literature on this topic is too vast to mention here. Participants of this research present their own family issues in chapter 4 and 5, and these should be viewed only as examples and not as typical family issues of heroin users. Heroin is for some people the drug of choice in the same sense as is any other licit or illicit substance.

It may be a challenging thought to even consider that besides the negative aspects of addiction, there could be also positive by-products arising from the successful struggle with heroin. This was explored by Millen, Howard, Nower and Chung (2001) who found that participants in their study reported an increase in self-efficacy, family closeness, compassion and spirituality, and changes in life priorities. Other researchers report posttraumatic growth or benefits after recovering from the effects of adverse events (Affleck, Tennen, Croog, Levine, 1987; Tedeschi, Park, Calhoun, 1988; Tedeschi, Calhoun, 1996).

Many assessment inventories have been formulated to measure spirituality and some were overviewed by Gorush and Miller (in Miller and Thorensen, 1999), and then these were used to measure the recovery outcome. Using these selected inventories, the National Institute for Healthcare Research in Texas convened a panel on the

relationship of spirituality to mental and physical health, and it was concluded that: “When spirituality and religious involvement has been measured (even poorly), it has with surprising consistency been found to be positively related to health and inversely related to disorders” (in Miller and Thorensen, 1999:11). Gorush and Miller (1999) attempted to categorize various forms of assessing spirituality and designed the Spiritual Health Inventory (SHI) with categories such as clinical interviewing or self-reporting, and also what spirituality means in terms of its practices, beliefs and experiences. Korinek and Arredondo (2004:63) measured the reliability of this Spiritual Health Inventory in their separate study and found that its use may point to spiritual resources that can be used in treatment and recovery.

In order to identify changing behaviours, spiritual practices, cognition and attitudes of successfully recovering AA members, Brown and Peterson (1991) distributed 201 copies of the Brown-Peterson Recovery Progress Inventory and fifty eight of these questionnaires were returned completed. Results suggested that they indicated the participants’ present view but could not be used to predict future recovery. Although it is possible to identify some dimension of spiritual health, Booth (in Korinek, Arrendondo, 2004:57) argues that spirituality cannot be measured, simply because it means a variety of things to different people. Miller (1999) suggested the need to differentiate between assessment and measurement, which might minimize some bias related to interpretation. Howatt (2006) posits that the purpose of these assessments could be of value for clinical benefit only if they facilitate the process, not dominate it, as is the case when hours of valuable clinical time are spent in completing assessment forms. The aim is to be in tune with the client’s level of motivation and to get clients engaged in the plan that meets their needs (Howatt, 2006:.64). It should also be added that any plans need to be flexible to meet the changing needs.

Approaches to treatment of addiction

Some writers use the term treatment and others use the term therapy. For the purpose of this study both terms are to be understood as having the same meaning.

James Prochaska and Carlos Di Climente (1982) are known for designing the theory known as the “Wheel of change for addictions”, consisting of five stages:

Contemplation, Determination, Action, Maintenance and Relapse. With this tool AOD workers can identify the motivational stages of the client and as such it is useful in assessing the readiness for a change. Motivational Interviewing can then use this information for selecting steps leading to a drug free lifestyle and maintaining abstinence or harm minimization, if that is the client's goal (Miller and Rollnick, 1991:15). Strang and Cambridge (2004) researched whether it is possible to predict outcomes in Motivational Interviewing and found that many personal and interpersonal variables influence evaluation of effectiveness of Motivational Interviewing. In practice, it is generally found that any change largely depends on the person's readiness, which also depends on many personal and interpersonal factors.

The following paragraphs relate to question of identity and approaches that stress the need to assess clients within a life context. The notion that users of any substance are a heterogenous group of individuals and must be seen as such, is supported by Lewis, Dana and Blevins (1994) and their clinical experience. They differentiated between use, abuse and addiction, claiming that drugs, even abusable drugs, are not good or bad per se but must be examined in the context of an individual life. However, they warned therapists against placing clients into any of these categories without looking carefully into the client's total life functioning and relationships (1994:2-6). These academics and therapists suggested that approaches to change need to be multidimensional, elaborating on humanistic and behavioural approaches, including interpersonal communication. Nevertheless, as this book was written in the early 1990s, besides AA and NA, spirituality per se is not mentioned.

Just as a person who considers him/herself a smoker will reach for tobacco without much thought, a person who considers him/herself a heroin user, will use heroin as part of his/her lifestyle. In those cases being a "heroin user" or "addict" is an owned aspect of their identity. Self-identity or "identity are constructs that are positioned in time and history" (McLeod, 2001:379). Some aspects of identity are obviously permanent, such as demographics or nationality, but other aspects of identity are temporary and are related to "identifying" with something. An identity of an "addict" (who am I?) can be also seen as a social construct based on assumptions of the relation between identity and practical concerns (Shoemaker, 2007:317). The concept of self-assumed identity can have long-term implications on an individual's

functioning, as was found by Ploughman (2001), who conducted a qualitative study. She suggested that if a person on methadone maintenance treatment (MMT) has no time limit stipulated at the onset of the treatment, he/she can assume “a methadone identity” and a sense of feeling being unable to move away from methadone. Consequently, this maintains the lifestyle limitations, and identity intimately involved with drugs and calls for the development of therapeutic practices that promote other ways of understanding oneself and nurturing well-being. Constructing a new self-identity through a spiritual pathway could be one of the outcomes.

This approach to changing the “addict identity” was used by Margolin and Avants of Yale University (2003) in their training manual, “The Spiritual Self Schema – 3-S”, based on their theoretical and empirical findings. The authors used Buddhist philosophy related to attachments with a cognitive behavioural approach to replace an “addict” identity with a self-schema of Spiritual Being. The proposed study explores the individual concept of spirituality that may constitute inner resources, a new identity possibly being one of them. The concept of identity is also mentioned by Biernacki (1986) who argues that many individuals recovered because they thought of themselves as other than a “junkie or addict”. Further clinical knowledge on the identity in recovery emerged for Maturana and Varela (1980:25) who claim:

Natural recovery occurs during the process of rearrangement of identities and the addiction element becomes de-emphasized in relation to other identities, such as the person stops identifying with drug use or addiction (1980:25).

Ken Wilber’s concept of the relationship between personal and social problems and the current average level of social, cultural and individual development has been explored by Gibbs, Giever and Pober (2000:100) in the context of prison inmates’ rehabilitation (not necessarily related to the addiction). They suggest that:

Wilber’s view is similar to Albert Einstein’s observation that the challenges and problems that emerge at one level of thinking or seeing cannot be solved at that level. At a higher and more inclusive level, problems are reframed, and we see them differently. Whereas before we

were stymied or locked in a conceptual bind, we can now see new possibilities with new eyes. A move to the next level of consciousness will give us new eyes to reframe our current problems (2000:100).

This thought is relevant to many issues people face in their lives, including addiction and the therapy, as well as criminal behaviour. Gibbs et al. (2000) followed up on Wilber's concept of evolution of consciousness, and suggested that including meditative practices in prisons will facilitate the individual growth of inmates' consciousness to see their past actions, and their impact on the society, with a different sense of justness.

In the last decade the inclusion of spiritual concepts into addiction therapy has begun to be seen as a valuable resource and curative factor in recovery (Borman, Dixon, 1998; Green, Fullilove, Fullilove, 1998). Other research also shows that spirituality contributes to long lasting gains after the treatment (Koski-Jannes, Turner, 1999), whilst those who are progressing successfully in recovery apparently show stronger relationship with spirituality than those who relapse (Jarusiewicz, 2000). However, there appears to be different interpretations of spirituality among these writers, ranging from religiosity to non-religious spiritual practices.

Research conducted to date supports the view that spirituality could be seen as a potential resource towards abstinence (Arnold et al., 2002; Margolin and Avants, 2003), while integration of participants' verbalised phenomenological meaning of spirituality in daily life could make a difference for others (Tacey, 2003). Waters (2005) surveyed several studies and suggested that meditative practices can be used to create a mental image of recovery and wellness, whilst therapy can promote growth by assessing and helping clients modify their values.

Research conducted by Arnold, Avants, Margolin and Marcotte (2002) studied opioid dependent patients enrolled in a Methadone Maintenance Treatment (MMT) and had three goals: a) to explore how spirituality is defined by HIV positive drug users; b) to explore any perceived relationship between spirituality and abstinence, harm reduction, and health promotion, and c) to assess interest in spirituality-based

intervention for various aspects of recovery (Arnold, et al., 2002) Their study used both qualitative paradigm for exploration and a quantitative paradigm in the form of questionnaires used to measure the relationships and interaction between factors, which were then analysed using Multivariate Analysis of Variance method. Rated questionnaires were administered to measure Perceived Helpfulness of Spirituality. Arnold et al. (2002) found that many subjects were supportive of integrating spirituality into their treatment. However, the effectiveness was not evaluated.

In contrast with those who emphasize cognitive and phenomenological aspects, Krivanek's (2000) study, based on the Pavlovian conditioning theory, linked the psychological aspect of addiction to a variety of cues that can act as triggers for the conditioned response, which is the expected state of mind for many heroin users. Therefore, operant conditioning is also at work here in the form of expectation of a mental and physical state. Krivanek suggested that "every conditioned stimulus for drug use in the user's life will have to be de-conditioned" (2000:37). Zimbardo (1992:307) also suggested that treatment required a new stimulus to condition a new response. This means that responding to drug cravings with other resources, including spiritual practices, is likely to create a new habit (or conditioned response).

Shamanic and indigenous practices

In response to Levinthal's (2006:38) reference to the shaman as "healer through a combination of trances and plant-based medicines, usually in the context of a local religious rite" and "hallucination producing plants still play a major role in present-day shamanic healing" (2006:38), some objections need to be made. The researcher had personal contact with a Huichol shaman elder and also a brujo in Peruvian Amazons. Whilst local plants are part of the medicinal cabinet, as they are on herbalists' shelves in our country, the majority of them are not hallucinogenic. Mind altering substances are specifically used for ritual purposes (De Rios, 2005:7467-7471). As documented by Castaneda (1968), who trained for many years with a Huichol brujo, to become a shaman, it takes many years of apprenticeship and only those having certain spiritual predisposition can be initiated through a series of rituals. (Shaman Elder, www.castanedacourse.bravehost.com, 2006; www.shamanelder.com, 2006).

Specific shamanic meditative practices have been prescribed (Rioux, 1996) as part of a holistic approach to addiction counselling. These focus on experiencing the “now” moment because it is at that moment when any change becomes possible. Analysing and interpreting are delayed until the answer becomes clear through those meditative practices. Besides Gutierrez Sisneros’ (2002) study examining the effectiveness of using Native American spiritual practices in recovery, other academic research on the effectiveness of the shamanic or Native American approach specifically, appears unavailable. However, from the above description of transpersonal elements, it transpires that many other approaches have drawn on old native holistic practices, which could be philosophically classified under shamanic practices. For example, many shamanic practices call for mindfulness (Castaneda, 1968; Stevens, Stevens, 1988) and so do Buddhist practices (Dalai Lama, 1999). Leigh, Bowen and Marlatt (2005), whose study is described in this chapter under the heading “Links between spirituality and addiction”, agree that mindfulness is often thought to have roots in the Buddhist tradition, but empirical studies on this relationship are difficult to find. For example, the focus on the present moment using mindfulness is also used in a Gestalt paradigm to facilitate the formulation of meaning (Greenberg, Rice & Elliott, 1993). Conscious connection with the essence of the innermost being is also explored through various practices in the Thomson Gale/Omni article on Spirit exercises (author unknown, document No A14384421, 1993).

Altered states of consciousness have also been investigated on the neurological level. Vaitl, Gruzelier, Jamieson, Lehmann, Ott, Sammer, Strehl, Birbaumer, Kotchoubey, Kubler, Miltner, Putz, Strauch, Wackermann and Weiss (2005) concluded that altered states of consciousness can occur spontaneously during daydreaming and sleep, or can be physiologically induced during a high level of physical activity. Altered states of consciousness can be also psychologically induced through relaxation, meditation, hypnosis, sensory deprivation or sensory overload, disease or pharmacologically induced. These states of consciousness are mainly brought about by influencing brain activity along with neurological and metabolic processes (Vaitl et al., 2005). These writers suggested a variety of ways by which altered state of consciousness can occur and their conclusion supported the finding of others that spiritual and also physical

activity practices can become a safer way of coping with everyday life stresses as an alternative to self-medicating with heroin.

Transpersonal approaches

The last three decades have seen the emergence of transpersonal approaches to therapy, which are a convergence of Eastern philosophies and modern science, going beyond (transcending) the personal ego and self. Karl Jung (in Jacobi, 1968) was the first writer to differentiate the soul from the Freudian concept of ego. Employing this epistemology in psychotherapy was surveyed and described by Frager (1989:289-308). He reviewed the three major domains of transpersonal psychology (personal development, consciousness, and spiritual) as he critically juxtaposed the philosophies and practices to the theories of social science. Frager (1989:308) concluded that:

The transpersonal perspective brings to spiritual psychology an understanding that the great mystics and spiritual traditions have tremendous relevance in our exploration of the depths and potentials, within each of us.

This approach is concerned with the study of the highest potential, embracing the First (psychoanalytic), Second (behavioural) and Third (humanistic) Force psychologies leading to understanding, recognition and realization of unitive, spiritual and transcendent states of human consciousness (Lajoie, Shapiro, 1992; Metzner, 1971; Strohl, 1988; Valle, 1989:257-267; Wittine, 1989:269-286). Many studies of holistic or spiritual approaches used in addiction treatment can be seen as falling under the category of transpersonal approaches because their focus is on the person and his/her relationship with the physical, social and spiritual environment, including the meaning of life itself. It is the researcher's understanding that many very old "Native" philosophies and practices, including shamanism, should be included in the epistemology of transpersonal psychology.

Whilst the western theoretical concept of a void is something many people avoid and fear, Eastern approaches view it as a space for creating new meanings. Burke (2005) suggested that it is this open space that facilitates formulation of new meanings and

associated feelings, which are helpful in the clinical approach to recovery from addictions. Other writers and academics have used clinical examples and have discussed positive aspects of the sense of the void in developing a meaningful life (Loy, 1992; Pande, 1983; Tanahashi, 1985; Woodroffe, 2000; Yalom, 1980). This philosophy challenges western philosophies, which tend to encourage the construct of the Self, whilst eastern philosophies deconstruct the sense of Self. Both have many implications for a person's sense of being in their world, fear of death and existential anxiety. Both polarising philosophies are inevitably relevant to a holistic approach to addiction therapy.

Addiction therapy can involve a search for the balance of energy and empowerment on the physical, psychological, social and spiritual dimensions. Wegscheider-Cruse (2006) claimed that reconnecting with personal powers, namely physical, mental, memory, vision, fantasy, emotional, social and spiritual power reignites passion, which comes “from the excitement of having something in making” (2006:67) is important. He claimed that the addition and elimination of missing and/or excessive utilization of any of these forms of energy lead to finding a balance. Based on clinical experience, Wegscheider-Cruse (2006) explained power in terms of energy and suggested that when these powers are balanced, energy and spirit are released. This concept of power is to be understood as a polarity to the struggle for control on the cognitive level.

Importance of cultural awareness

Van Wormer and Davis (2003:13-15) reported that the prevalence of clients seeking counselling for their own or other family members' alcoholism is as high as fifty percent in the USA. However, similar statistics related to heroin users are not available. However, the researcher's clinical experience indicates that only between five and ten percent of methadone clients seek counselling, either brief or long term. Further, their issues are not related to the drug use only and this client group seems to be dealing with similar issues as non-drug using clients bring into their sessions.

Illicit and legal drug use and abuse affects people from all ethnic groups with only a few exceptions. Tilson (2002) notes that until recently, the western health model also

seemed to ignore the cultural diversity of its clients whilst using a “one size fits all” model. He also claimed that it is important to acknowledge that western medicine and its medical model deals with the body and mind whilst it misses the spirit. Tilson (2002) explained how his theory relates to the Australian indigenous community: “The unique problems of the Aboriginal community are problems that are rooted in a history of poverty, racism and poor access to health care” (2002:13). Intrinsically, drug treatment approaches that seemed to work for the white population, are inadequate for the Australian indigenous community.

Phillips (2003) investigated aspects of substance abuse and addiction in Aboriginal communities in Australia. In his view addiction is related to unresolved traumatic episodes and historical and structural influences and their effect on people’s quality of life. He believed that culture and spirituality need to be part of the healing process and some activities, such as hunting and fishing not only supply food but also are relaxing and relieve stress. Then, “Culturally, it is perceived that being on the land promotes physical, emotional, spiritual and mental sustenance” (Phillips, 2003:102).

In Australia, the history of genocide of indigenous cultural and spiritual beliefs and practices is now general knowledge. However, as culture and spirit belong to the “collective unconscious” (Jungian concept in Jacobi, 1968), the researcher understands that cultural and spiritual connections could not be eradicated by any legislative forces introduced in Australian history over past two centuries. Therefore, residential programs for Australia’s indigenous population were established only in the 1970s as separate from Aboriginal Medical Services and independent of State drug and alcohol units. Through the lack of cultural and historical understanding these programs were poorly structured to meet recipients’ needs because these programs are often based on the experiences of treatments for the white population, rather than drawing on indigenous cultural values (Brady, 2002). Bowers (2004) referred to potential risks of the mainstream “Monopoly” approach if individual and cultural values of people in therapy are not taken into consideration. In the same vein, there is an indication that “medical students responsible for treating substance abuse are significantly less religiously and spiritually oriented than the patients they treat”, as it emerged from a study of medical students (Goldfarb, Galanter, McDowell, Lifshutz, Dermatis, 1996:549).

In America the native traditions and spirituality were initially silenced as “The war on Indians was also one on the spirit when early European missionaries sought to supplant spiritual practices, and rituals were washed away by Christian evangelists (Ringwald, 2002:85). The history of faith-based recovery from addictions began with the rise of several Native American abstinence-based religious and cultural movements in the 18th and 19th centuries and their aim was rejection of alcohol and a return to native tribal traditions as a framework for personal recovery and cultural survival (Coyhis, White in White, 2005). Gutierrez Sisneros (2002) did a pilot study in a Native American community, measuring the effects of daily spiritual experience on relapse rates in recovering heroin users who had quit heroin without methadone treatment, and found that only 26 percent had a relapse.

Relationship between spirituality and drug taking

De Rios (2005:7467-7471) provides an anthropological account of psychedelic drug taking customs for spiritual rituals in The Americas, Africa and Australia. It appears that in those collectivist societies all drug ingestion was a group experience, yet no links to addiction were mentioned. So, where is the line between these concepts? Are addictions as common in collectivist societies as they are in individualistic societies? It is general knowledge that African indigenous religions along with Christianity and Judaism use wine as a ritual element whilst others, such as Islam, proscribe it. The answers to these questions appear as remote as is the answer to the question, “Why do some people use the same type of wine for sacramental purposes as for simply getting drunk?”

Adlaf and Smart (1985) theorise that non-religiosity can be seen as a risk factor for drug taking behaviour. This thought was contested by many others, some of whom were well known academics, such as Timothy Leary, Richard Alpert, Ralph Metzner and others (Saunders, Saunders, Pauli, 2000; Smith, Grob, Jesse, Bravo, 2004). Their view is that if the drug induced altered state of mind is used mindfully, it can lead to a spiritual transformation (Leary, Metzner, Alpert, 1966). Bearing in mind that some “religions” such as native American culture and Polynesian prescribe ingestion of alcohol and other drugs during spiritual rituals (Castaneda, 1968, 1998; Flam, 2003;

Miller, 1998), the experiment conducted by Leary et al.(1966) appears to replicate the process. Their experiment with controls was conducted back in 1962, where a group of divinity students ingested either psilocybin or a placebo on a Good Friday, and eight out of nine who took the drug reported having the most profound spiritual experience and divine inspiration of their lives (Bowden, 2006; Flam, 2003). However, others have argued that persons who are mindfully aware and open to experiences can have a spiritual and healing experience also through a spontaneous meditative visualization without the use of drugs (Allende, 2005; Bach, 1988; Redfield, 1997,1999).

The literature reviewed seems to suggest that religion or spirituality have the potential to either contribute to addiction or protect against it. Gorus (in Miller and William, 1999) suggests a challenging idea that those with a “more punitive concept of God may be at a higher risk for developing problems with alcohol and other drugs” (1999:79). Koenig (2001) explains this idea further and posits that religion can be used to justify hatred, aggression, prejudice and rigid thinking to gain power and control over others. On the other hand, religion can be a source of comfort and Pargament (1997) suggests that “Without the gods people are left to fend for themselves but with gods they can take comfort” (1997:49). He quotes a call for help, “Dear God, help me to get up, I can fall down by myself” (1997:132). However, Pargament (2001) also posits that some forms of spiritual coping may be even harmful in that some people could be handing over their responsibility to God or feeling punished by God without recognizing their own share of responsibility for an event when people become unquestioning followers of some practices or ideologies. However, Pargament (2001) notes that spiritual coping is also culturally sensitive. Consequently, inability or unwillingness to understand that the environment is responding to people’s actions as much as people are responding to their environment, can make some people feel that they are being victimized.

Further on the topic of religious teachings and practices, Father Leo Booth noted, “I realized that much of the traditional religious and inspirational literature sows the seeds of powerlessness and co-dependency” (Booth, 1995:11) and that a new understanding of spirituality relates to the relationship between body, mind and

emotions. Addictions are symptoms of a broken relationship within self, which needs to be reclaimed during the recovery process (Booth, 1995).

Similarly, in the context of discussing religions or spiritual activities without appropriate philosophical guidance and understanding, Kornfield (1998) and Welwood (2000) suggest that many people in therapy may not be helped in the big areas of their lives by meditation and spiritual practices alone. These writers agreed that when dealing with deep-seated issues, some people take on spiritual practices before the therapy and others after the therapy. However, it is suggested that both therapy and spiritual practices complement each other rather than replace one another.

The concept of mindfulness has been receiving an increased amount of attention in the therapeutic community during the last decade. But what is mindfulness? May and O'Donovan (2007) define it as follows:

Mindfulness is a particular purposeful way of being attentive to internal states of feelings and thoughts, and external states of the environment and behaviours, from one moment to the next, and holding this awareness with an attitude of acceptance . (2007:48)

Mindfulness in the therapeutic context encourages people to be aware of various aspects of their problem and several theoretical paradigms draw on the concept of mindfulness meditative practices and Cognitive-Behavioural Therapy combined together (Hayes, Strosahl, Wilson, 2003). Leigh, Bowen and Marlatt (2005) tested the reliability and validity of the Freiburg Mindfulness Inventory (Buchheld, Grossman, Walach, 2002) and investigated the relationship between mindfulness and spirituality, also the relationship between mindfulness and alcohol/tobacco use in a college population. They suggested that although spirituality and mindfulness may be separate constructs, that as spirituality/mindfulness increases, the use of substances decreases. Their interpretation of mindfulness includes a non-judgmental acceptance of present-moment experience, and spirituality tends to be linked with a form of a meditative practice that buffers adverse effects of stress on negative affect and physical symptoms. But they question whether heightened sensitivity arising from mindfulness could be a risk factor if a person can become oversensitive and unable to

cope with their feeling (Leight et al., 2005). Being mindful and aware of one's own thinking process, such as the "negative voice in my head", has been explored as a clinical phenomenon by Firestone and Catlett (2004). Many people are generally unaware of how much these thoughts are dictating their lives. Various techniques of voice therapy are suggested by Firestone and Catlett (2004:49) to separate the client's own point of view from their internal voice.

Methadone programs

A brief review of studies on methadone in relation to recovery from drug dependence is warranted here as methadone inevitably forms part of all participants' profiles in this study. Although I am not studying the efficacy of methadone per se, its role in physiological and psychological dependence on heroin is briefly described below.

A team of medical professionals at the Rockefeller Hospital in early 1964 initiated a formulation of an opiate-agonist pharmacological formula and laid down the groundwork for the methadone maintenance program (Kreek, Zhon, Schlussman, 2004) for the treatment of heroin addiction. Several studies showed that people who voluntarily remained in treatment were reported as having 50-80% successful recovery after one year, whilst 5-30% continued with intermittent use of heroin (Kreek et al., 2004).

For many years it was generally believed that methadone alone would help people to overcome addiction as addictive behaviour could be controlled by reason and free will (Barber, 1995). It is now an accepted knowledge that addiction has both physical and psychological dimensions (Krivanek, 2000), although the majority of people on the Methadone Maintenance Treatment (MMT) do not receive or seek any psychological support (my clinical observation).

Many studies examined the outcomes of Methadone Maintenance Treatment and it appears that it is a proven chemical substitute for heroin. It is available at low cost and reduces drug use and related criminal and health-risking behaviours, such as the incidence of Hepatitis C and HIV among Intravenous Drug Users (IDU). Australia is one of a few countries providing MMT in prisons and there is strong evidence that

this treatment reduces drug use in prisons as well as the transmission of blood- borne infections (Dolan, Shearer, White, Wodak, 2002). Treatment conclusions and recommendations for opioid dependence in general are closely outlined in the publication by the Australian Government Monograph Series called the National Drug Strategy (1993).

Available literature and the researcher's personal contact with other professionals in the field of AOD in the United States reveals that counselling is commonly available in methadone clinics, as this is viewed as promoting holistic efficacy of the treatment (Sigmon, Stitzer, 2005). However, the cost of methadone treatment in the USA appears to be higher than in Australia, and counselling support is generally available only in Public NSW Health funded clinics and not in private clinics. Private clinics do not receive specific government funding for counselling services. This knowledge is available to me because I have been actively lobbying to obtain funding for a clinic where I was a visiting counsellor.

