

**“BABEȘ-BOLYAI” UNIVERSITY, CLUJ-NAPOCA
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**Understanding change in recovery from addictions
– a multidisciplinary perspective**

SUMMARY

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Key words: recovery, addiction, brain disease, alcoholism, free will, responsibility, change, peer group, support, vulnerability, counseling, model of recovery, 12 steps, tools for change, interaction analyses, clinical tools, non-clinical tools, meaning, community, lived experience, social interaction, recovering addicts.

Addiction recovery is little studied directly and philosophically defined, although the “practical philosophy” of recovery is found in the daily practice of those who choose this path. Even though the concept of addiction as a disease seems to go more towards the medical sphere through the bio element, I want to define and highlight the psycho-socio-spiritual aspects, so important in defining good rehabilitation models, and to open new horizons of research.

Currently, Romanian society is in deep need of changing from a strictly medical approach to a humanistic approach, however, it has difficulties in understanding humanistic approaches, the approach of the whole person, not just the symptoms and medical comorbidity.

The phenomenon of addiction is analyzed from different philosophical perspective, either congruent, either divergent, debating on central issues that define addiction (free will, control, responsibility), I will also explore rehabilitation models that have emerged depending on the way addiction is defined and understood and we will see the limitations of the knowledge of each of these.

Addiction is increasingly understood not only as a medical or behavioral condition but also as a disruption of selfhood, temporality and relationality (Flanagan, 2011, p. 76; Pickard, 2017, p. 387). While considerable research has been dedicated to the causes and mechanisms of substance use disorders, less is known about how recovery actually unfolds in the daily lives of individuals. In particular, the role of peer interaction, embodied presence and dialogical processes in shaping recovery trajectories remains underexplored (Best & Laudet, 2010, p. 2).

The theoretical frame is completed with the doctoral research, oriented on what facilitates change in interaction within recovery groups, using the method of interaction analyses. Trying to understand addiction from humanistic and philosophical point of view, questions that are looking for an answer emerged: Why do people affected by the disease wait so long to seek help? Why do they suffer for so long? In this research I tried to address some of these questions, exploring elements of interactions in the recovery groups, the importance of the characterological conflict for the transformation process of the recovery from addiction, change of identity and finding the meaning of life, as they are revealed in the analyses of interactions.

Recovery from addiction has drawn significant attention from researchers, particularly because of the wide range of models and recovery pathways currently promoted and practiced in modern society (Best & Lubman, 2012, p. 310). Recovery has been largely embraced as the main goal of the treatment of addiction.

This research starts from a simple but powerful idea: people struggling with addiction are not just “addicts” or clinical subjects. They are human beings, people who suffer, who search for meaning, who feel lost and who still carry the hope of healing, for themselves and even for others.

In Chapter 1 - Understanding addiction - from definitions to subjective experience lays the foundational groundwork for understanding addiction, tracing how the concept has evolved over time from early moral and philosophical explanations to medical definitions and to more contemporary biopsychosocial and phenomenological models. It argues that addiction cannot be reduced to a single cause or symptom or addressed as a sin and moral failure, but should be viewed as a complex, multifaceted experience shaped by biology, psychology, society and personal meaning.

The chapter begins with a critical review of traditional definitions regarding the moral versus deterministic point of view. From here, the chapter shifts into phenomenology, emphasizing the subjective inner world of those struggling with addiction. It explores how people often describe addiction not merely as physical dependence but as a deep existential void, a cycle of craving and regret and a coping mechanism for unprocessed trauma or emotional pain. This allows us to see addiction as more than a brain disease; it is a way of relating to the world, to others and to own person.

The brain disease model of addiction is also part of the equation, as an important complementary explanation and complex view of the way that the brain is hijacked and disturbed by the chemical impact of the substances, thus affecting the agency and free will. While this model provide clarity and clinical utility, they often fall short in capturing the lived experience of addiction what it actually feels like to be addicted.