Other pharmaceutical treatments

There are also other pharmaceutical products that people are administered when they decide to stop using heroin. One of them is buprenorphine and it is used in two ways: as a short detoxification treatment in higher doses to reduce heroin withdrawal symptoms or in lower doses for people who do not tolerate methadone well. Buprenorphine blocks the effects of opiate agonists like heroin (Umbricht, Huestis, Cone, Preston, 2004). Assadi, Hafezi, Mokri, Razzaghi and Ghaeli (2004) reported in their study that the 24 hours detoxification method brings on the maximum withdrawal symptoms earlier, thus speeding up the detoxification process, as compared to the control group on a longer time period.

Rapid detoxification has been developed by administration of clonidine, which is a drug ordinarily used to treat high blood pressure. Naloxone is often administered at the same time to speed up the process of heroin withdrawal by altering the activity of norepinephrine neurons within as little as six hours. However, Levinthal (2006:107) argues that whilst the rapid detoxification deals with the short-term effects of heroin

withdrawal, the long-term effects of heroin cravings necessitates a long term solution, such as methadone treatment.

Other attempts to formulate alternative treatments have been reported by the British biotechnology firm XENOVA, whose scientists developed a vaccine for cocaine dependent persons and intend to develop a vaccine for heroin. Their trials over a 12 week period showed that 58% of patients have been cocaine free. The “vaccine works by alerting the immune system to the presence of cocaine molecules in the blood. The vaccine stimulates the production of antibodies that bind to the cocaine molecules, making them too big to cross the blood-brain barrier” (Mansell, 2004).

Another pharmaceutical product that is helpful to some people is naltrexone. The product information brochure suggests that naltrexone is “a pure opioid antagonist and it markedly attenuates or completely blocks, reversibly, the subjective effects of all opioids” (Bristol-Myer Squibb Co.,2002). Naltrexone is also used for alcohol dependence. When it is administered, intravenously or subcutaneously, the expected ‘high’ sought after by heroin users, does not occur. Whilst subcutaneous naltrexone patches work well for some people to stop using heroin, others stop the naltrexone treatment. In clinical practice we often hear clients stating that they derive a good feeling not only from the heroin itself but that they view the whole process as a special ritual, consisting of preparation of spoons, needles etc. before the actual injecting.

The researcher searched the website for detoxification centres and found the website of Dr. David Arneson (2006), who runs a methadone and opiates detoxification centre in California. Large doses of vitamins and minerals are used to detoxify the body by elimination of toxins through the body fluids. A similar method has been used by Narconon and they claim that: “The Narconon program uses low-heat sauna, vitamins, nutrition and exercise to cleanse the body of drugs and other toxic substances. This eliminates cravings and can handle the desire to take drugs in the future” (Narconon, 2007). Emotional aspects of methadone withdrawals that were often reported by clients who were decreasing their doses were questioned with Dr. Arneson, who offered a very detailed description of relevant dopamine/norepinephrine/serotonin interaction with brain structures, which explained the

emotional vulnerability. He also suggested that “all is not in the mental sphere, it is at the heart level” (Arneson, 2006 personal email).

Group approaches to treatment

The philosophy of Alcoholics Anonymous (AA) has changed significantly over the years since its formation in the mid 1930s by Bill Wilson and Dr Bob Smith, who described themselves as being on a path of recovery. Its founders held that addiction is an illness of the body, mind and soul (Morgan in Morgan and Jordan, 1999:9-10). The spiritual aspects of this approach received increasing attention a decade later. Tiebout (1961) held that:

A conversion occurs when the individual hits bottom, surrenders and thereby has his ego reduced. His salvation lies in keeping that ego reduced, in staying humble (1961:65).

Brown’s (in Morgan and Jordan, 1999) research into alcoholism and addiction laid out a developmental model of recovery, in which she described the ongoing recovery of an individual as a “new identity”. This resulted in a change between being “dry” and “sober” and Brown stated:

Through altering their identity, working the twelve steps and developing a personal concept of a Higher Power, individuals dramatically alter their attitudes, beliefs, values and thus their interpretation of themselves and others (in Morgan and Jordan, 1999:15-16).

For some people in Alcoholics Anonymous groups, it is the prayer itself that can lead an individual to better mental health. For others it is the communal support provided by the attendees of worship services and prayer can be seen as a connection with whatever source a person believes in. The AA 12 steps emphasise an involvement and interdependence within a community that helps to combat the isolation of addiction (Nowinski, Baker, Carroll, 1995). The focus is on the involvement in a community of peers that helps to combat the isolation of addiction, so often brought up by clients in

counselling (Peteet, 1995). Helping other AA members is seen as an essential component of one's own recovery and individual activities differ over the course of time (Zemore, Kaskutas, 2004). However, leaders in some 12 step groups construe their "higher power" more narrowly and thus may exert pressure on others to define higher power similarly (Bristow-Braitman, 1995).

To avoid a narrow interpretation of the 12 step programs, Okundaye, Smith and Lawrence-Webb (2001) called on social workers to increase their own understanding of the recovery and spiritual issues of drug addicts. While addicted people are encouraged to view themselves as powerless over their drug of choice, empowerment needs to be built by discovering and using the resources and tools within and around them through positive relationships with others. The concept of "higher power" can be interpreted as referring to anything or any person, as no one can be made to adopt a certain religious belief (Cheydleur, 1995). Abbott, Ronsheim, Xander (2005), view the "faith community" as providing support, referrals and intervention to affected families and children, who need to hear messages of hope from outside the family.

Narcotics Anonymous (NA) groups operate within the same philosophy as AA and many will not accept persons on a methadone program as methadone is seen as another drug. Therefore, persons on a methadone program perceive themselves as having very little support. Methadone Anonymous groups with adapted 12 steps have been formulated in the United States and details can be accessed on www.methadonesupport.org and also www.afirmfwe.org and <http://methadoneanonymous.org>. However, little is known about personal experiences of these groups.

Some individuals feel disempowered by the philosophy of 12 steps and subsequently alternative steps were developed, such as Kasl's 16 steps of empowerment (Kasl in Morgan and Jordan, 1999). She incorporated her own understanding of spirituality, which included the Quaker philosophy:

Spirituality was both a mystical experience and a practical earthly, daily way of living that included compassion, kindness, simplicity, truth, giving to others and learning to love oneself and others more deeply (1999:116).

My own experience of contacting several AA groups and leaving a brochure describing my clinical practice and offering addiction counselling was dispiriting. Threatening messages were left on my telephone answering machine, such as “Leave us alone or you may come to harm”; “If you contact us again you’re creating a bad karma for yourself”; and “Stay out of our way, piss off”. However, as a clinician, it is my clients’ experience of AA that matters, and indeed, several individuals had positive outcomes from working through some of the steps during their inpatient rehabilitation and had an extended period of being drug free.

Benefits of group approaches

There are several benefits for group therapy, and beside the positive outcome of interaction and sharing, group therapy is generally seen as an economical method of delivering various forms of treatment as opposed to one-to-one sessions, and it has been widely used in many areas. Benson (2006), a cardiologist, comments on positive physiological responses of relaxation and meditation groups introduced as part of treatment for high blood pressure. Having studied various religious and spiritual practices, Benson noticed through his clinical experience that the physiological outcome of these spiritual practices is comparable to the medication that was given to his patients. It is encouraging to read that alternative practices are finding a pathway also into medical treatment.

Having mentioned earlier the limitations of programs for Australian indigenous population, it appears that in the USA programs for indigenous Americans use a different approach. They involve a group activity that utilizes Indian strengths, values and beliefs to promote healthy behaviour and reduce the harm associated with drugs. These programs must be culturally congruent with the urban community and principles in order to be effective. Prevention strategies need to involve the whole community (Hawkins, Cumins, Marlatt, 2004).

Kosterman, Hawkins, Abbott, Hill, Herrenkohl, Catalano (2005:21) studied measures of positive adult behaviour and their relationship to crime and substance abuse. They found that close interpersonal connection contributed to positive functioning together

with constructive engagement, financial responsibility and honesty. Gordon (2002:1-12) reviewed several studies on the impact of communal spirituality and suggests that, “Some critics argue that it is not the prayer itself that leads to better mental health, but that people who attend worship services find communal support and a sense of connection that bolsters well being” (2002:1). However, a review of attendees of groups shows that there appears to be a gender difference in the practice of interpersonal connections, particularly in therapeutic groups. This may be due to organisational factors, such as more facilities being run for women than for men. Women’s greater engagement could also be due to emotional/ personality factors or socialisation (Marsh, Cao, D’Aunno, 2004).

Evaluation of the therapeutic effectiveness of Cognitive Behavioural Therapy (CBT), also found that those attending group therapy reported a higher trend toward the reduction of drug use than the control group of those not attending a group (Scherbaum, Kluwig, Specka, Krause, Merget, Finkbeiner, Gastpar, 2005). Whilst CBT does not generally deal with spirituality per se, it aims to change a person’s feelings through a modification of the thinking patterns and processes, and this could include a spiritual dimension.

Small (2006:59) claimed benefits of therapeutic groups for women: “The merging of psychological health and our innate spirituality is the key to living beyond soul loss and addiction”. Based on clinical experience, this writer sees soul loss as a spiritual ailment that can lead to addiction to fill the emptiness. This writer suggested several therapeutic steps formulated specifically for women in therapy, both group and individual.

Neff, Shorkey and Windsor (2006) conducted an empirical study of differences in approaches and structure between faith-based and traditional substance residential treatments. It appeared that both approaches shared elements of ‘social process’, such as group cohesion and role modelling. Faith-based programs have added a layer of spiritual/biblical content to the structure and discipline. The actual outcomes of these treatments were not investigated.

Conclusion

This chapter has explored various views on addiction and therapeutic approaches to treating them, including the potential of using spiritual approaches, written from both research practice, and theoretical perspectives. The reviewed literature suggests that many studies have used self-completion questionnaires or interviews from which the data were analysed using quantitative methods. This means that results showed either significant or insignificant support of an hypothesized idea that spirituality can be a useful resource for recovery from addiction. Literature about clinical experience offered more about the way particular ideas or techniques could be usefully implemented in a therapeutic practice. However, these suggestions were written by the clinicians and explained from their perspective. Only a few studies used a qualitative paradigm, which explored different aspects of the lived experience of the struggle with addiction. However, most of these studies failed to indicate the specific ways that a form of spiritual practice could be implemented in the life of a recovering individual. What the present study is seeking to find is the perspective of those who are in treatment or therapy, and what spirituality and spiritual practices mean to them within their personal philosophy and the view of the world and their potential for helping them become drug free.

Chapter 3

Methodology

Introduction

Chapter 2 presented a literature review relating to approaches to addiction treatment, including those with a spiritual dimension, research in health and addiction, spirituality and meaning. There is a body of literature to suggest that some form of spiritual practice supported by values and a philosophical stance, is helpful in recovery from addiction. This chapter will argue that a phenomenological, narrative approach is appropriate for this research because of its focus on the lived experience of people on a methadone program, especially in the area of spirituality. The chapter will then proceed to describe how the research was carried out, and will address the following: selection and recruitment of participants, data collection and analysis. Ethical issues and steps taken to minimize potential problems are also discussed.

Choice of a phenomenological, narrative paradigm

While the literature review suggests that some forms of spirituality might be helpful in recovery from addiction, little qualitative research has been done to see how spiritual practice and beliefs can be helpful in the experience of those battling with addiction. This research seeks to explore the lived experience of the participants in relation to drugs and spirituality and to obtain some indications of the potential helpfulness of spiritual beliefs and practices in battling with addiction.

Having no specific expectations for the outcome, such as strength of variables and their relationship (Tiley, 1996), a qualitative paradigm seemed to be the most suitable approach to the exploration of unexplored areas. This was enabled by the use of a narrative phenomenological paradigm to collect data by inviting participants to a free flowing narration to describe their lived experience (McLeod, 2001), using broad questions with minimal prompts.

A narrative approach to the collection and analysis of data is relevant to the research about spirituality. A constructivist approach to narrative argues that people make meaning through the narratives they tell, and narrative analysis was chosen to do justice to the meaning within the context of narratives. I went about this by employing an analytical induction method (Minichiello, Sullivan, Greenwood, Axford, 2004), which allowed for the collection of data within a reflective constructivist model. This means that the researcher's meaning-making (hermeneutics) is being drawn upon in all stages of the research process, from the formulation of probes to questions during interviews to the construction of the meaning of the narratives during analysis (McLeod, 2001:182). Thus the researcher holds no assumption about the existence of an external reality arising from the narratives as language tends to be ambiguous and subject to the researcher's understanding and interpretation. Rather the participants' narratives or story lines are seen to be the participants' interpretation of their lived experience. In presenting these narratives the researcher's own interpretation (hermeneutics), gained through personal engagement in the phenomena of interest (McLeod, 2001:182), will also shape these narratives.

The social construction of narratives is another important dimension of this process. People do not construct their narratives in a vacuum but draw on explanations available to them through the messages they have internalised from their families as well as the wider social and cultural context (Chase, 2005:657).

Sampling and recruitment

A suitable way of recruiting the participants was considered in terms of availability, time and safety. Given limitations of access to potential participants, limited

theoretical sampling was combined with a convenience sample design as the most suitable for this study (Schofield, Jamieson, 1999; Schofield in Minichiello et al., 2004). Since theoretical sampling was comprised of participants who were over 18 years of age and currently on a methadone maintenance program, elements of an ethnographic sampling method also applied (Grbich in Minichiello et al., 2004). The ethnographic context acknowledges the social and cultural experience of the Australian, urban and substance abuse subcultures of the sample. In addition, the subculture includes those who were on a methadone program. Methadone is believed to take care of the physical aspect of addiction. Some writers use the term “methadone maintenance program” (MMP) and others use the term “methadone maintenance treatment” (MMT) or “methadone program”. These terms all represent an identical service. This variable, being “on a methadone program”, was the primary factor in recruiting participants using theoretical sampling (Schofield, Jamieson, 1999; Schofield in Minichiello et al., 2004).

The main advantage of using the combined theoretical and convenience sample design was the safety issue for the researcher, as recruiting individuals off the street was seen as an unsafe option. Other reasons included costs, time and accessibility (Newman, 1997; Schofield in Minichiello, 2004). The researcher was a visiting counsellor at the methadone clinic and all participants were clients of the clinic (but not the researcher’s clients) and, consequently easy to locate. There was an assumption that this factor could also be facilitating a minimal level of trust by potential participants that was needed to make people comfortable talking about sensitive issues in their lives. It was also hoped that building rapport would be facilitated by a sense of familiarity created by the researcher’s long-term presence over past years, particularly as there was no monetary reward offered, in order to avoid any biased participation solely for monetary gain. Participants generally visit the clinic to get dosed daily or several times per week and, therefore, did not incur any extra costs to come to the interview. Consequently, it was expected that only genuinely interested people, who were willing to share their story, would be taking part in this study. This expectation was correct as evidenced by the number of persons who proceeded with the interview as described below.

It is important to bear in mind that clients of methadone clinics in many cases have dual diagnoses (drug dependence and mental health). However, none of the participants specifically identified with a long term mental illness, but many had mentioned episodes of anxiety and/or depression and traumatic events in their lives. It is also known that general mental health may be affected by long term drug abuse (DSM-IV-TR, 2000), as well as that people self-medicate by drugs of their choice.

Having decided on sampling methods, recruitment proceeded as follows. When the Approval No HE05/122 (with a 12 months validity) was received on 3/8/2005 from the UNE Ethics Committee, a large sign (Appendix C) was displayed in the dosing area of the clinic where participants were recruited. This sign invited people to participate in a study exploring the concept of spirituality and how people on a methadone program use it in their everyday life. Interested people were asked to leave their phone number at the reception in an envelope addressed to the researcher, and the researcher contacted them. Over a period of four months, in total there were fourteen people interested and contacted. Those willing to proceed were given the Information Sheet (Appendix B), which described the process and aims of the study, including the advice that the interview would be audio-taped and confidentiality specifics were given. However, when people were advised that there was no reward offered for participating in the study, six people changed their minds and declined to participate. Interview dates were very promptly arranged with participants after they decided to proceed.

All participants had two things in common: a) all were presently on a methadone maintenance program and b) all had used heroin at some stage in their lives, either in the past or were still using it in the present. A few participants who were still using heroin described their experience of the struggle with the addiction. Others had stopped using heroin but became addicted to methadone and some of them remained on methadone for many years because of their fear of relapse. Only two participants reported being on their way to successfully exit the Methadone program by remaining long-term drug free and reducing their doses.

Individuals who successfully completed the interview consisted of six females aged between twenty-five and forty-eight years, and two males in their early forties. Many counsellors report a similar ratio between female and male clients, which could shed some light on possible “reluctance” shared by many males towards any psychological encounters. Another factor is that there are many involuntary clients on a methadone program who are taking counselling because they have been ordered to do so by the court (researcher’s clinical information). However, whatever the suggested explanation for this gender balance, it is irrelevant to this study. Half of the participants were working full or part time, and this ratio of employment activity is similar for clients in many private methadone clinics as anecdotally reported by the staff or prescribing medical doctors. It is also possible that some of those working might have been interested in participation but were unavailable for the interview during working hours. However, the impact of this possibility on the collectable data is unknown.

This relatively high percentage of clients (and potential participants) in the workforce attending a private methadone clinic is due to the following factors. There is a critical shortage of places in NSW Health treatment establishments providing free methadone treatment and it has two consequences. Firstly, people who are working are encouraged to seek treatment in private methadone clinics for a fee of around \$50 per week for the methadone dosing. Secondly, due to this shortage of available spaces in NSW Health free-treatment establishments, many people who are not employed must seek treatment in private methadone clinics.

Keeping the above in mind, who were the participants in this study and what motivated them to be involved with the interview? Some people stated clearly that they hoped their experience could help someone else, others were quite unsure and apparently hoped that through the “right” questions, their answers would become clearer to themselves. Another group of participants appeared to need validation for their unique experiences or views.

In the recruitment process and the gathering of data there were also some challenging moments to consider. A recent clinical encounter with a client came to my mind and as I describe it here, it shows how important trust and rapport are, and that it can take

many months to build. Towards the end of a session, which brought up some very painful and degrading memories of the time this client spent in an infamous Boystown school, he told me that he had spent half of his life in gaol, where he had been told “not to do it” but he had learned nothing else about a productive lifestyle. This man’s social reality and his view of himself and the world as an unfriendly place, seem to have been relationally constructed and influenced by the environment he was surrounded by in his early years and at present (Gergen & Gergen, 1986; Gergen, 2003).

So, if this is how a client thinks about counsellors who aim to limit self-disclosure, I wonder whether research participants think in a similar way after telling their stories to me as a researcher. Building necessary trust to talk about sensitive issues takes a lot more than the interview hour. On occasions I found myself drifting off the topic, missing out on putting forward important probes, whilst attempting to maintain rapport by making empathic reflections.

Besides trust and deeper rapport, another difficulty experienced by the researcher was the frequent non-attendance at agreed times for the interview. On many occasions it was necessary to make another appointment two or three times before the participant actually arrived for the appointment. However, this also occurs in clinical practice in Alcohol and Other Drugs (AOD) field where thirty to forty percent of clients fail to attend their sessions without any prior cancellation. There are strong grounds to believe that the low response and change of mind by potential participants was due to another study being simultaneously advertised at the clinic with a reward of \$50 to each participant. Offering such a financial incentive contravenes ethical guidelines for research at the University of New England.

Ethical issues

An application with the Human Resources Ethics Committee (HREC) of University of New England (UNE) was lodged in February 2005 and the following appendices formed part of it:

- A - Approval by the clinic
- B - Information sheet for participants

C - The sign “Research Participants Wanted”

D - Informed Consent

Copies of these appendices are attached.

Before lodging an application with the Human Research Ethics Committee (HREC) of University of New England (UNE), a letter was sent to the CEO of Clinic 36 in Sydney, where recruitment and interviews were to take place. The letter asked for permission to recruit the participants amongst the clinic’s clients and to use the regular counselling room for interviewing. As the researcher has been providing counselling services at this clinic one day per week over the past six years, it was also stated that participants would not be clients who currently or in the past accessed counselling services from the researcher. Assurance of confidentiality and procedures for maintaining it were stipulated. When signed approval was obtained, it was appended to the application addressed to HREC of UNE.

To maintain confidentiality, all participants were assigned a pseudonym and much identifying information was masked. Only the researcher would know the true identity. Any participant wishing to obtain a copy of the recording would receive it. Transcripts of the audio tapes were made by the researcher. It was undertaken that both tapes and transcripts would be stored at the researcher’s office for five years and then destroyed.

The ethics application required that the Information Sheet should list three sources of counselling services that participants could call in case of distress. This external source was supplied because it was required that participants to this study should not be any of researcher’s past, present or future clients in order to avoid any potential bias or dual relationships.

Collection of data

The raw data consists of narratives gained from participants in in-depth interviews. To guide this process, an in-depth interview technique was used to elicit personal narratives around the research question (Minichiello, Aroni, Timewell, Alexander, 2000). The narrative material collected by interviews was analysed using

phenomenological theory and thematic analyses to understand and record participants' experiences, meanings, feelings and their understanding from their world view (Andrews, Sullivan, Minichiello in Minichiello et al., 2004). Many of the narratives reveal parts of the participants' lives that affected their drug use or stopping drug use, as well as life factors that influenced the development of spirituality in some way. An interpretive approach was used to understand the impact of those life experiences on the present (Denzin, 1989; Sartre, 1963).

Employing an inductive approach (Creswell 1994) in the semi-structured interviews seemed to be the most appropriate approach to utilize for exploring the phenomenon of spirituality (Beanland, Schneider, LoBiondo-Wood & Haber, 1999). Hence, to operationalise this concept, a semi-structured form of interview gives the necessary flexibility in order to embrace the diversity of perceptions and meanings expressed in the corresponding narratives.

Nevertheless, as this was a qualitative unfolding study (Punch, 2000), details of the design for both collection of data and analysis required flexibility as the participants' phenomenological personal construction of spiritual life brings many different interpretations and meanings. It should be noted that definitions of terms encountered in this study are also flexible as it would be unreasonable to anticipate any common narratives on a topic so personal as spirituality. It is at an exploratory stage that this study is located and both data and the analysis reflect this exploratory nature.

The impact of the location of the interviews in a clinical environment needs to be considered. Firstly, as these interviews were conducted by an interviewer who is known to be a counsellor, some participants might have connected their involvement in this study and description of their experiences with the recovery process. Secondly, the location within a methadone clinic may have impacted on the self-selection of participants and the issues they discussed. Inherently, these circumstances could be seen as facilitating as well as contributing to limitations of collected data.

Interview process

The Consent Form was given to each participant on the day of the interview to read and sign to show their agreement with the provisions. The first provision was that the agreement to participate in the research was voluntary and that adequate information about its purpose was received. The second provision stipulated that the interview would be audio-taped and the participant could withdraw at any time. The third provision informed them that the research data for the study might be published, ensuring that the name and other potentially identifying information was not used. All participants were reminded that all the information arising from their narratives would remain strictly confidential. All participants agreed to all of these provisions. The duration of six interviews was between 55-65 minutes each and two interviews were taken over 75 and 95 minutes respectively.

No other materials besides stationery, audio tapes and batteries were used to collect the data. Consequently, the cost of this research was minimal. The major cost involved at the end was the fee paid to the editor for editing the written work.

A small tape recorder and a microphone were used unobtrusively but placed in a visible position. All participants (eight) completed the interview and when asked at the end if the interview raised any issues causing discomfort, the answers were negative. That is, no distress was reported by participants as a result of telling their stories.

Some participants were more concise than others in their descriptions and felt that they expressed their thoughts, experiences and feelings adequately by the end of their interview. Also the interviewer felt that there was enough data to work with. On two occasions, participants needed more time to tell their stories and their focus and interest became exhausted by the end of the hour, before the interviewer was satisfied that she had sufficient data to work with. Two of the participants had a lot of experiences to narrate and the hour was not long enough. Consequently, one interview lasted 75 minutes another lasted 95 minutes over two sessions. In one case it became necessary to ask for another brief follow-up interview to clarify some answers or questions. For this participant the follow up interview brought an awareness that she

was actually less attuned with herself than she thought she was during the first interview. She considered the follow-up interview as a reminder to herself that she was slipping off the path she walked shortly before she did the interview. The time between the two interviews allowed for some insights to emerge for her but it is unknown whether this participant actually followed them through at a later time.

The interviewer took notes only minimally in order to avoid getting distracted from following the participant's thoughts and asking appropriate clarifying questions as needed. Prompts were used to encourage the participant's elaboration on a topic. On some occasions, participants were challenged to examine some of their beliefs. Also when their narrative drifted from themselves to "they" mode, talking about others, a gentle invitation was made to tell about their thoughts and experiences.

As the interview questions were flexible and interviews were semi-structured, the atmosphere in the room was relaxed. Adequate rapport with participants was established promptly and at times both the participant and the researcher "slipped into the therapy mode". This was reflected by the type of data revealed by a participant and the type of verbal response by the researcher. When my supervisors pointed out this matter after reading the first transcript, care was taken to minimize its recurrence. It was often difficult to let the participant narrate freely his or her experiences and at the same time to collect data that were truly relevant to this study.

Interview questions

The foundation for the use of open-ended questions for collecting the narrative data in this study has its origins in the in-depth interviewing method described in detail in Minichiello et al (2000). The idea of open-ended questions does not follow any theoretical framework but is about discovering the participants' meaning making. This is similar to the way open ended questions are used in counselling practice to encourage more thought and feelings to emerge (Corey, 1996; McLeod, 2001), rather than following the counsellor's or researcher's agenda.

Whilst spirituality is one of the main topics in this study, the semi-structured interviews (Appendix E) took the form of an inductive approach to collecting and analysing data (Gerber, Moyle in Minichiello et al., 2004:39). Interview questions were focused on spirituality and invited participants to discuss this within the context of their life experience. For the first two interviews, following version of questions was presented to the participants to initiate their telling the story:

1. What has led you to volunteer for this interview?
2. What are some memorable experiences in your life?
3. Tell me about your spirituality.
4. Further questions dealt with probes and clarification of issues, such as narratives about participant's drug dependence and meaning or links with their spirituality.

The semi structured questions also explored spirituality in the family of origin, which could be seen as a formative environment for the social construction of spirituality. People's experiences of individual social construction (Gergen, 2003) are explored in chapter 4, which deals with themes emerging from participants' stories.

After the first two interviews were transcribed and examined, it was decided that questions needed to be more specific for several reasons. Whilst participants were encouraged to narrate their experiences freely without many interruptions, some answers were too descriptive and did not provide enough data relevant to the research question. In the first two interviews the researcher did not specifically ask about participants' addiction, for example, how it all started, how it helped with the issue they were dealing with and what they were looking for then. Only the first participant interviewed did not mention the drug use period but spoke a lot about her specific spiritual beliefs and their impact on her relationships with the community in which she was living. This participant was unavailable for a later clarification about the drug use but the data was used anyway as it enriched the material overall.

While completely free narration was often difficult to divide into grouped themes for the purpose of the analysis, the interviewer's clarifying questions sometimes interrupted the flow of narration, which occurred when it sounded as if the narrative

drifted too far from the questions. However, at the beginning of subsequent interviews participants were invited to look briefly at the interview questions (Appendix E) to help them to get started with their story and to have an idea of the direction. These changes facilitated a structure for the chapter dealing with participants' profiles.

Consequently, questions 1 and 2 remained unchanged but questions 3 and 4 were adapted and an additional question 5 was added if any of the participants did not mention their drug use within their narrative. Following version of questions was used for the remaining interviews:

3. What is your understanding of spirituality?
4. How do you use spirituality in your life?
5. What is your relationship with drugs?

Questions were not asked in a rigid order and in their rigid form because sometimes answers were obtained within the narrative without specifically verbalising a question. It is possible that being aware of the researcher's interest by means of a prior sighting of the questions, some participants used it as a guide to telling their story.

Transcribing of taped interviews and initial analysis

The audio-tapes were transcribed by the researcher to maintain confidentiality. The reliability of the process was addressed by accurately and fully transcribing the audio-tapes of the interviews. These transcripts were then sent to the supervisors to check on the interviewing style, questions used and potential changes required in order to obtain analysable data.

Spirituality is an area where the choice of the phenomenological approach was shown as being truly appropriate because of its endless number of possible interpretations. Several interpretations are presented in the literature review. Definitions of addiction within the literature reviewed appear even more diverse. The analysis of these narratives explores two main aspects: a) the unique understanding of spirituality, which covers cognitive and philosophical interpretations and personal beliefs and b) the actual practice of spirituality, which is very individual in the way what "consists

of spirituality” for a particular individual and how he or she actually uses this awareness (Wiggins Frame, 2003) as a resource in dealing with addiction and daily life issues is open to choice.

The initial analysis of the first two transcripts identified around fifty themes, all related to the topic and subsequently, these were linked to provide broader categories. As stated above, in the following interviews the questions became more direct, so that participants would be encouraged to explore their experiences and at the same time to provide analysable data. The initial analysis also indicated whether a second interview could be useful. It was found that some need for clarification emerged for about half of participants. However, only two participants were available or willing to attend for the second interview.

McLeod (2001) suggests that phenomenological researchers need to bracket off all knowledge in order to be open to understanding the subject’s phenomenological description and hermeneutics should be understood as a need for the researcher’s awareness and ability to separate his/her own knowledge from information provided by the participants. Whilst this intention was brought into the interview stage, during the data analysis stages it was necessary to refer to theories and the researcher’s understanding of the participants’ view and position in their world. This inevitably entailed the researcher’s interpretation and use of a priori knowledge as well as acquiring new understandings as it is impossible to be really objective (Harris in Minichiello, Sullivan, Greenwood, Axford, 2004:76).

The researcher’s personal view of the world and her position in it has been explained earlier in the introduction chapter. However, after initial analysis of the data, the findings were considered in terms of their meaning and links between various aspects of people’s lives. At that time it truly became necessary to bracket off many of the researcher’s previous understandings gained through the literature as well as clinical practice as this made the findings appear contradictory. This stage called for the researcher to interrogate the data, and this process is described in more detail in the paragraphs below. Thus the researcher’s awareness of how her assumptions might be affecting her analysing the data grew with the project.

Analysis and presentation of data

The methodology used narrative thematic analysis (Browne in Minichiello et al., 2004; Minichiello et al., 2004). This has the advantage of contextualising the themes within their overall narratives. Narratives also involve people's meaning making, which is an important aspect of spirituality. This means that interviews were used to develop large units of narrative derived from themes identified in individual stories. These were later analysed in terms of their meaning and relationships to other participants' stories.

Before transcripts were made from the audio-taped interviews, the researcher listened to the tapes and noted various voice nuances in individual narratives. Chase (2005:657) posits that the narrator's voice reveals their personal position within their story. Transcripts were read as a whole unit first and then themes were identified and named. The first attempt at coding the transcripts brought about fifty codes or themes. There were obviously too many to present as narratives. When it came to redefining these themes by quoting relevant participants' narratives, numbers were considerably narrowed down to twelve, which also involved grouping themes under a larger theme. The context of these narratives often made it difficult to isolate different themes as a narrative can combine a number of overlapping themes. An attempt was made to divide narratives into several groups. However, this attempt was not always successful. This was because a participant's extract of a narrative might have dealt with several related themes at the same time, and only the dominant theme was selected.

In other words, the narratives were not separate but intertwined. For example: circumstances leading to starting heroin use, relapses, cleaning up and others, were included under the heading dealing with the relationships with drugs. A separate group comprises themes related to emotions. Another way to look at emotions is not as a separate theme but within a context, then the context is the category. How this was resolved will be apparent in the data chapter. This is because people seem to experience their emotions very differently. Some people embrace and use their emotions and intuitions to guide their thoughts or actions (Goleman, 1996); others

fear their emotions. As Bien and Bien (2002) noted, many people believe their feelings are their problem, and that eliminating their feelings, often by the use of drugs, will automatically lead to eliminating the problem. Albeit, many participants agreed that this premise is not correct.

The data were analysed progressively in order to guide subsequent collection or adaptation thereof (Straus and Corbin 1998). This was found to be useful. After the first two interviews some of the questions were adapted to prompt participants to address issues of interest closer than when participants were left to free-form narratives. The former interviewing style collected many interesting aspects of individual stories. However, these were not necessarily related to the research question although there was no expected outcome or hypothesis as to what the findings would be.

As themes were extracted from the narratives, an attempt was made to look for common themes, concepts and their relationships. Strauss and Corbin (1998) refer to selective coding, which should be read here as identifying themes relating to research questions from the narratives. Relevant quotes from transcripts were cut out and grouped in categories, which were later re-grouped into higher order categories. The main feature of this process is formulating themes based on the larger patterns that emerged from narratives at an earlier stage of coding. These higher order categories are related to one another and reveal the life philosophy or the views people hold in relationship with themselves and others (sometimes called core beliefs), also how these impact on their continued heroin use versus recovery.

During the analytical process there arose a number of reflective and analytical questions (McLeod, 2001:181), for example: Why do people become addicted? What life circumstances and personal events contribute to that? What does addiction do to them? What do they look for? And in relation to spirituality, further analytical questions arose: What life circumstances, personal history or values or inner needs lead people to be interested in spirituality? What are they looking for? Is there some connection between drugs and spirituality for them and in which way? These questions were searching for some epistemic values or core themes arising from the narratives that could be seen as useful in the context of either therapeutic practice or

personal interest of those who read it. In other words, here I was searching for the meaning of the research as whole.

The themes in the Analysis chapter are referenced to the source of any quotations (parts of participants' narratives), using pseudonyms to comply with confidentiality. Introductory profiles for the participants are given in chapter 4. These narratives include events and feelings and thoughts related to those events. Participants' verbatim quotes were used to substantiate the researcher's interpretations of what participants said and to illustrate key themes.

In presenting these narratives which have, after all, been constructed by the researcher, I have tried to acknowledge my assumptions and perceptions potentially arising from my philosophical epistemology as stated earlier, or presented in any theory. These have been scrutinized when identified in order to allow for unpacking any new meanings included in the presentation of data.

An interpretive approach inevitably acknowledges the difficulty in defining what actually does or does not constitute spirituality. Although spirituality is something to be experienced and is not necessarily defined (Wiggins Frame, 2003), one of the aims of this study was to find out different forms and meanings as narrated by persons who had a relationship with heroin. The methadone pharmacological treatment is a medical model for recovery and as such does not include a discussion of religious affiliation or life philosophy of those treated. Conceptualising and verbalising participants' personal experiences and meanings of spirituality has been a complex task.

Reliability and validity

The collected data must be seen as non-representative and no generalisations about methadone or drug users can be made from the findings (Newman, 1997). It is common knowledge that people from a variety of backgrounds and socio-economic status use drugs, and something similar could be said about people interested in different forms of spirituality. For this reason if the study were replicated, it cannot be guaranteed that data collected and emerging themes would be the same. It is inappropriate in a qualitative study to assess reliability in terms of ability to reproduce

outcomes of the data and validity in this research relates to representativeness of the scenarios described (Gale, Newfield, 1992). This was addressed by way of semi-structured interviews eliciting very personal responses that were transcribed ad verbatim.

Whilst these approaches to reliability and validity generally relate to the analysis in quantitative research, the researcher believes that qualitative research ought to have some criteria for its evaluation. McLeod (2003:93) challenges Lincoln and Guba (in McLeod, 2003) who argue that

Qualitative studies should be judged on the basis of their trustworthiness, which consists of four components: credibility, transferability, dependability and confirmability. These criteria correspond to the quantitative/positivist concepts of internal and external validity, reliability and objectivity. (in McLeod, 2003:93)

Instead, McLeod (2001:182) argues that it should not be assumed that validity in qualitative research could be based on an existence of a fixed, knowable external reality. One of the main aspects is that any linguistic representation of events is inherently ambiguous. This is because language is narratively constructed (McLeod, 2001:182). The researcher would further add that the use of linguistic expressions varies and depends on many other personal and social aspects, and agrees with Chase (2005:657) that people internalise both the explanation and their verbal expressions from their social environment. Language is not only narratively constructed but also socially and culturally constructed.

The researcher argues that the credibility and confirmability of this study is supported by the verbatim transcription of participants' narratives, which describe their lived experiences. However, I acknowledge that it was the story they told at that point in time and that this could change for another time and another audience. On the other hand, the researcher has been working in the AOD field for seven years and has encountered a large number of stories in her clinical practice and formed deep therapeutic relationships with clients. This skill was also used to obtain adequate rapport with participants of this study, so that they could feel safe and comfortable in

revealing their inner experiences. The data obtained is trustworthy in that regard, as stated above by Lincoln and Guba (in McLeod, 2003:93), although McLeod (2003) does write extensively on these criteria in a qualitative research. However, as these accounts reflect the phenomenological experiences of each individual, transferability and dependability become a matter of hermeneutics. The knowledge arising from interpretation of the data and analysis is basically transferable to clinical practice with a degree of dependability as appropriate for an individual client. Nevertheless, objectivity and reliability in a phenomenological qualitative approach can be difficult to evaluate, and in fact any such evaluation is not aimed at in this study. Inevitably, the findings arising from reflective analysis and interpretations of personal subjective experiences by the researcher inevitably reflect the researcher's subjectivity. However, she has aimed to be as transparent as growing awareness allows.

Conclusion

In carrying out the interviews, participants' experiences were collected as they spontaneously recalled thoughts and events when responding to questions. At the same time, it is acknowledged that my role as the interviewer was limited to inviting participants to narrate their story and probing for data relevant to the research question. While it was assumed that participants' descriptions of their experiences were made with an attempt to make a genuine recall of events or present thoughts, the researcher recognises that it is the construction of experience rather than whether the account is objectively truthful, that is in focus here.

This chapter has described the methodology used to obtain and analyse the data for this study. In the next chapter I will introduce the individual participants.

Chapter 4

Participants' Profiles

Introduction

This chapter will introduce the individual participants and provide some context for them. In developing these profiles, I initially used a number of headings to facilitate structure and to invite possible comparisons between them. These comparisons, whether differences or similarities, will be developed at length only in the next chapter, which will compare common themes. I removed the subheadings because they seemed to interrupt the flow of these stories. However, the subheadings, suggested by my research questions, that I used to help me structure the stories are included below:

1. Introduction to participant and initial impressions
2. Motivation for participation in the study
3. Experience of spirituality
4. Relationship with drugs
5. Experience of methadone
6. Unique understanding of spirituality
7. Researcher's reflections

Participant #1: Don

“Coming down on methadone, all your emotions are heightened and you feel very vulnerable.”

Don is about 40 years old and has been on a methadone program for about five and a half years. At the time of our interview he was single and living alone in a small bachelor flat. Don has been working in the hospitality industry for several years and he stated that he always wears long sleeves to cover his bruised veins, as he was anxious that someone might notice them. He also said that he did not socialize with his co-workers as is common in his industry because he was “paranoid” that someone might pick on some of his odd behaviour and openly label him a drug user.

Don gave an impression of self-care. He was clean shaven, his hair was short and black, and he was wearing smart casual dark coloured clothes. He spoke calmly, had good verbal skills and seemed well educated. I noted that he used metaphors to describe his experiences and feelings in conveying his meanings. Later in the interview he revealed that he felt alienated and socialised very little and that the social image he portrayed was actually his “persona covering up his demons and introversion”.

At the beginning of the interview, when asked what led him to volunteer for the research, Don answered that he was interested in talking about questions related to spirituality. At the same time he felt that this was an opportunity to explore spirituality for himself, because he was not quite clear about the “connection”, and what it meant to him. The word “searching” seemed to be coming up repeatedly as Don was exploring various ways that would help him to recover from his addiction, sceptically dismissing one form before looking at another form of spiritual practice or expression.

During the interview Don did not mention any single significant event that contributed to his drug taking, although he referred to a need to block out some events or traumas. He spoke about the emotional effect various events had on him and his pattern of coping. Whilst he saw himself as a loner, he also said he yearned for the

company of others to understand and validate his emotions. At the same time, he also pointed at his mistrust of others, desperately wanting to trust whilst searching for comfort, which our modern, money oriented individualistic society seems to lack.

Don referred only very briefly to family religion. Several times during the interview he mentioned that for five years he has been in search of something to replace what heroin gave him.

Don proceeded to describe a meditative state that he had experienced about eight years earlier when he visited a Body, Mind and Spirit Exhibition. Then he had an experience of an altered state of consciousness without use of drugs. Don described the process of coming back from this experience as a form of spontaneous emotional release. At the time of this experience, Don reflected, he was “fairly clean” (meaning drug free) and he was not on methadone. This experience prompted him to explore a range of spiritualities and he noted, “I am quite eclectic, I pick up all little bits and pieces on the way”. Don stated that he had been using various drugs for the last twenty years. He had flirted with cocaine at times but he said being a loner, heroin had become his drug of choice. However, from his later description of his feelings and the effect that heroin has on him, he saw that heroin also helps him to focus on various tasks, including work. At another time he described his feelings after injecting as those of “tranquillity and serenity” that he craves so much.

The process of cleaning up, both from drugs or methadone, as he described it, involves a state of heightened emotions that are emerging spontaneously. He said that whenever he feels unable to control his emotions, he feels very vulnerable. He said that he has learned to block emotions away with drug use.

In terms of his pattern of use, Don thinks that “chasing drugs is actually a hard life”, as he brought up paradoxical thoughts of his own chasing after drugs. Whilst he is sacrificing lots of energy to earn money, he spends a lot of money on heroin to get into that “artificial state of tranquillity”, which he perceived is something that monks get without the money consideration as “they sacrifice making money for their sense of tranquillity”, in its natural form.

Don said that “you can buy everything....in the present commercial world...and yes, so thinking of spending hundreds of thousands dollars on my spiritual upkeep, that’s a, I would consider a rip-off, and it is quite strange to think that way”. And yet, he realised that he spent that on drugs.

Whilst Don has been exploring his pattern of using somewhere else, without having any lasting focus on success, he is well aware of his pattern of not using. He indicated that when he is with his family and receives the physical and unconditional holding space he seems to be craving, then he does not even think of heroin.

Don described his experience of methadone as follows:

When you’re actually on methadone, on the higher dose, sense of calm comes over you, there is no specific before or after, it basically just dulls all your receptors, I suppose....it is feeling your emotions or being blocked up.

Like many clients I have worked with on the methadone program, Don reported that when doses are being reduced with the aim of coming off the methadone, his emotions become heightened. Because both heroin and methadone tend to numb emotional awareness, feeling one’s emotions again after a long time of drug use can be a frightening experience.

Don’s search for spirituality has led him to look towards eastern philosophies and practices. But he has not yet found a form of spirituality that he could commit to and that could embrace his needs. Don described his relationship with heroin, as a means of achieving tranquillity but he was aware that it was a false state of tranquillity.

Depending on heroin has led Don to see himself as a “tortured soul and very vulnerable”. I was curious to know what Don meant by saying “I am sceptical even about being sceptical” and what role his scepticism plays in his recovery or in his non-recovery.

Participant #2: Ina

"I am an addictive person. I think I'm one of those persons who can't stop."

Ina is a woman in her mid thirties and has been on a methadone program for about twelve years. At the time of her first interview, Ina has just moved back to Sydney after living in a North coast town with her partner. Her moving down to Sydney was also intended to be a separation from her partner. In contrast to Don's more sceptical and cognitive approach, Ina gave an impression of a person whose voice freely reveals her emotions, when she spoke excitedly about different aspects of her story.

In her twenties, Ina stated, she studied psychology and now she enjoys reading with the aim of acquiring knowledge for self-understanding. Ina has done more courses after leaving university but so far they have not led to a vocational path.

At the time of the interview Ina was still attempting to find ways of implementing an experience she called "Catharsis" that she had some two months earlier, when "everything all of a sudden just came to the place". For Ina verbalising this experience of catharsis was difficult and she used a metaphor that, she mentioned, was also the title of her favourite author, I. Vanzant, who wrote *One Day My Self Just Opened Up*. She could only remember that many thoughts racing through her mind began to make sense, as she explained, "everything all of a sudden just came to place".

This catharsis occurred whilst she was transferring her dosing to a mid-north NSW town and her dosing dates got mixed up and she ended up missing a dose on that day after twelve years of regular dosing. Inevitably, her physical response was a symptom of methadone withdrawal in a mild form but Ina said that her anxiety was very high on that one day. Both her anxiety and withdrawal from methadone might have contributed to her unusual experience.

Ina was brought up as a Catholic and she described herself as a diligent student, interested in her studies and fascinated by related stories, including Catholic bible study. At some later stage she was introduced to the culture of Siddha Yoga by her neighbour, but praying to a picture of the guru, she alleged, did not fit with her spiritual or religious ideology. At some stage, this led her to Buddhism and further

readings, and she found that “Buddhism was the closest thing relevant”, and particularly the philosophy of compassion was useful in Ina’s practical life. On further probing on the impact of the Buddhist concept of Being, Ina noted interest in “meditation, visualisation, chakra points, colours, lovely stuff, nothing harming, and loving yourself”. There was also a brief encounter with the Church of Scientology.

Methadone, as Ina sees it, “does not stop you from being spiritual, it numbs stuff, and also gives you a bit of a vision of what’s going on”, but when her methadone intake is low, she experiences depressing emotions. Whilst she was urged “to keep it in” by her mother during her childhood, now as an adult, Ina said, “I got to have that cry” as a release when she is feeling down. Apparently that is what she experienced during her catharsis described earlier.

Marijuana had been Ina’s drug of choice since she was 14 years old and she admitted that she was a heavy smoker. As soon as she started using heroin, smoking marijuana induced an “anxiety attack”, which she described as an “amazing instant cure for smoking pot”. Nevertheless, she stayed on heroin for about two years, saying “heroin gives you a sense of everything OK” before moving on to methadone about eight years ago.

Ina suggested that her self-exploration contributed to her thinking that “we got to say positive things to ourselves and be compassionate”. She said she learned about unconditional love from her puppies. Ina agreed to meet for a second interview if need arose and I welcomed this because at times the meaning of her words was elusive, as she spoke very fast. When we actually did meet a second time about six weeks later, she said that she had not progressed with her new revelations, and stated it was more of a set back for her now, due to returning to the old ways and her old partner.

Ina seemed to read a lot of self-help books and I was puzzled by her almost habitual quoting of statements of her favourite writers in context of her own narratives, and I asked her about it. Ina’s answer to that question was that the knowledge presented by others was for her a “tool, a model for recovery”. Whilst Ina said that “Methadone is a crutch” for her, I was also curious about any underlying issues that were not

mentioned, particularly that she has been drug free for eight years and does not see herself relapsing again, yet she has no plans for reducing methadone doses. Perhaps she was seeing self-help books, which combine the psychological and the spiritual, as another crutch or source of support.

Participant #3: Kay

“When you’re with good people, you do good things whereas when you’re with bad people you could end up doing bad things.”

Kay is a mother of two children in her late twenties and her face was showing a sense of contentment and ease. She was wearing a bright red top and gave an impression that she cared about her appearance. At the time of the interview she was living with her partner and their two-and-half years old son. She was not in a paid employment.

Kay spoke clearly and briefly reflected before answering my questions or elaborating on her topics. She appeared comfortable speaking about her emotions related to her experiences. As she told her story, it emerged that she was rational and logical and through her narratives examined effects of her early years and gained some understanding of herself and events in her earlier life.

Kay stated that she believed in God but was not a regular church goer. She made her own rituals and did not follow any specific Christian or other denomination rules. She said that faith “helped me find other ways around and gave me support as well as a bit of guidance and reason”. Kay felt that she did not use her faith as a crutch or gave her an excuse for wrong doing. According to her personal philosophy a “confession did not negate all wrongdoings but people should think of consequences before acting”. In other words she believed that people are responsible for their actions.

Having grown up in an atheist family with beliefs of “something”, Kay later found “that spirituality is a good thing to help people and that was something that helped me to get past, you know, looking at bad things and taking things as they are”. She wanted to share her experience of change.

Kay's father died when she was only 15 years old and she acknowledged that the associated "grief having not been dealt with" on the emotional level at the time, and for several years she kept herself "feeling numb". At the same time she alienated herself from her family as she reasoned, "If I am not close, I won't get hurt again" if anything happened to any of her loved ones.

During her teenage years, Kay recalled, when she was still with her mother and sister, they interpreted certain sounds and movements as signalling a communication made by her deceased father. Kay believed that "some things cannot be logically explained" but she did not negate their existence, she also acknowledged that some people have abilities that may seem paranormal.

However, Kay said that during her years of drug use she was in a manipulative relationship with a man, with whom she had a daughter. Whilst she was battling with drugs, he claimed sole custody. Kay noted that then she had even less reason to clean up. However, she moved to Sydney on her own and soon took some steps towards her recovery.

For a while, Kay said, her separation from her daughter was a traumatic experience for her, that only drugs could numb at that time. She also recalled that her daughter's father and "his manipulative ways" contributed to her developing obsessive-compulsive behaviour, which is now almost eliminated. However, she did not account for the improvement in more detail.

About her present partner Kay said, "Together we fought it and got each other clean". His spiritual beliefs started brushing off on Kay after she stopped using and started "getting her life together". Having their son christened and gaining an extended family in the form of his godparents, she said "I thought that God has helped us build a family", after her daughter had been removed from her. Whilst describing her relationship with her 9 years old daughter, who was still living with her father, Kay showed determination to have her daughter come to live with her in Sydney. She believed this desire was shared by her daughter.

The role of spirituality appears to be clear to Kay. She said “It makes me stronger”. In what? “Stronger in life, if you’re with good people you do good things whereas if you’re with bad people, you could end up doing bad things”. And how? “If I do good things it might help God to take that extra step and help me with my son and my daughter”. She elaborated that she meant to be more aware of how she relates to other people, believing that this influences the way they relate back to her in the same way. Besides the individual relationships, she felt that she and her partner need a community around them. Therefore, going to church is like being part of that community and being with people who “share the same beliefs of goodness”, accepting Kay as she is.

For Kay and her partner, doing certain meaningful rituals on their own was seen as important as participating in communal rituals. Kay explained that it was her intention and life philosophy that gave her certain guidance and reason for her actions, including coping with life difficulties without drugs.

I found that Kay’s narrative was describing her experiences very clearly. She seemed strongly aware of various events and choices and their consequences for her life. She believed that her own form of spirituality helps her to “make sense of what was happening for her”. My impression was that of a woman who found a way of empowerment that was unique to her, rather than following “teachings” of others, although she did acknowledge her need for a supportive accepting community.

Profile #4: Sunrise

“I didn’t quite know where I belonged, rejecting Maori.”