From existential and humanistic perspectives, addiction, in this view, reflects a struggle to make sense of one’s life while suffering from alienation. Importantly, recovery is portrayed not only as abstinence, but as reconnection with others, with time and with one's authentic self.

Spiritual and emotional symptoms are explained and important concepts that are rooted in the moralistic view, are now enhanced and regained in the restauration of the human being and the BEING of life. Drawing from Sartre and Heidegger, addiction can be seen as a form of inauthentic being or bad faith: the addict evades responsibility by allowing the substance to

structure their life-choices. Recovery is the moment of existential awakening, when the person sees themselves as responsible for who they are becoming, even under conditions of craving or despair.

In conclusion, Chapter 1 sets the tone for a deeper and more compassionate approach to addiction, one that balances scientific insight with personal narrative and acknowledges that understanding addiction requires listening to those who live through it.

In Chapter 2 we overview Recovery from addictions as clinical and non-clinical perspective, by explaining some methodological aspects.

Recovery from addiction is viewed merely by the cessation of substance, or just to control the use and treating the medical symptoms associated. The term used is „*to be in recovery*” means an ongoing process of change (Witbrodt, 2015). I invite the readers to look into the value of recovering experience, as we are not trying to run from the past and active addiction, but to use it as a base for the new life in recovery.

The 12 Step model, put together multidisciplinary methods to address this learning at multilevel and multifaced complexity of the disease, but also of the recovery, since there is no single path or single tools to extract the old addict are renew the person.

Importance of peer support communities is presented, as a way addicts can regain and re-construct their lives, guided by spiritual principals. Some important tools: sponsorship, anonymity, *”the peer hierarchy”*, return of help, peer accountability and contingency management. All these tools highlight what Neil Levy (2006) argues that *“recovery is a reclamation of one’s authorship over one’s life narrative”*.

The chapter surfaces the philosophical and spiritual concepts related to the 12 Steps, what are the therapeutical tools (24 hour program, v chart, daily inventory etc.) used either in clinical (like counseling setting) but in non-clinical context (like 12 step support groups) (Amariei and Varga, 2017), the concepts of religion and spirituality, the recovering communities as recovery capital and the group as a method, but also as a new family for the suffering addict and its value in bringing the change. This moves us to the next chapters as I was trying to investigate how change is possible.

Chapter 3 addresses Change in recovery, the important questions raised in the previous chapters, on how people with addictions are able to regain their lives and make the shift from the self-destroying patterns to a self-fulfilling existence.

This chapter presents the methodological base for bringing the scientific insight with personal narrative as it requires listening to those who live through it. The innovative research studies the particularity of recovery model for Romanian environment. Implemented for the last

25 years, I am tried to point out several elements of the efficiency of the recovery model, the bio-psycho-social-spiritual Minnesota Model using the 12 Steps principals and philosophy.

The exploratory study attempted to identify an innovative perspective of the aspects pertaining to the recovery from addiction which are susceptible to be disclosed primarily by using linguistic and informatics tools inspired by the analysis of interactions, more precisely by using the Eudico Linguistic ANnotator (ELAN) software to annotate and transcribe the video and audio recordings. (Coletta et al., 2010; Fournel, 2018; see also Wittenburg, 2006). The specific annotations are any of the sentence, word, a comment, translation or a description of any feature observed in the media and will provide the basis of the analysis. (in the Annexes, we can find full description of the focus groups). It continues its direction of analysis and discovery through interactionist methods, the elements of success in entering recovery and maintaining commitment to change, resolving conflict and finding meaning in the new life.

The voice of the recovering people is heard and included in the scientific process in the tridimensional methodological approach. Methodologically, the research uses Multimodal Interaction Analysis to examine video-recorded sessions of group recovery meeting (12-step support group and thematic focus groups). To ensure the validity of interpretations: 1. direct observations and verbal sharing during the support group sessions were triangulated with 2. multimodal analysis carried out using the ELAN software and 3. the video were subsequently discussed within a focus group of specialists (addiction counselors, psychologists, linguist, priest, social worker, addiction counselor and sociologist).