Sunrise had recently begun using her Maori name again, which she had rejected a long time ago as a child. When she came for the interview, she was not sure whether she really qualified, saying, “I don’t have any religion, well, my understanding of religion now is very different to what it was when I was growing up.” Sunrise is a petite woman in her late forties, with long black hair loosely held back and at the time of the interview was dressed in black and red. With her olive complexion, Sunrise was looking healthy and feminine.

At the time of the interview Sunrise was single and living alone after terminating an “abusive relationship”. She has been out of the workforce for a long time, has no specialist training and now is trying to fill this gap by attending courses as she seemed to be ready to fill her day with some meaningful activity. She has been on the methadone program for about eight years and has not been using heroin for as many years.

Sunrise said she was wanting to tell her story to someone who would understand and make no judgments, as in the past she felt “not belonging anywhere” in terms of her spirituality and ethnicity. Sunrise’s introductory statement was that she was brought up during the time when Maoris in New Zealand were encouraged to assimilate into the white culture, and adopting Christianity was one form of this process. Sunrise remembered her priest with a sense of gratitude because, although he was an English missionary, he was also interested in Maori culture and language, which he taught to Maoris. Sunrise spoke about happy memories of her early childhood interactions with the church, which was frequented by both Maoris and Pakehas (meaning white people in Maori language), when two masses in one morning were held in both languages separately. During Christmas, she recalled, figures making up the decoration had Maori faces rather than Pakeha. In her narrative Sunrise described various rituals as an important cultural and emotional element during different stages of her life.

Sunrise described her mother’s death when she was only eleven years old as an experience that had ended the little security she knew as a child growing up in a family where the father was a heavy drinker and abused his wife. Sunrise was wondering whether she might have brought on her mother’s heart attack through thinking that they “would be better off without the father” and his drinking related abuse.

In her child’s mind, she remembered, poverty, abuse and death within her family were juxtaposed with the ways of Pakeha, to whom Sunrise had been drawn as a young girl, believing that their lives were without problems and having more affluence. Within a short time after her mother’s death her father was taken to a lock-up for drunken behaviour and bashed over the head, which caused a brain damage and he

became almost totally incapacitated. Their family was split up, Sunrise was separated from her brothers and moved around different families, both relatives and Pakeha families.

Her father died two years after Sunshine's mother had died, and she found herself being taken from the school by the police to a reform school for young girls, where she became a ward of the state for the next three years. During that time she was placed in several foster families.

From that moment, at the age of thirteen, Sunrise said that she turned her back on her Maori family and the Maori community. She felt rejected even by young Maori boys who preferred to be with white girls and this sense contributed to Sunrise's rejection of all that was Maori. Through her narrative she said that for the next 35 years she had no contact with her family and rejected everything Maori, including the language. She said that "most relationships ended dramatically" and she had no long term friends, feeling unwanted and blaming herself.

When she turned sixteen, Sunrise was no longer a ward of the state and found herself needing to find her own ways, and she said she felt lost. However, soon after she was accepted into the Hari Krishna community and introduced to their philosophy and style of living. She saw this as a form of guidance and security in her life. Sunrise spent several years of her life in the Hari Krishna community, then was sent to Australia, became initiated and also lived in the temple for a time, during which time she accompanied her group to India on two occasions. She said that the philosophy stating, "You are more than your body" was very acceptable to her, as she felt "uncomfortable within her own body". Sunrise described Hari Krishna as having two groups, one was strict in their adherence to the scriptures and the other group was more relaxed in their lifestyle, which Sunrise described as hippie and fun loving. She noted being part of both at different times. At present, Sunrise noted she did not follow any religion as such and she believed that being truly human, "treating others as I would like them treating me", was her present form of spirituality.

When she married a less strict Hari Krishna man in Australia, Sunrise was introduced to new people, a lifestyle that she yearned for as a child, saying that with him she

found her “middle ground”, normal world. At the same time she experimented with marijuana and later with smoking heroin, which she said she “enjoyed very much”.

Their son was born after six years of marriage and two years later Sunrise was again on her own, as her husband left them for another woman. She was battling alone with child rearing and her addiction that was both a “soothing” mechanism “and an enemy” at the same time. When her son was eight, she left him in his father’s care in Queensland and broken hearted, went to Sydney for treatment. At that time she “felt that the father’s partner would be a better mother for him”.

Having overcome her addiction and having gained a better understanding of herself, she indicated that she is ready to reconnect with people in her earlier life, such as her siblings with whom she has not had contact for 35 years. In her home she keeps a collection of symbols, such as a little picture of Krishna, a picture of Mary and a large picture of a Maori chieftainess. It seems that she is now finding a place for the different cultural and religious differences that have shaped her.

As I was reflecting back, Sunrise’s comment, “I tend to be a bit wary of religions because I let my early life be so done by religion”, and “ I want to treat people the way that I would like them to treat me”, raised in me as a researcher more questions than answers. This also raised a feeling of admiration for Sunrise, who was very humble about her experiences. My own therapist part was wanting to help this woman and to affirm the progress she had made in bringing together the influences that had shaped her and to accept who she was.

Participant #5: Barney

“Whatever denomination, they all, to varying degrees, use it as a crutch.”

Barney arrived at the interview punctually and appeared both serious and angered. He was in his late thirties, tall, slim, with light brown hair and a mini beard and wearing casual clothes. At the time of the interview he was working full time and spoke of his work in terms of the means to derive an income to pay bills. He did not elaborate on his living environment or persons with whom he was sharing it.

Barney stated that he volunteered to participate in this study because “the question of spirituality both with and without the religious aspect has frustrated him endlessly over the years”. In his narrative he expressed very clearly that any religion or spirituality was a crutch that many persons use rather than using a rational explanation of events or situations and responding accordingly. He said that this was his conclusion formulated through interaction with people he has known over the years. Barney appeared eager to express his views without being interrupted.

Within the last six months, Barney said, he had lost a parent and when I asked what it meant to him, he said, “My moral guardian has gone; I know I will never see them again”.

Being brought up in an atheistic family, he pointed that he had “no first hand experiential knowledge” of any spiritual experiences. He was clear about his personal beliefs being based on scientific knowledge and facts. He said he “believes in science and logic” to explain things and stated that he “could not understand how any intelligent adult can be convinced of a supremely spiritual being who oversees horrors that are perpetuated down here on earth”.

Barney acknowledged that his maternal grandmother was “more of a spiritual person than religious one”. How did that manifest in her case? “She had a profound effect on many people, not only her relatives. Primarily, because she was such a sweet woman who radiated honesty, morality and caring.” He noted that it was her being such a good person that has turned her interest towards the Baptist church, as religious organisations are known for doing good for their community. He explained that he meant that being a church member did not make her a good person per se, she already was one and the church benefited by it, as did so many others.

Being a church member does not automatically mean you are a good person, however, according to Barney, some organised religions are “based upon fraudulent premises and globally are being deadly”. Other forms of religious organisations he depicted as “harmless and benign”. However, he did not give examples of either.

Like many other heroin users or ex users I work with, Barney came to the conclusion that heroin was expensive and that methadone was much cheaper and “helps him to function”. However, he said, if heroin was cheaper, he might still be on it because he liked the pleasant effect it had on him. He did not elaborate on any events in his earlier life that led him to start using heroin.

The feeling of “having no worries and everything seems OK”, was Barney’s main purpose or attraction to using heroin. Barney did not speak of any major traumatic event in his life and noted that he used heroin as a reward, to relax and separate that time from mundane everyday life. When asked how he managed to stop using heroin, Barney explained that eventually he just “told himself that he needed to get it out of his head”, and that this was the only way to stop using and to stop his cravings, he said.

In Barney’s words, spirituality is “ a search for meaning. The search is undertaken because of a need, which comes from something missing, creating a void and the void is filled with spirituality as a crutch”. He believed that everybody uses spirituality as a crutch. After relating spirituality and its sectarianism to the impact on the world in terms of a holy war, he rejected using spirituality in his life, having “no need for it”. Or is he rejecting the idea that it could meet his needs?

When asked about his hobbies, he said he liked surfing, playing guitar, drums, collecting rocks and rock climbing, as well as reading poetry and science fiction. These activities he described as interests. And what do these interests give him? Whilst the actual activity gave him “sense of enjoyment”, overall it gave him also a “sort of a fulfilment”. When he said that “the meaning is created because of a need”, I gently questioned it by juxtaposing hobbies and a crutch in this context and Barney offered a clarification in terms of his “flexibility in the meaning and differentiating between hobbies and religious situations’.

This probing might appear a bit manipulative, as it somehow shifted his specific definition of “the crutch” and “its meaning”. From my clinical experience, for many people spirituality in fact relates to hobbies, pleasurable activities and life philosophy. As Barney explained, his understanding of spirituality seemed to fall within the

spectrum of life philosophy but in terms of either exercising control or being controlled. He often spoke of ‘them’ when referring to people in a religious context to differentiate himself from them.

Although Barney’s interview was somewhat short and his views on anything that would hint at the name ‘spiritual’ were sceptical, I felt that his themes are relevant to be included in this study. After all, he identifies why people seek spirituality as a way of finding meaning and that they can use it as a crutch or to fill a void. What he is rejecting is the validity of spirituality to do so. This raises the question of whether he has felt betrayed by a religion (rather than spirituality per se) as he expressed a negative view on organised religions. After all, he is interested enough to participate and to be angry, not indifferent.

This interview was a challenging one, particularly due to negative connotations of spirituality stemming from the participant’s focus on the global impact of some religious movements and forms of fundamentalism. He very seldom talked about his personal experiences and relevance of spirituality for him. Although I could see a way of nurturing some flexibility when I asked him about the meaning of his hobbies, and he admitted that he was “flexible in this area”. I did not see it as appropriate to work on this issue in my role of a researcher, although this could have broadened his understanding of spirituality beyond a religious context.

My impression of Barney was that of a person who is not used to sharing his personal life stories with other people. He was willing to share his intellectual views but did not mention his own feelings and I wanted to hear about his ways as well as respect his ways as a) they seemed to work for him and b) the interview did not give enough time to explore his beliefs on a deeper level, although I felt his opinions ‘softening’ and becoming more flexible towards the end of the interview.

Participant #6: Vassa

“I invited death to encounter but it did not happen; I’ve got a feeling that I’ve gone through this for various reasons.”

Vassa was a young woman in her mid thirties with long dark hair and, at the time, appeared physically strong. She said that her grandmother came from Romania and was a gypsy, which positively reflected in her image, the creative way of dressing and the accessories she wore. At the time of the interview Vassa was living in a house on her own with three wolf-like dogs as her protectors because she has been paralysed from her waist down for the last eight years after falling from a tree, and since then moves around her home and outside in a wheelchair.

Vassa has been on a methadone program for about eight years and has been mostly drug free. She is driven to the methadone clinic by a nurse several times a week for dosing.

Due to Vassa's difficulties with transport, the interview was conducted at her home. As I asked her dogs' permission before entering, it was apparent that her dogs approved of my presence near her as two dogs were sitting quietly at our feet and one dog settled on the sofa next to me. Despite their strong wolf-like faces I felt safe and the atmosphere reminded me of a tribal campfire environment and storytelling times.

Vassa stated that she chose to participate in this study because she was interested in spirituality because "it is something very deep in me". Later through the interview she also noted that she felt it was safe sharing her experiences with me as opposed to some other people in her environment, who were judgmental of her Wicca-type spirituality. She named witchcraft and divination as being inherited from her female Romanian-gypsy ancestors. She thought that her story was different to many other persons recovering from drugs, and particularly her form of spirituality was different.

Vassa mentioned two important events in her life, which were both filled with a spiritual experience of a paranormal kind. She said that she had a very strong bond with her father and until her move to Sydney. Sundays were special for them as they went on regular joint horse riding outings in the country where she was brought up. Her father had died about a year earlier and she said that on several occasions she experienced "manifestations of his spirit" as she awoke during the night, often through olfactory sensations. She said that she "could smell him being there and leaning over her", as she recognised his particular scent.

When she was about nine Vassa recalled having had her first “spirit apparition” in the family house. It was an old country house and it was known that a little boy died there. Her description of repeated encounters with the young boy’s spirit was very vivid and frightening for her. It also raised concerns for her parents at the time. What it really meant for Vassa, was her realisation that “she was different from other children and adults”. She recalled that one day she went for a confession about those apparitions and the priest let the school know about it, thus breaking confidentiality and Vassa’s trust in the Catholic church. After this event, she recalled being called “evil” and other names by her peers and nuns at her school.

Vassa said she begun using drugs in a social context, attempting to fit in and to have something in common as opposed to being different. At present, heroin is no longer on Vassa’s mind and is not a topic of her conversation. Illicit drugs have been replaced by many licit drugs she named and she needs to take for her special condition. However, methadone is very much part of her daily routine and she stated that she wants to take steps to come off it as quickly as possible.

The unique form of Vassa’s spirituality she perceived to have been, as she said, passed down through female descendants of her grandmother, whom she described as “the gypsy witch”. She clarified that females are able to do clairvoyance either through the use of tarot cards or through entering the spirit world. Vassa described several events of a paranormal nature, these experiences being hers as well as her mother’s. She recalled her young years and the house she grew up in with a degree of nostalgia because the house “had many memories” and recently it was demolished.

She spoke of “premonitions” of her paralysis, which she described as repetitive and very frightening nocturnal experiences. Several months before her accident she found herself awake in the middle of the night, scared and unable to move. She said she was often questioning the purpose or meaning of her “paranormal ability” because, as in the case of her accident, having the premonitions, she was still “unable to stop it happening”. At times she felt that she cursed herself by “criticizing that gypsy part of herself”.

Being different was something she despised for many years, Vassa indicated, because it brought a lot of abuse and rejection. Over the time she was looking for the meaning of having those special abilities and only later Vassa actually thought of those “special skills as a gift”. She commented that being confined to a wheel chair led her to “stop and do more searching for the meaning of this” event in her life and eventually find a new meaning that she herself found strange to think of: she began to perceive it “as a gift”.

In Vassa’s memories, her ways of expressing spirituality remained pretty much constant from her childhood to her adult life. She commented that her “inner child is wanting to play but social norms hold her back in her adulthood”. She also remembered her childhood experiences of being labelled as “evil and bad” whilst she was not modelling “the social thing”.

After the accident Vassa “invited death to encounter but it did not happen”, and she noted that she now believed that her spiritual Self intended to exist independently of her body. She also saw that her physical vulnerability attracted “bad people”. She was robbed on the street and had other people staying in her home longer than she wished.

At the time of the interview Vassa was exploring the links and impact of her “pretend face” she created in order to hide the true unhappy Self from strangers and she concluded that “the pretend face” might have been attracting people she “did not need in her life”.

Vassa’s narratives appeared to relay this young woman’s courage to carry on with her life despite so many obstacles. Whilst she admitted that she had some “good days”, she also had many “bad days”. Vassa seemed to be yearning to be left to just be and said she was looking forward to getting off the methadone and moving back to the country and horse-riding, which she loved and could still do despite her paralysis.

Participant #7: Millie

“Spirituality holds everything together and it is branching out into every aspect of life.”

Millie is a young woman in her mid thirties with bright blue eyes and smiling face. At the time of our appointment she wore casual clothes and a red top, her appearance was neat and not overdecorated. She spoke in a lively manner but articulated clearly and gave me an impression of being emotionally well balanced.

She is a mother of a teenage son who, Millie said, played an important part in her recovery and so far “he is not interested in any drugs despite his lifelong exposure to them”. In fact Millie believed that he has learned his own lesson from observing his mother’s struggle.

At the time of the interview Millie lived with her son and her partner, who accompanies her to various church activities. Millie often spoke about her son and changes in her own life. One of these changes is also her involvement with a charitable organisation and working part time whenever her help is needed.

Learning through her own experiences and wanting to share them so that “other people might learn about possible help for themselves” was the main motivation for her wanting to participate in this study. She said “if people have something to hold on to, it helps to get their minds off the drugs”. Her narrative portrayed the Church of Jesus Christ of Latter Day Saints as unconditionally accepting the given that drug users wanting to become rehabilitated need a lot of individualised support around the clock. According to Millie’s own experience, if a relapse occurs or is identified as a threat, people are helped to identify how it happened, to acknowledge mistakes and encouraged to commit to getting back on the track.

Millie said she is grateful to her son for bringing home two missionaries one day some eight years ago, when he was only about six years old. At that time her “drug habit was getting out of control, and the help came just at the right time”.

The second important event, she described, was an adverse reaction to codeine that was contained in her heroin shot. At that time Millie was just familiarising herself with the church facilities and realised it was a good time to go back onto the methadone program.

Millie recalled her relationship with drugs, such as marijuana, as having started in her mid teens and it was only in her mid-twenties she was introduced to smoking heroin by her friends, without really knowing that heroin had been added to marijuana. Consequently, she said, she became addicted without having a clear knowledge of it when it was happening for her. Millie noted that she is still battling with the “sense of hate” towards the two friends who deceived her. Millie described her experiences with detoxing several times, having started on a methadone program two or three times and relapsing several times over the next few years. The drug use did not stop immediately after she joined the church and in her narrative she describes the high level of patience that various persons in the church have displayed at the times she “jumped off the methadone” and had a relapse. As she saw it, for her the accepting attitude shown by the church was the key to her healing as much as she believed that her loyalty to the church will be rewarded by a permanent abstinence one day.

Recalling her bad experience after “having jumped off methadone program earlier, when my daily dose was 120ml”, Millie said the only way to go is to come down at a slow pace, as recommended by her doctor.

Although Millie was baptised as a child, she did not have any strong links with the church or other forms of spirituality at that time, she recalled. However, this time, her joining the Latter Day Saints church plays an “important part in my life”.

Millie’s understanding of spirituality is delivered in her metaphors, such as “a big circle” when she was referring to how goals are achieved. She said, “If God has some plans and something is meant to happen, it will but not without the person’s effort and lessons that need to be learned”.

For Millie spirituality has two dimensions: a personal dimension, which she described as “I can talk to God anytime, I don’t need to kneel down and I don’t need a cross. I can always talk to God no matter where I am or what I am doing”. This comprises her rituals, such as her prayer and writing journal. The aspect of being able to “get It” immediately is what she referred to as “distraction from drugs”. There is also a community dimension which is a commitment, which she sees as regular attendance at church services and lessons, where the scriptures in the bible are interpreted in

terms of today's world needs and have got branches out to every aspect of person's life. Millie mentioned the importance of this long-term commitment as a means of keeping on the right track and commented on her own brief absence from the church, as well as other people's, and its detrimental impact on her relationship with drugs leading to a relapse.

At this stage Millie affirmed that if the church had not found her through her son some years ago, when he brought home its missionaries, she would be most likely dead through drug use. The relationship between these two factors will be elaborated on more in the thematic analysis section.

Millie gave me an impression of an enthusiastic person, particularly when she spoke about her church. I was wondering how long does it take for a person to learn and live a life filled with a balanced variety of activities. Most people in recovery want to "keep busy" so that cravings are not likely to emerge. In her case, however, she is not entirely dependent on external activities. She has her own private rituals. Millie probably shares with Kay a capacity to relate her spirituality to lived experience. It is interesting that they both acknowledge the support of a church community.

Participant #8: Dala

"I describe heroin like being back in my mum's womb, being warm, loved and protected, nothing can hurt me, and warm."

Dala is in her mid twenties. At the interview she appeared well groomed and casual. She appeared a little nervous, which was being reflected in her speech, sometimes talking fast, other times slow and soft. Dala was sharing a house with other people after a period of living at her father's house. She was trained in childcare and worked part time. Dala's hobbies included writing poetry and lyrics for songs, singing, acting, and reading psychology books to "understand the way we think".

Her motivation for participating in the study was to share and clarify for herself some aspects of her goal in life, which is "to provoke emotions and insights", which she explained as having a greater understanding about her relationship with herself and to experience being connected with herself. She described this connection as a special

state of mind, in which “nothing can touch me or bring me down”. One of her ways to get connected is writing, but Dala said that there are times when “emotionally she wants to be in that space but logically might be lazy”. When asked for clarification, she had difficulty finding words for depicting stimuli that helped her to become connected and said that she “wished she had that magic formula”.

Dala has a sister about 15 years her senior and an older brother. She said when she was 11 years old, she and her mother came home one day and witnessed her father having an intimate contact with another woman. Soon after that her brother got sent to gaol for child molesting her. Dala mentioned that in her pre-teen years she was like a little princess for her brother. She added that she and her brother “were adoleiscing”. Up until these events, she kept both men “high on a pedestal” and suddenly both were taken down and she felt that her “spirit was lost”. Her belief about that time now was that she had lost them and she had a “complete loss of self”. Dala recalled being a happy child, not knowing any kind of emotional drops and prior to these two traumatic events she said she was living in the “bliss of ignorance”.

Whilst needing to “self-medicate the loss of self”, Dala said, she turned first to party drugs and psychology books to find an answer to her mind repeatedly asking ‘Why?’ One of her strongest descriptions of heroin was her analogy to being safe in her mother’s womb.

Dala indicated that the group of friends with whom she was using heroin initially became her “alternate family” in terms of sharing their drug at the end of the day. The use of heroin did not stop anyone from going about their daily task and even holding a job.

Whilst methadone eased the cravings and numbed emotions in higher doses, Dala also noted being emotionally more vulnerable whenever she was coming down on methadone. Her memory of feelings of comfort that heroin used to give her is too fresh and too strong, hence she said coming off the methadone program is a scary thought, implying vulnerability to a relapse. This is a common theme for many others.

As a teenager, Dala says, she was “trying to solve big problems, calling for help”, which did not come as the family life was void of trust and warmth. There were no strong religious beliefs held in her family. Her need for “connection” appeared available through party drugs and raves, which she described as being “like a big therapy session, escapism and self-medication”. At the same time, as a teenager, Dala said, she came across some literature reporting on treating mental illness with LSD and MDA and wanted to experiment with them.

Besides aiming at getting connected with herself as she mentioned earlier, this being an element of her healing process, Dala described herself as an oversensitive and overemotional person, and as such she can “pick sadness from other people”. This often influences her own emotions to the point that someone else’s emotions become her own. Then she has difficulty dealing with it.

Because she sees crying in front of other people as a socially unacceptable form of emotional release, she would listen to a song as a “form of escapism”, and in that instance Dala felt it was OK to have her cry as an emotional release.

Whilst Dala finds writing lyrics as a form of spiritual connection, she said that a particular topic emerges repeatedly, as if “her psyche was encountering a vicarious experience of pain suffered by her mother”.

Dala saw the role of religion as that of a facilitator to understanding and contextualizing the processes that a psyche goes through whilst interacting with body, mind and soul. She interpreted “heaven and hell as states of the mind” in terms of physical death, and that the soul takes on and holds on to. She saw “heaven as a nice dreamlike state and hell as a bad state of mind”.

Dala mentioned earlier that her aim is to be connected with herself, by which she meant her soul, as “it progressed over some centuries”. This aim was difficult to conceptualise until she explained her understanding of heaven and hell as states of mind, when a soul appears to be frozen within those ‘states of mind’. In her case, this is how she interpreted her re-emerging episodes of sadness. On the other hand, Dala

alleged that she wished she could experience happiness and life as well, whereas she “tends to stay in an abyss”.

Whilst listening to Dala’s narrative, I could feel the fluctuation of her emotional states and a lack of grounding in her voice. I was interested in her interpretation of the “soul journey” and how she related it to her sadness. She was not simply accepting that depression might play a role but was seeking other “soul” connections. Perhaps her sadness and depression were her way of grieving her loss of connection to herself.

Conclusion

While the participants’ words were used for the purpose of presenting this chapter, the researcher’s empathic understanding of each individual was the guide for selecting those self-descriptive phrases and putting them together. Many of the above participants’ narratives refer to an earlier experience of trauma, which will be described in the next chapter, which seeks to interweave themes arising from the individual narratives presented in this chapter. Throughout this process, the researcher was aware of her own thoughts and every effort was made to present these profiles without judgment. Where my own hunches and questions have been included in the text, I have endeavoured to signal this and to make it clear.

Chapter 5

Group Stories

Introduction

The previous chapter introduced individual participants, mostly through their own words and descriptive narratives. This chapter will explore some common themes arising from those narratives. The aim of this chapter is to identify important themes related to addiction and spirituality, and to show how these are woven into a variety of situations which emerge through participants' narratives. Whilst several definitions of addiction and spirituality are presented in Chapter 1, the participants' narratives represent their own personal understanding of these terms.

These narratives are divided into two groups: Spirituality and Addiction. While these two narratives are presented separately at first, they are in fact overlapping as will become apparent (demonstrating how individual participants make sense of events in their world). In addition to a phenomenological narrative approach, where appropriate, a social constructionist approach has been used to identify participants' beliefs and ideas that have been internalised from others within their social and cultural context.

In response to my question about why they wanted to participate in the research, some individuals had a clear idea about the way their conceptualisation of spirituality

had helped them to deal with their drug addiction and maintain their life drug free. As stated previously, their motivation to participate in this research was to model a journey for others. On the other hand, there was another group of participants who were slightly uncertain about the concept of spirituality in their own life and it almost appeared that they were hoping to gain some clarity for themselves through their participation in this study.

Impact of early experience on adult spirituality

Five of eight participants had a childhood experience with the Catholic faith, either in their families or at school. Others experienced different forms of spirituality. However, their childhood memories were described as having very small influence on their early adult life in terms of devotion to a faith or life satisfaction. An exception to them may be Sunrise who has gathered images, seemingly as a symbolic acknowledgment of her acceptance of these in her overall journey. But I was wondering whether this represented a true acknowledgment of her identity or a confusion, as she also stated that she was “wary of religions” (p. 66). At the same time, these early religious experiences appeared to be irrelevant in terms of their influence on taking up or giving up drugs.