Adapting Katila & Raudaskoski's (2020) embodied interaction analysis to Alcoholics Anonymous groups provide a powerful lens for understanding how recovery is enacted.

This thesis explores how individuals in addiction recovery reconstruct agency, identity and embodied presence through real-time interactions in group settings. Drawing from existential philosophy and phenomenological traditions, it investigates how recovery is not just a cognitive or behavioral shift, but an existential process of becoming a reinhabiting of the self through dialogical and embodied encounters with others.

Building on Merleau-Ponty's notion of the *lived body* and Sartre's and Kierkegaard's accounts of authentic existence, the study argues that addiction involves a disruption of temporal orientation, embodied intentionality and moral agency. Recovery, therefore, is approached as a restoration of these existential structures not in isolation, but through intersubjective interaction.

Philosophically, the study positions group recovery as a *phenomenological site* where existential transformation takes place, a *scared space* where individuals confront despair,

assume responsibility and articulate new narrative identities. From the perspective of the phenomenology of time (Husserl, 1991; Ratcliffe, 2012), we can see how disrupted temporality in addiction (“*I live only for the next dose*”) is restructured through interactional narrative and recognition (“*I now understand why I was doing that*”). In this way, the present becomes a site of choice (“*today I choose not to use*”, “*I can have a different life*”).

Through this approach, I will try to analyze how people in recovery, through interaction with others (counselors, members of the recovery community - people addicted to certain substances/behaviors) overcome denial, identify their negative and positive emotions, develop coping mechanisms, resolve internal conflict, develop their motivation for change, find meaning in life and become aware of the present through relating to “*peers*”, in the multidisciplinary approach to addiction rehabilitation - the Minnesota Model.

Interaction Analysis will help me understand how social reality of the recovery groups is actively constructed and maintained through communication and social behavior of the people in recovery. It bridges language, nonverbal communication and social structure by examining the dynamics of real-time human interaction in support groups. The focus groups analyses, uncovered implicit rules and patterns in social behavior, help us understand how people in recovery negotiate meaning of their active addiction and coordinate actions to produce the change, engage in specific action about recovery. A very important asset is to study how their social identities as “*recovering alcoholics/ drug addict*” are accepted, how their power relations change in the peer context and how principles of recovery are enacted in everyday life.

Research objectives:

A. To understand the therapeutic tools and rituals (e.g., the 24-hour program, personal inventory, group feedback) of group and individual counseling interactions, through which addicts manage to overcome the denial of addiction and accept the change.

B. To analyze how recovery group interaction help addicts to accept the recovery program when they are exposed to interaction with recovery principles in a group setting.

C. To identify interactional mechanisms such as gestures, silences and narrative positioning that support acceptance of the addicted identity and promote identity transformation that facilitates the newcomer to relate to other people in recovery.

D. To explore how recovery participants engage in existential meaning-making, reinterpret their temporality and reshape moral values through structured group dialogue.

The research began with an initial focus group aimed at exploring the determinants of change and the decision-making processes associated with entering recovery. The study was conducted within the same specialized addiction counseling center that operates according to

the Minnesota Model. The first focus group held on March, the 3rd, 2022, included individuals in recovery who were also active as volunteers within the center.

On November, the 4th, 2022, the second research phase involved the video-recording and analysis of a live support group session, participants were individuals with various addictions (alcohol dependency, codependency and other substance-related disorders). This provided rich data on naturally occurring interaction, disclosure and mutual support in a therapeutic setting.

The third focus group, conducted in June, 15th 2023, brought together professionals from diverse disciplines, sociology, psychiatry, linguistics, social work, psychology and theology. The aim of this session was to critically examine the factors contributing to personal change, the dynamics of interaction within group settings, the type of interaction and the discourse of the participants about change and dealing with the disease of addiction.