Vassa’s paranormal experiences as a child brought her into conflict with the Catholic church, and she recalled not only a lack of understanding but also her childhood hurt relating to loss of innocence, pain, abuse and fear associated with paranormal experiences she had. This also created a mistrust of religious authorities. In the interview she said that her mother came from a Romanian gypsy background and Vassa’s description of events indicated that her ideas and beliefs were internalised as she lived and experienced the tradition of her family. Experiences labelled as ‘paranormal’ in our society are a very normal part of everyday life in Vassa’s family (Clebert 1967).

*My parents sent me to the best school, the Catholic school....also
When this happened the school started looking at me differently, the
nuns and priests. I had the priest, a nun calling me ‘evil’, it followed
me all the way through the catholic school, because they said ‘go to*

the priest and tell him everything'... and after that it was obvious he did not keep it secret, which upset me.....but it was not only me, it was also my brother. (Vassa)

This was Vassa's experience of her school authorities but she also had other encounters and memories of the paranormal originating in her childhood and during the school years, which contributed to her sense of not belonging. Her narration of a paranormal experience, her 'first apparition', she had as a child, is very vivid. One cannot help detecting a hint of nostalgia in her voice as she tries to juxtapose her experience with her perception of the social norm:

Lot of stories about this house we lived in, that was haunted and actually was we knew that a little boy died there...I was about nine years old and I woke up in the middle of the night and I could feel something on the end of the bed and I woke up, like this slim boy looking back at me, I can't exactly remember what we were talking about, but I remember after about five minutes I realised what he was and it was more like the society coming to my head and I started to scream..and he then started to chase me around the house....several times after this night.. you know, society makes you accept none of this. (Vassa)

Vasa's experiences with spirits were unique and she said that in her adult life she has had further experiences, and sometimes she could not understand a meaning or a message these experiences were conveying to her.

Another participant described her Catholic upbringing as a formality that did not leave many positive or negative influences on her adult view of her religiousness. However, she spoke enthusiastically about her return to Christianity and the church, after years of staying away for different reasons, including drug use. Significantly, Millie chose a different church than that of her childhood and her voice hinted a sense of determination:

I was baptised a Catholic but I thought, if I am going back to church, it was best to start with a whole clean feeling, that was just something

for myself...(Millie)

Millie was also one of two participants who perceived formal religion and the church as a helpful source of support through recovery and who gained a new outlook on integrating spirituality and religion in their every day life. Most of the others briefly described their religious upbringing as being more of social compliance than a devoted following of a religious faith. The next participant's ambivalence with religion has led him to explore other spiritual paths. I felt that he was still searching and was overwhelmed by too many choices, which have led to scepticism he acknowledged here:

I had a fairly strict catholic upbringing, so I am very, a little bit sceptical of anything that's not of any type of religious background but for the same reason it makes me look elsewhere as well, towards Eastern philosophies, Buddhism and various other things. (Don)

Although Don seems to have separated from the Catholic church in his adulthood, he seems to have internalised some traditional beliefs during his Catholic upbringing, such as scepticism towards other beliefs. But at the same time he seems curious to explore if other religions could meet his needs. Don says little about his younger years but a lot more about his continuous search. His experience also differs from the next participant's description of her childhood. However, a similarity appears to emerge in the adult eclecticism and search that has not been satisfied yet. As Ina described below, it seems that school activities held strong memories related to the religion during her childhood. The stories and pictures kept her interested whilst the actual faith had not developed then. Possibly for the same reasons she had been searching for something to give her a sense of deeper satisfaction rather than a temporary interest:

I was brought up as a Catholic, not a very strict Catholic, ehm, I was always really interested in religion, my report always said 'Ina is interested as a student'...I ended up doing the bible classes...colouring-in of Jesus and such. (Ina)

The majority of participants were brought up with some form of religion and during adult years these individuals explored or got involved with other forms of religion or a lifestyle philosophy. For example, Sunrise was brought up in a Catholic environment. She said that the priest was a missionary from England and as he also became interested in Maori culture and during his time in Auckland he had compiled a dictionary of local Maori language. At the same time he was performing a wide variety of duties that contributed to his being liked and respected:

We were very influenced by, ehm, catholic church and....we had an English priest that came and taught the Maori people how to speak Maori. I didn't fully understand Christianity, I just pretty much liked it because at Catholic church you have masses, you have lots of incense and lots of, er, rituals, I liked that. At Christmas time, there would be a Maori baby with Mary. (Sunrise)

Whilst Sunrise liked the rituals, there were many other factors influencing her joining one group or another, as will be found in the next section, In the search for acceptance, she narrated how she embraced the Hari Krishna philosophy for a period of time in her young adulthood. It was only later in her life, she noted, that she became aware of how religion of one form or another had exercised control over her life. When listening to this participant, one cannot help feeling that this woman was disappointed many times in her life and spiritual journey, (Fowler, 1984; Peck, 1991) and her naïve trust that 'this one must be better for me' had been exploited:

I tend to be a bit weary of religions because I let my early life to be so done by religion...and also meditation helped to calm my mind for a while, where I was able to sit back and let them decide to make all my decisions, even to the point where they (Hari Krishna) decided who I will marry. (Sunrise)

Whilst Sunrise was educated in a Catholic school, similarly to Don, she seems to have internalized different beliefs about the church's impact on her life and her views. The next participant's early memories differ from most others' experiences in that the family held some form of spiritual belief, without actually naming it:

And I grew up in basically an atheist family, we believed in something but we never went to church or so. (Kay)

Kay elaborated on that ‘something’ as she recalled a situation she interpreted as a “message” from her recently deceased father:

.. and there were two coat hangers spangling on my father's rack, like tingling, and there was no reason, no wind, and my mother said 'Don't freak out, it's your dad, just showing that he is OK', you know, yeah. (Kay)

The existence of ‘something else’ was shared by two other participants who talked about situations that were seen as ‘paranormal’. This term itself indicates social boundaries of ‘normality’ and those who experienced this dimension were often marginalised or felt themselves to be so. Sunrise remembered that during the wake after her mother’s funeral something unexplainable happened, and her interpretation possibly was aimed at making sense of a situation that was quite painful and she felt helpless about:

My father, that was after the funeral, he got his guitar and was singing one of his favourite songs, and the strings then just completely broke. (Sunrise)

“ What happened?”

I think she was letting him know that she was there for that little time whilst the family was gathered round...(Sunrise)

There was only one participant who held strong consistency in his beliefs about the religion over the years as he said:

I cannot recognise any spiritual themes in my life. The question of spirituality, with or without the religious aspect, has frustrated me endlessly over the years. (Barney).

Barney's voice was strong and indicated that he felt a need to be heard by the researcher as he suggested that some people use religion or spirituality as a crutch, which he linked to the absence of meaning. He defined this understanding of spirituality under the following section dealing with spirituality. Similarly, Welwood (2000) refers to "spiritual bypassing", as a process during which people engage in spiritual practices, eg. relaxation or some forms of meditation or church attendance, to minimize effects of life's difficulties instead of facing them directly. Obviously, some aspects of life circumstances cannot be changed and acceptance might be the preferred choice leading to the peace of mind. On the other hand, some forms of meditation allow insights to emerge. It is my understanding that Barney's view also ties with Moustakas' (1972) existential exploration of his personal circumstances, and making choices is his way of dealing with situations. For example, he stated earlier that the only way to stop using drugs was "to get it out of his head". I was interested how he might do that but he offered no comments, which appeared to be a feature of his style of narrative.

Understanding of spirituality

A phenomenological understanding of spirituality reflects an interpretation, both from participants and me (see p.6). These narratives show a range of views about what spirituality means in terms of beliefs and practices for individual people.

For Dala the ability to give herself compassion was one of the forms that spirituality represented for her. She was also seeking a passion for life and found it very elusive. It seems that this participant refers to happiness in the form of a situational joy or emotional response to a stimulus, rather than a lasting sense of wellbeing or happiness (Frankl, 1984):

Combination of happiness, being able to experience happiness and also, you know, being able to experience life as well, whereas I tend to stay in abyss, and hardly ever get there.... So I'd love to know what that magic formula is, and lot of the times I think it comes from outside sources as well and just the chemicals, endorphins coming from other people, possibly feeding things that I need to be fed. (Dala)

Her comment that “I tend to stay in the abyss” does not reflect wellbeing or happiness. For Dala spirituality appears to be related to happiness but at this stage she is unsure whether to look for it within or outside herself or whether it is a feeling or a state of mind. Furthermore, Dala finds that interacting with other people can be emotionally nurturing because they can trigger an emotional response of her own. On the other hand, she mentioned that she would like to be able to be less emotionally dependent on other people and those triggers. At the same time, I was wondering whether she was consciously aware that the implication of her statement was that one has to be open to feelings in order to feel happiness and to experience life.

However, elsewhere this participant expresses fear and discomfort with the intensity of her own emotions and her voice throughout most of the interview revealed intense emotions and anxiety. Dala’s narration seems to be an example of what Thomas Bien (2002) meant when he suggested that drug use actually diminishes the natural feeling of pleasure, as pleasure felt from ordinary experiences, from sources within and without, compares poorly with that intensified feeling when using drugs. On the other hand, Dala also clarified her understanding of spirituality on the religious or intellectual level:

People need to put into the concept of a religion or looking at Buddha, or Jesus or Mohammed or whoever, (because) it makes it easier to understand and makes it more human, makes it more attainable. I believe that heaven and hell is, er, a state of mind, if you die in that happy state of mind, you’re going to have nice dreams, if you were in a bad state of mind, you’ll be in that hell forever, our body is dead but our mind is still alive... soul, yeah. (Dala)

In addition, Dala’s understanding of death as a continuity of spiritual being resembles theosophical teachings about stages of a soul’s journey after death (Albertson 1971). Yet Dala’s interpretation of heaven and hell by juxtaposing these concepts to a state of mind or dreams is different to others. Albertson described the seven stages that a soul journeys through after death (hell being the stage when the soul holds desires but

no body to use for their actualization). Albertson has drawn upon the Buddhist and Hindu philosophy about the soul-complex (Woodroffe in Evans-Wentz, 2000: lxxix).

The search for a source of comfort appears to be also relevant for the next participant. On the one hand, he feared that practising some form of spirituality might lead to facing some past emotionally difficult times from which heroin helps him to escape. On the other hand, he hoped that spirituality would facilitate having a more intimate relationship with his emotions:

There is a fear for me through spirituality opening up to certain things that, I am going to open up some wounds that I would not know how to deal with, I'm so scared of emotions, so there is, hopefully I get past that and spirituality will be somewhere there to comfort me in those times. (Don)

The opposite of emotional turbulence and vulnerability he calls tranquillity. He has a good insight into the way he tortures himself and the limitations of relief that heroin gives to him:

Oh, I am the tortured soul and the torturer at the same time. That's what using leads to, that's the evasiveness of that tranquillity, getting a taste of it and quickly it vanishes. Artificial, coming from outside, and that dependence is the torture. (Don)

Don has also seen this interview as an opportunity to clarify some of his beliefs:

Exploring this for myself, because I am not quite clear about the connection, what it means to me (Don).

His own words and voice imply a high level of confusion in regards to what mental space he would like to create for himself. Also, his understanding of spirituality shows several different aspects and beliefs. He seems to be hoping that one day he will be able to be open to his emotions as they emerge, knowing that through

tranquillity and spirituality he could cope with them rather than continue to avoid them.

On the other hand, Barney's understanding of spirituality stands out as very different and unique. For him the participation in this study was an opportunity to be heard and to express his views without being judged, regardless of whether one agrees with his opinions. He stated that he had many discussions with people of different religions:

Because the question of spirituality, with or without the religious aspect, has frustrated me endlessly over the years. (Barney)

Barney is critical of spirituality, seeing it as a crutch or answer to human need:

Spirituality, as I understand it, is the search for meaning. The search is undertaken because of a need. The need is manifested as a void, as something missing. And the void is filled with a crutch. The crutch in this case comes in the guise of spirituality. The overall spiritual concept filters through to organised denominational religion, non-denominational religion and non-religious, non deity spirituality. The whole is in my opinion a superbly convenient construct that appeals to millions upon millions. Yet I see no niche for myself, I do not use spirituality in my life, I have no need of it. (Barney)

Whilst Barney's opinion may be challenging, he raises some important questions about spirituality. To what extent do the other participants see spirituality as a crutch? As something to fill a void? To what extent do they practise their beliefs? His way of describing spirituality is not complimentary to those who follow a spiritual path and he has denied any need for spirituality in his life. I was left wondering about some of his life experiences that might have contributed to his personal definition of spirituality because some of his hobbies (described in the "Search for meaning") could be seen by others as a form of spiritual practice. However, Barney did recognize a form of spirituality (or ethics!) practised in his grandmother's life:

She had a profound effect on many people, primarily because she was such a sweet woman who radiated honesty, morality and caring. (Barney)

He made an interesting observation about his grandmother's relationship with the Baptist church:

Perhaps because she was such a good person, she was doing good not only in the circle of her family but also as a church member. What I am saying is that it was not the church that made her a really good person, she already was that and the church benefited by it as did many others. (Barney)

Barney's comment could open an endless discourse on people's motivation to belong to a church community or any form of spiritual practice. This is what he said about his experience with others:

Whatever the denomination, whatever the level of spirituality claimed, and however strict the person's adherence to the bible, they all to varying degrees use it as a crutch. (Barney)

It is interesting that Kay also hinted at the concept of "a crutch" mentioned by Barney, but her interpretation of a crutch is related to drug use. In fact, she seemed to have gained a new meaning in form of an understanding that absence of seeing something does not mean its non-existence by which she meant a faith in an entity, including herself:

I don't feel lost any more...lots of people say that people use as a crutch, like to help them do things. I suppose in some way it could be seen in that way, but I think it is, er, like people look at the universe and they cannot fathom where it ends, you know, and just because they can't see where it ends, it doesn't mean that it doesn't....children are more in touch with good and bad when they are younger and more spiritual.... I think that life dulls that down... (Kay)

For some people intuition is an important aspect of spirituality and Kay seemed to have a high degree of clarity about the space where she was and where she wanted to be. She also noted that children are in touch with good and bad, which is later dulled by experiences of life. At the same time Kay was open and accepting of different practices that fall beyond the religious framework, and would be seen as paranormal. This helps her to accept the unexplainable:

People say if you believe in God then you can't believe in that but I think why not? You know, because I think that there is something extra and I don't think that everybody like say reads palms and that, are full of shit, I think that a lot of them are in touch with that and can see things or spirits and, ehm, I think that they are there, I think that there are ghosts around and spirits of other people who have died and cannot pass through. (Kay)

She also saw the innocence of un-verbalised spirituality in her son as a connection that children have with their environment and showed a sign of regret as she depicted how it is lost for the grown-ups:

..and that's what I think, like kids look at people and they can see something extra, you know, and that is because children are more in touch with good and bad when they are younger and more spiritual. I think it's only life that dulls that down if you don't help the child to continue on that way. I think life dulls that down and that's what makes it hard for adults to see good and bad because they have been looking in the rat race and had it suppressed for so long. (Kay).

It appears that Kay found it important to be more aware of what is going on for her and her relationships with others. She seemed to be embracing the childlike innocence where judgments can be suspended and human interaction would be guided by intuition.

Ina did not have an established spiritual practice. For her spirituality comes more in the way of self-exploration whilst reading or being introduced to an idea by friends:

I sort of felt myself, is it, er, have I got into Buddhism because it just came across, came along, this is before I had my whole tiff in it, that I realized the whole things come around for a reason and you don't get just one chance, all party is the same...(Ina)

I became aware that during the interview Ina was often quoting from books she had read on the topic of self-exploration. When this observation was brought to her awareness she said that at this stage those ideas were model ideas she considered to adopt or was testing:

One thing I started doing recently is, it was in a book again," Forty Days and Nights of Your Happy You". It's a wonderful book. She has got affirmations when you wake upand you know, like I said before, almost started to think, just a little theory of my own, but we've got to say things to ourselves. (Ina)

Recently she had an experience she called "cathartic", which she described as suddenly connecting with herself and understanding her needs more clearly. It was difficult for Ina to describe her experience in just a few sentences and the extract below is in fact drawn from several parts in the interview:

Suddenly everything came together... when I had this catharsis few months ago, I realised the more positive part of myself, I actually managed to integrate a lot of this because the negative behaviour that you learn from day one is hard to change....because something like compassion, being compassionate, doesn't take, that's made up of little, er, it is in a category of almost everything...it is difficult to love yourself unconditionally if you don't know what it is. (Ina)

Sunrise's ambivalence towards religion comes from her awareness of how religion controlled her formative years and present determination to make choices herself is

reflected in her narrative. Sunrise seems to have integrated her previous exposure to Christianity and Hari-Krishna religions into a philosophical approach to life and beliefs that all humans and animals are interconnected through the universe and that she is part of it.

My understanding of religion now is very different to what it was when I was growing up...then my life was so done by the religion. I don't know if this is spirituality or not but I adopted this philosophy of 'I want to treat people the way that I would like them to treat me. If you were to ask about my spiritual self, this is what I feel that I am, I am part of the universe, I am part of the atom, I am part of stars. And with Hari-Krishna, they said that the difference between an animal and human beings is that as human beings we have intelligence and we can reason. I'd like, I think that we are, that I'm part of the universe. (Sunrise)

Search for acceptance

Different aspects of rejection and acceptance, either in a social or a personal context, not necessarily related to spirituality per se, emerge in several of the participants' narratives. For some people these prior experiences of rejection left a legacy of self-doubt or anger that impacted on their self-identity, which might have impacted on their adult choices of spiritual orientation. Others encountered rejection as a consequence of their drug addiction, which is seen as a condition socially not acceptable. Also, some participants have rejected their important others, and in some circumstances even rejected themselves.

Kay shared Millie's view on the social aspect of belonging to a church. At one stage of her life Kay was feeling that her family turned against her, so for her becoming part of a church congregation was like gaining her family back in a different form:

Because I don't have much family...and that's what I thought that God has helped us build a family. (Kay)

Others experienced rejection when their experience of spirituality deviated from mainstream religion. In the previous section Vassa described how she experienced rejection related to spirituality when she recalled how she was often ostracized at school for being different and labelled 'evil'. She referred to her Gypsy background in terms of a special way of being:

My mum saw spirits in this house, ah, it's on the female side, my mum being a Romanian and only the females get this, she said 'It is the grandmother witch in us, it's in the blood'. (Vassa)

On the other hand, Sunrise exercised rejection of others as much as she also had felt rejected, by deliberately rejecting her Maori family and culture. Sunrise realised what she had done only later in life and she was still struggling to make some radical changes in the way she related to people at the time of the interview. Her words are an example of the ways the two polarities of rejection and acceptance operate in people's lives (Van Deurzen 1988). During her childhood she learned to see her culture as representing poverty, heavy drinking and abuse:

I think it all started with my father, his drinking ... and then my mother dyingI've seen all that when I was very young, and I heard about fights that men had together, also my father, and it was always related to, ehm, too much drinking. I thought that all Maori men must be like that and I was scared and wanted to get away from that. (Sunrise)

For better or worse, politically motivated cultural assimilation of Maoris in New Zealand also provided for her a foster Pakeha (Ranford, 2006) Catholic family. Whilst she idealised the 'white' culture and was desperately wanting to be accepted by these foster families, she felt often rejected and said:

Relationships have ended drastically with no further contact The affluence, yes, I liked, ehm, they were better off financially... (Sunrise)

She agreed that during her younger years she was not given an opportunity to make choices and often was moved from one family to another, which she interpreted as rejections. Consequently, I felt she learned the attitude of 'I rejected them before they could reject me'. However, in her young adult age Sunrise did meet acceptance by the Hari Krishna group, and she was also aware of her own acceptance of their ideas:

It was the freedom, fitting in, being part of a group, finally being part of something, yeah, being accepted,... yeah, they were willing to accept me....it was more my accepting their ideas, you know....
(Sunrise)

She related to her acceptance of Hari Krishna ideology in terms of also accepting herself and her body, with which she was displeased:

Their philosophy "you're more than your body" and that very attracted me...and because I wasn't able to fit anyplace, I found it with them, you know, I am not this body, (Sunrise)

Similarly, for Kay 'doing the rejecting' was part of her way of aiming at alleviating one kind of pain by inflicting on herself another kind of pain. It was only later that she understood that by doing this she was deliberately delaying the encounters with her own grief to reach some closure. Instead, she masked her grief by using drugs, as she noted elsewhere:

When my father died, when I was 15, our family was very close at the time and I felt I didn't want to be close to the family because in case it happened again, I sort of rejected my family, not totally, I didn't want them close in my heart, I wanted a bit of space, because I got hurt very much when my dad died, so, 'If I am not close, I won't get hurt'.
(Kay)

Acceptance in the form of being heard and listened to, was for the next participant an opportunity to feel appreciated and it gave her a sense of being seen as an equal. She

narrated many situations in her life where she was not heard, particularly as a child. Here she recalled a recent situation when she became aware of how much being heard actually meant to her and also how this opportunity created a positive feeling towards persons who made her feel comfortable:

That was probably the best weekend I had in a long time because I got to talk and express my opinion, and I felt I could have that conversation, still and I haven't found many people that I could go and sit there and have discussion about history and psychology and all that stuff. (Dala)

Being accepted often has a deeper meaning, such as being cared for, respected or being loved unconditionally. It emerges that Dala was having difficulty accepting and loving herself, and was reluctant to find love in a relationship with someone else. Although this comment was made independently to the previous one, here she also expressed her wish that she could feel the appreciation for herself, without depending on an acknowledgement coming from outside:

That's what I mean, I don't want to, have to, it would be nice if I felt that love and appreciation for myselflike when I went overseas, I met this boy there and when I came back I was on high for at least a month just from writing on the computer every day and that was because my reality was that someone was caring for me, was appreciating me...that was my reality and I don't really know what the hell is really going on in his reality, he is in another country and.....I don't want to rely on somebody else where a computer's going to get that. (Dala)

Here she was projecting her own needs when describing the word 'love' in terms of a romantic situation as her deeper personal hope related to being loved and accepted. Also looking for acceptance, Millie found understanding and acceptance by the Church of the Latter Day Saints (2006). She also explained how the church's help has been adapted to the needs of its present congregants:

It is more for today's society where people get divorced, people have arguments with their family, bringing children happy in the eyes of God makes things a lot easier, and just think of that if you worked through one section, which has got branches out to every aspect of you life.
(Millie)

Search for meaning

The following narratives appear to describe attempts to make sense of something that remains unexplainable. In some cases there is a paranormal theme coming into play and respective participants attribute to such phenomena a meaning that makes sense to them (Vassa, Millie, Ina). For others a search for meaning emerges as an internal conflict that leads to eclecticism of meanings and choices to avoid the emotional discomfort of insecurity; yet this eclecticism leads to no choice and commitment.

In other words they are searching for something but if there is no commitment then the searching remains a continuing process of walking in the darkness. An example of a dispiriting search is Vassa's memory of having a premonition of her accident and subsequent paralysis and now she wants to find a meaning that would shift her being stuck:

Everyone has got a fear, and mine was this wheelchair, my thinking 'if I ever end up in a wheelchair I'd kill myself'I used to wake up the nine months coming towards the accident, wake up in the middle of the night, I'd scream out and my flatmate would come in and I'd just sit in there, paralysed, then it would last about forty minutes.... I mean I had visions and that before, but this was to do with me! (Vassa)

Having been given a sign in the form of a premonition, yet being unable to do anything concrete to prevent her accident, made her wonder and plead with some powers beyond her:

Have I cursed myself by saying this?....please can I turn back the time?
(Vassa)

Whilst Vassa was searching for a new meaning that would enable her to perceive the physical and emotional consequences of her accident in a manner that is more empowering than debilitating, the next participant, Don acknowledges his cynicism which leads him to distrust and alienate others:

So I question most things, and I am also cynical, er, I don't think I would quite easily fall-in to a cult person, you know, there would have to be a very strong sense of genuine legitimacy about it and about the people, ehm, I think having lived a life of drugs, you tend to see through a lot of people. (Don)

His awareness seemed to be actually a great insight into the awareness of his irrational using pattern revolving around two polarities consuming each other: his anxiety arising from wanting to score and sense of tranquillity after injecting. Don recognizes that he pays a high price for a brief experience of tranquillity, yet he still does it. However, he says that there is a bit of respite, possibly related to the joy of mischief:

But it's constant scratching and wanting to score, it's actually a hard life, it is very hard life. But for some strange reason that sense of tranquillity and space that you get even for a short period of time, has a bit of respite, is sometimes all that you crave. (Don)

Don tried to make sense of the chaos he is experiencing as his decisions to exit the user's treadmill seldom last more than a few days:

It's funny because having been on methadone for some years now and still using as well, but not using and using, the usual treadmill, I've been in search for something for five years,

Researcher: "What is the aim of that something?"