Integrative interpretation offers a conclusive remark to this analysis. Ritualized discourse and collective responses create a predictable and secure framework, a condition frequently emphasized as essential to sustaining recovery, as ritual fosters stability against the uncertainty of addiction (Kurtz, 1979; White, 2007). Disclosure (verbalized personal experience) is the transformative core: it enables the rewriting of identity through narrative sharing (White & Epston, 1990; Ricoeur, 1992). Gestures, gaze and posture, even when constrained by group discipline reveal the embodied and affective dimension of experience, often less accessible through language alone (Merleau-Ponty, 2012; Goodwin, 1994).

Finally, the group functions as a collective mirror: verbal and non-verbal recognition operate as mechanisms of intersubjective validation, reinforcing the process of change (Best et al., 2016; Katila & Raudaskoski, 2020).

One of the key findings of the study indicates that entry into the recovery process is strongly influenced by the creation of a therapeutic context characterized by openness, honesty, empathy and conceptual clarity (Group 1-Initial focus group). Such a safe environment and with a coherent therapeutic framing provides the conditions for individuals to begin perceiving themselves honestly and for defensive psychological mechanisms to diminish.

As Tiebout (1944, p. 471) observed in his early psychoanalytic interpretation of Alcoholics Anonymous, the individual's capacity for transformation is closely tied to an initial “ego deflation at depth” a process that cannot occur without the presence of a supportive yet reality-anchored interpersonal context. Similarly, White (2007, p. 233) emphasizes the importance of “*a recovery-supportive social environment*” that enables individuals to face difficult truths about themselves without overwhelming shame or resistance.

These findings align with interactional research suggesting that when group communication (Group 2 - support group) is anchored in both empathy and structured reflection, individuals feel more secure in lowering their defenses and engaging in the deeper work of recovery (Heath et al., 2010, p. 112; Lindblom, 2015, p. 22).

This analysis has demonstrated how an Alcoholics Anonymous meeting unfolds as a multimodal and phenomenological process in which ritualized speech, embodied gestures, gaze patterns, postures and collective responses interweave to produce a shared space of recovery. Each phase of the meeting, from the ritual opening and reading of the literature, to the preamble, self-presentations, disclosures on Step Four and the closing prayer, reveals the interactional and existential dynamics through which participants reconstitute their identities.

The findings indicate that recovery in 12 steps programs is not reducible to cognitive insight or abstract reflection; rather, it is enacted through the body, mediated by social recognition and grounded in ritual forms that establish continuity across meetings.

Phenomenologically, the meeting suspends ordinary time and creates a “*sacred horizon*” where participants encounter themselves and others anew, often through vulnerability, shame and solidarity. Interactionally, gaze, gestures and posture become carriers of meaning that reinforce or modulate the spoken word. Ethically, collective silence and choral responses embody Levinasian responsibility for the Other, providing an atmosphere of recognition and forgiveness. Narratively, the repeated self-identification “*I am an alcoholic*” and the moral inventory of Step Four allow individuals to reconstruct their life stories within a community of shared suffering and hope.

Peer belonging, structured dialogue and personality change in recovery is another key finding underscores the importance of finding oneself within a group of equals (“*peers*”) who suffered, where honest and open communication, coupled with the use of structured clinical and non-clinical tools, contributes significantly to what many in recovery describe as a deep personality change or “*spiritual experience*”. In AA recovery is often understood as resulting not merely from abstinence, but from a “*profound inner transformation*”, often described as a spiritual awakening (Alcoholics Anonymous, 2001, p. 27). Tiebout (1949) refers to this transformation as a shift in core personality structure a change enabled by surrender, identification with others and participation in a therapeutic moral community (p. 47).

Moreover, research on support group dynamics confirms that structured peer interaction particularly when guided by ritual, shared language and clinical frameworks enhances the individual’s ability to confront distorted self-concepts and reconstruct identity in a recovery-positive direction (Tracy & Wallace, 2016, p. 147; Lindblom, 2015, p. 19). Recovery tools such

as the Twelve Steps serve as both existential and practical scaffolding, helping individuals engage with each stage of change in a reflective and morally grounded way (Alcoholics Anonymous, 2001, p. 59; Kurtz, 1979, p. 49).