To replace the drugs, ehm, to bring out the sense of calm, I suppose the sense of calm through something that is natural, something that you like, something you can get into. (Don)

Whilst Don was searching for a form of spiritual belief or practice to achieve a sense of calm, it seemed to be evading him. In contrast to Don's rational approach, Vassa reports experience of spirits. Her experiences contributed to making her feel different and she, too, was searching for something to attain acceptance and peace of mind:

For a long time I despised it, I really did, why me? Why do I see these things? it's only now, the last few years I got to understand this, and I wish I never despised it, because now, I see it more....more as a gift. (Vassa)

Then Vassa added in a strong voice, commenting on physical realms out of her control and death itself:

I have come to another conclusion that sometimes I don't like this being right, sometimes I have thoughts that maybe it is not a curse, that maybe I have meant something more spiritually. I know I've let myself waste a lot of time and years and maybe this thing of being in a wheel-chair, maybe, I know it is weird saying this is another gift, but this body, you see.....it is going to age, it's so fragile. (Vassa)

Listening to her, I felt she was searching for a meaningful purpose to continue her existence beyond the obvious and tangible dimension.

Similarly, using her intuition was something Vassa wanted to do, when she spoke about setting boundaries so that she could protect her space from spiritual and physical violations by people whose intentions were against her interests:

I am going to learn to say 'No' to these people, I am getting to the stage where I can say it. I've, I can read people, I can see what is in them, I can see people that have got good in them as well, but I'm just not

meant for that...and that's why I've got to move back into the country, because it's got the mountain, eh, I just think there is something for me, something more. I've gone through all this hell, I have gone through so much hell and I tell you, I'd be very upset if I am wrong.. (Vassa)

Whilst Vassa believed that she needed to be the instigator of some changes in her life, for Millie the meaning of life's ups and downs is to learn to accept what happens as lessons delivered by God and she has learned to accept life's lessons, not arguing with God:

You work towards it, yeah, you've got it for a while then it comes back up to a normal situation and if you can keep it above that half-way line. Sometimes it goes a little under, things go wrong in your family, you can't help that but it is not us doing, it is God giving us a little lesson....., God has a big plan for us, don't know what it is but he does. So, I just go with it. If I argue, it doesn't work out either very good, I've learned that lesson, you argue with him or don't listen and you go backwards. (Millie)

In comparison with Millie, the next participant Ina rebels against what life hands out and her share of responsibility:

And I was big into rebellion at the time, everybody owes me, everybody can get fucked, I am fantastic and nobody understands me....ever since I have been conscious, I always felt the world owes me. And I had a bad upbringing, if I got this, blame it on everybody else but yourself...and when I had this big catharsis recently, it just hit me and the anger went. And it was such a relief to not feel anger. (Ina)

Assigning a new meaning to ways of interacting with others has changed her emotional response (Lazarus & Folkman 1984). Interestingly, she changed her thoughts via the emotional catharsis rather than changing feeling via changing cognitions. Another of Ina's insights deals with motivation and self-awareness:

Another big thing I've noticed where your motivation comes from, if you're going to be judgmental, if your motivation comes from protection or not wanting to repeat the same mistakes, basically, I am probably a bit silly about this, but there seems to be only two kinds of, fear and love. I am sure there is a whole bunch of other things but it seems to me that most of them you can break down to either being motivated by fear or love, or if you want to word it differently, being positive or negative.
(Ina)

Ina's understanding of motivation seems to embrace both personal and interpersonal aspects of relating and responding. Her manner of talking is at times drawing on phrases or ideas she read during her earlier years of studying. However, I could not help feeling that Ina's theoretical knowledge was not being put in practice, which she acknowledged when I asked directly. Ina's rebelliousness contrasts with Sunrise, who reflected on her unquestioned acceptance of life's events and often not having been given an opportunity to evaluate choices and making her decisions because choices were being made for her:

That's right, eh, 'I am not my body' but the soul needs the body', yeah, this was pretty much their idea and how they talked, and that's why they were so strict with, eh, ...half of the time I am battling with my mind but with Hari Krishna their whole thing was, eh, I didn't have to battle my mind, someone else, it was all written there for me and I could accept that. (Sunrise)

My sense of her story suggested to me that Sunrise was not given many choices as a child, so as a young adult she chose automatically a group that made her choices for her. Her construction of her familial environment as a negative has influenced her to distance herself from it. Nevertheless, the tone of her voice hinted at a sense of regret and loss of the self and her identity, which started by rejecting her family of origin, yet not being fully accepted by other foster families. Paradoxically, her years of full time addiction were the only years when she made a choice to use drugs until the dependence made choices for her.

Barney's story appeared quite different from others'. He would answer questions quite widely when his answers were not emotionally motivated but my impression was that he was not used to exploring his feelings, at least not in the presence of another person, in this case myself as a researcher. When prompted about his meaning of life, he seemed to be assuming that the question held some deeper religious meaning and this is what he said:

I don't believe that we are created for any special reason to please someone there, we just do our own thing, well, everyone just gets on with the things they are doing, they have to do in order to earn their living and to enjoy themselves somehow. (Barney)

Attempting to broaden his interpretation of the meaning, I did some probing and asked: "What hobbies do you have and what do they give you, Barney"?

I like surfing, playing guitar, drums, collecting rocks also rock climbing, I also like reading poetry and literature, preferably science fiction. They give me sort of a fulfilment but the fulfilment is a consequence of doing these things that I feel fulfilled after some time. (Barney)

At that point I needed to clarify my understanding, and perhaps Barney's as well, of him saying earlier that "meaning is created because of a need, an absence of something, which in a way is a crutch". So my next question to him was "So are these hobbies a crutch?"

Well, yes, I am a bit flexible in this type of meaning, what I said earlier is related to a religious situation more than a hobby, that's a different thing. (Barney)

His answer was a relief to both of us. Nevertheless, it was aimed to be an invitation to search for a meaning in all aspects of life. Understanding of spirituality inherently embraces a meaning found or a meaning searched for.

What these participants appear to be searching for in their recovery from drugs is about finding new meanings of things in life, which inherently influences attitudes to people, events and emotions. Some participants have clear ideas as to how their way of practicing spirituality makes the journey to recovery easier and how their coping ability with daily tasks became stronger. Other participants talked about spirituality more in a theoretical than practical way. In summary, it appears that this population's relationship with spirituality is similar to the general population.

The addiction narrative

Themes emerging from these stories often overlap. However, in presenting them I have attempted to divide the narratives into several groups, such as stories depicting how people started using drugs and which factors contributed to maintaining the drug habit and its impact on participants' view of their world. The emotional impact of addiction often goes hand in hand with the environmental circumstances. Several narratives are also devoted to methadone and its effects on people's feelings and everyday functioning. Also, several participants had moved from marijuana to heroin but a view about marijuana being seen as a bridge to other drugs is controversial (Gilmore, Gilchrist, Oxford, 2006).

Below is what Millie said about how she had started smoking heroin without knowing it, thinking it was marijuana. She did not pay much attention to her vomiting after the first session of smoking heroin besides being puzzled, although many clinical clients report nausea after their first use. From her narrative (most of the time she spoke fast and her voice was revealing strong emotions) it appears that she became addicted only after a few days of smoking heroin and only when withdrawal symptoms appeared, she suspected that something was out of order:

I was one of the later starters, I was with this guy, we were smoking a lot of pot then no problems, everything was great then this guy had a talk to Brenda and Sam then the next thing they're gone out, they've come back and started smoking cones while I'm out cooking dinner, so while I am not in the room, they shout 'Your turn, you're up', I am running into the bedroom and running out cooking dinner. All of a

sudden I started throwing up, hmm. Day three comes, we haven't got anything and I am sick as hell. Throwing up, shaking, pot doesn't do this to me, I've been smoking for ten years so why now? What is different? Then I've worked it out But they deceived me and I wish them bad luck, which isn't a very nice thing to do. (Millie)

Millie's discovery that she was smoking heroin mixed with marijuana and her subsequent development of dependence contradicts a belief amongst heroin users that smoking heroin is less addictive than injecting it. However, the research and above quote indicate that both methods of use equally contribute to an addiction (News On Heroin, Heroin & Methadone Addiction Treatment, 2007).

Like Millie, having smoked marijuana previously, Ina began using heroin also in the company of a friend and as a way of bonding. She noted on her first shot:

When I was studying, I had a crush on this guy and one day he appeared at my doornow when I am thinking, it was OK, hmm, then it was a sense of absolutely everything being OK....So I stayed on it because I wanted to get those feelings of euphoria.... And before I forget, I was dependent on pot since I was 14, I was a heavy smoker, and as soon as I started using heroin, I could not use the pot any more, it was the anxiety effect, I could not breathe, physically and emotionally paranoid....an amazing instant cure for smoking pot (laughing). (Ina)

It is noted that this participant mentioned 'euphoria', which is not a common reaction to heroin. An energising effect after a shot of heroin is often experienced by persons who have been at some stage diagnosed as hyperactive or show other behavioural symptoms. This observation comes from clinical observations by medical practitioners dealing with Attention Deficit Hyperactivity Disorder (ADHD) patients but no supporting literature could be found. However, Wilens' study concludes that "Self-medication may be a factor in the high rate of substance abuse in adults with ADHD" (2004:38).

Sunrise also started smoking marijuana before heroin and when she was introduced to it she embraced it as an enjoyable experience at first. Like the others she began because she was in a relationship with someone who used:

He was a very nice man but, so I started dabbling, I've been introduced to heroin, and so I graduated from smoking marijuana to heroin and started getting into that a bit, which I loved, I really liked it. (Sunrise)

Dala used powerful phrases to depict her experience of how she began using party drugs at an early age to connect with other people and to self-medicate. As she was feeling an outsider in her family, her group of friends became her alternate family:

I was young, I was trying to self-medicate, so, er, I used it to solve big problems...it was a form of escapism and a form of connecting because then I really got into rave parties, it was like a big therapy session, everyone was on MDMA and loving each other"..... "When heroin came, (talking fast and excitedly), there was this group of friends and they became my alternate family and the thing that we did is where we would go about our daily tasks that we had to do, which was easily accomplished. It was something we could do every day but it wasn't so far out of reach, and it was something we could do and also so we'd all put a bit of money each and it would go around. It was like a goal that was attainable where other goals were too hard and this was soothing. (Dala)

It appears that of the people who actually spoke about their first encounter with heroin above, all were introduced to it by a person whom they trusted (Dala, Millie, Sunrise) or admired (Ina). However, their purpose for subsequent drug use ranged from pleasure to self-medication and when physical dependence developed, using heroin became a means of preventing withdrawal symptoms of feeling sick.

Dala was one of the participants who recalled a traumatic event in her pre-teenage years that left her with confusion for many years and mistrust towards her important

others, her face showing a feeling of desperation as she narrated her story. Her last sentence strongly demonstrates her sense of feeling lost:

There were two things at that point that happened, that from then on things changed. That was when me and my mother walked in on my father while he was doing something with another woman and he had there his illegitimate child at the same time, too... and I've, as an eleven years old having seen that, I run to protect the other girl while I think I needed protecting at that stage. And a little bit after that, my brother and I were adolescence, my brother got locked away...and like two main figures that I had in my life, my father and my brother...so, once they've got down from that pedestal, that's I think, my spirit got lost. (Dala)

She reported drug use from an early age, first mainly party drugs (she called it self-therapy) and to seek a sense of closeness outside her home.

For the next participant her pre-teen years were also testing as she experienced the death of both her parents, which she narrated in a trembling voice:

But the night she died, ehm, I should have been more aware of what was going around...I went out that night, wasn't late or anything, and when I got home, there was my mother, my stepsister, and they were, like my mother was on the lounge and she was dying, but she had a heart attack and died, and, ehm (in tears). And not long after that, my father was actually drinking and he was picked up by the cops and he was taken to the lock-up for the night. And the next day he was taken to the court, and he was still falling down, and apparently at court the judge said 'this man should not be acting like that after being locked up for so many hours'. That's because he got beaten up in the lockup and had a brain damage. (Sunrise)

Death of a parent is a big loss in itself, and any additional attributions can contribute to traumatising. Kay's father died when she was in her mid-teen years and the

circumstances left her for some years with an unresolved feeling of guilt, which she narrated earlier:

He died on the Monday and the weekend before I had actually been out partying and on that Sunday I was too hung over to come and see him and by the time I got there after the school, he was in a coma and never came out. And I always hated myself for being so selfish...(Sunrise)

She had earlier mentioned that at that time she believed if she was not going to be around her family, she would not feel hurt if anything happened, yet she was left feeling guilty. For this reason Kay left home to live with a man who provided material security for her but the price was abuse:

Because I was mentally abused by him for four years while we were together and I was a mess.... I ended up getting an obsessive compulsive disorder, anxiety disorder because of that. I'd had many problems, like I would count the pegs on the line when I hang them up....I think there is one I still do now.... Everyone thinks it has to do with drugs but as long as I ever used drugs, I did that. And I hate it because I know it's still from him and I want to be rid of him and that's like a last link. (Kay)

Many participants' narratives revealed some traumatic situation in their life and this is a similar scenario in clinical practice in the AOD field, where many drug users indicate that using a drug of their choice is their way of self-medication. However, in general counselling practice we also encounter people who lived through traumatic situations and their choice of self-medication differs. Some would use prescription drugs as recommended, others have a therapy without drugs but others use their own resources for self-soothing. The question of what makes people vulnerable to drug addiction in response to emotional disturbance continues to be unanswered. From this small sample of people it seems that one's social context, especially close relationships, play an important role.

Relationship with heroin and its impact

Kay's awareness of the reason she started using drugs originally possibly helped her to remain clean. She said that heroin helped her to suppress her emotions which enabled her to delay dealing with her father's death indefinitely:

I didn't deal with my father's death for a long time. I think I started dealing with it really ever since I have been clean, then my using suppressed all my emotions instead of having to deal with my life, I just would take drugs so I did not have to feel anything. So I would feel happy for a while, and even when I came down I would feel very bad, so I would look for a time to feel happy again and I felt that drugs are everything that could make me not feel that pain. Yeah. (Kay)

It is useful to notice how Kay compared absence of feelings to feeling happy during her drug use years. Don does not describe tranquillity in terms of emotional contentment but in terms of a shift in the cognition. Again he speaks of tranquillity as absence, not of feeling, but of thought, "a nothingness":

When you take drugs, your mind shifts focus and sometimes relaxes to a certain degree, switches to nothingness, just a tranquillity...(Don)

I was wondering whether there is a relationship between his experience of "nothingness" and the void, which he interprets as absence of meaning that he fears on the cognitive level, but on another level also seeks. It is interesting that he narrates the experience as if he were observing his mind shifting to the state of tranquillity, to which he referred also when talking about spirituality, emotionally feeling at peace as his face was showing contentment. Dala, on the other hand, uses emotional language to describe her relationship with heroin:

I describe heroin like being back in my mum's womb, being warm, loved and protected, nothing can hurt me and, warm ...yeah, that's why I am too scared to get off the methadone program because it still can, ehm, memories are still too strong with me, when I'm still associated with the

thing, even now I got bad things that are associated with it as well, I am too scared ... 'cause I don't want to be a slave of everything, running around to chase that. (Dala)

Whilst Dala's memories of heroin were still positive in terms of her emotional being, Millie's memories were only negative and reminded her of the impact heroin had on her life:

Ahahaha, my life was an absolute disaster... I was using, I had no money, I didn't care about myself, I had no self-respect, I had no self-esteem... (Millie)

Emotional vulnerability and emotional chaos

Being vulnerable to emerging feelings and emotions is a related theme arising from the narratives of five participants. The fact that most of these participants did not belong to any religious or spiritual community, may or may not have any links with aspects that a community provides, for example, support in difficult times. However, this is only the researcher's reflection and its relevance remained unexamined during the interview.

For Vassa social responsibilities of independence and adulthood raised stress and that contributed to her emotional vulnerability of feeling desperate and hopeless at times. This is what Vassa said about feeling that her natural intuition was overridden by stress:

It's like when you're a child, you don't have all those things so it is easy to see them, it's so easy to experience them because you don't have all those life stuff you got to worry about, like paying the bills. (Vassa)

Vassa also felt vulnerable about her inner feelings and responses by others to them, so to hide her vulnerability and to protect herself, she created a "pretend face". She would "put it on" while interacting with strangers, which to a degree represented the loss of self and depressive psychosis:

Now when I think of it, putting this mask on it's quite an effort, it is actually very tiring to pretend to laugh, to be interested in something you're not and, you know.....now I understand how, why those people have been attracted to that kind of person I pretended to be. (Vassa)

She understood that her mask was suppressing her own pains and wants, and thus falsely willing to please others. Her body language was unconsciously inviting people to trespass her boundaries.

Don referred to his fear of emotions as the opposite of experiencing tranquillity, which heroin offered to him. He believed that when bothering feelings are absent, he feels content:

Yeah, well, you're not messed up with feelings, there is no need for them to come into it because everything is OK, everything is moving around the clock and even when something goes wrong, you don't lose it. (Don)

When I asked how he experienced joy, he said:

It is contentment of feeling, you see that's what I mean, you are feeling it but you don't need to discuss it, you don't even need to acknowledge it. Because you are what you are, so when you're truly content, you would not go 'gee I feel content', you would just be. (Don)

It appears to me that Don has conditioned himself to notice when he feels down but he fails to become aware of the opposite. One may question whether this attitude contributes to a degree to his justification of using heroin as a form of self-medication.

Dala described herself as an emotional person and yet she wonders if she is socially unacceptable, and that leads to conflict for her:

My goal in life is to provoke emotions and insights... If I see another person hurting, I cry, eh, and I don't have an outlet for that in everyday life, unless I am doing something in a song that it is alright to cry, to be overemotional in those instances because that's what they call upon, but in every day to cry at work, it is not socially acceptable and it is not right. Whereas I can put on a song and listen to it..(Dala)

Dala felt her own emotional chaos and found it difficult to accept her feelings without making a judgement, which may have led to a belief that when others are not emotionally expressive, then they are not emotionally intelligent:

Like some people I see them out there, some people aren't emotionally intelligent and I think they are better off sometimes, even though I cherish being emotionally here and there, sometimes I look at them and I think (in teary voice), they can be so happy because they don't know anything better but maybe they do know any better, what do I know? (Dala)

Dealing with relapses

Out of all participants only two (Kay and Millie) described their relapses as a memorable event from which they seemed to have learned something that helped them next time. Relapses can occur after a long term abstinence or a brief episode after a brief abstinence, or a relapse in any combination. It is so common that many people do not even talk about it much, except when they are in therapy.

Prochaska & DiClemente (1982) acknowledge that most people have relapses before attaining total abstinence and enter and exit the 'Wheel of change'. This process is more closely described in the literature review. It is believed that clients' readiness is the decisive factor for total abstinence. However, the ingredients of this readiness are of a very individual nature and coping skills have an important role. Whether spirituality may be one of these ingredients is being explored in this study. However, as participants' narratives indicate, it is not the only one.

When Kay moved to Sydney, she lost custody of her daughter and was leaving behind her home, her daughter and all her possessions. Her intention was to start a new life without drugs and then reclaim custody of her daughter but emotionally she was destitute, so instead of attaining abstinence, she described her relapse as giving in and giving up on herself:

I was at a point where I not only lost my daughter but I was also suicidal and didn't really care about myself, even though I came here to make some good steps, I also had given up on myself at the same time. When I came here, he (ex-partner) started, because he lived here before, he knew where to get the stuff and things like that so he started on heroin and I didn't start, ehm ...and after about a week and half of doing that I just gave in and started doing it, too. (Kay)

Millie described that she went into a rehabilitation centre, got clean and then relapsed as she returned home to her familiar environment:

Then I got onto the methadone, I had about six months break when I went to Jarrah House and tried things like that and worse thing I did was getting to the unit again! Ah, I should not let it go this time but I did. (Millie)

The impact of methadone in becoming clean

Methadone is an opioid agonist as it has similar chemical properties to heroin, so it stops the heroin withdrawal symptoms (Verthein, Prinzleve, Farnbacher, Haasen, Krausz, 2004). However, most consumers would agree that it is more addictive than heroin itself. Although methadone attaches itself to the opioid receptors in the brain, it does not produce a “high” when used orally. Some people use it inappropriately and inject the sugary syrup, which produces some feeling of a “high”.

For Barney only two things worked to become clean:

Getting on methadone...and getting it out of my head was the only way for me to stop and to stop the cravings. Heroin was expensive, methadone is much cheaper and it helps me to function. Perhaps if heroin was cheaper, I would be still be on it, I don't know, because I liked the feeling of having no worries, everything seems OK, eventually I told myself that I need to get it out of my head. (Barney)

This approach sounds very logical, devoid of any emotional memories and simple. It is likely that this approach represents the way of Barney's being-in-the-world and, consequently, it works for him. However, whether he is only willing to switch to methadone or confront his addiction at a deeper level, is not known.

What people have said about methadone, specifically when their dose is lowered, has been described by many as a heightened emotional responsiveness bordering with oversensitivity. This experience is supported by Dala, who said earlier that she wants to be emotionally aware but now she described this awareness with some discomfort and anxiety:

I seem to be bashing my head against the wall every day.... I find when I lower my dose, I get very elated very easily and I feel a lot more, physically I feel more, emotionally I feel more, everything. Just everything gets heightened. (Dala)

As she was describing her feelings, Dala's voice became excited and showed a lot of anxiety when she remembered her attempt to lower her methadone dose. Similarly, Don perceives that methadone buffers (it does not postpone them) experiencing feelings so that their re-emergence is overwhelming:

I think that methadone definitely dulls your senses.....when you're actually on methadone, on the higher doses, sense of calm that comes over you....it basically just dulls all of your receptors, I suppose, and basically when you're coming down on methadone, all your senses, all your emotions are heightened and you feel very vulnerable because you start to clean up a little bit.....it is a little bit alarming when a lot of

emotions start coming up, some are 20 years old or even older because you haven't dealt with them previously. (Don)

This comment about emotional oversensitivity is shared by many drug users because drugs, including heroin and marijuana, chemically sheltered them from experiencing negative emotions and thus blocked the opportunity to learn how to recognise the meaning of their emotions. It emerges from several participants' narratives that whilst methadone helps initially with the physical discomfort of withdrawals, it fails to deal with the initial emotional vulnerability that led them to use heroin in the first place.

Thus whilst for many people methadone is a means to cleaning up from heroin, some stay on methadone for many years since their last shot of heroin. For Ina the thought of cleaning up from methadone was very threatening:

And the reason I stayed on it is because when I come off it, you get an enormous reversal, a pain I can't stand. My first hanging out experience was just appalling, I haven't been waiting for it, I didn't know it can come immediately. It's just physical, its emotional, the depression is so enormous...and it's probably partly true, one of the reasons why I am not coming off (methadone) is there are so many options still available, Naltrexone has come half the time, there is a lot of new thingsno, look I would not go back to using drugs, not after many years having clean urine. (Ina)

So over time, for Ina, methadone became another addiction. She saw herself as having an addictive personality and she described the effect of methadone as a 'numb-er', which also impacts on her capacity for spiritual experience:

I think drugs, methadone especially, hinder spirituality, hinders your capacity. It does not stop you from being spiritual. It does not stop you from accepting your own, it just, er, it's like a numb-er, it numbs stuff... I am an addictive person. I think I am one of those people who can't

stop but actually I am an incredible control freak,...so what kept me on heroin, keeps me on the methadone. (Ina)

Fears of depression have kept Ina locked in the paradoxical relationship with methadone. As she describes herself “an incredible control freak”, it appears that she is aware that on the one hand, she controls her level of numbness versus emotional vulnerability or being overwhelmed by using drugs, and on the other hand, she seems to be controlled by it.

So, what kept me on heroin is what keeps me on methadone, I hate it, that fear of pain and depression and that, you know, it's like when you have a bad memory of an occasion, you always assume that anything is going to provoke, I always remember my depression, it is in my pigeonhole, 'don't go there unless you absolutely have to', so that's why I always avoid, er, never go there. (Ina)

On the other hand, for Millie adverse health events after an episode of heroin use led to cleaning up and her big decision to stop became much easier for her:

I ended up with codeine rush ... I looked at my hands, my hand swelled, my fingers swelled, great, I can't even close my hand, why the hell am I doing this to myself, why don't I take \$90, go out and enjoy spending it and have something to show for it... (Millie)

Also, what probably helped Millie most, was her ability and willingness to learn from this adverse event and make conscious choices accordingly. However, such choices can be difficult when both partners are drug users, particularly when drug use is one of main common interests they share. But for others, where both are ready to quit, each can support the other at times of cravings. The theme related to the importance of relational contact in starting, relapsing and getting clean emerges from these narratives. This is how Kay and her partner dealt with their struggle to get clean:

Together we fought it and got each other clean, I said 'if you don't pull yourself together, you cannot be with me' because I am making, even

though I have been using at the time, I am still making steps, physically, like getting things together. (Kay)

From above stories it becomes apparent that methadone is a long term medical treatment and none of the participants in this study have actually exited yet, despite attempts to lower their doses and often going up again when feeling emotionally vulnerable. The levels of the participants' doses at the present time of writing up this study, nearly a year later, are unknown to the researcher. However, they still appear to be attending the methadone clinic when the researcher makes her weekly visits for the purpose of counselling other clients. Regretfully, methadone becomes a safer addiction for those who quit using heroin, rather than a temporary support or a path to becoming drug free.

Addiction and spirituality

Whether or not people actually do put in practice their understanding of spirituality in their daily life, and how they do this, is the end-part of this research question. Through these narratives I learned that people had some ideas as to what spirituality meant to them but only few actually engaged in some form of spiritual practice and used it as one of the tools for their recovery from heroin. Others had an experience they linked with spirituality but did not know how to develop these experiences into a practice that would work for them. In summary, some participants were clear about how they implement spirituality in their life but for others it was not clear at all. Consequently, the last question specifically searched for this link.

Spiritual practice was described across the narratives in two dimensions: personal, such as prayer or meditation, and communal, such as church or other groups attendance. What these dimensions have in common is that they are both relational, eg. relationship with the Higher Power or God and relationship with self in private spiritual practice, and relating to other individuals within a supportive community. For Millie these two dimensions guide her personal spiritual practice:

If I am having a bad time, I just go into my own room and I just sit down and ask for his advice, just as I am talking to a normal person, I

don't treat him with a bigger respect than I treat everybody. I can always talk to God, I don't need to kneel down, I don't need the cross, I can always talk to him as I am now and it doesn't matter where I am or what I am doing. You've got to have faith. Faith in God and knowing that everything will be alright, and faith in yourself that you can, it might seem hard, but you're better in the long run, you're a stronger person for it. (Millie)

Having faith in God and herself helped her to cope with life's difficulties. When she has any doubts about herself, Millie would connect with her God for support. At the same time there was the communal and peer support, offered without making judgments and accepting her as a human with faults as well positive attributes:

I think it is the philosophy of the church and also what our Lord's main message is 'Love one another, be like a brother and sister to each other', don't go out and hurt someone. And you get forgiven ...you don't get 'You should not have done, why did you do it?' ladadada, they don't yell at you, they don't treat you like a little kid, they let you earn and if you learn from your mistakes, even better... and it is really good to know that I can ring up anybody in the church...(Millie)

Millie proceeded to describe church activities and said that there is something almost every night. When I asked "why this is so?", she gave a convincing answer:

To get people out of trouble, because there our way, they need it.... And that if you have something to hold on to, it gives you a total distraction from something else ...through being each other's support but also having the church there, so if she gets the temptation to use, she will ring me and I will ring my support. So we've got three way support network set up. (Millie)

Kay's approach is similar but presently she does not belong to any church group and her faith is more of a personal nature:

I go to the church and speak to God and light a candle for my daughter, and I am also trying to do good things. I have done some bad things and I hope that by doing good things, good deeds will help me to get her back and will help with my son.... But it helped me find other ways around and gave me support as well as a bit of guidance and a reason. (Kay)

As she mentioned here, her faith is supported by her life philosophy, values and ethics. Kay also clarified this and juxtaposed how being genuine in her intentions differs from using religion as a “crutch” (another aspect of Barney’s generalisation about religiosity), for being incongruent in one’s actions.:

Some people say ‘I believe in God, I can murder somebody, it’s OK’. Then they go to confess their sins...I think that people who use it as a crutch are not so much believers but say they are as an excuse to behave badly. (Kay)

So it is not so much whether religion is a “crutch” but whether it influences behaviour. But now Kay was also considering the advantages of being part of a community:

I think we need a community around us, which will help us to be stronger, and ehm, I think that going to church is part of being of that community and people having, eh, having not to, even that I would not tell people that we have been using, having people supporting us, and being equal to us and also people having the same beliefs. (Kay)

Dala’s emphasis was different to Millie’s and Kay’s. She said that being a spiritual person helped her to connect and to be compassionate with other people:

I intend to not judge people, and I look for that connection. Like I said, I can feel others’ pain and I believe that it comes through the spiritual connection, being a spiritual person. I actually feel their pain and sometimes it definitely is not a good feeling. But it is also, if I could

embrace it in the right way, in an artistic way that I want to, it could be a brilliant way. (Dala)

Researcher: “What forms of spirituality do you practise?”

Music, writing.. a lot of the times music, because I am an oversensitive and overemotional person, it's a form of escapism,

Researcher: “ And where does this inspiration come from, Dala?”

My psyche, hm, yeah.... And it is amazing that every single song That comes out is about the pain, being left alone in being with it...ahm, this sounds like a song one would be seeing it through my mother's eyes. (Dala)

Dala's lyrics and songs are telling the world about her feelings and vicarious experiences, both being inspired by her psyche. The emerging theme is transformation of pain into creative channels. She added:

My goal in life is to provoke emotions and insights. (Dala)

This statement contrasts to her earlier attempts to connect through stimulant drugs, as she described her journey of searching for herself and connecting with her emotional self. Dala's theme of connection re-emerges in various contexts:

Having a relationship with oneself. There's been times in my life when I felt elated, as if I am walking on air and there are times when I've been connected with myself and when I've acknowledged the, all the things that you've inside you, that sometimes, especially in everyday life you don't have the time to sit down and to look at that stuff, and when that voice gets heard, then there is more of a connection...(Dala)

Some participants did not acknowledge using any specific form of spirituality in their life but had some ideas about the way they could use it. Whilst heroin gave Don a sense of tranquillity, ideally he would prefer to become accustomed to drawing on his spirituality to get into that state of mind. He knew that it was attainable because he has had those experiences in the past when he practiced meditation from time to time,

as he mentioned earlier. He also seems to hint a degree of frustration for having spent large amounts of money on drugs over the years to buy his quick fix that he yearns for:

I know it's a quick fix. It's quite funny but you look at it like that. You look at Mike and he has spent hundreds of thousands of dollars on drugs and, yes, so thinking of spending hundreds of thousands dollars on my spiritual upkeep, that's a, I would consider a rip-off and it's quite strange to think that way, isn't it? (Don)

Researcher: "So, buying that tranquillity?"

Yeah, you can buy everything these days.

Researcher: "Yeah, but you never question spending money on heroin that you buy?"

No, no, strange, isn't it?

While Don seemed to be searching for a "helping hand", his scepticism was rejecting it at the same time. I felt that he was at the stage of being curious and having lack of trust in himself led him to mistrust others and, consequently, to avoid making choices:

I am often interested and willing to do something but when it comes to the day, I back out because I am scared that I will be hanging out And yes, I become a bit sceptical following things up, possibilities. Well, I hope that something will fall on my doorstep. Like I said, it doesn't seem that I'll go out and charge the world looking for it. (Don)

Vassa's concern is not about pursuing a particular spiritual practice but to allow herself to nurture her sense of childlike innocence and spirituality, and to simply be herself, embracing both the childlike part and the adult:

It is not like I am scared of getting old, it is because I can be a very immature person, I can be a very silly person, it is the community nurses, they know that part of me and they see me like a childlike....that's it, what's wrong with it? Look, I love the child in me

*and it's like back when we were children, it was easy to astral travel,
and for a long time I got lost, I wanted to be like other people but I
know now I can't be like other people. (Vassa)*

Conclusion

In presenting these stories I have been asking myself two important questions relating to my research question. The first question is: in light of the focus on spirituality and life meaning, why do people seek drugs? The stories in this chapter have indicated some of the reasons why these participants use drugs, including the need to numb pain, find tranquillity, and make connection with others. Two key themes that emerge from the narratives are *relational connection* and *pain control*. These two themes appear to be interwoven. For example, absence of relational connection with others or self appear to be related to pain (loneliness) and likewise people search for a relational connection to alleviate the pain. These themes sit within a phenomenological understanding of spirituality as a process of searching for life meaning.

Likewise, my question, “What are they looking for?” suggests that *connection* or *relationships and acceptance* are important to people dealing with heroin addiction. Another theme answering this question which arose from the narrative context was *numbing from pain, protection from swings in feelings, peace and tranquillity*. This prompted the researcher to formulate a table of grouped themes in order to see any relationships between themes and frequency of their occurrence. These are listed in Appendix E. The impact of these themes on the participants’ lives and emotional wellbeing is explored in more detail in the discussion chapter.

Another question relates to how the participants view spirituality and what can we learn from their stories about how spirituality might support them in dealing with their drug addiction. Whilst only a small minority were able to say how spirituality had helped them become drug free even for a period, there are powerful suggestions that spirituality might have relevance in addressing the needs for acceptance, connection and peace of mind, those things they were seeking in taking heroin or other drugs. Obviously, all participants held some interest in spirituality, which led

them to participate in this study, although they were not often able to say how their spirituality had helped them. This itself is a significant insight worth exploring in future. In the next chapter I will be addressing these questions further when I am discussing key findings.

Chapter 6

Discussion and Conclusion

Introduction

This chapter reflects on the research from a number of perspectives, including the researcher's experience of the research process and a discussion of the key findings of this study in the light of current literature. In writing this chapter, it is my hope to provide the reader with personally and professionally relevant insights that may have application for clinical practice and further research in the area.

Researcher's reflections on the research process

At the beginning of the research I thought that through the process of interviewing I would find out from the participants some specific ways spirituality could help people to deal with their addiction to heroin. As the research went on, it became obvious that I was not going to obtain such clear information from the majority of the participants. The participants of this study could be divided into three categories. One category consisted of two participants who believed that choosing a spiritual or religious path to recovery from heroin dependence was helping them to succeed. Participants in the second category had had earlier encounters with spirituality, either through an organized religion or other

forms of spiritual beliefs. However, they were unsure how to link spirituality and the recovery process. The third category consisted of one participant who had the view that spirituality and spiritual practices were irrelevant to both his recovery and his life. For this participant the only way to succeed was to make a cognitive adjustment and to reassess his attitude and relationship with heroin.

What I then saw as valuable in the data obtained through narratives, was the opportunity to explore what some people seek in heroin and what they seek in spirituality, and to look for links that might suggest ways spirituality could be helpful in dealing with addiction. In my clinical practice I always ask clients what they look for when using heroin, and participants' answers were very similar to what was already known to me. These were the questions that I raised at the end of the last chapter and which I intend to explore further in this chapter as I discuss my key findings in light of existing literature. I will also discuss some applications for my findings and some suggestions for further research.

Working in the area of addictions is an exciting challenge, whether you are a therapist or a researcher. I have been working in the AOD field for eight years on a part-time basis and over this time I have learned that building rapport is the first step in developing a trusting and co-operative therapeutic relationship with clients. This is because trust is often missing in a drug user's life. On the one hand, society tends to see drug users as people who should not be trusted, and on the other hand, their families' trust and support can become exhausted over the time when lapses and relapses occur. Consequently, drug users tend to be cautious and mistrusting themselves, having been cheated by dealers and other drug users.

The matter of rapport and trust has been brought up here because they impact on the research process. Some of the participants probably had earlier positive or negative experiences with counselling related to their drug use. When they volunteered to tell me their stories, they really did not know me as a person. To invite them to talk about sensitive issues in their lives, it was necessary to build a rapport in a very short time. During the first two interviews I found myself drifting off the topic, missing out on

putting forward important probes, whilst maintaining rapport by making empathic reflections. However, my awareness of this issue helped to make reflections and to stay with the topic in later interviews.

During the process of analyzing the data I found myself in a space of void and uncertainty. At times I was discouraged as it was difficult for me to see the relevance of what the participants said because of my expectations that they would provide me with more direct answers. I felt I was expected to find something that was unique to make this research worthwhile, and I could not seem to find it. However, this space of void gave me an opportunity to put aside previous practical and theoretical knowledge, including findings from the reviewed literature, and to look at what the participants' stories were saying and what this might tell me about the potential of spirituality to help with addiction.

Many of the participants' stories were quite moving and aroused empathy congruent with the researcher's approach and the narrative phenomenological paradigm used in this study. Exploring and searching for individual and common themes, unmet needs and related meaning called for listening beyond the words, and meeting individual participants on a "soul level", interpreting participants' metaphors which often provide a key to understanding a person's narrative at a deeper level (McLeod, 2001). For example, several of the participants used the metaphor of a crutch, although they understood the term differently.

Furthermore, I found I needed to adjust my interviewing technique, as described in Chapter 3. In the first interviews I was inquiring about people's understanding of spirituality without making an obvious link to their drug use. It was only later in the interview that I asked what was the role of spirituality in their lives, still not linking it to the recovery from heroin addiction. Possibly those who did make this connection for themselves were the only ones able to verbalize it. The questions in the present study were probably much more open in their wording, without suggesting links between spirituality and recovery from heroin, than those used in other studies (e.g. Arnold,

Avants, Margolin and Marcotte, 2002; Gorus in Miller, 1999; Korinek and Arrendondo, 2004; Margolin and Avants, 2003) that provided more definite links. My approach was directed by a desire for the participants to tell their story in their own way. Consequently, participants did not make the link between spirituality and dealing with their heroin addiction, unless they already used some spiritual practices in their daily life and their recovery process. This aspect will be discussed in more details in the section describing limitations of this study. Now I will move to the discussion of themes that emerged from the participants' narratives.

Search for connection

What emerged from the narratives was not only that people use drugs to control pain (Bien and Bien, 2002) by numbing their feelings but there was also an element of search for just being, ranging from contentment and pleasure (Lenson, 1995) and wellbeing to 'not-feeling anything' as the opposite to feeling pain or emotional discomfort. It appeared from the narratives that many participants' lifestyle and environment were empty in terms of lacking simple, enjoyable and fun leisure activities, such as outdoor activities, dancing, singing and the like, either alone or with someone. Heroin is known to be a drug of choice for those who tend to be "loners" as opposed to other drugs (stimulants) that have gained a name of being "party drugs" (McKetin, McLaren, Kelly, 2005). Yet these participants' stories do show a search for connection, and some admitted to using heroin to ease social connection, at least initially.

Some expressed a need to connect with the person they once were. For example, one participant (Vassa) described her yearning to be back in the countryside and riding her horse, as she was during her childhood and young adulthood. In her mind the close connection with her horse was a way of feeling freedom and being able to let down her guard. She said that she was not feeling safe with people, particularly in the city environment. Being confined to a wheelchair after an accident several years ago, made her vulnerable to physical and emotional violations, as her capacity to protect herself was limited. Although the initial reason for starting heroin use is not clear, for this participant

maintaining her dreams was motivating her to remain drug free, although at the same time the harsh reality was extinguishing them.

Another participant (Dala) also had dreams about connection, and in her case it was with people, reaching their hearts (and opening hers) through her song-writing. However, people in her social network were mostly drug users feeding her with their own pains. Again, Dala's environment was not offering a fertile soil for allowing her dreams to grow. Whilst she started her drug use at a young age in a group of friends (Davies, 1986:66) as a means to being together and to relax, associating with drug users at her present stage of life contributes to her intermittent use.

The need for connection with other people and acceptance seem to be closely linked to one another. Having been introduced to drugs by her past partners in her late teens, Sunrise now appeared to be living in shame because of her past drug use and its consequences. She felt lonely, and at the same time isolated herself for fear of her past being discovered if she made close friendships. Now in her late forties, she felt she had nothing to offer to other people and unconsciously rejected them before they could reject her, although she also yearned for a connection through close friendship.

Rejection and search for acceptance

MacDonald and Leary (2005) comment that "Inclusion in social groups has been a key to survival for social animals deep into the past, we propose that threats to one's social connection are processed at a basic level as a severe threat to one's safety" (2005:202). It can be assumed that the general population has these needs met by partners, family and friends or social network, which can include belonging to an interest group, a church or other spiritual group. Twelve-step programs theoretically can meet most of these needs, such as belonging and acceptance. However, it is well known amongst those working in the field of AOD, and also reported by many clients, that persons on a methadone program are not being accepted into most of the NA groups, which follow the ideology of the twelve-step program formulated by the AA. This non-accepting attitude by the NA groups is based on the opinions held by some members and leaders of these groups, who

see methadone as a substitute for heroin. Cortney (2000) notes that there are too many assumptions about how a person must awaken to spirituality, and those who do not follow the prescribed path, are seen as being on the wrong path or not ready to recover. Consequently, the majority of people on methadone maintenance programs feel rejected not only by NA but also by churches, and are cautious about seeking support, unless they are convinced that they will be unconditionally accepted. However, Millie's narrative indicated that she felt accepted and supported by her Church of Jesus Christ of the Latter Day Saint.

Whilst the literature suggests that many people seem to have been helped by visiting NA group meetings, other stories told by people on a methadone program were negative as Sobel (1995) recalls: "I didn't find compassion and understanding"; "I wasn't allowed to share my experience"; "I was blackballed". This is despite one of the main tenets of NA (and AA) philosophy being that "No addict should be turned away who asks for help" (Sobel, 1995). None of the participants in this study mentioned attending NA, but several clinical clients said that being on a methadone program prevented them from being accepted. The philosophical incompatibility of NA gave rise to the formation of Methadone Anonymous groups in the USA, but at this stage they do not seem to have spread to Australia.

Search for meaning

Meaning making is often recognized as a key aspect of spirituality (Bee, 2000; Fowler, 1983; Frankl, 1984) and can be thought of as connecting more with one's life. It is also a well known cognitive phenomenon that humans constantly need to make sense of almost everything they come in contact with or that comes into their minds (Frankl, 1959). The concept of meaning making is very subjective and could embrace either a specific element of one's life or the whole existence of one's being. It is also important to note that the questions presented to the participants in this study did not include the word "meaning". Any meaning emerging from a participant's story has been inevitably formulated by the researcher and will be influenced by her personal, professional and academic development, including discussions with her supervisor.

The importance of meaning-making on experience is emphasized by several writers and from different perspectives. For example, Bee (2000:310) argues that “The ultimate consequence of any given experience is largely (if not wholly) determined by the meaning we attach and not the experience itself”. In order to formulate any such meaning, individuals make certain assumptions about the world (worldview) and their place in it (internal model). Victor Frankl (1959) describes the system of meanings as follows: “We take from the world and we give to the world”, and what we take and what we give is inherently related to the personal philosophy of one’s place in the world. At the same time, Frankl (1984) suggests that the “will to meaning” is a central element of human freedom and existential motivation because individuals are free to formulate a meaning. Fowler (1983:58 in Bee, 2000:311) explains further that “One characteristic all humans have in common is that we can’t live without some sense that life is meaningful”. So, people are not only free to formulate their own meaning but also have a need to do so.

Inevitably, at times this process of discovering a new meaning leads to an emotional re-evaluation, which can bring a relief and/or sense of peace, but at other times people formulate meanings that can lead to more self-traumatisation (Lazarus, 1999). As Stoic philosophy posits: “Men are disturbed not by things that happen but by their opinions of the things that happen” (Epictetus in White, 2005). This means that people’s attributory style and capacity for acceptance of events can be either self-soothing or self-disturbing (Goleman, 1996). Many stories narrated by the participants of this study were truly traumatizing and these people were lacking in a capacity to self-soothe using resources mentioned earlier, and, as many stated, they sought relief by using heroin to have a temporary respite.

How do individuals construct their personal meaning system, which guides their style of interpreting experiences and making sense (meaning) of their experiences? Bee (2000) notes that the meaning system is both formulated and changed during the developmental process of the individual lifespan, eg. it changes with age and the level of personal development. Bee examined these changes in religious participation over adulthood and

refers to several studies by others that indicate that older adults (versus younger adults): a) tend to use moral or virtuous qualities as self-descriptions as they are more at peace with themselves; and b) tend to define their identity more in terms of broader social concerns than from personal relationships (2000:313). The findings indicated that religious participation tends to decline for persons over 60 years of age because concerns about other people's judgments tend to diminish with age.

However, the above still does not explain what influences the formulation of the meaning system held by younger adults, which is relevant to the participants of this study. Kohlberg's and Piaget's theories of moral and cognitive development are obviously relevant. However, describing this complex developmental process is beyond the scope of this study. The researcher argues that the precondition for this socially constructed process is adequate role modeling by adults in the intimate immediate environment of a particular individual, as well as the belief system used within that environment. Following are examples from the data of how meaning (broad or situation-specific) is socially constructed during a person's emotional development. For example, Barney's atheist upbringing influenced his meaning and beliefs about spirituality and religion in his adulthood. On the other hand, Sunrise's emotional needs were not met by her family of origin or her foster families, and this might have contributed to her continuous sense of being unimportant and rejected, as well as rejecting others, through out her life. The meaning assigned to an experience is inevitably linked to a personal interpretative mode, which inherently strongly influences how well an individual is able to cope with negative situations in life. Lazarus and Folkman (1984) suggest that individual appraisal (interpretation) systems are the basis for subsequent emotional response and ability to cope.

The above theoretical explanations and comments are relevant to the understanding of individual participants' interpretive style in the context of their narratives. Most of participants were yearning for connection and relief from emotional pain. At the same time it would appear that their stuckness and lacking of something that was meaningful to them, could be related to the aborted level of emotional and cognitive development in

those who become addicted to harmful substances at a young age (Brook, Lettieri, Brook, Stimmel, 1985; Trinidad, Anderson Johnson, 2002). It is important to note that participants in this study had been using drugs since an early age and so the opportunity for personal and emotional growth was arrested by the drug use. Whilst most participants were aware of their needs and what would make their life more meaningful, due to the earlier drug use and its consequences, at their present stage of life they lacked the capacity to formulate new understanding, life skills and meanings to make their life more satisfying. It appears that there is inadequate research on the relationship between drug use as self-medication during puberty and youth, and emotional development, whilst the focus is mainly on the relationship between drugs and neuro-chemical reaction on the brain (Mills et al., 2004). Avoiding negative emotions and stress by taking drugs could be seen as missing an opportunity to challenge oneself, to acknowledge feelings and to learn and enrich one's coping abilities. This is also my understanding of Nietzsche's well known statement, "Whatever doesn't kill me outright makes me stronger" (Marinoff, 2000:133; Nietzsche, 1959), which puts a negative event into a positive light in terms of a learning opportunity.

However, there are also many individuals who do not use drugs, and who seek therapy to help themselves to find ways for making their life more meaningful. The researcher would argue that possibly too much blame is placed on drugs and many therapeutic interventions focus on addiction itself without addressing the underlying issues that led to the addiction in the first place, whilst helping people to build more resources to cope with life's obstacles. It emerges from the participants' narratives that many have had experienced high levels of anxiety related to lack of acceptance, traumas and other difficult experiences. It also appears that a lack of inner coping resources (physical, emotional, social and spiritual) contribute to their continued dependence on drugs as an avenue to relief, often just a temporary absence of awareness of their difficulties. Obviously, in a state of an emotional and cognitive chaos and anxiety, it is difficult to see the meaning of individual life events in a broader sense.

Arguably, these participants could benefit from developing resources to manage anxiety and emotions. Goleman's (1996) concept of emotional intelligence refers to the ability to adapt to life events by means of a capacity to self-soothe. The cost of emotional illiteracy (Goleman, 1996:252) can be mental health disorders and self-medication with alcohol and drugs. Goleman suggests an integrative cognitive-emotional approach to deal with many situations in life, including related depression or anxiety. Wilson (2006), who is a clinician, also believes that using a cognitive approach to address clients' relationship with the anxiety and their environment, not the anxiety itself, is more effective as struggling with anxiety often contributes to more anxiety. Many participants' stories suggest that the lifestyle with an addiction could be seen as a cluster of anxieties arising from lack of skills and capacity to self-soothe. These skills are either learned during childhood or can be learned later in life within a supportive environment, when people become aware of some deep seated issues and the impact on their lives. Approaches with a spiritual orientation, such as the mindfulness approach (O'Donovan, 2007), meditative practices (Burke, 2005; Wegscheider-Cruse, 2006) and Acceptance Commitment Therapy (Hayes, Strosahl, Wilson, 2003), described in more detail in the literature review, encourage people to become aware of feelings and emotions without making a premature judgment about potential negative and overwhelming consequences. This practice can be seen as self-soothing in itself and is an important personal tool for people with an addiction problem, as well as anyone striving for psychological wellbeing.

Diverse faces of spirituality

In the Introduction, I presented several interpretations and descriptions of spirituality by scholars, theologians and therapists. Some linked spirituality to religious experiences (e.g. Jacobson, 1995; Yalom, 2003) and others stated that spirituality is independent of religion (e.g. Booth, 2004; Hayden, 2001; Waters, 2005). Miller and Thorensen (1999:6) depicted the difference as follows: "Religion is characterised in many ways by its boundaries and spirituality by a difficulty in defining its boundaries".

In the present study individual participants were asked to define spirituality in terms of what they understood it as being for themselves. It is noted that all participants except

Barney have been exposed to a form of spirituality (religious or non-religious) during their childhood by their families.

Several participants' stories, especially those who had had "paranormal" experiences, indicated that their encounters with various forms of spirituality or religion at a young age raised a sense of being different and sometimes rejected for being different. All participants lived in a culture where Christianity was the mainstream religion and other forms of spirituality or religions were not well understood, and perhaps still are not understood even in the present. For example, Vassa described herself as being a descendant of a gypsy community from Transylvania. Gypsies or Romany are known to have no religion as such (Taylor and Kaplan, 2005), and females are able to do clairvoyance either through the use of tarot cards or through entering the spirit world (Clebert, 1967). This participant described several spiritual experiences during her childhood in her family home and later, when she went to confession, she was openly called evil by the nuns in her Catholic school. Later in her young adulthood, she had a premonition of her forthcoming paralysis after a fall; however, she was unable to do anything to prevent it. And later, during her years of addiction and recovery from it, her connection with the spiritual world became weakened. Although she could sense danger and other people's negative intentions, she now felt powerless to protect herself and lived an isolated life.

Another participant, Kay, grew up in a family, where unusual events were explained in terms of signs coming from the world of spirits. Whilst this participant followed her intuitions and encouraged it in her children, she also found some comfort in more mainstream religious beliefs. This integration of beliefs helped her to find a connection with a Higher Power and also other human beings, rather than being isolated by, or ostracized for, her beliefs.

Participants' stories and depiction of their understanding of spirituality are dealt with in more details in chapter 5. Besides Kay's beliefs described above, Millie joined the Church of Jesus Christ of the Latter Day Saint and through their acceptance of her

addiction she found the support needed to change her lifestyle. But other participants did not draw on any form of spiritual belief or practice to support their recovery. Although only two of these participants were able to say that religion or spirituality had helped them in their struggles to free themselves of addiction, all of these narratives may provide clues for the potential value of spirituality in helping people to deal with addiction. In the next sections the relationship between trauma, drugs and spirituality will be discussed to see if this is the case.