What makes this research unique is that it comes from someone who's lived and worked in this field for over 25 years, not just as a researcher, but as an addiction counselor. That experience brings real-life insight into what recovery looks like day to day, in real people's lives, while also grounding philosophical reflection in concrete therapeutic practice. It also allows the work to stay grounded, not in abstract theories, but in genuine, human stories of suffering and healing.

In Chapter 4 the results of the research are presented as Applied philosophical value of addiction recovery research. The three topics presented they are all anchored in present research. Since the field of addiction interrelates very naturally with philosophy, the added value of this paper presents "*Interaction in the recovery community as source of the change of behavior in addiction and recovery from addiction*". Another topic presented is the "*Characterological conflict in addictions and its resolution in the recovery group*" where we address this important factor that promoted change, viewed from direct observation and sharing of the recovering people. Not the last, the topic of "*Lived experience of people in addiction recovery - identity and meaning*" is presented through the lens of existential phenomenological perspective and related to the recovery principles and tools used either in clinical setting or in non-clinical support group setting.

In recovering from addictions, the effectiveness of groups is reflected in the degree of change that occurs in people with addictions and which has a significant impact on their well-being (conflict management skills, prevention of resumption of consumption, increased self-confidence, self-control, self-efficacy, reasoning control, involvement in enjoyable activities, etc.) (Pooler, 2014). Self-efficacy has been considered by some authors (Bandura, 1986) to be closely related to the beliefs that people have about their abilities. These may be better predictors of change than what they actually know or how they have worked before.

Its innovative element brings the present research on addiction and recovery from addiction in the larger field of investigations on communication processes in human interactions in various cultural, social and professional contexts (Kendon 2004; McNeil 2000; Goodwin 1981; Katila and Raudaskoski 2020).

Through this research I bring in from the professionals the great need for a very clear national statement about what addiction is, to raise the standards for treatment and moving from

a medical model of treatment to a humanistic model, that imply existential and phenomenological approach, as I have found it in the tools and methodology of recovery.

Such research opens up new ground in applied philosophy within the multidisciplinary field of addiction. Starting from the reality of the group and the interaction between newcomers and people in recovery, we can contribute to understanding the process of accepting the illness, the transformation of social identity and the moral and spiritual nature of the disease of addiction.

In applied terms, the research will contribute to improving the working methods and techniques for addiction counselors and other professionals. We hope for a better recognition of the support offered by "peers" within the community and the acceptance of this therapeutic method as valid. I will also seek to personally contribute through new research that brings psychology, medicine and philosophy to the intersection in understanding this complex phenomenon, addictions and recovery.

Philosophy matters after all in addiction recovery, since medicalized models fail to account for the lived experience of addiction and, more crucially, the profound existential transformation recovery. Philosophy offers conceptual resources to understand recovery not merely as cessation but as an embodiment, a re-engagement with freedom and meaning.

Hopefully, as a professional in this field I can continue this theoretical and practical vision, to further development of services and maybe to influence new policies social recognition of the disease of addiction and the effective models of recovery.

"Goodbye, alcohol!

I now say farewell to you, alcohol, who has been my devoted friend and whom I have loved more than myself. I have placed you above my own family and dedicated my highest ideals to you. I sought your friendship every moment of my life.

I worshipped you as an ideal, and my hopes were in you. You always made me forget all my troubles for a while, but when you were gone, all my problems and responsibilities came back to me with even greater intensity. And you, my devoted friend, would return again. But you did not want to do me good; you wanted to give me to your associate, "death," and I was about to accept even death rather than betray you.....

So, GOODBYE, ALCOHOL! My love will focus on God and the wonderful friends I now have.

Recovering alcoholic." (Ce întuneric e înainte de ivirea zorilor, 2025, p. 221)

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