Relationship between trauma, drugs and spirituality

Many of the participants have narrated some traumatic events in their early life and these experiences appear to have raised many questions for them, for which there were no answers at the time. It is believed in the therapeutic community that when a trauma is not addressed, there is a potential for the person to develop a variety of difficulties related to coping with emotions and situational triggers. However, some people have adequate inner resources to cope, or can through therapy be encouraged to develop them. This could involve reframing, that is re-assessing the meaning through different interpretations (Frankl, 1959; Lazarus, 1999). Awareness of emotions as signals calling for an internal adaptation contributes to the capacity to self-soothe (Goleman, 1996). Using personal spiritual beliefs can also lead to a sense of empowerment (Bee, 2000). The majority of the participants in this study, have not learned the ability to soothe their emotional discomfort. This has implications for therapeutic practice.

When people do not have adequate inner resources or support to cope emotionally, as many participants revealed in their stories, some turn to drugs for relief of their pain. For example Kay specifically mentioned that she had self-medicated against her pain from trauma, as discussed in chapter 5. DSM-R (2000:464) describes symptoms of Post-Traumatic-Stress Disorder (PTSD) as including substance related disorders, anxiety, depression. The link between heroin dependence and mental health problems is also supported by a longitudinal study of treatment outcomes conducted by Mills, Teesson, Darke, Ross and Lynskey (2004), who found that their drug dependent subjects showed a

high rate of psychiatric comorbidity with 37% having lifetime PTSD, 23% Current Major Depression, 75% Antisocial Disorder and 51% Borderline Personality Disorder.

These high occurrences of symptoms could raise several questions: Could some pre-existing psychiatric symptoms be an important variable contributing to heroin dependence? As suggested by Sussman, Dent and Stacy (1999), substance use may be for some people a way of coping with life stressors or mental health issues when they are not shown another way by their available support network. However, if we also consider that some people with psychiatric illness do not develop substance dependence, another question arises: Did this group of people learn a wider variety of coping ways during an earlier stage of development from their families or important others? Leventhal and Schnitz (2006) suggested various risk factors of drug dependence based on an interactional-transformation model of developmental psychopathology, when young people have not been given an opportunity to learn to adapt their emotional responses when interacting with others. Further, the heroin treatments investigated by Mills et al. (2004) did not clarify whether the underlying issues of these disorders were addressed at the same time as the heroin dependence. However, as it appears, many participants in my study could have had some pre-existing comorbidity, such as PTSD, depression, anxiety and possibly other undiagnosed symptoms. Their previous experience of counselling therapy has not been investigated here because a phenomenological rather than a medical model approach has been the focus of this study.

Why do people use drugs?

In this study there were three participants who specifically stated that they progressed to other drugs after smoking marijuana in the company of friends. There are conflicting opinions as to whether smoking marijuana per se necessarily leads to use of other drugs (Aharonovic, Liu, Samet, Nunes, Waxman and Hasin, 2005). Both marijuana and heroin are classified as depressants. The “Gateway hypothesis” (Tarter, Vanyukov, Krisci, Reynolds, Clark, 2006) predicts that when people begin using one type of a drug, later on they are likely to progress on to other, often more potent drugs. Already about two or three decades ago, marijuana was known to be the most widely used or abused drug

(Kozel and Adams, 1986). Levinthal (2006:16) points to the “Expectation effect” as one of the most uncontrollable factors contributing to drug taking and dependence, as well as relapses. This theory of expectancy effect (Levinthal, 2006) was supported by participants of the present study when they described during the interview their personal expectations they held from using heroin as the drug of their choice. Some participants specifically stated that their dependence or addiction was related to a specific state of mind that heroin produces for them, not to heroin per se. One participant mentioned that using the needle itself gives her a special sense of excitement, which she called “a needle fixation”. The specific state of mind helps to clear the mind of clutter and consequently, it helps to attain a sense of feeling relaxed.

One of my analytical questions was: What were participants seeking from heroin? Many of the participants’ narratives supported Lenson’s (1995) observation that people sought an idealized version of the self, particularly the ability to relax and clear their mind of the stressful clutter, which includes emotional pain. Without doubt, their stories revealed many traumatic experiences and a strong aversive emotional response would have been seen as normal by most people in general. Wanting to “knock-out” the feelings, as suggested by Bien and Bien (2002) is also a common desire by many individuals, when feelings become too overwhelming and sometimes diminish one’s ability to function and face their daily tasks. Obviously, this practice worked only temporarily. Once the effect of heroin (in fact similar applies to licit drugs) wore off and feelings returned, and using the same interpretation for the primary problem, the pain came back.

The expectancy effect of a desired state of mind also played a large role in participants’ dependence. As Krivanek (2000) suggests, drug users become conditioned to respond to a variety of stimuli that lead to an uncomfortable feeling by using heroin. This operant conditioning to a desired state of mind is the major factor in developing psychological dependence. We are all using operant conditioning in some form every day. For example, if we are hungry, we partake of food or if we have a headache, many people take a painkiller. We tend to do things that have worked for us in the past almost automatically. When people had some positive feelings after using heroin, they tend to desire the same

feeling again. Levinthal (2006) refers to this as the expectation effect. Many participants reported that after using heroin for a while, the intensity of heroin effect became much lower, yet they continued using heroin with the expectation that they would get that desired feeling that attracted them to heroin at the earlier stage of use. Lenson (1995) found that people seek to inhibit a stress-like state of mind and to simply become relaxed, albeit for a brief moment. However, many people, including some participants, report being nauseated after their first use, which becomes promptly forgotten. People also remember that when they reach the state of physical withdrawal and feel physically sick, another shot of heroin will fix it.

The expectancy effect also relates to methadone and all participants of this study began their methadone treatment expecting their physical withdrawal symptoms to be taken care of. Several studies were conducted on the effectiveness of methadone and showed 50% to 80% recovery after one year, whilst 5% to 30 % continued with intermittent use of heroin (Barber, 1995; Kreek et al., 2004). It was also found that in the USA about 5% to 6% of methadone patients were older than age 55 and “did significantly better than their younger counterparts” (Firoz, Carlson 2004:539). Those who were successful in their recovery, it could be assumed, expected that methadone would help them to stop using heroin. However, it is not known whether in the above studies methadone was the only resource in the recovery or whether they found other resources through therapy or by themselves, and whether their level of satisfaction of life has changed as a result. Findings of the present study suggest that methadone as the only resource for participants’ recovery was not effective for all, although long term outcomes of recovery are not being followed up within this study. This could be explored in detail in another study.

Methadone is known to be highly addictive and alters brain receptors in a similar way to heroin, and neurological adaptations are longer lasting than those produced by heroin (Arneson, 2006). Several participants brought up in their narratives an uncomfortable experience of emotional vulnerability whenever their dose of methadone was lowered. Consequently, many people stop using heroin and remain on a methadone program for

many years. A colleague, a medical prescriber of methadone, reported that he has been seeing the same client for twenty years. Many of the researcher's clinical clients reported being on a methadone program for ten or more years and only recently sought counselling therapy as their life satisfaction was still lacking. Undoubtedly, methadone offers people protection from various infections through intravenous injecting, a degree of stability in their lifestyle and relationships. It also gives an opportunity to deal with unresolved issues in a more stable emotional state.

How does this study add to our knowledge?

In this section the findings of this study will be compared with the findings of others mentioned in the literature review. The present study intends to expand on some aspects of the study conducted by Arnold, Avants, Margolin and Marcotte (2002). Participants in their study were opioid dependent patients enrolled in a methadone program, and their study had three goals: a) to explore how spirituality is defined by HIV positive drug users; b) to explore any perceived relationship among spirituality and abstinence, harm reduction and health promotion; and c) to assess interest in spirituality-based intervention for various aspects of recovery. Their study used a qualitative paradigm for exploration, and a quantitative paradigm in the form of questionnaires was used to measure the relationships and interaction between factors. Analysis used Multivariate Analysis of Variance method based on the rating obtained from the patients' answer in the questionnaires (Perceived Helpfulness of Spirituality). Arnold et al. (2002) concluded that many subjects were supportive of integrating spirituality into their treatment. However, they did not evaluate whether they were able to put these suggestions for integrating spirituality into practice.

On the other hand, my study also explored directly how spirituality is understood and practised by patients on a methadone program, and the data were obtained through their narrated lived experiences. However, no participant identified him/herself as HIV positive. From this point the present study differs from Arnold et al. in that any relationship between spirituality and recovery was explored more directly by asking how the participant used spirituality in their daily life (rather than exploring a perceived

relationship). Formulating questions in this fashion aimed at participants' making their own connection between spirituality and recovery, if it was applicable to them. Likewise, their interest in spirituality-based therapy for various aspects of recovery was not asked about directly. Changing the last two questions of the Arnold et al. study was purposeful, as this study aimed to explore the lived experiences rather than perceived helpfulness of any existing spirituality-based interventions. This study confirms that people know what would be helpful or harmful, yet often do not implement this knowledge in their lives. For example, Don said he was willing to experiment with doing something different but then backs out when his inner skeptic takes over to prevent his acting upon new possibilities. Furthermore, this study also suggests that the participants would benefit from learning skills and strategies, some of which may be spiritually based, to help them meet their needs for healing and social connection.

How did the participants understand spirituality? The disappointing finding of this study was that most participants had some experiences they linked with spirituality but by themselves did not see their relevance as a potential resource to help with their recovery process. Only two participants had a more definite understanding of the ways that spiritual practices, either on their own or in a church community, were the resource that they identified as helping them in their recovery process. It seems clear that spirituality will not be a resource or support unless clients are taught how to integrate it into their life in a way that is compatible with their beliefs and their way of being.

The researcher has regular consultations with methadone prescribers at the clinic, and it came to her knowledge at the time of writing this conclusion that two of the participants had relapsed more than a year after their participation in this study. These occurrences suggest that people may regress to the expectancy effect described earlier (going back to what "worked" in the past). It also indicates that participants' stories may change from one time to another. One of these participants experiencing a relapse was receiving a church support, and this reality supports Underhill's (1998:12) notion that "Most of our conflicts and difficulties come from trying to deal with the spiritual and practical aspects of our life separately, instead of realizing them as a part of one whole". Similarly,

Welwood's (2000) thought that turning to spirituality without addressing unresolved issues at the same time, may not lead to a permanent recovery and peace of mind and that ongoing support is required to maintain life changes.

Although the majority could not say that spirituality had helped them, their willingness to participate in the research shows an interest in spirituality and exploring it as a source of support. Beside Barney who chose a cognitive adjustment, five other participants appeared to be still searching for an inner resource, or one coming from outside, that will help them to make a choice of a practice, spiritual or other, that will be beneficial and most suitable for them in the context of their beliefs and values. Whether some spiritual practices would become their resource during the recovery process or a means and a space for finding their resources, is not known. However, these participants would need help to explore the ways of making a connection either through counselling or engaging in an activity that will provide them with a clean mental space and motivation to remain drug free. Such an activity might well be an established spiritual practice but also it could be any other physical or mental activity that brings a satisfying state of mind similar to that arising from religious or spiritual practices. As suggested by Vaitl et al. (2005), an altered state of consciousness can occur spontaneously during daydreaming, a high level of physical activity or relaxation. The researcher would add that mindfulness, joyful and fun activities, such as walking in nature, swimming in the ocean, music or dancing, are also mind altering. The balance of these simple activities is often missing in lives of people with any form of an addiction and inviting an interest and encouragement should be incorporated in therapy.

Limitations of the study

The finding of this study cannot be generalized across the population of heroin users on a methadone program for a number of reasons. The phenomenological approach relies on description of experiences and life-worlds as they are authentic (McLeod, 2003:94-5) for participants at the moment of the interview. The participants' accounts reflect their experiences at the time of the interview because the view on these described experiences and coping resources can change from one time to another. For example, this was

apparent during the second interview with one participant and a reported relapse of another participant. Although the use of triangulation (McLeod, 2003:95) was not intended in the methodology, the researcher has been exposed to other sources of information, such as regular consultation with the prescribing practitioners. The availability of this information has increased the credibility of the study, although the researcher is aware that findings of this study are not objective in terms of some external reality, but represent the participants' construction of their reality.

The number of participants was limited by the scope of this study and by the number who responded. The methadone clinic has about four hundred clients but only fourteen people showed interest and eight of them proceeded to the interview stage. At the same time another organization was conducting a research on genetics of drug dependency, with an incentive of \$50. It is possible that some people chose to participate in that study instead of mine, which was not offering any incentive for the participation, as I needed people who would participate with an interest other than monetary. Besides, monetary rewards are contradicting the UNE HREC regulations and, arguably, introduce another variable impacting on findings.

Another limitation, as it is seen retrospectively, could be the location from which participants were selected on voluntary basis. Although the convenience sampling method and researcher's safety were the main reasons, participants' commitment to the methadone program had little relevance to the research question. Their commitment could have been both an advantage in terms of their genuine desire to stop using heroin and find a relative stability, but their choice of methadone could also be a limitation. At least two of the participants were still using heroin at the same time, which appeared to be contributing to their frustration with themselves, as their medicating with methadone became another resource that did not work for their psychological dys-ease. Some deep existential themes have emerged from their narratives that appeared to hinder their recovery from heroin.

A further limitation or disappointment was that these narratives did not yield much data about participants' experience of spiritual practices that was helpful in the process of recovery. This could be due to the fact that personal definition of spirituality is multidimensional and spiritual experiences are inevitably phenomenological. For some people spirituality is connected to a religion or other defined practice but others can experience a spiritual connection with people, animals or nature on daily basis and this gives them a sense of belonging and being part of the universe. This connection and congruent beliefs and values can contribute to a sense that they live a meaningful life and bring a peaceful state of mind, which helps coping with inevitable daily obstacles of life. However, all (except one) participants in this study linked spirituality to a religion rather than a way of being. The group of people who participated in this study did not seem to have had an opportunity to mindfully appreciate and experience the positive and empowering aspects of life, but were consciously focused on the problematic side of life. This leads me to speculate what had led them to either seek a peace of mind or to hide from emotional pain in heroin. This then becomes an important finding. Participants might have benefited from psycho-educational interventions that would have broadened their understanding of spirituality and how it could help them in their battle against addiction.

Application of findings

This study did not aim to discover a new approach to therapy for addictions. However, through the process of interviewing the participants, reviewing the literature on addiction and spirituality, analyzing the data and reflecting and discussing these findings, I became aware of what could be done better in the future. This study shows that only a minority of the participants were able to integrate their spirituality into their daily lives in ways that would support them to overcome their addiction to heroin or to wean themselves off methadone. However, their stories show areas in their lives that need to be addressed. Several participants gained an insight and become aware of their earlier habitual blaming adverse external events in their lives, family life and others for their drug use. Several participants admitted that they were self-medicating against painful feelings arising from deep unresolved issues and earlier traumas, lack of meaning in their lives and loneliness.

Although they had stopped using heroin, they admitted that methadone (high doses) also served to protect them from feelings associated with these unresolved issues. At lower doses of methadone, as some participants stated, negative emotions seem to re-emerge. It appears that the psychological dependence, although acknowledged, is not receiving the same level of treatment as the physical dependence on drugs. These findings have application for policy, clinical practice and research.

What do the findings suggest about clinical practice? From the participants' narratives, it can be seen that methadone per se does not encourage necessary adjustments in the lifestyle towards a satisfying life unless people learn the ability to recognize their emotions and self-soothe rather than attempt to numb them. As mentioned earlier, many participants started using drugs during their years of emotional intelligence development and missed out on learning how to face their painful emotions and to deal with life events without drugs. I would agree with Lewis, Dana and Blevins (1994) who suggested that therapy should be multidimensional as a very large proportion of drug users, or later methadone users, have had a limited opportunity to learn about their ability and motivation (or lost it during the years of drug use) to get to know themselves and to interact with others mindfully. They need to acquire appropriate communications skills to connect with others, expressing their need for intimacy and acknowledging their needs as well as those of others. Not only might this approach support people to look at what was keeping them stuck in addiction and help with posttraumatic healing, but also inspire people to add more joy and fun in their life in a balanced way to prevent relapses. As mentioned earlier, a psycho-educational approach to support could be helpful.

In chapter 1, I referred to my journey as a therapist and the part played by this study in this journey. At that time I referred to my integrative approach, informed overall by an underlying belief that exploring a client's spirituality, whenever appropriate, is an important aspect of exploring a client's way of being-in-the-world. This study has provided a further opportunity to do this through the interviews with the participants. What emerged from these interviews is a suggestion, that using (or imposing) the word "spirituality" in a clinical practice could actually create a confusion in some people, as it

did for Barney in my study. Initial exploration of practices, values and meanings may be more appropriate for those people who do not consider themselves as spiritual beings or spiritually oriented. This could be done in a group context where individuals' understanding could be expanded and enriched by the interaction.

Suggestions for further research

Having listened to many clients of the methadone clinic for seven years, I find it disturbing that only a low percentage of people exit the program and remain heroin free for an extended period of time, and that a single lapse could lead to a relapse. As there is no follow up contact with those who exit, unless they have a relapse and return for treatment, it is not known for how long they remain drug free or have an occasional use (which in the AOD field is named a lapse), without falling back into the dependence cycle. These are some obvious areas to explore through research.

Also, it could be suggested that future studies on addiction need to explore what gives people pleasure, meaning and joy in life and whether they implement enough of these experiences into their lives, and what prevents them from doing so. Whilst we know what contributes to addiction, depression and other dys-eases, do we know enough about what makes people full of energy, joy, smiling, healthy and content with their life, loving the life they live without a dependence on drugs? Drugs become a problem when they dominate a person's life. Whilst the current trend is to research pathogenesis (aspects related to disease and un-wellness), in the future I would like to research qualitatively salutogenesis (maintenance of wellness), and find what makes people feel well, physically and mentally healthy and coping in the modern world. One place to begin would be qualitative research exploring the experience of those who have recovered from heroin and who have successfully exited from the methadone program as well. This would give some indication of resources that were helpful for them. It might be difficult to find such participants, however.

Another suggestion for the future is action research, whereby a group, for example a psycho-educational group, is set up for methadone users, working on issues such as self-

soothing, anxiety management and communication and intimacy skills. Some spiritually focused practices or skills could be introduced (e.g. meditation or mindfulness) as part of the program. The research would involve running the group for a period of three to six months and using regular observation, interviewing and self-monitoring. The assessment of its therapeutic usefulness would be done by its participants on exiting and follow ups some time later.

In summary

Obviously addiction counselors mostly encounter those for whom drug use becomes a problem that dominates their lives, and participants in this study belong to this group. The findings of this study confirm the importance of helping people to develop understanding, skills and resources that will help them deal with the unresolved issues that are leading to their addiction.

The reviewed literature (Arneson, 2006; Bien and Bien, 2002; Krivanek, 2000; Lewis, Dana, Blevins, 1994) and the finding of this study indicate that psychological dependence on heroin is stronger than the physical dependence. At the same time, health authorities take steps towards harm minimization on the physical level by administering methadone, facilitating needle exchange and safe injecting centres at some cities, which is very valuable for preventing the spread of infectious disease and deaths by overdose. But very little appears to be done for harm minimization on a psychological level, except educational information offered to school students about the harm that drugs create for users and society. Considering the current trends in drug use, such education methods may appear to be frightening one group of young people whilst enhancing curiosity and attraction towards the “forbidden” in others. Indeed, perhaps excessive efforts are made in focussing more on negative, harmful ways of living than on what most humans want: self respect, being respected and accepted by others, fostering nurturing and joyful connections with others. Encouraging individual emotional intelligence (Goleman, 1996) by learning the ability to live with pain for a bit longer without reaching for something to numb it could also provide a space where people can learn from the experience.

Finally, I would like to write what I have learned from doing this research and how it is likely to impact on my clinical practice. Whilst I appreciate the value of phenomenological research into drug dependence, I became also aware of its limitations, which are mainly related to the findings gathered during a limited time and usually without a follow up to verify the stability of collected data. Consequently, whatever is valid at the time of an interview, may change within a short time. Therefore, I believe that phenomenological clinical case studies carried over a period of a year or more, may better reflect the process of recovery in therapy and the resources individual persons found helpful. This study has strengthened my interest in the uniqueness of individual as a person, and exploring his/her potential needs and resources to a meaningful life. Besides helping people to identify the skills they need to learn to become comfortable with themselves in their world, another way of practising this ethos is my aim to uncover with the client all his/her strengths and wonderful aspects of his/her being, and holding on to them until the moment the client is ready to take them over and use them to create what gives meaning to his/her life.

Appendix A: Letter to Agency

29th April, 2005

Clinic 36
36 Regent Street
Chippendale NSW 2007

Dear Sirs,

I wish to conduct a research project for my Master of Counselling (Hons) at the University of New England. My research topic is "How persons on a methadone program understand spirituality and its role in their lives".

This research involves interviewing people on a methadone program and I wish to ask your permission to recruit about 8 participants by displaying signs at the dosing area of your agency. I will also need to use the regular room for interviewing participants. Interviews will be done on Fridays, one or two participants per day. However, I wish to make it clear that participants will not be existing clients.

The purpose of this study is to explore participants' understanding of spirituality, including its relevance to their lives and its potential in addressing drug dependence.

All rules of confidentiality will be observed and audiotapes of interviews will be kept at my home office and no record will be made in participants' files. After my thesis has been examined I will present you with the findings through my thesis and/or any other reports or papers I might write.

Please indicate your permission in writing by placing your signature on two copies of this letter. The Ethics Committee at the UNE require this to be attached to my application for their approval of this research.

Thank you for your help.

Yours sincerely,

Juliana Triml

Above request granted and signed:
Roger Crawford, CEO

Appendix B:Information Sheet for Participants

My name is Juliana Triml and I am enrolled in Master Honours research entitled “How persons on a Methadone program understand spirituality and its role in their lives”. I have been interested in this issue and any links to counseling for a long time. The purpose of this study is to explore participants’ understanding and attached meanings of spirituality and its impact on their personal lives.

The method for obtaining data is taped interviews. Your participation consists of one interview of 60 to 90 minutes.

Confidentiality: For purpose of analysis, these interviews will be audio-taped and transcribed. Every effort will be made to maintain confidentiality, including

- Storing tapes and transcripts securely when not being worked on in my office in Sydney.
- Assigning pseudonyms or codes to transcripts and tapes and storing names and identifying information separately from tapes and manuscripts.
- Removing all identifying information from written transcripts.
- Restricting access to transcripts to myself and my supervisors.
- Destroying tapes and manuscripts after 5 years.

If you do consent to participate in this study, you have the right to stop the interview and withdraw participation at any time. I shall be returning to you with transcripts of the interview for you to check and/or add more relevant information.

Although it is assumed that participation in this research will be an enriching experience, telling our stories can stir up unresolved issues. If this is the case, counseling is available from Langton House or your local Community Health Centre. Contact details are below.

Langton House : phone 9332 8777

Mission Australia Counselling Service: phone 1800 633 063

Lifeline: phone 13 11 14

I welcome your interest and participation in this project.

Yours sincerely,

Juliana Triml

If you would like further information please contact:

Researcher: Juliana Triml
Counselling Psychotherapist
c/o Clinic 36
Ph. 0422 348 978
Email: jtriml@bigpond.net.au

Supervisors: Dr.Frances Mackay
Lectures School of Health
University of New England
Armidale 2351 Ph. 67 73 3659

Dr. Randolph Bowers
Lecturer School of Health
University of New England
Armidale 2351 ph. 67 73 3681

*This project has been approved by the Human Research Ethics
Committee of the University of New England
Approval No HEO5/122 valid to 3/8/2006)
Should you have any complaints concerning the manner in which this
Research is conducted, please contact the Research Ethics Officer
At the following address:*

*Research Services
University of New England
Armidale NSW 2351
Telephone: 02 6773 3449 Facsimile 02 67773 343
Email: Ethics@metz.une.edu.au*

RESEARCH PARTICIPANTS WANTED

For research on the following topic:

“HOW PERSONS ON A METHADONE PROGRAM UNDERSTAND SPIRITUALITY AND ITS ROLE IN THEIR LIVES”.

If you are interested, please leave your name and contact phone number in a sealed envelope and leave it with the receptionist or send me an SMS on 0422 348 978.

I will contact you at the earliest opportunity.

Juliana Triml

Ethics Committee approval number: HE05/122

Appendix D: Consent Form

Consent Form

Research topic:

How persons on a methadone program understand spirituality and its
Role in their lives

Researcher: Juliana Triml, C/- Clinic 36

I, _____ Have read the
Information above and any questions I have asked have been answered to my satisfaction.
I agree to participate in this study, which will include the audio-taping of interviews,
realizing that I may withdraw any time. I agree that the research data gathered for the
study may be published, provided my name and other potentially identifying information
is not used.

Participant's signature:

Date:

Researcher's signature:

Date:

Appendix E: Table of Emerging Themes

Table of emerging themes

Key themes	Ina	Kay	Millie	Vassa	Dalla	Sunrise	Don	Barney
Memories of spirituality	x	x	x	x	x	x	x	x
Acceptance/rejection	x	x	x	x	x	x	x	
Identity	x			x	x	x	x	
Emotions/pain	x	x	x	x	x	x	x	
Church attendance	x		x			x		
Experience of trauma		x	x	x	x	x	x	
Memories of prejudice				x		x		
Paranormal experiences		x		x	x	x		
Spirituality used to cope		x	x		x			
Spirituality as 'crutch'		x				x		x
Drifting/eclectic	x				x		x	
Desired state of mind	x	x		x	x	x	x	

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